Wiltshire Council
Where everybody matters

AGENDA

Meeting: **Health and Wellbeing Board**

Place: **Kennet Committee Room**

Date: **Thursday 26 September 2019**

Time: **9.00 am**

Please direct any enquiries on this Agenda to Craig Player, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713191 or email craig.player@wiltshire.gov.uk

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

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

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Voting:

Cllr Philip Whitehead - Co-Chair (Leader of Council)
Dr Richard Sandford-Hill - Co-Chair (Wiltshire Clinical Commissioning Group)
Dr Toby Davies (Chair of SARUM Clinical Commissioning Group)
Dr Andrew Girdher (Chair for North and East Wilts Clinical Commissioning Group)
Nikki Luffingham (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Wiltshire Clinical Commissioning Group)
Cllr Pauline Church (Cabinet Member for Children, Education and Skills)
Cllr Laura Mayes (Cabinet Member for Adult Social Care, Public Health and Public Protection)
Cllr Gordon King (Opposition Group Representative)

Non-Voting:

Cllr Ben Anderson (Portfolio Holder for Public Health & Protection)
Nicola Hazle (Avon & Wiltshire Mental Health Partnership NHS Trust)
Dr Gareth Bryant (Wessex Local Medical Committee)
Tracy Daszkiewicz (Statutory Director of Public Health)
Terence Herbert (Corporate Director, children and education DCS)
Dr Carlton Brand (Corporate Director, adult care and public health DASS/ERO)
Tony Fox (South West Ambulance Service Trust SWAST)
Linda Prosser (Wiltshire CCG)
Rob Jefferson (Healthwatch Wiltshire)
Kier Pritchard (Police Chief Constable)

Chief Executive or Chairman Salisbury Hospital FT (Salisbury Hospital Foundation Trust)
Chief Executive or Chairman Bath RUH (Bath Royal United Hospital)
Chief Executive or Chairman Great Western Hospitals FT (Great Western Hospital FT)

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Public Participation

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

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

The full constitution can be found at this link.

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

AGENDA

1 **Chairman's Welcome**

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

3 **Minutes** *(Pages 9 - 14)*

To confirm the minutes of the meeting held on 25 July 2019.

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

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 19 September 2019 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 16 September 2019. 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 **Chairman's Announcement** *(Pages 15 - 16)*

- #EPIC Talk - Sir Al Aynsley-Green confronts and explores the reality of childhood

7 **Support for those living with Parkinson's** *(Pages 17 - 34)*

To provide an update on nursing and other support for those living with Parkinson's disease.

Responsible Officer: Linda Prosser
Report authors: Ted Wilson

8 **Maternity Consultation**

A verbal update on progress with the consultation on maternity services.

Responsible Officer: Linda Prosser
Report authors: Lucy Baker

9 **Ofsted Report** *(Pages 35 - 46)*

To consider the findings of the recent Ofsted inspection of Wiltshire Council.

Responsible Officer: Terence Herbert
Report authors: Lucy Townsend, Helean Hughes, Helen Jones

10 **Children's Community Health Services** *(Pages 47 - 66)*

To hear from commissioners and Virgin Healthcare on progress made delivering the contract for children's community health services.

Responsible Officers: Terence Herbert, Linda Prosser
Report authors: Helen Jones, Lucy Baker, Tracy Daszkiewicz

11 **Child and Adolescent Mental Health Services Transformation** *(Pages 67 - 80)*

To receive an update on the local plan and delegate sign off to the chair in consultation with the Families and Children's Transformation Board.

Responsible Officers: Linda Prosser, Terence Herbert
Report author: Judy Edwards

12 **Mental Health Crisis Care Concordat** *(Pages 81 - 88)*

To receive an update on the implementation of the concordat in Wiltshire and

across the BSW STP.

Responsible Officers: Linda Prosser, Carlton Brand, Kier Pritchard
Report authors: Susan Shallis, Sgt Mike Hughes

13 **Better Care Plan 2019/20** *(Pages 89 - 190)*

To agree the Better Care Plan 2019/20 for submission and consider the latest information on the performance of existing initiatives.

Responsible Officers: Ted Wilson, Helen Jones, James Corrigan
Report author: James Corrigan

14 **Initial Winter Plan**

To consider the initial winter plan for 2019/20.

Responsible Officers: Jo Cullen, Helen Jones, Emma Legg

15 **Joint Health and Wellbeing Strategy** *(Pages 191 - 216)*

To agree a new Joint Health and Wellbeing Strategy.

Responsible Officers: Linda Prosser, Carlton Brand, Terence Herbert
Report authors: Tracy Daszkiewicz, Kate Blackburn, Hayley Mortimer

16 **Obesity Strategy** *(Pages 217 - 230)*

To receive an update on the obesity strategy.

Responsible Officer: Carlton Brand
Report author: Tracy Daszkiewicz, Steve Maddern

17 **Sexual Health Strategy** *(Pages 231 - 240)*

To receive an update on the sexual health and blood borne virus strategy.

Responsible Officer: Carlton Brand
Report author: Tracy Daszkiewicz, Steve Maddern

18 **Wiltshire Safeguarding Adults Board Annual Report 2018/19** *(Pages 241 - 306)*

To consider the WSAB annual report and priorities for 2019/20.

Responsible Officers: Richard Crompton, WSAB chair

19 **Date of Next Meeting**

The next meeting will be on 28 November 2019 at 9.00am.

20 **Urgent Items**

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Wiltshire Council
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HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 25 JULY 2019 AT WEST WILTS COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE, BA14 8JN.

Present:

Cllr Philip Whitehead (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Dr Toby Davies, Angus Macpherson, Cllr Laura Mayes, Cllr Pauline Church, Cllr Gordon King, Hazle, Tracy Daszkiewicz, Terence Herbert, Linda Prosser, Kier Pritchard, Jeary, Jefferson, Cara Charles-Barks and James Scott

Also Present:

Claire Edgar, Emma Legg, Ted Wilson, Hannah Massey, Lucy Baker, Stacey Plumb, Julie Brown and James Corrigan.

48 Chairman's Welcome

The Chairman welcomed all to the meeting.

The Chairman also passed on his condolences to the family and friends of former Wiltshire Council cabinet member and councillor Jerry Wickham and the Board joined him in observing a minute's silence.

49 Membership Changes

The Chairman announced three changes to the membership of the Health and Wellbeing Board as agreed at the last meeting of the Council:

- Cllr Philip Whitehead (Leader of the Council, Co-Chair)
- Cllr Laura Mayes (Cabinet Member for Adult Social Care, Public Health and Public Protection)
- Cllr Pauline Church (Cabinet Member for Children, Education and Skills)

50 Apologies for Absence

Apologies were received from Cllr Ben Anderson, Dr Gareth Bryant, Dr Carlton Brand and Dr Andrew Girdher.

51 **Minutes**

The minutes of the previous meeting held on 23 May 2019, previously circulated, were considered.

Resolved

To approve the minutes as correct.

52 **Declarations of Interest**

There were no declarations of interest.

53 **Public Participation**

There were no questions from the public.

54 **Chairman's Announcements**

The Chairman made the following announcement:

- Public Health Annual Report

  The Public Health Annual report for 2018/19 is now available as a short film.

  Members of the Board and public can watch the film and find other supporting information by following the link included in the pack: http://www.wiltshire.gov.uk/public-health-intelligence

55 **Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP)**

Linda Prosser gave a presentation on developments within the BSW STP (a stakeholder briefing is included in the pack).

Matters raised during the presentation included: the formation of one, new single statutory CCG and its roll out; the area context; the NHS Long Term Plan; the growth of integrated care systems (ICS); the BSW Integrated Care System; the commissioning alliance; the benefits for Wiltshire's patients and the benefits for partners.

In answer to a question raised by the Board it was noted that there is already collaboration and information sharing between the partners. Each partner has similar priorities and challenges.

In response to a question from the Chairman it was noted that CCGs are measured on 140 indicators and are subject to management targets that would be recorded and discussed at a future Board meeting.

It was noted that the BSW STP had been discussing the different needs and priorities of Wiltshire residents, and that his would influence the planning and implementation of the merger.

It was noted that the desired outcome of the proposed merger is a better, more targeted service. Primary Care Networks would make the biggest improvement, which would provide the building blocks for better cooperation between providers and services and improved outcomes.

In answer to a question raised by the Board it was noted that most services will continue to be run locally and in some instances patients will be invited to attend other practices to provide better outcomes.

Resolved

To note the update on developments within the BSW STP.

56 **Mental Health Transformation**

Lucy Baker presented a report on the transformation of mental health services across BSW STP.

Matters raised during the discussion included: the Mental Health Strategy; the THRIVE model; the six key strategic workstreams; the development of a conceptual model of care; Avon and Wiltshire Mental Health Partnership (AWP) service reconfiguration; the inpatient adult bed base; the creation of mental health support teams and mental health out of hours support.

It was noted that there are gaps in commissioning for LD/ASD services. A full review of how these services are delivered and the outcomes they produce, including a review of the Daisy Unit in Wiltshire, would be carried out. In addition, the ongoing use of Health Based Places of Safety by those from outside the area was also considered.

In response to a question from the Chairman it was noted that work is being done to ensure that these initiatives can be sustained. The money would be used to pilot initiatives to revolutionise existing services.

Resolved

To note the Mental Health Transformation update.

57 **How dementia friendly is Wiltshire?**

58 **To consider the report by Healthwatch Wiltshire reviewing the extent to which Wiltshire is dementia friendly.**

Julie Brown presented a report on the extent to which Wiltshire is dementia friendly.

Matters raised during the discussion included: who Healthwatch spoke to during their consultation; information from dementia friendly initiatives; information from people living with dementia and their carers; what people value most and how it benefits them and further dementia work.

In response to a question from the Chairman it was noted that Wiltshire Council's Area Boards would be a good point of engagement regarding Healthwatch's dementia work and this will be followed up.

Resolved

1. **To note the key messages from the report.**
2. **To confirm its commitment to listening to the voice of local people to influence commissioning and service provision.**

59 **To receive Healthwatch Wiltshire's Annual Report 2018/19 and consider its priorities for the coming year.**

Stacey Plumb presented Healthwatch Wiltshire's Annual Report 2018/19 and its priorities for the forthcoming year.

Matters raised during the presentation included: the highlights of the past year; how Healthwatch has made a difference; Healthwatch's volunteers; the Local Leadership Board; Healthwatch's plans for the year ahead and the Community Cash Fund.

In answer to a question raised by the Board it was noted that there is an appetite for closer collaboration between Healthwatch Swindon, Bath and NE Somerset and Wiltshire.

It was noted that there is an opportunity for Healthwatch to engage with the public regarding BSW STP and Mental Health Transformation.

Resolved

To note Healthwatch Wiltshire's Annual Report 2018/19 and to consider Healthwatch's priorities for the forthcoming year.

60 **Better Care Plan**

James Corrigan provided an update on the latest performance information and give a presentation on the development of a new Better Care Plan for Wiltshire.

Matters raised during the discussion included: the development of the 2019/20 Better Care Plan (BCP); overall performance trends; the impact of 2019/20 Better Care schemes on national performance frameworks; national and local indicators; intermediate care; delayed transfers of care; financial contributions to the BCF; the BCFs priorities compared to the national priorities and the High Impact Changes Model.

In answer to a question raised by the Board it was noted that the level of consent for data sharing is low in comparison to the rest of the country and work needed to be done to address this. There are local and national comparative grids that are regularly monitored across all aspects of the BCP.

In response to an issue raised by the Board it was noted that there was cooperation with a range of partners to try to alleviate some of the issues that the BCP face, including those from neighbouring areas.

It was noted that patients can be incorrectly placed in reablement. There was a desire for transparent work plans to highlight and tackle the individual issues that leads to delayed transfers care.

In response to a question from the Board it was noted that there needs to be improvement in the discharge to assess model. Supporting patients so that they can go home and not need to use the service again would make a difference in terms of flow and the use of intermediate beds.

Resolved

To note the latest performance information.

61 **End of Life Care**

Ted Wilson will present a report on the progress made with the delivery of the end of life care strategy and the future ambitions.

Matters raised during the presentation and discussion included: Wiltshire's End of Life Care Strategy for Adults; National Palliative and End of Life Care Partnership Framework; the key priorities of the strategy; Personalised Care Planning; shared records and appropriate implementation of the ReSPECT template; evidence and information; involving and supporting carers; 24/7 access; education and training; informing co-design of services and the next steps for the strategy across the BSW footprint. The multi agency programme board continues to monitor delivery.

Resolved

1. **To note the progress made to date against the delivery of Wiltshire's End of Life Strategy for Adults.**
2. **Consider the key priorities for the next strategy.**

To note the ambitions of working at scale across BaNES, Swindon and Wiltshire (BSW) to develop the next three year strategy.

62 **Health Protection Assurance Annual Report 2018/19**

Tracy Daszkiewicz presented a report on the Health Protection Assurance Annual Report 2018/19 document and agree the formation of a multi-agency Health Protection Committee.

Matters raised during the presentation/discussion included: the links to the Corporate Plan; reported communicable disease; outbreaks; health emergency planning; sexual health; immunisation and screening; screening programmes and the Health Protection Committee.

In response to a question from the Chairman it was noted that the multi-agency Health Protection Committee would enable more effective outbreak planning with a range of partners and a quicker, coordinated response if an outbreak were to occur.

Resolved

To note and acknowledge the Health Protection Assurance Annual Report 2018/19 document and supports the formation of a multi-agency Health Protection Committee.

63 **Urgent Items**

There were no urgent items.

64 **Date of Next Meeting**

The next meeting will take place at Thursday 26 September at 9.00am.

(Duration of meeting: 9.30 - 11.30 am)

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

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

Chairman's Announcement – Health & Wellbeing Board - 26 September 2019

Wiltshire Council's #EPIC Talks is an exciting new series of free lectures delivered by thought leaders, academics and experts and will be open to staff and members of the public.

#EPIC Talks invite you to join Sir Al Aynsley-Green on 26 September 2019 17:30 pm - 19:00 pm as he confronts and explores the reality of childhood in one of the most unequal societies in the developed world.

A must-read for those engaged in children's services, policy and parenting in the UK. Sir Al confronts the obstacles and attitudes faced by young people today with tact, honesty and compassion, to offer his vision of a society in which each and every child is valued.

For more information and to purchase your free ticket please follow this link: https://www.eventbrite.co.uk/e/epic-talks-presents-the-british-betrayal-of-childhood-by-sir-al-aynsley-green-tickets-67495975279?invite=&err=29&referrer=&discount=&affiliate=&eventpassword=

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Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Specialist Parkinson's Nurses to Enhance Neurology Nursing Provision for Wiltshire residents

Executive Summary

A review of specialist Parkinson's nurse provision in the County has highlighted a service gap for North Wiltshire patients. The Paper identifies the issues, highlights the service in the rest of Wiltshire and recommends a preferred option to enhance this service to deliver improvements in provision and greater equity of access.

Proposal(s)

It is recommended that the Board note proposals to enhance Parkinson's nurse provision in the GWH Community Neurology Team; and support the next steps to agree the recommended way forward and commission enhanced service with the support of Parkinson's UK.

Reason for Proposal

Identification of service variation for North Wiltshire residents accessing Parkinson's nursing care and support.

Ted Wilson

Community and Joint Commissioning Director

Wiltshire CCG

Specialist Parkinson's Nurses to Enhance Community Neurology Nursing Provision for Wiltshire residents

Purpose

The purpose of this paper is to examine the current provision for patients with Parkinson's disease in Wiltshire, identify any service gaps and consider options for improving provision across the County.

Background

Current guidelines recommend that people with Parkinson's disease should receive specialist review at least every six months, whatever the stage of their condition, usually provided by a consultant and Parkinson's disease nurse specialist (PDNS). A recent Parkinson's UK national audit of patient experience, found that 60% have not seen the community nurse within the last year and some regions have a limited specialist service, although in the South West most CCGs have a PDNS.

Current Provision

In Wiltshire, the CCG commissions its adult community provider, Wiltshire Health and Care (WH&C) across the County to provide generic neurological community nursing and therapy support. These neurologically trained nurses support patients with a wide range of neurological conditions. Specialist nurses, exclusively for specific diseases such as Parkinson's are not provided across Wiltshire, however, Swindon CCG have approximately two years ago invested, with the support of Parkinson's UK, a dedicated Parkinson's specialist nursing team linked to the GWH neurology team. Swindon are therefore able to offer a seamless specialist service to its patients, across primary and secondary care, who suffer from Parkinson's disease, whilst Wiltshire patients who are GWH facing, do not have that continuity of care. This has resulted in complaints and criticisms from patients, Parkinson's UK, councillors and local MPs in North Wiltshire, who are critical of this fragmented and inequitable neurology service, whilst Swindon residents receive an effective "one stop" service for all their medical and specialist nursing needs.

WH&C provides a wide range adult community services for Wiltshire within a 'block activity' contract. Within this contract there is a service specification to provide support within the community to those with neurological conditions. WH&C currently provide eleven community teams, based in three localities in the county. Each locality has a neurology nurse and therapists within each team (Occupational Therapists and Physiotherapists) who run clinics in the community and offer some home based support. Most of their work is with Multiple Sclerosis and Parkinson's patients. In addition, there are neuro-physiotherapists in the acute hospital outpatient departments.

WH&C have increasingly been challenged to meet the growing demand across Wiltshire for an effective neurology service with a limited resource (3.6 FTE) and without any specialist Parkinson's provision as these patients are supported for the duration of their lives. WH&C have recently appointed a speech and language therapist to the post in the North. In South Wiltshire a Band 6 nurse sees patients with a diagnosis of Multiple Sclerosis which enables the Community Neurology Lead to concentrate on all the remaining caseload; Salisbury Hospital Foundation Trust (SFT) have a PDNS within their hospital as part of their Consultant Neurology Team, whilst the Royal United Hospital in Bath (RUH) also provides dedicated PDNS service as part of the neurology team. Nevertheless, the Great Western Hospital (GWH) provides a PDNS service for Swindon residents only, but not for Wiltshire

residents who are referred to the community neurology service at Chippenham Hospital led by a neurology advanced practitioner trained Speech and Language Therapist.

Due to the high level of demand for these clinicians in North Wiltshire, the service is delivered within an outpatient model with limited time available for home visits. The Neurology Lead aims to review each patient six monthly, an appointment that will complement a Consultant review. The Neurology Lead will use this time to review the patient's symptoms, sign post for support and refer to other services as required. Patients are provided with the means to contact the practitioner if they need additional input prior to the next appointment. These staff are imbedded in the Community Teams therefore should a patient's needs change rapidly they can quickly facilitate a review by the community team to address this changing need.

Notwithstanding this, the Wiltshire patients facing GWH do have a more limited and fragmented service than Swindon patients, which is perpetuating a two tier service and subsequent complaints and criticisms of a post code service for those suffering from Parkinson's disease. A GWH Community business case is enclosed which would address this inequity and provide a seamless service for Wiltshire residents who have Parkinson's disease who are referred to the GWH Neurology Team.

Demand on GWH Community Neurological Nursing Team

Table 1 below illustrates the activity since April 2017 on the community neurology team. The reduction in this activity is correlated by the loss of a neurology nurse in North Wiltshire, which took six months to replace.

Table 1: Activity of neurology patients for the community teams

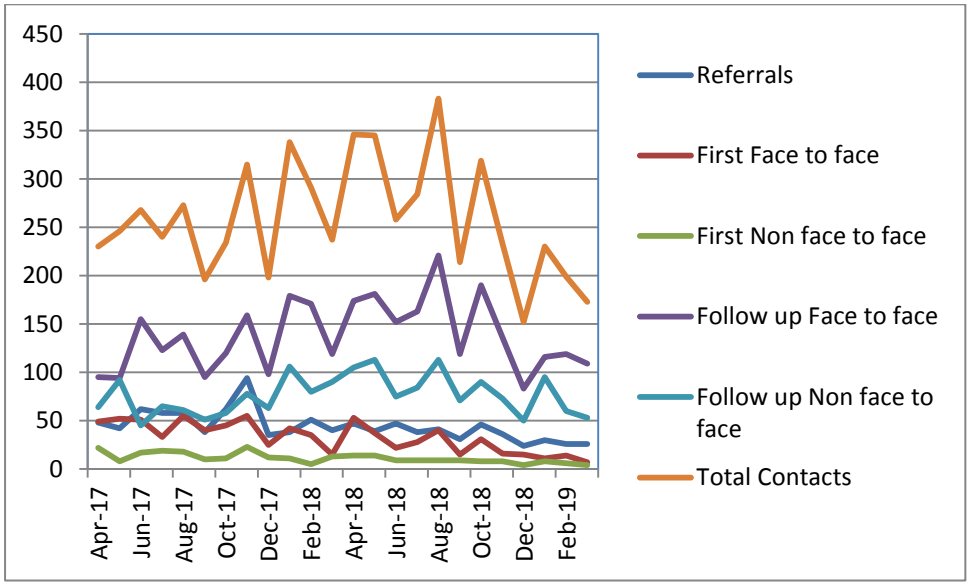
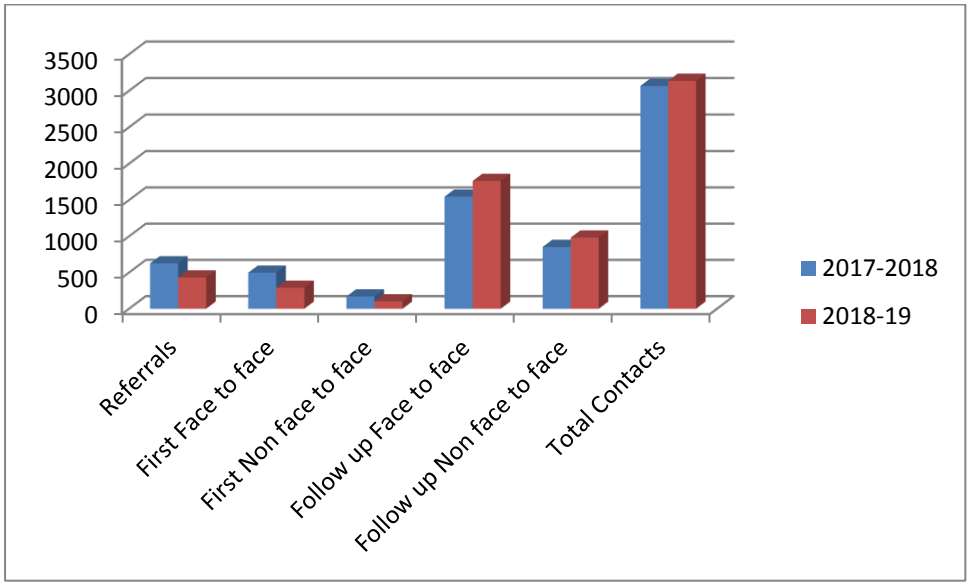


Table 2: Last two year totals by referral type and totals



In table 2 above initial referrals and first appointments either face to face or non-face to face are all lower in the most recent year of analysis, however, follow ups have increased which has resulted in a higher total contacts figure for 18/19 compared to the previous year.

Addressing the Provision Gap

Parkinson's UK has identified Wilshire as one of the areas where there is a shortage of specialist PD nurses, specifically in the north of the county. Since the inception of CCGs, eleven posts had been part funded by Parkinson's UK in the south west. All eleven had been taken on by the CCGs after the initial funding period (usually 18-24 months).

The key focus of service gap in Wiltshire CCG relates to GWH facing Wiltshire patients who do not receive a specialist neurology nursing service as Swindon patients. Consequently, patients do not currently feel well supported and do not receive equitable care. Non-elective admissions and particularly length of stay are key issues with this patient group. Due to the nature of the disease, length of stay is often high as patients may not receive their optimum medication regime, when an in-patient. The PDNS would also be a point of information and advice for patient carers and offering carer support. This disease is a lifelong condition and therefore all patients will continue to receive support until their death.

The two main options to address the provision gap would be to augment the existing PDNS service within GWH or provide a specialist PDNS within the community. The do nothing option is considered for its implications and comparison.

Options:

Option 1 – Do nothing

Retaining the status quo by continuing the provision of generic neurology services provided by WH&C under the 'block' contract

Advantages:

- No additional cost

Disadvantages:

- Lack of specialist nursing support for patients with Parkinson's disease.
- Lack of equity with patients from neighbouring CCGs
- Potential increased acute admissions and lengths of stay
- Potential reputational damage
- Ongoing public concern and complaints

Option 2 – Work with WH&C to ensure service levels are improved within current structure

Advantages:

- No change required to infrastructure
- Could be implemented immediately
- Performance and quality could be monitored under existing contract
- Would not commit CCG to forward spending outside of contract

Disadvantages:

- Limited improvement likely
- Would not address inequity of provision with Swindon residents
- No provision of specialist nursing care as would be delivered by a single condition specialist within a neurology team

Option 3 – Commission specialist support for existing GWH Neuro team (preferred option)

Advantages:

- Seamless and equitable specialist service for Swindon and Wiltshire residents referred to GWH Neurology Team
- Improved ongoing care and support to existing neurology patients
- Improved economies of scale within Neurology Team to meet existing and future demand
- Consistency across CCG areas
- WH&C would work closely with GWH Neurology Team to ensure access to timely wider community services eg Physiotherapy
- Supportive of BSW strategy
- Potential non recurrent financial support from Parkinson's UK (2 years)

Disadvantages:

- Additional recurrent investment required
- Dependent on available specialist nurses

Recommendation

Option 3 would provide an optimum equitable and seamless service for all Wiltshire patients with Parkinson's disease referred to the GWH Neurology Team.

Specifically this would include:

- A condition specialist to support the medical and nursing needs of all patients under one well established and dedicated neurology team;

- Outreach clinical appointments in the community including home visits;
- Prompt access to ongoing therapy support in the local community;
- A critical mass of GWH specialist nursing staff to ensure that assessments and regular reviews are undertaken seamlessly irrespective whether the patient has a Swindon or Wiltshire GP.

Next Steps

To agree recommendation and commission enhanced service with the support of Parkinson's UK.

Appendix One: PDNS Service Benefits (Parkinson's UK)

The objectives of the PDNS will be to:

- Reduce unplanned admissions for the Parkinson's disease cohort
- Reduce length of stay for the patient cohort
- Reduce the need for patients to attend outpatient clinics
- Provide support to patients and their families or carers to improve experience
- Help integrate Health and Social care around the patient
- Educate health and social care professionals about Parkinson's Disease

The role of the Parkinson's Disease Nurse Specialist will be to:

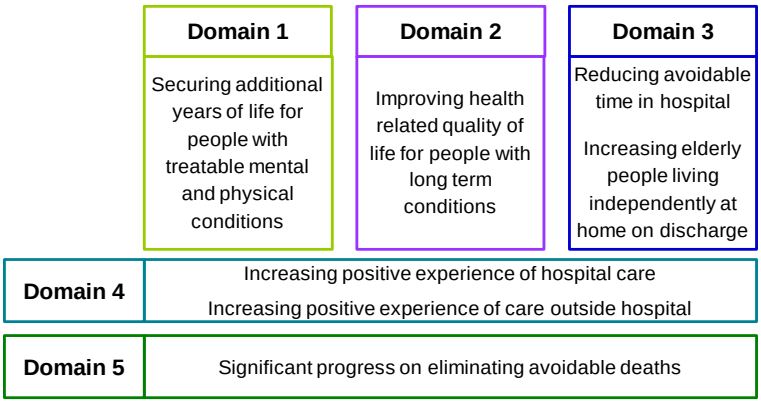
- Be the first point of contact for information and signposting, co-ordinating care for people with Parkinson's disease.
- Provide clinical monitoring, symptom control and medicine management as well as health promotion and wellbeing.
- Lead and provide a specialist resource for patients with Parkinson's disease, their relatives and carers, members of the general public, health professionals, statutory and voluntary bodies.
- Work in partnership and act as a conduit in the care of individuals with Parkinson's disease between a variety of services and settings, including primary care and secondary care (e.g. GP surgeries and inpatient wards).
- Develop the knowledge of individuals with Parkinson's disease, their relatives and carers, members of the general public, health professionals, statutory and voluntary bodies about the management and symptoms associated with Parkinson's disease.
- Actively facilitate and participate in improving and enhancing the delivery of the care given to individuals with Parkinson's disease.
- Identify the "hidden" patients who are not well known to clinicians in primary or secondary care settings. This will involve working in traditionally hard to reach communities.
- Liaise with local nursing and residential homes to ensure all Parkinson's disease patients have access to specialist care and advice.
- Work towards becoming a nurse prescriber to enable medication reviews and alterations.

Main drivers for service improvement

The PDNS service is strongly aligned to delivering the following outcomes for Parkinson's disease:

- Reduced avoidable emergency hospital admissions
- Reduced A&E attendances
- Reduced length of stay in hospital
- Reduced number of delayed discharges
- Increased number of people able to live at home following discharge from Intermediate Care and Reablement
- Reduced permanent admissions to nursing care and residential care
- Reduced readmissions to hospital
- Reduced patient waiting times for non-urgent care
- Reduced safety incidents linked to uncoordinated multi-disciplinary working
- Increased amount of health and social care activity delivered in the community
- Increase in staff satisfaction and reduction in staff turnover
- Increase in the number of people supported to die in their place of choice

National NHS Strategic Plan



The role of the PDNS works towards:

- Domain 2: Improving health related quality of life for people with long term conditions
- Domain 3: Reducing avoidable time in hospital; Increasing elderly people living independently at home on discharge
- Domain 4: Increasing positive experience of hospital care; Increasing positive experience of care outside hospital

National Context

NICE guidance for Parkinson's Disease diagnosis and management states:

"1.1.1.6 People with PD should be offered an accessible point of contact with specialist services. This could be provided by a Parkinson's disease nurse specialist".

1.9.1 Specialist Nurse Interventions

1.9.1.1 People with PD should have regular access to the following:

- Clinical monitoring and medication adjustment
- A continuing point of contact for support, including home visits, when appropriate
- A reliable source of information about clinical and social matters of concern to people with PD and their carers

Which may be provided by a Parkinson's Disease Nurse Specialist.

The Parkinson's Disease Society provided evidence that a PD nurse can reduce consultant neurologist outpatient time by 40%, assuming responsibility for monitoring and adjusting medication, and reducing (re)admission rates by 50%. The total cost saving would be in the region of £6 million in England alone." - RCP Association of British Neurologists – Local adult neurology services for the next decade 2011.

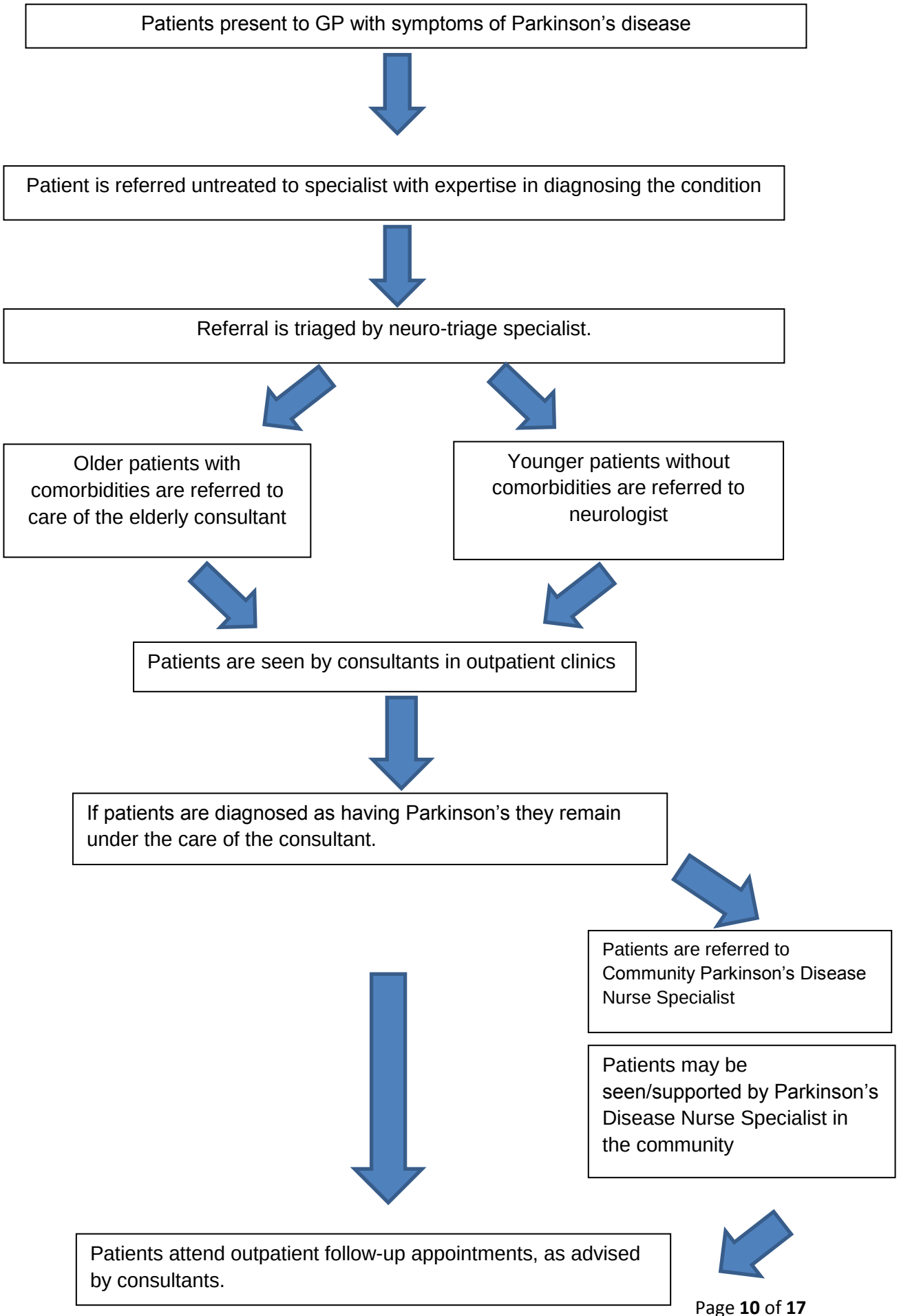
Key Desired Outcomes – Quality outcomes

Outcome	Beneficiary-(ies)	National / Local	How?
Reduced non-elective admissions for patients with Parkinson's disease	Patients/Provider/Commissioner	Local	Improved management of condition and medication to prevent deterioration resulting in emergency admissions.
Reduce consultant follow up appointments	Patients/Provider	Local	Nurse-led clinics will free-up consultant clinic time.
Increased staff knowledge in regards to care of Parkinson's Disease through provision of education	GPs, community and primary care healthcare staff	Local	PDNS to educate health and social care professionals about PD along the patient's care pathway. This should lead to more appropriate secondary care referrals and reduced outpatient appointments.
Increased patient independence and confidence	Patients	Local	Improving self-management and maintenance of independence at home through education and support.

Predicted Outcomes

Outcome, metric, expected change	Rationale	Source / method of measurement and reporting
Reduced non-elective admissions for patients with Parkinson's disease where PD is primary diagnosis	Better case management and patient and carer support should lead to a reduction in non-elective admissions for the patient cohort.	Through contract performance metrics
Reduced consultant follow-up appointments	The PDNS should offer clinics for PD patients, reducing the need for consultant follow-up appointments	Through contract performance metrics
Increased patient reported satisfaction	Without access to specialist care, patients are currently highly dissatisfied. The PDNS should support patients, their families and carers and increase patient reported satisfaction.	Patient satisfaction surveys and audits.

Appendix Two: Patient Pathway for Parkinson's Disease



Swindon Community Health Services

Extension of Swindon Parkinson's Specialist Nursing Service

1.0 Background

The Swindon Parkinson's Specialist Nursing Service is a specialist service within the Swindon area providing multi-disciplinary care to those patients with Parkinson's Disease or Parkinsonism's and their family members / carers.

The Service was developed with stakeholder involvement from the voluntary, acute and community settings and provides a service both within the acute and community pathways.

Referral into the service comes immediately following diagnosis and is provided to all patients receiving care from the SCHS cohort of GP's.

SCHS has been approached by the Wiltshire CCG in order to review the possibilities of extending the specialist nursing service to serve those patients with GP's in North Wiltshire areas that are also under the care of the Elderly Care and Neurology Team based at Great Western Hospital (GWH).

2.0 Current Position

Current Service provision promotes self-management and care as its key values and is itemised below:

- **Diagnosis:**

  Diagnosis is given by the Consultants (Neurologists and Elderly Care Physicians) within the Department of Medicine for the Elderly (DOME) at GWH as well as by Consultants in surrounding areas, eg, Oxford.

- **Initial Review:**

  Patients are reviewed at the Newly Diagnosed Parkinson's Clinic by the Parkinson's Disease Nurse Specialist (PDNS), Specialist Physiotherapist and the Parkinson's UK Local Advisor. A comprehensive assessment is then completed with information and support being given re: the disease process as well as facilities available to them within the Swindon area. This assessment takes place within 8 weeks following initial diagnosis.

- **Follow up:**

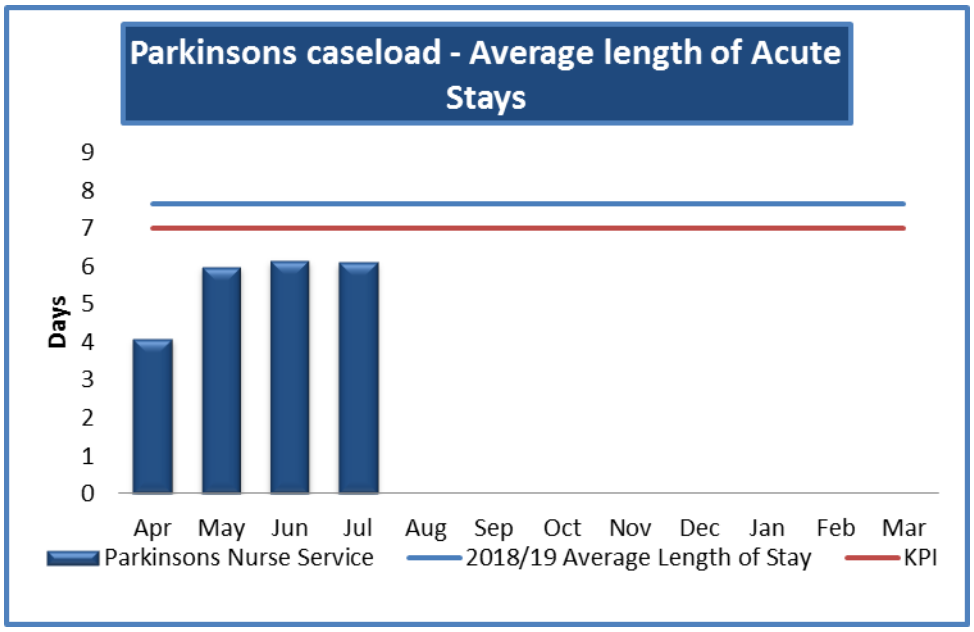
  Patients are reviewed regularly within the clinic environment, and if not possible, within the home environment by the PDNS' acting as key worker in order to monitor their progress, altering medications as required, providing information on other services, and referring on to SLT, OT, Physio etc, as necessary. The timeframes of these appointments can be altered according to patient need and acts to reduce the number of emergency admissions to the acute sector.

- **Nursing / Residential Care Home patients:**

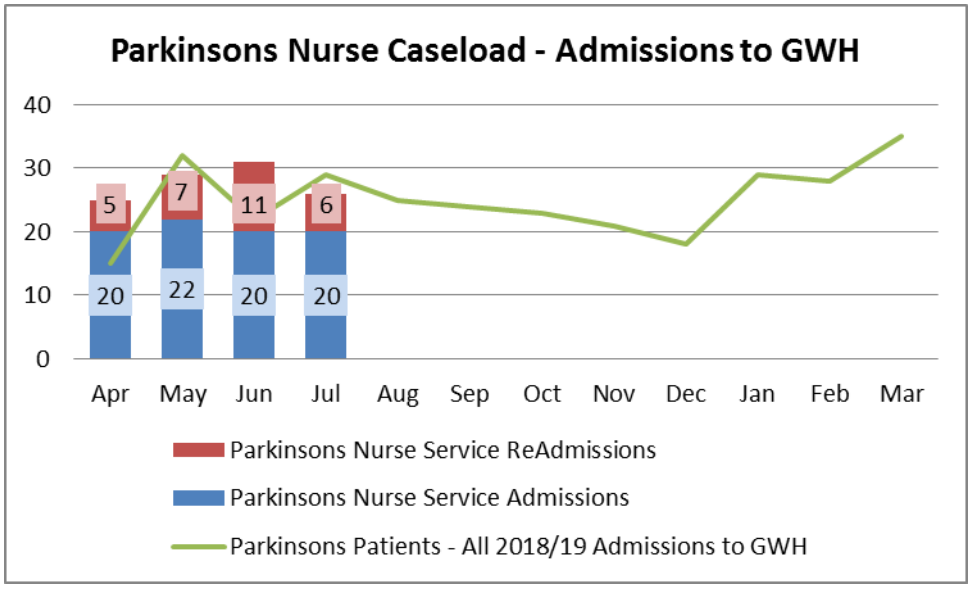
  15% of the current PDNS caseload are living within Care Homes and these patients can find it difficult to attend Consultant / PDNS Clinics. PDNS clinics therefore take place in the Care Homes on an annual basis with further visits taking place as necessary.

- **In reach:**

  All patients are highlighted on Medway and a daily report provides the PDNS' with details of admissions to the acute sector. In reach review within SWICC and GWH is undertaken by the PDNS' in order to assist in reducing the length of stay within the hospital environment.



Patients are then reviewed following discharge and seen at home as necessary, in order to ensure that the discharge is being appropriately managed and to reduce any further readmissions.



Other members of the MDT also receive the Inpatient Daily Report so that they can discuss with their acute Physio, OT or SLT colleagues the work that they have already done with the patient. This also assists in the reduction of the inpatient stay.

- **PDNS Helpline:**

  The Single Point of Access provides accessibility to specialist nursing support by giving a telephone point of contact for all in order to access the PDNS Service. This is used by the patients, carers, family members, GP's, acute and community staff members in order to obtain clinical advice and request further review. Response times are within 72 hours for over 90% of calls during the past year.

There are strong working relationships both within the team and without, to other colleagues such as Occupational Therapy, Physiotherapy and Speech and Language Therapy in order to support the person with Parkinson's. Communication is strong and is facilitated with regular MDT meetings as well as the team being able to work together within their own office area.

3.0 Going Forward

3.1 Proposed Area of Extended Parkinson's Specialist Nursing Service.

GP surgeries that are within the North Wiltshire area are listed below with their adult population cohorts. The figures have been taken from the NHS Digital GP population website which was last updated 1st May, 2019, and excludes all 0-9 & 10-19 age groups. The Parkinson's prevalence has been estimated using a 0.3% figure as identified by Parkinson's UK, 2019.

Cluster	Community team	GP surgery	Population
Calne	Calne & Corsham	NORTHLANDS SURGERY	10787
	Calne & Corsham	PATFORD HOUSE SURGERY PARTNERSHIP	8802
	Calne & Corsham	BEVERSBROOK MEDICAL CENTRE	7133
Chippenham	Chippenham	HATHAWAY SURGERY	15631

	Chippenham	ROWDEN SURGERY	16035
	Chippenham	JUBILEE FIELD SURGERY	4568
	Chippenham	LODGE SURGERY	8135
Corsham	Calne & Corsham	PORCH SURGERY	11371
	Calne & Corsham	BOX SURGERY	6915
East Kennet	Marlborough	KENNET AND AVON MEDICAL PARTNERSHIP	17628
	Marlborough	RAMSBURY SURGERY	9011
	Marlborough	BURBAGE SURGERY	3736
	Marlborough	OLD SCHOOL HOUSE SURGERY	3711
Malmesbury and Tolsey	Malmesbury and RWB	MALMESBURY MEDICAL PARTNERSHIP	15661
	Malmesbury and RWB	TOLSEY SURGERY	3503
Purton, Cricklade & RWB	Malmesbury and RWB	PURTON SURGERY	9911
	Malmesbury and RWB	TINKERS LANE SURGERY	8369
	Malmesbury and RWB	NEW COURT SURGERY	9964
	Malmesbury and RWB	CRICKLADE SURGERY	2700
Total Population			173571
0.3% Parkinson's prevalence			520.7

It must be noted that PDUK estimate the prevalence to increase to 0.32% by 2025 (Parkinson's UK, 2018, Clinical Practice Research datalink)

The table above shows the total population of Parkinson's patients within the North Wiltshire area. The extended service will care for those patients attending GWH outpatients and it is understood that these patients are based within the GP practices identified below (and shown in blue in the above table). There will be a limited number of GWH patients who will fall out of this catchment area and it is proposed that these will be cared for by the current Neurology Practitioner who will also continue to care for the remaining Neurology patients across the North Wiltshire area as well as those Parkinson's patients under the care of the Consultants based at RUH, Bath. It is thought that these Parkinson's patients will be mainly based within the Chippenham and Corsham areas.

The GP practices to be covered by the extended Swindon Specialist Nursing Service are therefore listed below:

Northlands Surgery, Patford House Surgery Partnership, Beversbrook Medical Centre, Kennet and Avon Medical Partnership, Ramsbury Surgery, Burbage Surgery, Old School House Surgery, Malmesbury Medical Partnership, Tolsey Surgery, Purton Surgery, Tinkers Lane Surgery, New Court Surgery, and Cricklade Surgery.

3.2 Proposed Increase in Staffing Levels

In order for a similar service to be provided to the proposed area of extension, funding would be required for the following staff:

Staff	WTE	Band
PDNS	**1.0**	**Band 7**
PDNS	**0.6**	**Band 6**
Administrative Assistant	**0.3**	**Band 3**

3.3 Other Requirements to be Considered.

- A clinic room (with Wi-Fi, desk and potential clinical support, e.g. in a GP practice) would need to be made available in the Marlborough, Malmesbury, Calne and Wootton Bassett areas once per fortnight in order to facilitate clinic care provision closer to the patients' homes.

- Office space for the new members of staff would be required.

- Financial costs: Costs of mileage and time to travel would need to be taken into consideration. Also stationery and printing costs. Equipment including: laptops, laptop bags and mobile phones for each individual; blood pressure monitors, tympanic thermometers, stethoscopes, pulse oximeters and boot bags for each PDNS.

- Introduction to other local services that are relevant to patient care would be necessary in order to understand the appropriate referral pathways. e.g, development of links with Adult Social Care in the Wiltshire area.

- The Swindon MDT works closely with the local Parkinson's UK Branch in order to identify with them how they can provide support for patients. Following an initial request for support in developing an exercise group the local Branch now provides classes in dance, tai chi, seated and standing exercise and walking football classes. These benefit the people with Parkinson's and their family members, improving physical function as well as maintaining their cognitive abilities. The work that the local branch does also assists in giving the Parkinson's Service the local information that is necessary to further develop and improve the service. Building on this established relationship, the PDNs working in North Wiltshire will work with the local PDUK Branches in the development of the new service to be provided.

3.4 Patient Benefits

- Reduction in waiting times to see the PDNS.

- Easier access to clinical support from the PDNS' via the Helpline.

- Improved ability to manage their own changing disease process.

- Care provided in the environment that is most suitable to their functional ability.

- Decreased admissions to hospital environment.

- Support by the PDNS team whilst in hospital.
- PDNS clinic held more locally to their home.

3.5 System Benefits

- Reduced admissions to hospital.
- Reduced length of inpatient stay.
- Follow up of complex patients / Care Home patients now currently regularly reviewed.
- Increased patient satisfaction.
- Decreased Consultant OPA's required therefore potential cost reduction on Follow Up payments or decrease in alternative waiting lists. It is understood that within the area above 191 patients attend GWH Parkinson's Consultant appointments, it is proposed that the number of OPA's for these individuals should decrease as they will be seen by the PDNS as an alternative, this will result in a cost saving to Wiltshire CCG or other waiting lists will be reduced as Consultants see other patients (not those with Parkinson's)

3.6 Additional benefits

- There will be strong links developed with the current Neurology Practitioner as they will be working alongside the PDNS' within North Wiltshire. This will allow for clinical supervision and support to occur with meetings to take place on a regular basis. The current Neurology Practitioner will have a potentially smaller and more manageable caseload enabling greater job satisfaction and further development of their own care provision.
- Liaison will take place with the Community Therapy teams in the appropriate areas to further discuss the care provision that is currently provided within Swindon in order to ascertain whether this could / should be replicated within the North Wiltshire area and whether this could be achieved within their current financial provision or whether a further business case would need to be put forward by Wiltshire Health and Social Care.

4.0 Next Steps

This paper has set out the current situation provided by the Swindon Parkinson's Specialist Nursing Service, has reviewed the areas local to Swindon to which it could be extended and the investment required to deliver sustainable long term improvements in clinical and organisational performance. It is for further review by the Wiltshire CCG. Following agreement it is thought that this service would take 3 months to commence, allowing for recruitment to posts to take place.

References:

1. NICE Guidance, Quality Standard 164

The recommendations in the QS164 standards are that all 'Adults with Parkinson's disease have a point of contact with specialist services' and that 'Adults with Parkinson's disease are referred to physiotherapy, occupational therapy or speech and language therapy if they have problems with balance, motor function, activities of daily living, communication, swallowing or saliva'

The Service Extension proposed within this business case will achieve this for those patients identified above and the Swindon Service has already been positively audited against the QS164 standard.

2. NICE Guideline, NG71

This guideline covers diagnosing and managing Parkinson's disease in people aged 18 and over. It aims to improve care from the time of diagnosis, including monitoring and managing symptoms, providing information and support, and palliative care.

The Swindon Parkinson's Service was reviewed against this guideline in 2017 and performed well.

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Wiltshire Council

Inspection of children's social care services

Inspection dates: 3 June 2019 to 19 June 2019

Lead inspector: Steve Lowe
Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Good
Overall effectiveness	Good

The determined and well-focused leadership of the executive director, combined with the corporate resolution of key elected members, has paid dividends for children in Wiltshire. There have been significant improvements since the last inspection in 2015, when all areas of the service required improvement to be good.

With strong political and corporate support, senior leaders have succeeded in stabilising the workforce and giving social workers the time they need to work purposefully with families and children. The local authority has improved its services for children and offers a consistently good response to families and children in need of help and protection. Senior leaders have built strong partnerships that strengthen the response that families get when they are in crisis.

Social workers know the children they work with very well. Children increasingly receive the help and support they need from the right people at the right time. Children in care and care leavers are in permanent, stable homes and make good progress in all but a small number of cases.

Senior leaders and frontline practitioners are driven by a determination to improve the life chances of children in Wiltshire, including those who arrive from overseas during times of crisis. A sophisticated approach to performance management has resulted in there being a tight grip on current practice and an ability to both plan for and transform the services that children and families need through the Families and Children's Transformation (FACT) programme, which is a whole-system partnership approach.

Senior managers have responded well to increasing pressure to find the right places for children to live, and have created a greater choice of homes. However, for some children this choice remains too limited. In addition to this, children's records are not clear and accurate across all parts of the service. However, senior leaders were already aware of this issue and show a commitment to achieving greater consistency through robust quality assurance.

What needs to improve

- Raising awareness of private fostering in the local community.
- The impact of services on children's health and education when they are in care.
- The clarity and accuracy of children's records when they are in care.
- The availability of suitable placements when children first come into care.
- The quality of social work supervision.

The experiences and progress of children who need help and protection: Good

1. Children and young people in Wiltshire benefit from increasingly timely and well-targeted early help services. Senior leaders have streamlined services to make it easier for families to get the help they need as early as possible, and have engaged well with partners to strengthen the local offer. Senior leaders have taken action to ensure that awareness of the local early help offer is more widely understood across the partnership.

2. The local authority has also taken decisive action to improve the offer to children and families where early help has not supported families quickly enough. Family keyworkers have been introduced as part of the support and safeguarding service. Their direct work with families is having a positive impact on children.

3. Children in need of help and protection, including disabled children, receive a swift and effective response to their needs. Senior leaders have implemented a Diagnostic and Referral Tool (DART) to ensure that the quality of referral information from partners is of a good quality and that thresholds are well understood and applied. The development of the early help hub ensures that partners concerned about children can readily access services through a variety of pathways as well as seek advice from social care professionals. The Multi-Agency Safeguarding Hub (MASH) in Wiltshire demonstrates impressive partnership working, ensuring that decision-making on contacts is swift and is considered from multiple points of view.

4. Referrals, including domestic abuse notifications, are well managed, and thresholds for intervention are applied consistently. Managers within the MASH make good decisions on contacts and this oversight results in clearly recorded action plans for social workers to follow. Consent is sought appropriately, and social workers ensure that parents, including absent fathers, are encouraged to participate in assessment and planning appropriately. Referrals from the police

clearly identify the risks to children and contain well-informed recommendations for further action.

5. Child protection enquiries are effective and well coordinated. Risks to children are identified swiftly, appropriate decisions are made, and subsequent actions are purposeful. Strategy meetings and discussions are timely and are well attended by a range of agencies, which contribute appropriately. Strategy meetings result in clear, timebound action plans that target what needs to change in order for children to be protected.

6. The quality and timeliness of assessments of children are good. Assessments routinely identify risk and protective factors and result in a detailed and comprehensive analysis of risk and the lived experience of the child. Pre-birth assessments and assessments of parents completed by the specialist contact and assessment team are of a consistently high quality. Children's views routinely influence children's assessments and plans.

7. Social workers visit their children regularly and often exceed the levels of visiting frequency expected by managers. The quality of direct work with families undertaken by workers is a strength. There are many examples of highly sensitive and powerful direct work that has resulted in a deeper understanding of the child's experiences. Social workers routinely see children alone. Social workers are highly committed to monitoring the welfare of children and go 'above and beyond' to ensure that these relationships are protected and strengthened at every opportunity.

8. The quality of child protection and child in need plans is good. Plans are outcome-focused and specific, with a consistent emphasis on the needs of the child. Timescales are clear, and actions are clearly tracked and reviewed by managers and child protection chairs regularly. Plans clearly set out for parents what needs to change, as well as the consequences of not making these improvements. In a small minority of cases, contingency planning is weak. Multi-agency meetings, such as child protection conferences and core group meetings, are well attended. Key partners share information in a timely and effective way, and this information is routinely used to inform assessment and planning for children.

9. Responses to children at risk from domestic abuse are effective, and decisive action is taken by social workers to protect children when required. The use of safety plans for families to reduce risk themselves is routinely in place and these are of a good quality. Social workers' expectations of parents are realistic, well recorded and specific.

10. The use of the pre-proceedings aspect of the public law outline (PLO) is good. Letters before proceedings appropriately outline concerns and the actions required of parents. Social workers ensure that parents are clear about what is expected of them and which areas of their parenting need to improve.

Experienced managers monitor the progression of cases under PLO well. In the vast majority of cases, applications to court are timely when children's circumstances do not improve. Family group conferences are used well by social workers to explore opportunities for children to remain in the care of their wider family. In a small minority of cases where children have experienced long-term neglect, escalation to PLO and care proceedings does not take place within a timescale that meet the needs of children. While action has recently been taken to address this matter, this cohort of children have been exposed to risk longer than necessary.

11. Responses to children who go missing are largely effective, and reporting mechanisms are swift, resulting in well-coordinated plans to locate and safeguard children. Coordinators for children who go missing ensure that any missing children are tracked, notifications are quickly assessed, and information is disseminated to allocated social workers when appropriate. For those children already receiving a service, return home interviews are not always completed promptly by social workers. The completion of return home interviews for children in care is low. As a result, there are missed opportunities to gather information that could reduce individual risk to children and inform wider intelligence gathering across Wiltshire.

12. Arrangements to identify and provide support to young people at risk of sexual exploitation are well coordinated and are delivered effectively by a specialist team. Use of the child sexual exploitation tool is of a good quality and is reapplied as risks change. The quality of planning to reduce risks to children is consistently strong. Effective multi-agency strategic work results in a comprehensive understanding of vulnerable groups of young people as well as local hotspots. Coordinated work with the newly formed national county lines centre is well embedded. Strategic disruption and prevention activity has led to a variety of creative interventions to protect young people.

13. There has been a steady rise in parents electing to educate their children at home in Wiltshire. The local authority is acting to ensure that it understands why parents are making this decision and to ensure that there is effective support for families. The number of children missing education has reduced. Those missing education are mainly children whose families have gone to live abroad or who are from the Traveller community. The local authority shares information and makes checks, including with the police and border agencies, to ensure that children moving overseas are protected. However, senior leaders recognise that there is further work to be done to engage more proactively with Traveller families.

14. Arrangements to respond to children in Wiltshire who are privately fostered are underdeveloped. Awareness-raising and training for key partners in Wiltshire is limited and does not sufficiently promote the needs of these children or the requirement to assess their living arrangements. When children are identified as being privately fostered, social workers visit the families in a timely way.

However, case records do not always reflect whether the child has been seen or seen alone. As a result, senior leaders cannot satisfy themselves that the welfare of these children is sufficiently monitored.

15. Children who are 16 or 17 and are potentially homeless receive a sensitive and timely service and their rights and options are carefully considered. The vast majority of these children are helped to return to their family and friends.

16. Children are safeguarded by a responsive and effective emergency duty service (EDS). Partners use the service well for consultation and advice and get a sound professional response. Good communication exists between EDS and day services. Action taken to address the presenting emergency is thorough and children and families in crisis receive a swift response to their needs.

17. Arrangements to manage allegations against professionals are timely, comprehensive and effective. Thresholds are well understood and are consistently applied. Allegations management meetings are well attended and well recorded. Multi-agency meetings share information effectively. This results in well-coordinated and timebound action plans that protect children and ensure that investigations are thorough and purposeful. Tracking arrangements to monitor progress of individual investigations are comprehensive and prevent unnecessary delays for children.

The experiences and progress of children in care and care leavers: Good

18. Children in care and care leavers receive a good service in Wiltshire. The vast majority of children in care live in stable, permanent homes that meet their needs. Social workers and personal advisers (PAs) know the children and young people well, visit them regularly and build meaningful relationships with them. Tenacious social work and advocacy ensure that children's views are pivotal in plans for their future, and their experience and progress improve once they are in care.

19. When decisions are made for children to come into care, these are appropriate. When necessary, immediate action is taken to safeguard children. Effective use of pre-proceedings letters and the good quality of assessments result in timely court decisions that meet the needs of the children and keep them safe when they can no longer remain at home.

20. When children return home from care, there is mostly purposeful work to ensure that changes have been made and sustained by parents. Social workers and family key workers help families to develop support networks in their community.

21. Children are seen and the majority are seen alone by their social workers. They have good relationships with their social workers, who take great care to ensure that their needs are met, that they are happy and settled and are achieving their potential.

22. Care plans for children are of a variable quality but most reflect the individual needs of the child, including contact arrangements, identity and diversity. Children and young people have regular visits with their family and other people who are important to them wherever possible. A minority of plans are not updated routinely or in a timely way following significant events or changes in children's circumstances.

23. The majority of children's assessments completed for looked after children reviews are of a good quality, with children's wishes and feelings carefully considered. Some social workers write in the first person. These children's records are child friendly; they bring the child to life and evidence a real sense of care. Independent reviewing officers are effective in supporting the progress of children's plans and appropriately escalating when needed. However, care plans are not always clear about when actions need to be completed.

24. Since the last inspection, meeting children's health needs has improved. However, challenges remain in ensuring that all children benefit from a timely initial and review health assessment, particularly those children placed at a distance from their families.

25. Not all children receive timely therapeutic support from child and adolescent mental health services (CAMHS). However, once children are seen, it makes a positive difference to their lives.

26. School leaders are positive about the support provided by the virtual school officers. However, attainment and progress in reading, writing and mathematics for children in care is too variable between subjects. Leaders of the virtual school have a wealth of data information, but, when weaknesses are found, they do not act with sufficient urgency to make the changes needed to improve pupils' achievement. Leaders are not sufficiently rigorous in their monitoring of the work and impact of the virtual school officers. As a result, the quality of personal education plans (PEPs) is variable.

27. There is careful oversight of children's journeys to permanence, underpinned by sensitive, child-centred work. In the strongest examples, there is careful planning covering two or three options for permanence. A wide range of options are pursued, including special guardianship, long-term fostering, adoption and enabling children to live within their extended families.

28. The majority of children in care in Wiltshire live with foster carers on a long-term basis. The stability of these placements is good, and most children stay in the same place once they come into care. Children are supported to see their birth

families, go to local schools and take part in a range of activities that they enjoy. Most children are making good progress due to the tenacity and care provided by well-supported carers.

29. Social workers and PAs engage in some creative direct work with children. This includes life-story work, which helps children understand why they are in care and decisions that have been made about the rest of their family.

30. The arrangements for finding children adoptive parents are a strength. The new relationship with Adoption West, the Regional Adoption Agency (RAA) is working well and has been seamless for both children and carers. Children in Wiltshire are waiting less time than ever to move in with their adoptive family. The scrutiny of the performance of the RAA is thorough and challenging.

31. Children who arrive as unaccompanied minors are promptly safeguarded and placed in independent supported accommodation or foster care according to their assessed needs. Clear planning ensures that these children make progress in all areas of their lives. The specialist social workers in Wiltshire have responded well to the complexities of safeguarding these children.

32. When children in care go missing, the number who are offered return home interviews has improved since the previous inspection, and these are routinely completed by adults that the children know well. However, they are not always timely or recorded in detail.

33. Advocacy is a strong feature for children in Wiltshire. A large number of children benefit from independent advice from advocates because of an effective opt-out process. This, and the good use of independent visitors, gives children a valuable support to have their views heard and their rights upheld.

34. Children are actively involved in the running of the council. Senior leaders respond quickly to issues raised by the children in care council and individual children through complaints and representations. The care leavers' promise delivers practical support that young people have identified as important for them.

35. For care leavers, there is tenacious work by PAs, and young people value their support. PAs work hard to stay in touch with young people at a level that balances need with a respect for independence. In some cases, PAs significantly increase visits at times when young people are in crisis. Most care leavers are routinely provided with support to develop independence skills. Care leavers are supported to move on into their own accommodation at a time when they are ready. Young people report that they are provided with good accommodation in areas where they feel safe. An increasing number of care leavers continue their education or gain employment due to the tenacity and resourcefulness of their PAs. In too many cases, this valuable work is not reflected in case records and pathway plans. Senior managers are aware of this issue.

The impact of leaders on social work practice with children and families: Good

36. Resolute corporate and political support has resulted in more resources being made available to senior leaders who have used these to good effect; services for the most vulnerable children and families are now securely good. The extra resource has successfully stabilised social work teams, bringing down workloads to a manageable level.

37. Since the previous inspection, the executive director for children and education and senior managers have invested time and effort in a performance management system that allows them to identify current trends and areas for improvement. In turn, this results in effective scrutiny and oversight of children's services by elected members.

38. Joint working between the local authority and the police is particularly effective and has progressed significantly in terms of community support for unaccompanied asylum-seeking children (UASC), and a shared vigilance of the threat of county lines and exploitation in the county.

39. Senior leaders know where to focus their energy, time and resources. They have effective strategies in place to address current and future demands. The introduction of the early support hub is clearly giving families access to the services they need at the point they need them. The PAUSE project, supporting women who have had children removed in the past, is proving successful. Both of these examples illustrate a cogent response to the needs of Wiltshire's children and families.

40. Relationships with the judiciary and CAFCASS are strong, reflected in the positive feedback that both give regarding the quality of legal support, evidence and preparedness of social workers presenting in the family court.

41. The executive director has taken personal responsibility for the recent move to Adoption West, taking on the role of responsible individual for the new agency. There has been no detriment to Wiltshire children; in fact, performance has improved through this time period.

42. Relationships with health colleagues are less effective, as evidenced by the waiting lists for CAMHS and delays in assessing the health needs of children in care. This has been exacerbated by poor joint scrutiny of commissioned health services.

43. Senior leaders in the council are active and effective corporate parents. Consequently, children receive tangible benefits from their corporate parents. For example, care leavers are exempt from paying council tax, receive free

leisure passes and have access to apprenticeships and work opportunities within the council.

44. Senior leaders have a good track record of responding to emerging issues. They demonstrate learning from serious case reviews, their own auditing of practice and intelligence shared by partners, for example increased services for unborn babies and those children under one, a quick and effective response to a large increase in UASC, and a front foot response to the challenges of exploitation. The three executive directors who have chief executive responsibilities combine to consider vulnerable children in planning across the council. The new arrangements for safeguarding children are forward-thinking in that they consider vulnerable children and adults on a continuum, rather than in isolation.

45. Due to a lack of placement choice, a small minority of children are poorly matched. These children experience a number of moves or are in placements that are not meeting their needs. Senior leaders have a comprehensive and credible strategy for addressing this challenging issue.

46. The local authority has a good knowledge of its community, including pockets of poverty, vulnerabilities to exploitation and the impact of armed forces resettlement. Senior leaders' self-assessment is accurate and demonstrates that they know their services well. However, the links between children's social care, education and the Traveller community are under-developed.

47. Performance management has improved significantly since the last inspection. Senior leaders have a determined interest in monitoring performance and a system that they trust. This information is analysed effectively, and the performance outcomes board combines data, feedback and auditing activity to drive improvements for children. A comprehensive range of themed audits add insight for senior leaders and highlight areas for development clearly.

48. Management decisions for children in need and for those children who need help and protection are clear, and supervision is regular and reflective. For children in care and care leavers, the recording of management decisions and supervision is much more variable, with significant gaps for some children. Consequently, it is not always clear when and why important decisions have been made or how significant events in children's lives have been responded to.

49. Social workers have a workload that is manageable, following significant investment to increase the number of practitioners in Wiltshire. Social workers in their assessed year are protected and the aspiring manager programme gives extra supervisory capacity to teams, as well as an additional career path option.

50. Senior leaders have managed the introduction of a new recording system well. This ambitious project is on target to make information between services and partners more immediate and contextual. During the changes, locating children's information has been challenging for some parts of the service.

51. Senior leaders acknowledge that the workforce strategy requires updating to reflect Wiltshire's ambitions for the future and to develop core skills across existing partnerships. Consultation and analysis of these service priorities is well underway. Currently, training needs are identified through workforce surveys, audit findings, feedback from children, learning from complaints and serious case reviews. However, social workers largely self-identify their training needs and find it difficult to evidence the impact of training. Annual appraisals are not routinely undertaken.

52. Staff report that they enjoy working for Wiltshire and have a career path that meets their aspirations. Mentoring for staff gives more depth to this approach and is having a positive impact on staff retention. The use of agency workers is greatly reduced, and children are having fewer changes of social worker as a result.

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Wiltshire Council

Health and Wellbeing Board

19 September 2019

Subject: Children's Community Healthcare Services Update

Executive Summary

I. This report provides a summary of performance across Children's Community Healthcare Services, provided by Virgin Care

Proposal(s)

It is recommended that the Board:

i) Notes the summary provided;

Reason for Proposal

Health & Wellbeing Board has requested a progress report on Children's Community Healthcare Services following it being commissioned with a new service being delivered from April 2016.

Lucy Baker, Tracy Daszkiewicz & Helen Jones

Acting Commissioning Director Maternity, Children and Mental Health Wiltshire CCG, Director of Public Health Wiltshire Council & Director of Commissioning Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2019

Subject: Children's Community Healthcare Services Update

Purpose of Report

This report has been complied to provide an overview of the Wiltshire Children's Community Healthcare Service (WCCHS), provided by Virgin Care Services (VCS). The report brings together quality and performance data across the whole service, as well as providing an overview of each individual service within the contract and any performance issues currently being managed.

Background

Prior to this joint re-commissioning exercise, children's community services had been provided across six separate organisations, many of them sitting outside of Wiltshire county borders, which parent carers of children with Special Educational Needs and/or Disabilities (SEND) told us contributed to a confusing and disjointed healthcare provision. Services provided by VCS include:

- Health Visiting (lead commissioner Local Authority)
- Family Nurse Partnership (lead commissioner Local Authority)
- School Nursing and Child Measurement (lead commissioner Local Authority)
- Community Paediatrics (lead commissioner WCCG)
- Speech & Language Therapy (lead commissioner WCCG)
- Integrated Therapies (Physiotherapy & Occupational Therapy) (lead commissioner WCCG)
- Children's Community Nursing Services (lead commissioner WCCG)
- Children's Continuing Care (lead commissioner WCCG)
- Learning Disability Nursing Services (lead commissioner WCCG)
- Looked After Children's service (lead commissioner WCCG)
- Children's Safeguarding Services (named nurses & specialist safeguarding nurses) (lead commissioner CCG)
- Paediatric Audiology (West Wiltshire only) (lead commissioner WCCG)
- Children's Continence Service (lead commissioner WCCG)

Public Health Nursing is a mandated service directly funded by the Public Health Grant, which the local authority receives from the Department of Health in order to deliver against the public health priority to provide a universal service for all children, with an emphasis on prevention and support. The service forms part of the Director of Public Health's responsibilities for 'any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include

services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act'

The total contract value with VCS is currently £12.8m. The funding envelope for 19/20 is not yet confirmed due to some in-year changes in estate costs, however at the time of writing this paper the total block value splits between commissioners as follows:

Commissioner	Value	Proportion
Wiltshire CCG	£6,448,794	50.4%
Wiltshire Council (public health)	£6,012,108	47%
Wiltshire Council (children's commissioning)[1]	£336,274	2.6%

As successful bidders for the contract, VCS were tasked with delivering on an ambitious transformation programme which has seen them:

- Relocate all staff into multidisciplinary (MDT) 'hubs' to encourage more joint working between specialties
- Move all staff onto a shared electronic records system as well as scanning all historic notes onto the system for continuity of care
- Establish 'mobile working' systems for all staff in order to promote community working and staff efficiency
- Develop a 'single point of access' for the triage of referrals in order to avoid children 'bouncing' between services.

VCS were not able to commence their transformation as quickly as hoped initially, due to them inheriting considerably longer waiting lists and larger cohorts of patients than had been communicated from outgoing providers prior to transfer. This meant that significant resource was directed initially to reducing these waiting lists and bringing them within the nationally mandated 18 week referral to treatment target. Work is now complete on the main transformation project and the service is able to capitalise on the roll out of joint IT systems and MDT hubs to maximise the potential of the contract via MDT integrated pathways of care that will streamline children's initial assessments, diagnosis and follow up.

1. Review of performance

In this section of the paper we have sought to triangulate information regarding the provision of children's community services under the VCS contract to date.

1.1. Care Quality Commission Inspection findings

The CQC inspected Virgin Care on the 4th, 5th and 6th April 2017 and published its final report on the 25/08/2017.

The CQC inspected Virgin Care services as part of their comprehensive community health services inspection programme.

[1] A contribution towards provision of OT & SALT, as well as Fostering & Adoption Medicals and CDOP medical attendance.

The CQC always ask the following five questions of each service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before inspecting, the CQC review a range of information held about the core service and asked other organisations to share their intelligence. The below table outlines the CQC's inspection outcomes for VCS for each domain;

Overall rating for the service	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	**Outstanding**
Are services responsive?	Good
Are services well led?	Good

1.2. Patient experience

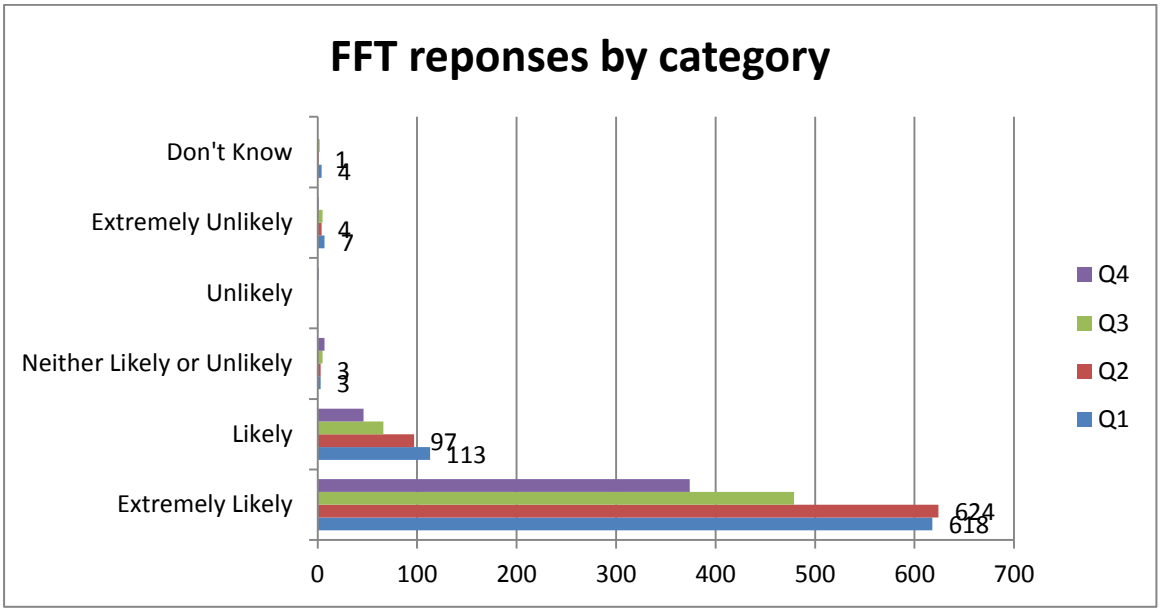
The table below summarises the complaints that VCS have received since April 2018:

Month	Total Contacts	Complaints	Concerns
Apr 2018	1972	2 (0.1%)	4 (0.2%)
May 2018	2433	3 (0.1%)	2 (0.1%)
Jun 2018	2518	2 (0.1%)	14 (0.6%)
Jul 2018	1933	4 (0.2%)	10 (0.5%)
Aug 2018	1256	3 (0.2%)	9 (0.7%)
Sept 2018	2181	1 (0.0%)	22(1.0%)
Oct 2018	2555	5 (0.2%)	22 (0.9%)
Nov 2018	2622	2 (0.1%)	9 (0.3%)
Dec 2018	1861	1 (0.1%)	12 (0.6%)
Jan 2019	2776	4 (0.1%)	14 (0.5%)
Feb 2019	2064	5 (0.2%)	14 (0.7%)
Mar 2019	2518	4 (0.2%)	21 (0.8%)
Apr 2019	2295	5 (0.2%)	16(0.7%)
May 2019	2701	4 (0.1%)	9 (0.3%)
Jun 2019	2672	5 (0.2%)	14 (0.5%)

Reporting on the themes of complaints, which in the main have been received from parent carers, shows that these predominantly focus around communication, access to services (in particular paediatrics and Integrated Therapies) and waiting times. In addition to this the CCG received 7 complaints about services provided by VCS throughout 2018/19, and 16 concerns or enquiries. These follow similar trends/themes to those reported by VCS, namely:

- Access to services (paediatrics and integrated therapies in particular)
- Waiting times
- Communication

The graph below shows responses recorded against the 'friends and family' test for 2018/19, which gauges how likely service users or their families would be to recommend the services:



1.3 Wiltshire Parent Carer Council and Parent Carer feedback

Wiltshire Parent Carer Council (WPCC) has not run a formal feedback exercise with members in order to inform this paper, but were able to provide some valuable opinion on their experiences of Virgin Care Services as a provider, the ways in which they have engaged with parent carers, and the nature of the concerns and complaints handled by the Wiltshire Information Service relating to Virgin Care.

The following statement has been provided by Stuart Hall, Director of Wiltshire Parent Carer Council:

On the whole, WPCC have found Virgin Care to be very open to working with parent carers in the co-production of pathways and development of the service, and have always been very supportive of WPCC events. They report that Virgin Care are always keen to embrace opportunities to engage with parent carers to foster positive relationships and understand where and how practice could be improved. When WPCC has had reason to contact Virgin Care, they have found them to be responsive and proactive. Prior to the implementation of the SPA, when WPCC reported difficulties parents were experiencing getting through to Virgin Care on the telephone, Virgin Care installed additional phone lines. There are still some glitches with the SPA as reported by parent carers: the single telephone number is helpful but parents say it is a lottery as to which hub receives the call.

Parents have said that if they had spoken to someone in the Trowbridge team for instance, if they then phone again to follow up, they may end up speaking to someone from the Salisbury team who is unable to pick up their case; it is hit and miss as to whether the call handler will divert the call to the correct team or not (it seems to depend on who you speak to). WPCC has welcomed Virgin Care's invitation to sit on the MDT triage. WPCC is included within interview panels, helping to underline the importance of parent carers and working in coproduction from the very outset of any new recruit's employment in the organisation. WPCC used to be integral to the programme of induction for new staff, but this hasn't happened for some time, despite them flagging this up with Virgin Care managers.

The centralisation of services from six providers into one, although there are some glitches and the development of a single point of access for parent carers has been an improvement for families who had complained previously about care being provided in 'silos' and different teams not talking to one another or coordinating their approach or appointments. Virgin Care have responded to parent carer feedback by establishing community-based hubs around the county to improve the access to some practitioner appointments. There are some services (physiotherapy being the primary one) where there are new themes of complaints being seen (predominantly capacity, frequency of appointments and waiting times), and others (paediatric continence) where WPCC used to see a high number of complaints that have now ceased. The WPCC has shared feedback about Occupational Therapy with Virgin Care; this would predominantly be regarding waiting times and information given to parent carers not always being easy for them to understand and digest. There is a feeling that sometimes, written information is given to parents, rather than sessions with an Occupational Therapist. Parent carers have also raised concerns about communication ("We need to know we haven't been forgotten about") and the difficulty they have in understanding 'who does what'; this confusion seems to be wider than just services delivered by Virgin Care. Parent carers would also like to see better recording of health needs on EHC plans where appropriate. There was some very positive feedback from parent carers attending a transition information event about the new ASD diagnosis pathway that has been developed. Some parent carers have reported positive feedback about the PAMS meeting that has been introduced as part of the new ASD diagnosis pathway.

The WPCC has shared issues regarding handover to adult services with Virgin Care and the CCG. The WPCC is also aware of at least one family who has reported that they received a letter from Virgin Care but when they contacted them about the letter, Virgin Care could find no record of it.

The WPCC has recently (September 2019) been invited to present at Health Visitor Team meetings. This was a very positive experience, with Health Visitors warmly embracing WPCC; WPCC noted however that most Health Visitors were previously unaware of the WPCC.

Although the WPCC hears complaints naming Virgin Care, on unpicking issues, it is often found that the underlying problem is often more to do with staffing shortages, service capacity (e.g. waiting times), or relating to historical operational issues which the service has not had an opportunity or capacity to address as yet, rather than an issue with attitude from Virgin Care as an organisation. WPCC

SENDIS staff report that Virgin Care Customer Services 'seem to have really upped their game' and they find them to be 'thorough and helpful'. Overall it feels as though the service has come a long way, having inherited some concerning operational issues from outgoing providers, and it is felt that there is an upward trajectory that should inform future decision making.

Other feedback from Parent Carers in Wiltshire:

Parent carers provided the following feedback to Ofsted/CQC in January 2018 as part of the Wiltshire Local Area Inspection[2]:

"Specialist services such as education psychology and lead workers for SEN provided by education, health and social care professionals are effective and well regarded by those whom they serve. However, some parents and carers remain frustrated that they cannot access the services they require in a timely way. They reported that the delays they experience in gaining the correct support for their child or young person increase their levels of anxiety…They say that communication between specialist services and themselves is not effective in addressing the concerns that they may have".

In addition, Wiltshire Council continue to share responses from school's annual SEN Self-evaluation. These evaluations suggest high degrees of confidence in the care and support shared with schools, but again concerns about waiting times and staff changes, the latter which are often poorly communicated. The schools also noted that there was an overall push towards training school staff to deliver interventions rather than Virgin Care carrying out interventions themselves. Schools recognised that training and school-based activity was positive, but identified that they were having to request new funds from the Dedicated School High Needs block[3] to fund staff to deliver this care, thus transferring costs away from Virgin Care to the Council.

1.4 Staff engagement

Staff satisfaction results have been included in the table below:

Question	Score 2017	Score 2018
Response rate	65%	75%
Line Managers give positive feedback	74%	82%
Someone cares about my physical and mental health	77%	77%
I see the organisation making decisions that are purpose-driven and aligned to our values	46%	27%
I have the tools and equipment I need to do my job well	42%	32%
Recommend this as a place to work	NA	27%

[2] https://files.api.ofsted.gov.uk/v1/file/2763765
[3] Funded by the Wiltshire grant from the Department of Education.

The results above are of concern to commissioners and to the provider, who have developed an action plan to work to improve staff satisfaction levels (see high level summary below). Virgin Care have fed back that action was taken to mitigate against a decline in satisfaction, for example the promotion of staff wellbeing through initiatives, such as mindfulness coaching and regular opportunities to meet and discuss concerns, to mitigate against the rapid pace of substantial change. Virgin care are however confident that things will have improved for the 2019 survey. Updated results should be available in October 2019. These above results are of particular concern taking into account the vacancy factor that some departments are struggling with, and a difficulty recruiting to certain teams within what is a relatively small local staffing pool.

HYS question or feedback theme	Score before	Score now	Actions to improve
I see the organisation making decisions that are purpose-driven and aligned to our values	46%	27%	Transparency on decisions where there is a choice and consultation required. Ensure clear communication to all colleagues on commissioned service specifications and priorities. Clear cascading of the vision and values. Upskilling team leaders to Leading the Virgin Care Way and demonstrating the values. Improve communication on key achievements e.g. service user feedback, quality assurance e.g. via Roadshows, newsletters, team meetings. Continue management roadshows with a focus on integrated strategy and improving partnership working. Challenge any colleague not demonstrating the Virgin Care values and behaviours. Run engagement and change programme events
I have the tools and equipment I need to do my job well	42%	32%	Continued roll out of the mobile devices. Survey monkey to colleagues to request information on tools required and collate feedback during the appraisal. Engage I.T support where necessary.
Would you recommend this as a place to work		27%	Pulse check survey to gain suggestions for improvements, Team Leaders ask at appraisals, HRBP/SMT attend team leader meetings to raise concerns/gain feedback, making appraisals meaningful, recognising rising stars, teambuilding

1.5 Staffing levels

Below is a snapshot of the most recent vacancy reporting (whole time equivalent) from Virgin Care:

Service	WTE Vacancies at the end of Q1 19/20	Funded Establishment WTE as at 01.04.19	Comments
Autistic Spectrum Conditions – Wiltshire Autism Assessment Service (WAAS)	0.1	5.22	
Children in Care Nursing	1	3.27	Recruitment underway.
Paediatric audiology	0	7.57	
Psychology	0	0.72	
Children's Management	1	14	
Integrated Therapies	2	13.96	Vacancies are for physiotherapy skills
Business Support	6.87	38.87	
Learning Disability Wilts	0.8	7	
Health Visiting	10.5 3.94 wte - band 4 6.56– band 6	79.89 wte (total workforce) 17.08 wte – band 4 62.81 wte – band 6	Recruitment underway including internal recruitment of SCPHN students
Community Paediatricians	2.6	8.82	2 medical staff onboarding.
School Nursing	5.41	26.74	Recruitment underway for new skill mix model.
Community Nursing	0.8	8.37	
Speech and language therapy	2.6	25.51	
Safeguarding	0	3.4	
Total	**37.68**	**243.34**	

The vacancy rate reported against school nursing relates to the implementation of a new staffing structure developed in response to a sustained period of difficulty recruiting to Specialist School Nurse roles. This was a recruitment challenge reflected nationally and commissioners are supportive of the restructure.

There has been considerable variability in reporting on the health visitor workforce over the course of the contract. A recent deep dive into this identified variation in definition and confirmed that Virgin Care has sustained the qualified health visitor workforce following 'Call to Action', the national drive to boost health visitor numbers.

Virgin Care have had particular difficulties in reaching establishment within the Integrated Therapies team and Community Paediatrics, and this has had an impact on their waiting time performance and follow up cohort. Commissioners have continued to monitor measures being taken such as risk stratification of the waiting list to ensure that children who most urgently need review are able to access services whilst vacancy rates have been high. Virgin Care are reporting that due to recently successful recruitment campaigns they expect to be at establishment in all their specialist services from October 2019.

2 Individual service performance

2.1 Public Health Nursing

Public Health Nursing, made up of health visiting and school nursing, is subject to a national specification and charged with leading the delivery of the Healthy Child Programme 0-19. A large part of the delivery includes 5 health reviews, beginning in pregnancy, and the delivery of the National Child Measurement Programme (NCMP) all of which are mandated by law. This mandate has been extended for the 'foreseeable future'.

Locally, Wiltshire also commissions Family Nurse Partnership (FNP), a licenced programme of intensive support for expectant young parents who conceive at the age of 19 or under. Support is provided from pregnancy until their child's second birthday. FNP sits within the health visiting service.

2.1.1 Health Visiting

The health visiting service performed poorly against KPIs during the early part of the contract. This was attributed to poor data capturing systems and the service struggled to provide alternative evidence that outcomes were being met. Since the implementation of a new IT system towards the end of last year there has been a steady improvement in performance reflected in the table below.

Health Visiting Metrics	**2017-18**			**Q4 18-19**		
	Wiltshire	**South West**	**England**	**Wiltshire**	**South West**	**England**
New birth visit within 14 days	83%	81.9%	87.7%	90.1%	80%	87.5%
New birth visit **after** 14 days *(lower is better)*	10.5%	14.6%	10.1%	9.0%	17.4%	10.7%

New birth visit undertaken	93.5%	96.5%	97.8%	99.0%	97.3%	98.1%
6 to 8 week review by 8 weeks	79%	84.6%	84.3%	89.1%	85.3%	85.9%
6-8 weeks breastfeeding	49%	-	43.1%	55.3%	-	47.3%
12 month review by 12 months	74.2%	77.5%	75.6%	85.0%	80.2%	77.5%
12 month review by 15 months	77.9%	84.4%	82.6%	84.7%	85.8%	84.4%
2.5 year review by 2.5 years	64.8%	75.0%	75.7%	70.9%	80.8%	78.0%
2.5 year review using ASQ3	98.5%	90.70%	90.20%	99.7%	93.3%	92.5%

*Data source: PHE Health visitor service delivery metrics - https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2017-to-2018

It is important for the health visiting service to maintain a suitably qualified public health workforce to ensure effective delivery of the Healthy Child Programme (birth to 5 years) to all children and families. The service offers both universal support and more targeted support, depending on the needs of the family. All families should receive the universal offer of five mandated checks from pregnancy through to the child reaching 2.5 years. Periods of high vacancies seen at times during the contract resulted in a reduced offer for the first mandated check in pregnancy when the service only saw targeted families. The universal offer of a check in pregnancy recommenced in January this year as staffing levels improved. The area covered by the Tidworth team is the only area currently not offering antenatal contacts to all families due to staffing and an influx of transfer-in appointments from army rebasing. All families with complex needs and/or known to social care will continue to receive this offer and universal antenatal contacts are due to recommence in this area in October.

Coverage of the mandated checks has improved in 2018/19 as shown above, although is still not reaching the target of 78% set locally for the final 2.5 year contact. The service has implemented a new appointment system to improve access to the service and is working with service users to inform a review of child health clinics. The most recent data, yet to be published nationally, shows further improvement. There is limited evidence of the impact of the service on child outcomes with the exception of breastfeeding which has seen a notable improvement. The development of more outcome measures is a priority for the service during 2019/20.

The Families and Children's Systems and Assurance Group, reporting to the Safeguarding Vulnerable People's Partnership, identified concerns about the

capacity of the service to support the early identification of children and families requiring a holistic early help assessment and support. It is suggested that further partnership work is required to further understand the concerns and develop the approach.

2.1.2 School Nursing

Progress against School Nursing Service KPIs has been variable with some areas seeing little progress, for example, condoms and pregnancy testing provision in schools, health promotion campaigns and school drop-ins achieving Young People Friendly accreditation. This has been significantly impacted by challenges recruiting to Specialist School Nurse posts, as highlighted above. The new service model is welcomed to increase capacity within the service and commissioners would be keen to see the service explore more innovative methods for supporting schools for example through access to online information sources and resources, which could be linked to the Healthy Schools site run by the Council.

In 2018 the service was praised for the school health assessments and drop in sessions for parents, however this has not been kept up to date and lacks integration with the Healthy Schools programme; work is underway to address this.

2.1.3 Family Nurse Partnership (expectant parents ≤19 years)

The Family Nurse Partnership Programme is now operating at 98% capacity, supporting 90 young people, after issues with staffing and insufficient notifications coming into the service were addressed. The programme generates a comprehensive dataset and outcomes are encouraging although caution must be exercised when interpreting the data due to small numbers.

2.2 Community Paediatrics

The community paediatric service has struggled throughout the life of this contract with vacancy rates, and has been reliant on expensive long term locum doctors to maintain the service. They have remained consistently within the 18 week referral to treatment target over the last year, bar a period in Q3 which they have now recovered from. Ongoing management of a very large follow up cohort remains of concern, and work is being done to review this group of patients and ensure that they need to be on a medical pathway. The service has had success through opening up applications to associate specialist and specialty doctor posts, and have now filled their medical vacancies.

The consultation on special schools also noted that parents would like to see paediatricians based in schools, enabling greater integration with school support and reduced travel for parents which is often difficult to manage for them and their children[4].

2.3 Speech & Language Therapy

[4] Please see the cabinet report of May 22 2019 for the full consultation feedback from the Special School consultation.

This service has consistently met its waiting time targets over the last year, and there are no particular areas of concern. The service was acknowledged within the SEND area inspection for the early intervention work that it does alongside early year and school settings, reducing the need for ongoing referrals to specialist services.

The January 2018 SEND Local Area Inspection particularly praised the work of speech and language therapists:

"Speech and language therapists offer pre-school children early intervention in the community, which helps to reduce the need for speech and language therapy referrals. The pre-school communication tracker is an effective tool used by professionals to monitor the progress children make and to check that they are reaching their developmental milestones. The tracker gives guidance to early years professionals, including educational settings and health visitors, about specific activities to use with families as well as support for referrals. As a result, children receive timely interventions, often without the need for a future referral"

2.4 Integrated therapies (Occupational Therapy & Physiotherapy)

The service has for some time experienced considerable pressures in its workforce within the integrated therapies team, which has had an impact on waiting times (table 1) into the service as well as the services ability to manage its existing cohort. This has resulted in some formal complaints coming into the service and the CCG relating to access to the service.

	Q2			Q3			Q4			Q1	
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
90.3%	88.69%	65.23%	73%	69.15%	62.11%	67.26%	66.39%	69.94%	77.05%	83.77%	79.68%

Table 1: Integrated therapies waiting times

Virgin Care have subcontracted some of their caseload to a private Paediatric Physiotherapy organisation in order to manage their capacity shortfall, and more recently they have been successful in recruiting to their therapist vacancies. Successful candidates are due to commence in post by the end of September. The CCG requested an audit into the physiotherapy caseload which provided some assurance that appropriate risk stratification processes are in place to ensure that the resource available is being used in the most effective way, and commissioners continue to work with Virgin Care to understand the impact on children and families of theses vacancies. The service was commended in the area SEND inspection letter for its work with children with cerebral palsy and their development of child-focussed outcomes.

OFSTED/CQC also praised the approach to integrated care (January 2018):

"Health practitioners support children, young people and their families to 'tell it once' through strong joint working between health services. Health practitioners reported a significant improvement in integrated working practices as a result of

the new hub working model. This has been made possible by the recommissioning of children's community health services, and the district specialist centres. Referrals have reduced as a result of the colocation of staff, which enables advice and information-sharing. Such integration between health services provides a unified community health service for children and young people. In addition, it ensures that all professionals involved in the assessment and intervention for children and young people can meet needs and improve outcomes more effectively".

"Health professionals offer children with cerebral palsy therapy intervention, with their parents, in the motor group. This group is jointly facilitated by occupational therapists and physiotherapists. Outcomes are set by children, young people and their parents rather than the therapists. They develop child-focused outcomes that fully capture the child's voice, for example, 'I want to be able to write my name' and 'I want to tie my own shoelaces.' Records confirm that this work successfully supports children and young people to meet their individual targets, increasing mobility and independence. The integrated team is now working to adapt the model of the motor group to support children and young people with ASD and motor coordination difficulties".

2.5 Children's Community nursing & continuing care

Following an external review of its own continuing care processes and pathways for children, the CCG will be implementing a number of changes in order to ensure full compliance with the National Framework and this will necessitate changes to the way in which the Virgin Care Children's Continuing Care service operates as a result. The service have committed to working with the CCG on the development of Children's Continuing Care pathways in the future. The CCG is assured that VCS have a robust training and care planning process in place for children accessing packages of continuing care, and the children's community nursing workforce has remained stable and consistent throughout the life of the contract. The CCG has no concerns about this service.

2.6 Learning disability nursing service

More engagement is needed between the provider and commissioners to define the offer of this service, to develop stronger links with the disability service within the council and to develop some clear reporting mechanisms that will enable us to better understand the impact of interventions from this service. Currently there is limited ongoing provision offered to children/young people with ASD, as historically Virgin Care have been commissioned to provide a diagnostic pathway. Commissioners recognise that more work needs to be done to consider what provision should be in place for children and young people with ASD and/ or a Learning Disability following diagnosis, and this will be taken forwards through the Wiltshire Autism Multi-Agency Forum.

2.7 Paediatric Audiology (West Wilts only)

This service has consistently met its waiting time targets and has received very positive feedback from families. The strong relationship with the BANEs service has proved to be useful.

2.8 Paediatric continence service

The children's continence service was transferred from Wiltshire Health and Care in 2017, where it stood as a single-professional paediatric service. On transfer the service inherited significantly longer waits and higher patient numbers than had previously been communicated and Virgin Care worked hard to get these under control, going from 26% to 95% RTT compliance within 12 months. This service was commended within the SEND inspection (2018) for its approach on working with schools and families to help children to achieve some level of continence wherever possible.

"Children with complex needs and learning disabilities with continence difficulties, benefit from a specific children's continence service. This is as a direct result of commissioner-led action following parental request and consultation. All children, with the exception of those receiving palliative care, who are offered continence products when required, are offered an assessment. This assessment determines whether they can be supported to achieve some level of continence. Training for parents and educational staff is successfully supporting schools and families to manage children's needs more effectively and develop their independence at home and in school".

2.9 Safeguarding

Virgin is complaint with its safeguarding training attendance for staff. 1:1 staff supervision for safeguarding is at a satisfactory level, however provision of group supervision (for non-clinical staff) is too low (26% for Q1 2019/20). This has been acknowledged as unacceptable by the safeguarding team who have developed a Standard Operating Procedure which will be cascaded in September. It is anticipated that this will refocus colleagues, including line managers, on their responsibilities in terms of accessing appropriate Safeguarding Supervision. The Safeguarding Team's priority is to ensure that compliance figures for group supervision are at 80% by the end of 2019.

Further work is required to review processes alongside acute trusts, Wiltshire Health & Care and commissioners to ensure that notifications around children's attendance at ED or MIUs are consolidated within Virgin Care to optimise opportunities for learning and recognising safeguarding concern.

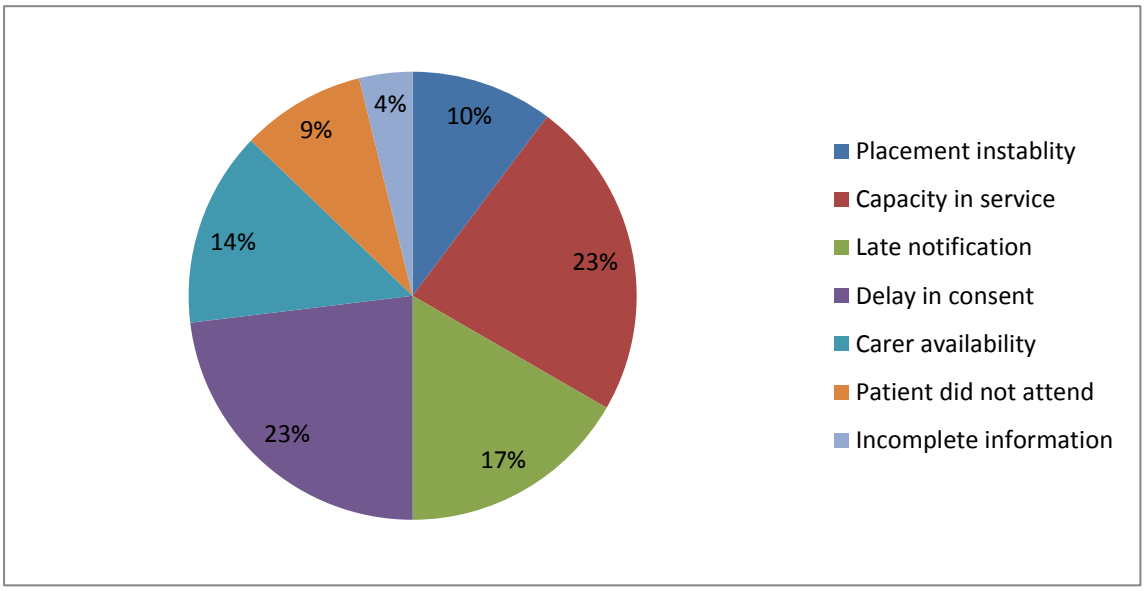
2.10 Looked After Children's Health Service

The Looked after Children's Health Service provides specialist health assessments, personal health planning and intervention, advice and support to children and young people who are Looked After (LAC) and their parent/carers. The Service also provides specialist advice to partner agencies on the health needs of LAC and actively participates in care planning and review meetings for LAC. These services are delivered in conjunction with Universal services.

Children who become looked after should have an Initial Health Assessment (IHA) within 28 days of coming into care, and those that remain looked after must receive annual Review Health Assessments (RHAs), or six monthly if they are under five years. Virgin Care services are responsible for carrying out assessments on children and young people placed within Wiltshire, and for making the arrangements for services local to the child to carry out assessments where they have been placed out of county. Children have not been receiving their assessments in a timely way for some time now (see below summary of IHA performance):

Indicator	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20
Total IHA requests	44	67	39	33
Completed within 28 days (20 working days)	49%	57%	38%	48%

It is difficult to benchmark this performance against other areas, as on investigation commissioners have found that different areas report performance in different ways (for example only starting the clock once consent has been received, rather than when the child becomes looked after). There are a number of reasons for this delay in assessment, as the chart below demonstrates, and a designated review board has been established with membership from Virgin Care, commissioning representation from both the CCG and Wiltshire Council as well as social care colleagues to work together and find solutions to these issues. The board has received feedback that the most recent reporting for July 2019 is starting to show significant improvement for children placed within Wiltshire- the final performance figure is still being validated but initial reporting was encouraging indicating delivery of 70%. Issues remain with accessing IHAs for children placed out of county, and previous attempts to escalate other providers failing to adhere to waiting times through commissioners has not proved successful in resolving this. Additional resource was allocated to enable all RHAs to be completed for 2018/19, and reporting for Q1 2019/20 showed that the service was on trajectory to complete all RHAs within target timescales at this point in the year.



The illustration provides a representative summary of delays reported in 2018/19.

Actions taken so far include:

- The funding (CCG) of an additional full time nursing post to manage growth in unaccompanied asylum seeking children. This team is now fully recruited.
- Sourcing additional capacity from GPs to help with out of area RHAs not being carried out by other providers
- Capacity and demand modelling undertaken
- Establishment of more robust escalation routes into social care where information is not shared in a timely way
- Assistance from social care in ensuring that children or young people are able to attend their appointments
- Developed an escalation process into the CCG for children placed out of county where local services are refusing to carry out assessments, to enable a commissioner to commissioner discussion
- Carried out a 'deep dive' into children and young people not accessing IHAs within 28 days in order to better understand the reasons and possible consequences of delay.
- Training delivered to social care leaders in the IHA process and the benefits of children & young people receiving a timely IHA

The concerns around IHA and RHAs were reported by OfSTED in the Wiltshire Children's Services inspection in June 2019. Ofsted identified two areas for improvement which involved Virgin Care with two specific points of note (24 and 42).

What needs to improve

- *The impact of services on children's health and education when they are in care.*
- *The clarity and accuracy of children's records when they are in care.*

"24. Since the last inspection, meeting children's health needs has improved. However, challenges remain in ensuring that all children benefit from a timely initial and review health assessment, particularly those children placed at a distance from their families.

42. Relationships with health colleagues are less effective, as evidenced by … delays in assessing the health needs of children in care. This has been exacerbated by poor joint scrutiny of commissioned health services[5]"

Commissioners will ensure that future scrutiny of the Virgin care contract has a stronger focus on tackling areas of low performance, improving data transfer and improving focus on outcomes.

2.11 Integrated working

[5] https://files.api.ofsted.gov.uk/v1/file/50094565

Integrated working was praised in the SEND Inspection in 2018, as noted below

"Main findings

- *Senior leaders in the local area from education, health and social care are working together constructively to deliver and improve services for children and young people who have special educational needs (SEN) and/or disabilities. They demonstrate ambition to deliver high-quality outcomes for children and young people, despite the increasing demands on budgets and financial constraints. As a result, they have detailed and appropriate plans in place to tackle their key priorities for improvement.*
- *The local area's joint commissioning arrangements are effective. Senior officers across education, health and care work together effectively, adopting a well-integrated and multi-agency approach to plan and deliver services to meet the needs of children and young people who have SEN and/or disabilities"*

However there was concern raised about the quality of contributions to EHCPs.

"Children and young people receiving health services, including children looked after, do not consistently have their specific health needs and vulnerabilities considered during the EHC plans process".

This should be understood within the context of multi-agency plans, but none the less further work needs to be directed by VCS to ensure internal quality is raised to support good outcomes for children.

It must be noted, however, that the 2019 inspection did raise concern about the effectiveness of these relationships.

3 Main priorities

Further to the summary of performance outlined within this paper there are a number of priorities for Virgin Care and commissioners in 2019/20, which are summarised below.

- LAC Health services. Further work is required between the Council, CCG and Virgin Care to improve timely access to initial and review health assessments, and to streamline processes between social care and LAC Health services in order to ensure that the health of children who are looked after is appropriately understood and optimised
- Integrated Therapies. Commissioners and Virgin Care must work collaboratively with parent carers and schools to review the current service specification for Integrated Therapies and ensure that children and young people receive appropriate assessment, intervention and oversight which is based on need
- Education Health & Care Plans. Work is required across all health services, with Virgin Care being a significant provider, to improve the quality and efficacy of health service input into the EHCP process
- Single Point of Access (SPA). Following the development of the SPA within Virgin Care, further work is needed in collaboration with the Council to

ensure that the SPA can contribute towards and inform wider holistic assessments of children and family's needs.

- Context. Following the significant internal transformation that has taken place in the early stages of this contract, a focus is now needed on developing Virgin Care's role within the wider context of children's services across Wiltshire. This needs to include developing more effective relationships with other services or organisations working with children across Wiltshire for example CAMHS and Wiltshire Council
- Information and Website. A review of the quality and scope of their website is appropriate at this stage to reflect changes to pathways and to deliver enhanced support to parent carers and schools, consideration of how to optimise service resource within the context of a rural county.
- Staff engagement. Following the release of the latest staff satisfaction data in October 2019, further work will be required to consolidate any improvements in performance or to address outstanding areas of concern
- Development of service specifications. It will be appropriate, now that Virgin Care have successfully come through a period of transformation, to develop service specifications. Original specifications were written with the expectation that they would bring the commissioners and Virgin Care through transformation and then would be reviewed and developed to support the forward service.
- An additional priority for commissioners will be to further improve the scrutiny of children's health services.

4 Next steps

The Children's Community Healthcare Service contract will formally end in March 2021, with an option to extend for a further two years to 2023. A process will be agreed across the commissioning collaboration over the next 2-3 months to decide whether and or how any extension should be applied.

Presenter name: Lucy Baker, Tracy Daszkiewicz & Helen Jones
Title Acting Commissioning Director Maternity, Children and Mental Health, Wiltshire CCG, Director of Public Health Wiltshire Council, Director of Commissioning Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2019-20: Refresh

Executive Summary

Improving mental health services for children and young people continues to be a national priority. This ambition was informed by the Future in Mind and the Mental Health Five Year Forward View reports, subsequently developed in 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (December 2017, Department for Health) and, more recently, the NHS Long Term Plan (December 2018).

In 2015, Clinical Commissioning Groups were required to submit Local Transformation Plans to NHS England, describing how they would plan to transform services locally, and across STPs. These plans attracted funding with which to implement ambitions. NHS England requires plans to be refreshed and approved by Health and Wellbeing Boards annually until 2020/21. Refreshed plans must reflect transformation and development to date, as well as objectives for the coming cycle. Plans must reflect the local area's response to new legislation and guidance.

This paper explains the transformation that has taken place to date and sets new ambitions and areas of focus for 2019/20 and beyond; these are within the context of the children and young people's mental health Green Paper, and the NHS Long Term Plan. This is the final refresh of the plan. Future planning for children and young people's mental health will be incorporated into Long Term planning arrangements as directed by NHS England.

Proposal(s)

It is recommended that the Board:

i) Note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;

ii) Review and support future proposals identified in this paper and in the draft refresh of the transformation plan;

iii) Delegate sign off to the HWB Chairs following consultation with the Families and Children's Transformation Board and finalisation of the 2019 refresh.

Reason for Proposal

NHS England requires Wiltshire CCG to work with key partners (including schools, the voluntary and community sector and importantly children, young people and those who care for them) to review the local transformation plan and ensure it is reflective of local needs and is delivering improvements. NHS England requires the refreshed plan to be approved by the Health and Wellbeing Board annually.

The refreshed plan for 2019/20 is currently in draft format as it has been submitted to the NHS South West Regional Team for assurance and a response is awaited.

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Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2018-19 refresh

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Purpose of Report

1.1 To meet national expectations set out by NHS England and the Department of Health, this report provides a further annual summary of the draft expanded, refreshed and local transformation plan for children and young people's mental health and wellbeing. The final version of the 2019 refresh will be published by 31 October 2019, as required by NHS England. The revised version sets out Wiltshire Council and the Wiltshire CCG's commissioning intentions, local priorities and budget proposals which aim to deliver tangible improvements to local child and adolescent mental health services.

1.2 A copy of the draft 2019 full transformation plan can be found by using the following link http://www.wiltshirepathways.org.uk/wp-content/uploads/2019/09/WiltshireCCGLTPRefresh2019_DRAFT_.pdf . An updated child and youth friendly version of the plan will be subsequently developed with children and young people and will be published in February 2020.

1.3 The approval for the final refreshed plan will come via delegated authority from the Health and Wellbeing Board to the Chairs, once it has been reviewed by the Families and Children's Transformation Board.

Background

1.4 Nationally, there continues to be a high-profile emphasis on the child and adolescent mental health agenda led by NHS England and the Dept. of Health (Future in Mind Report, NHS Mental Health Five Year Forward View, 'Transforming Children and Young People's Mental Health Provision: A Green Paper, NHS Long Term Plan), with the Government committed to making substantial improvements in services by 2025. This commitment is supported by additional investment and focuses on driving improvement across the following key themes:

- Promoting resilience, prevention and early intervention, especially in, and linked to, schools and colleges;
- Improving access to effective support – a system without tiers;
- Moving towards measuring outcomes;
- Effective crisis care services;
- Care for the most vulnerable;

- Accountability and transparency;
- Developing the workforce.

1.5 The Long Term Plan, published in December 2018, commits to children and young people's mental health services growing faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation. The mental health ambitions in the NHS Long Term Plan are outlined in an implementation framework, and require a combination of 'fixed', 'flexible' and 'targeted' approaches to delivery over the coming 5 years. Key deliverables include:

- 345,000 additional children and young people aged 0-25 accessing NHS-funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21);

- Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter;

- 100% coverage of 24/7 crisis provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also Mental Health Crisis Care and Liaison];

- Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place and refreshed annually [to 2020/21];

- Children and young people mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23];

- Mental Health Support Teams (MHSTs) to cover between a quarter to a fifth of the country by 2023/2;

- Comprehensive 0-25 support offer that reaches across mental health services for children, young people and adults in all STPs/ICSs by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020].

1.6 The Long Term Plan objectives develop those of the Green Paper, which are to:

- Incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health

- Fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for

early intervention and ongoing help within a school and college setting

- Trial a four-week waiting time for access to specialist NHS children and young people's mental health services, as the Support Teams come online. This builds on the expansion of specialist NHS services already underway.

1.7 Improvement and transformation is being led by local areas and to support local leadership and accountability, NHS England requires Clinical Commissioning Groups (CCGs) to work with commissioners and providers across health, education, social care, youth justice and the voluntary sector, to develop Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (LTPs).

1.8 LTPS were first published in 2015 and set out how local services are investing resources to improve children and young people's mental health across the whole 'system'. In respect of Wiltshire CCG, the potential funding available to support the implementation of the LTP (excluding eating disorders) is £1.39m. Note: this funding is not ring-fenced. At a national level, the non-ring-fenced allocation will continue to increase year on year until 2020/21, and will be included (on a non-ring-fenced basis) within the growth element of CCG allocations. NHS England monitors whether planned spend on the LTP matches the revised budget allocation each year.

1.9 LTPs are 'living documents' and CCGs are required to refresh and republish them on their websites annually until 2020/21. Assurance of the plan is via the CCG planning framework and plans should be signed off by the Health and Wellbeing Board. Working with the local authority and its partners (including children and young people), Wiltshire's refreshed and expanded LTP, sets out a number of local priorities for improvement underpinned by the following strategic objectives:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on;

- Providing children, young people and families with simple and timely access to high quality support and treatment;

- Improving the care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs.

Key achievements over the last 12 months

1.10 The ongoing development and implementation of the LTP is overseen by the Integrated Mental Health Group of the Families and Children's Transformation Board. It is also overseen by the Wiltshire CCG and the Health and Wellbeing Board. Shaped by the needs and views of children and young people and building on progress made since the plan's initial launch, key achievements over the last twelve months have included:

- Acceptance as a **trailblazer** site for two Mental Health Support Teams in Wiltshire (and one in BaNES – this was a joint bid). This all-new service will go live in January and will reach populations of 16,000 children and young people, 0-18. Practitioners will be based within schools and will offer direct interventions to individuals and groups of children.

- Acceptance as a pilot site for the SW Academic Health Science Network to trial emerging therapeutic software. The **D-Hugs project** will be delivered in partnership with schools and will commence in October 2019.

- More streamlined support for children and younger people with ASD and/or learning disability who have mental health needs that are indicating a possible hospital admission. Through more coordination between health and social care, we are offering **Care, Education and Treatment Reviews** for these young people - to maintain their support in the community. More work needs to be done on this.

- The implementation of a modern **CAMH service** across Swindon, Wiltshire and Bath and North-East Somerset which went live 1 April 2018, with a much bigger emphasis on early intervention, improved access and reflective of the national THRIVE model. Young people, parents/carers and professionals have been instrumental in a first-year review in Wiltshire, which will inform planning and priorities moving forward.

- **Improved access** to mental health services to 35.69% of those children and young people estimated to have a diagnosable mental health disorder. This exceeds the access target set by NHS England for 2018/19 of 32%. The target increases to 35% in 2019/20.

- Used the findings and thematic reports produced from the **Wiltshire Children and Young People's Health and Wellbeing** survey (completed by almost 10,000) to help agencies plan future services. School nurses are using the data to compile health needs assessments and identify joint priorities for schools. Plans are in place to repeat the survey again during early 2020.

- Participated in Part I of a member-led **scrutiny exercise** of the local CAMHS model. Recommendations have been accepted and work was started to action them. These include work to develop a 'prevention partnership' to support mild to moderate needs, greater publicity and promotion of services, and continue work to improve transitions, particularly for those with special educational needs and disability. Part II of this process begins in September 2019.

- Received extremely positive feedback on the **'harmLESS'** tool - a resource for adults who have contact with young people who are self-harming. The online resource is designed to help professionals talk about self-harm with a young person so they can decide what support might be helpful.

- Maintained partnership working between education and CAMHS by continuing with the **school in-reach service** in 12 secondary schools and

a co-located worker within Wiltshire College of Further Education. This way of working continues to provide students with earlier support.

- The latest performance data on **The Eating Disorder Service** (TEDS) shows the service is meeting the national target for waiting times for both urgent and routine referrals.

- The number of schools engaged with the **Wiltshire Healthy Schools** programme is currently 133. This programme supports schools to implement a whole school approach to emotional wellbeing and mental health. During the last year the number of accredited schools has increased to 86; these have identified a mental health champion and provided evidence of good practice and impact for pupils related to emotional wellbeing and mental health. Some schools have submitted case studies of targeted Healthy Schools work, focusing on raising awareness and improving outcomes for young people. The Wiltshire Healthy Schools website has been used to enable schools to access a range of information and support on emotional wellbeing and mental health.

- A range of local **PSHE training and support** has been provided to schools to help teachers raise awareness of emotional wellbeing and mental health issues and deliver better PSHE education. Two waves of teachers and police officers have received accreditation from the University of Roehampton by undertaking the National PSHE CPD programme, which has been delivered in Wiltshire for the past two years. This course includes standards relating to teaching about emotional wellbeing and mental health.

- We have continued to promote the national **Reading Well campaign**, particularly through secondary schools, with at least 2 copies of each book available in each Wiltshire library.

- Provided **mentoring** to 54 children from 13 primary schools in 2018-2019, 38% female and 62% male. 81% of girls and 69% of boys scored higher on the outcomes web at the end of the intervention. Children reported feeling happier, less worried, and more able to deal with problems.

- Delivered 16 **STOP parenting group programmes** between September 2018 and July 2019 attended by 135 parents. High levels of satisfaction and positive feedback received, alongside data showing reduced levels of parental stress, a reduction in the levels of risk that a child has an emotional, behavioural or concentration problem and improvements in the parent/teen relationship and teen's behaviour. A further 10 multi-agency professionals trained to deliver STOP in October 2018 and a further 20 will be trained in October 2019 to support the continued delivery of the programme. 5 groups are already confirmed to start from September 2019.

- Delivered **Youth Mental Health First Aid Training** to 88 school staff in 2018/19 and 25 Council staff working in children's services.

- Supported teams within Wiltshire Children's Services via **embedded CAMHS practitioners in families and children's teams** . In 2018-19, children and young people were helped either through direct clinical input or consultation to a professional involved in their care. Training continued to be a focus of the team's work, running or participating in nine events attended by staff and associated professionals. Information & Advice sessions were held in schools with parents and staff attending. These sessions run for two hours and are devised around common parental concerns e.g. "Supporting your child with their worries". These sessions were positively rated by parents and staff, with increasing requests for further sessions. The transformation of Wiltshire's Families and Childrens Services, and changes to how the teams are organised, has had an impact on how the team work, and this is being reviewed and will be redeveloped in 2019/20 to ensure best reach and impact.

- Continued allocation of funding for services to support **perinatal mental health**.The new service offers primary care liaison and and brief interventions to support parent-child attachment. A total of 70 referrals were made between January and May 2019. Planning has enabled 9 Health Visitors from Wiltshire to attend Parent Infant Interaction Observation Scale (PIIOS) training in 19/20. PIIOS is a validated, easily accessible screening tool to assess parental attunement. 2 to 3 HVs will also be completing the Infant Mental Health Online (IMHOL) training and cascading learning to colleagues.

- Continued the reach of a **counselling service** project to 5 GP practices in North and West Wiltshire reaching 71 young people and covering such issues as anxiety/stress, family problems, bullying and peer relationships.

- Extended the **Kooth online support and counselling** service to 18-24 year olds as a pilot. In 2018/19, 2124 Wiltshire young people registered for the service with 840 chat sessions being delivered. Messaging, article views and forum hits increased on 2017/18 figures. Top issues presented by males and females were anxiety/stress, family relationships and friendships. Males presented more with sucidal thoughts. 89% of those who accessed the service said they would recommend it to a friend.

- Enriched the local **OnYourMind website** for children and young people's emotional wellbeing and mental health to include signposting to positive leisure time activities, improved use of social media and the addition of helpful apps and resources.

- Continued development of an all age **sexual assault referral pathway** across Swindon and Wiltshire with funding from the Health and Justice Commissioner. A CAMHS therapist has supported the assessment process for young people, provided specialist trauma-informed consultation to staff, developed and delivered comprehensive trauma workshops for parents of young people who have been sexually assaulted, offered assessment to the young people who were involved in the grooming and sexual assault case, and consultation to anyone working with these young people who had any concerns around their mental health. Feedback has been very positive and more work is

underway to further develop the service and its impact. Two paediatric Centres of Excellence opened in Bristol and Exeter in October 2018, supporting to sexual assault pathway. We have also opened the referral process in order that young people have greater opportunities to access support.

- Improvements to the **ASD pathway** include greater integration between CAMHS and the Children's Health Service. A CAMHS psychologist is now embedded within the autism triage team, ensuring that more complex cases receive a CAMHS intervention through the assessment/diagnostic process when necessary, and in a timelier manner. This is improving the quality of experience for children/young people and their families, while reducing the demand on the time of highly trained clinicians and reducing costs.

- The **SOMEHOW project** (Tidworth area) is piloting a new approach to identifying and responding to SEMH needs in primary school children, making best use of multi-agency working and digital innovation. The project is upskilling school staff to take a whole-school approach and respond with confidence to emerging SEMH challenges. Specialist services are beginning to respond proactively and holistically when further support is required. The project has made key progress in the development of a multi-agency solution surgery model, in the following three areas: i) engaged key stakeholders from health and education sectors; ii) identified technologies and developed working principles and processes of online case formulation; and iii) developed outcome measurement and an evaluation plan, as part of an academic piece of work, to inform the potential of future roll out across the county.

- Supported the roll-out of trauma-informed early intervention programmes such as **Five to Thrive** and the **Thrive Approach**, in partnership with Public Health.

- Begun a review of cases where young people have been subject to Section 136 proceedings of the Mental Health Act. This work is helping to understand better the **crisis pathway**, gaps in commissioning and services to support those young people and divert them away from crisis. This work will continue across the Bath and North East Somerset, Swindon and Wiltshire STP.

1.11 Within the context of national policy developments, local progress and challenges and, importantly, the latest needs and views of children, young people, parents/carers and professionals, Wiltshire's updated plan details how the CCG will use resources in the best way to drive continuous improvement across the whole system in collaboration with the local authority and other partners.

Funding of services

1.12 Wiltshire CCG has been allocated the following funding from NHS England. The non-ring-fenced funding is recurrent, grows year on year until 2020 and is included within the overall CCG budget allocation. The

table below provides a summary of this funding, its intended purpose and forecasted uplift.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Early Intervention	£610,565	£973,840 (59% uplift)	£1,149,131 (18% uplift)	£1,390,449 (21% uplift)	£1,557,303 (12% uplift)	1,753,523 (12.6% uplift)
Eating Disorders	£245,000	£245,000	£245,000	£245,000	£245,00	£245,000

1.13 In addition to the transformation funding, Wiltshire CCG was also successful in securing funding from the NHS England Health and Justice Commissioner to address gaps in service provision for children and young people in contact with directly commissioned health and justice services. These are Liaison and Diversion, Secure Children's Homes and Sexual Assault Referral Centres. Of this:

- £40k per annum is being used to support a joint project with Bath and North East Somerset CCG to improve psychological support from Oxford Health CAMHS for children and young people who display harmful and/or problematic sexual behaviours. This funding ends in 2019/20 and plans are being made to ensure continuity;

- £50k per annum is supporting Oxford Health CAMHS to provide better assessment, triage and support for children and young people who come into contact with the Swindon and Wiltshire Sexual Assault Referral Centre (SARC). This is a joint Swindon and Wiltshire CCG project. A further allocation of £50k has now been agreed in 2019/20 for Swindon and Wiltshire to enhance this provision.

1.14 Mental Health Support Team trailblazer funding also attracts funding from NHS England for delivery in Wiltshire and BaNES as below:

2019/20	£308,607 (from 1 January 2020 and including £60k set up costs for 3 MHSTs)
2020/21	£1,044,390
2021/22	£1,137,914 (assumed using a 3% uplift) – steady state run rate

1.15 Details of the use of transformation funding to support local priorities are given below for 2019-20.

Income (£) 2019/20	
Transformation funding for early intervention	1,557,303
Transformation funding for eating disorders	251,330
Health and Justice funding	90,000
Other	29,810
TOTAL	**£1,928,443**

Planned expenditure (£) 2019/20	
Oxford Health CAMHS transformation (via new contract block)	892,477
MH Liaison (TBC)	26,000
Exceptional funding requests (CCG)	50,000

Eating disorder service	251,330
Recurrent variation - vulnerable groups/LAC (50%)	40,000
Recurrent variation - Single Point of Access (50%)	60,000
Non-recurrent - SEMH practitioner	22,000
Non-recurrent - ASD pathway 12-month pilot	13,000
Non-recurrent - No Wrong Door	20,000
Infant Mental Health (GR)	75,000
School-based programmes (Peer Mentoring, Anti-Bullying, YMHFA, training)	126,337
SEND/Whole Life Pathway co-production	20,000
Youth Wellbeing event/launch/partnership (Nov 13th)	10,000
Workforce training and development	55,000
Digital services including OnYourMind website and Apprentice	16,500
Promotion and marketing	2,000
Big Lottery Time to Talk Counselling Project (Relate Mid Wiltshire)	50,000
Online counselling (Kooth)	88,300
Parenting programmes	7,500
Primary Mentoring	40,000
Stakeholder communication and participation	5,000
SEMH/SOMEHOW project activities	58,000
TOTAL PLANNED EXPENDITURE	**£1,928,443**
BALANCE UNALLOCATED	**£0**

Assurance of funding

1.16 NHS England will assure CAMHS transformation funding through the CCG planning framework. Commissioning intentions, local priorities and budget proposals shall be reflected within the CCG Operational Plan as well as the Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan. The CCG will be required to submit regular returns to NHS England regarding progress and compliance with national expectations.

1.17 NHS England requires CCGs to clearly demonstrate how CAMHS transformation plans and funding are linked with other services and support that are being provided for children and young people locally. In short, they want to be assured that the CCG is working with the local authority and its partners across the whole system to progress change. Within this context, the CCG will continue to ensure that CAMHS funding is linked with other income streams, including Early Intervention in Psychosis, Parity of Esteem, as well as local authority and school funding.

1.18 In addition to funding for CCGs to improve local services, NHS England has invested significant monies nationally to:

- Deliver improvements to perinatal mental health care;
- Improve inpatient services for children and young people;
- Build workforce capacity;
- Support innovation and development of online support;

- Specifically support the mental health needs of children with learning disabilities and those in the youth justice system.

Key priorities for 2019-20 and beyond

1.19 The local transformation plan and its refreshed priorities have been developed in response to the needs and views of children, young people, parents, carers and professionals, as well taking into account the requirements of the Long Term Plan, and its implementation across the STP. As such, **local priorities for 2019/20 are to**:

- Launch the new **Single Point of Access** within the Community CAMHS service. This will reduce waiting times, give children, young people, parents and referrers a better 'first-time' experience of CAMHS, offer earlier support to those waiting for their first appointment.

- Recommission a '**mental health early intervention**' service, to include talking therapies, that offers greater equality of access and which targets children and young people at highest risk of developing mental health disorders. This new service will be designed to dovetail with our CAMHS Single Point of Access ensuring a seamless service. Coproduction and market engagement events have strongly influenced the service design. This service will be required to innovate to improve access rates 'upstream'.

- Deliver two **Mental Health Support Teams** in Wiltshire. This project is in the implementation phase and commences from January 2019 when new trainees will be appointed and begin their training. New staff will be based in schools and employed by Oxford Health NHS Foundation Trust, ensuring synergy with the Community CAMHS service. Again, this work will improve access to psychological therapies earlier.

- Extend the **Mental Health Liaison** service at Great Western Hospital to bring greater parity with the crisis services delivered at RUH and Salisbury District Hospitals.

- Begin planning for **24/7 crisis support services** as specified within the Long Term Plan.

- Begin planning for a **0-25 service** as specified within the Long Term Plan.

- Ensure that all commissioned services are flowing data to the **Mental Health Services Data Set**, via appropriate contracting arrangements.

- Evaluate the impact of the embedded CAMHS worker within the **ASD pathway**, to inform future design, development and resourcing.

- Drive forward, and monitor, the work to support children and young people earlier who have social, emotional and mental health needs, through the **SOMEHOW and Harbour projects**. These take multi-disciplinary, case-

formulation approaches to addressing need in the primary population (4-11 years) and include children with ASD and learning disabilities.

- Agree and implement the new resourcing structure for **embedded CAMHS staff** within families and children's teams. This will enable more robust, and better understood, mental health pathways for looked after children, children with SEND, and children and young people at risk of Child Sexual Exploitation as well as Unaccompanied Asylum-Seeking children.

- Track and monitor delivery of mental health outcomes via our local '**outcomes scorecard**'. Use this data to report outcomes and plan priorities beyond the life of this local transformation plan.

- Continue to focus on **driving down waits** for both referral to assessment and referral to treatment.

- Continue focusing on prevention and promotion of positive wellbeing and further action to tackle stigma and discrimination through ongoing development of the **Wiltshire Healthy Schools Programme**, OnYourMind website, Anti-bullying initiatives and through children and young people's participation and involvement.

- Ensure alignment of the priorities of the Local Transformation Plans for BaNES, Swindon and Wiltshire with those of **BSW Mental Health Strategy**, and future integration of those plans.

Recommendations

The Board is asked to:

i) Note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;

ii) Review and support future proposals identified in this paper and in the draft refresh of the transformation plan;

iii) Delegate sign off to the HWB Chairs following consultation with the Families and Children's Transformation Board and finalisation of the 2019 refresh.

Presenter name: Linda Prosser
Title: Interim Deputy Chief Executive (Wiltshire)
Organisation: BANES, Swindon and Wiltshire CCGs

Presenter name: Terence Herbert
Title: Executive Director, Children and Education
Organisation: Wiltshire Council

Report author: Judy Edwards, Acting Lead Commissioner, Wiltshire Council
Date: 12 September 2019

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Wiltshire Mental Health Crisis Care Update:
September 2019

1.0 Purpose

This report presents an overview of crisis care developments in Wiltshire. The report provides an update on the delivery of care for those experiencing a mental health crisis, priority areas and the progressive partnerships across the system together to provide and improve the effectiveness of crisis care for local people.

2.0 Background

Members will recall that a presentation was given at the Health and Well Being Board in May 2019, updating them on this work programme. Key partners, including police, providers, commissioners etc. of the Wiltshire and Swindon Crisis Care Concordat have committed to providing routine updates to the Health and Wellbeing Board, as per the agreed key performance indicators and system focus areas.

This report gives an update on the complex ongoing work to ensure robust interfaces and collaborative working practices for services supporting the crisis care pathway; to ensure the highest quality of care for service users experiencing a mental health crisis, through the provision of responsive and effective crisis care in Wiltshire.

3.0 Update on Key Areas

3.1 Wiltshire & Swindon Crisis Care Concordat

The Wiltshire & Swindon Crisis Care Concordat continues to take place on a quarterly basis. The refreshed focus, incorporating workshop style discussions has led to the development of an effective action plan overview. The Concordat structure continues to enable cross-provider crisis care pathway developmental discussions; initial key focus areas and action plan themes include:

- Multi Agency Protocol for the management of under 18s S136 Protocol. The concordat to provide forum to discuss and develop protocol and to support the direct and associated work going forward. Expected completion date Q4 19/20

- Dual Diagnosis; continued pathway development between AWP and Turning Point, regarding joint working practices. The Concordat will facilitate the extension of this pathway to incorporate its wider partners, including Police, SWAFT and the Acute General Hospitals. Expected completion Q3 19/20.
- Prevention; Development of Crisis avoidance protocols and pathways. Expected completion Q4 19/20.

  Work continues at pace on the next steps for development of the learning disability and attention deficit hyperactivity (ADHD) pathway review with focus on early intervention and reduction of crisis management. Multi-agency review will link with FACT all age work stream. Planned initial stages (delayed form August due to annual leave) involve case reviews to gain understanding of themes and capture learning.

CCG and AWP Strategic Leads for BSW (Acting Director for Mental Health, Maternity and Children, and BSW Clinical Director, respectively) continue to attend the overarching Avon, Somerset & Wiltshire Crisis Care Concordat, ensuring our developing local action plan is be aligned to the overarching prioritised work plan. The Concordat interface further ensures that local developments and issues are reflected at super-scale with key partners in Bristol, North Somerset and South Gloucestershire.

3.2 Health Based Place of Safety Activity

Wiltshire health based place of safety (HBPoS) activity (captured from the period of May the 1st through to the 31st of July 2019), is presented in appendix 1. Comparably to the previous update there have been an increase of 20 Wiltshire HBPoS assessments during this report period; 58 assessments from 38 in the previous period. The activity rate has been less variable through May – July, with activity tending to increase across the working week and decreasing on Saturdays before starting to build again on Sundays; this differs from the trend observed in the in the previous report, which illustrated a demand at the start of the working week. Rates of activity were at their highest 6pm-3am; this indicated peak activity starting earlier and subsiding earlier than the previous period. Typically approximately 70% of S136 detainees are now conveyed in an ambulance to the HBPoS. This represents a

significant change over the last 2 years, where previously only 20% of detainees being conveyed via Ambulance. A positive working relationship between agencies has continued to develop as the HBPoS has become established, with reporting of noticeably smoother transitions into PoS than in the same period last year. The majority of assessments are completed in between 12-24hours of admission to the HBPoS, with no reported breaches this period for Wiltshire residents. It is worthy of note that a high proportion 80% (8) of previous breaches, occurring in this reporting period, were in relation to those who came from outside of Swindon and Wilts areas.

Provision of beds for HBPoS for Swindon and Wiltshire residents considered to be proportionate however demand from outside of area is increasing with more than 50% of those being conveyed to the HBPoS coming from outside of Swindon and Wilts. Concerns around the impact that BNSSG and BaNES demand is having on capacity on PoS have been formally raised by Acting Director for Mental Health, Maternity and Children to BNSSG Director of Commissioning, the outcome of which will be presented in the next board report.

3.3 Bluebell Health Based Place of Safety Evaluation Update

The evaluation report has been completed and outlines three options for this provision. The final draft report is being circulated for comments. The current pilot will continue until a consensus has been reached on the presented options. Health watch have been involved in engaging with service users; however it should be noted this was a small sample. The CCG hopes to be able to provide a more comprehensive update on the outcomes and next steps imminently. In the interim, oversite of the temporary centralisation of the places of safety in Devizes (Bluebell) will continue through monthly the BSW AWP contract and performance meetings, and with an operational focus at the Crisis Care Concordat.

3.4 BaNES & Wiltshire Crisis Accommodation

Usage of BaNES and Wiltshire Crisis Accommodation remains high. Bed pressures within AWP remain a key area for focus with the Trust reporting OPEL 3 since February 2019 and escalation to Opel 4 in June, July and August. The introduction of the community based crisis accommodation, with provision of three beds to support the Wiltshire and BaNES population has been successful in supporting flow

through the MH inpatient and Acute Hospitals, as well as step up from the community. Occupancy levels have been at capacity consistently since approximately May. A business case for continued funding is being compiled for consideration with a noted preference of an increase in beds to 4; current funding period will cease in October 2019

3.5 Successful Funding Bids

BSW have successfully bid for transformation funding in 2 key areas to provide significant benefits to the population of Wiltshire; Community Crisis Care and Out of Hours/111 Single Point of MH Contact.

The out of hours/111 project aims to deliver a single coordination point for service users and carers requiring mental health support to enable the better utilisation of available resources and a more rapid response. A more agile resource would enable increased offer of community based and urgent, crisis appointments and triage in locations other than A&E departments through the use of multiple communication options. Central coordination will enable a prioritisation to risk and clinical need for each service user. Longer term development of the model could provide a single point of access for al Mental health referrals in the future.

The Community Crisis Care transformation funding will dovetail with the out of hours/111 bid and be used to deliver workforce recruitment and development to provide robust 24/7 hours of operation for crisis resolution and home treatment (CRHT) functions by March 2020. The service expansion will enable staffing and operational performance at a level to provide a high fidelity service by 2021. Alongside this will be provision for equivalent older adults CRHT function with organic presentations; at present this is a noted gap in the crisis service coverage across BaNES, Swindon and Wiltshire. The bid also incorporates the recruitment and development for the staffing of the Crisis Café/Place of calm in Salisbury to be operational in Quarter 4 19/20.

The Crisis Care Concordat will provide both oversite for development of the projects, with both reporting formally to the THRIVE programme board.

3.6 Wiltshire Place of Calm Café Update

Wiltshire CCG continues to work in partnership with Alabare to develop and progress the multi –agency hub providing support to divert MH crisis escalation or maintain HBPoS-crisis recovery. This will be located in Salisbury, in the form of a Place of Calm Café (PoC), and will be open to access to those over 18 across BSW . A steering group involving key partners is in place to oversee the delivery of the project. Expected completion in Q4 2019/20.

It is intended that the PoC will have provision for confidential meeting spaces, as well as providing a functional café space where social inclusion will be promoted through a range of regular activities and events, as well as through the day to day provision of a welcoming, non-judgmental, supportive and understanding space.

3.7 Control Room Triage

The control room triage continues to work well with positive feedback. There has been more recent increase in demand across all hours of the days but particularly during the evening shift resulting in resource proving insufficient on a number of occasions and not every incident being dealt with through this function. Data is now being collected to quantify those incidents not being managed through control room triage team. Concordant continue to monitor and discuss.

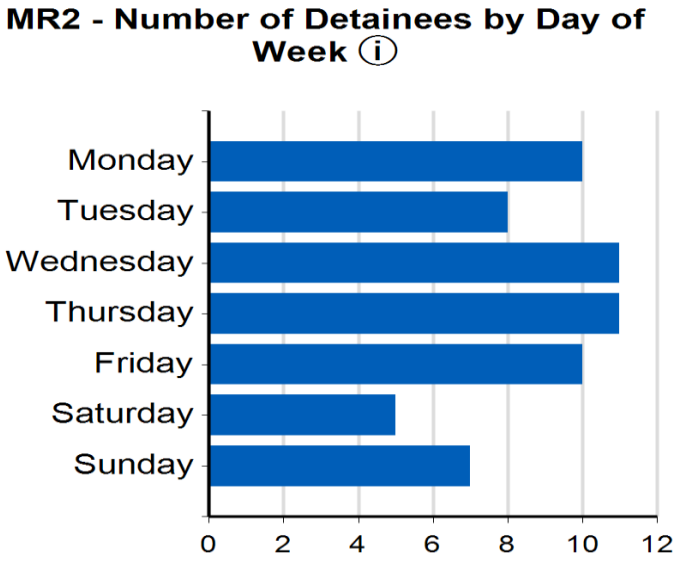
3.8 Adolescent Services

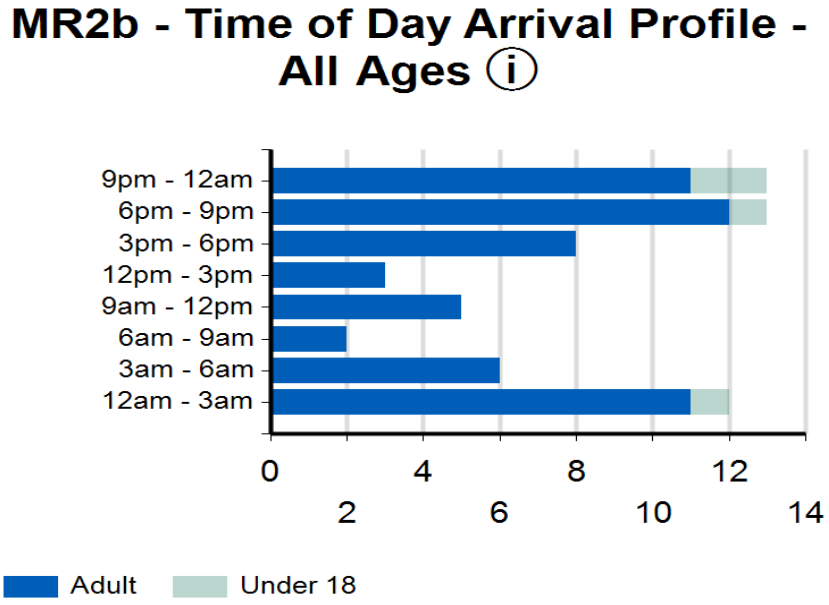
The CCG is working with local authority colleagues as part of the co-creation process around adolescent services, particularly for those young people on the edge of criminality. This work links into both the concordat meeting s and FACT programmes. The local authority lead for this work which presented at the last GP Executive meeting with a number of key actions identified to greater involve primary care in such pathways.

4.0 Conclusions

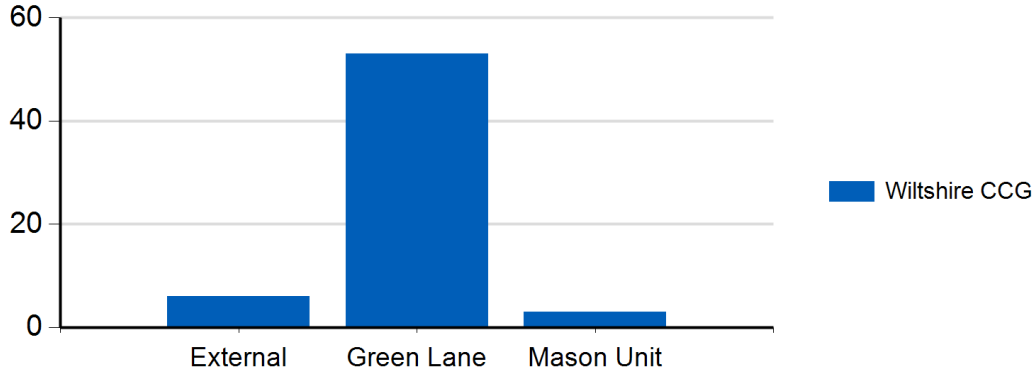
The Members are asked to note this update paper.

Appendix 1: Wiltshire AWP Place of Safety Data May - July 2019

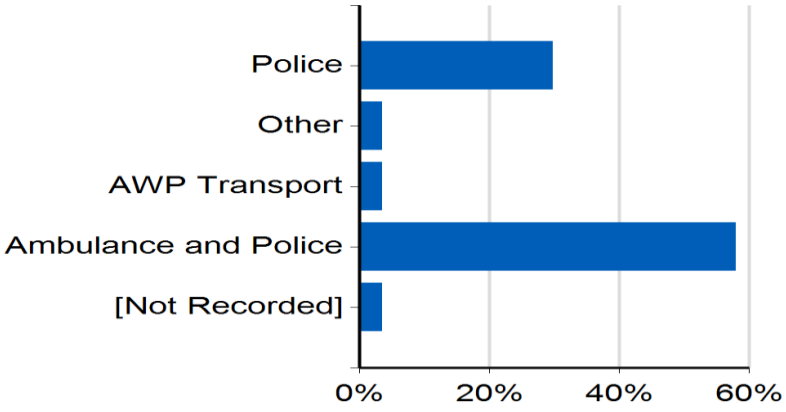




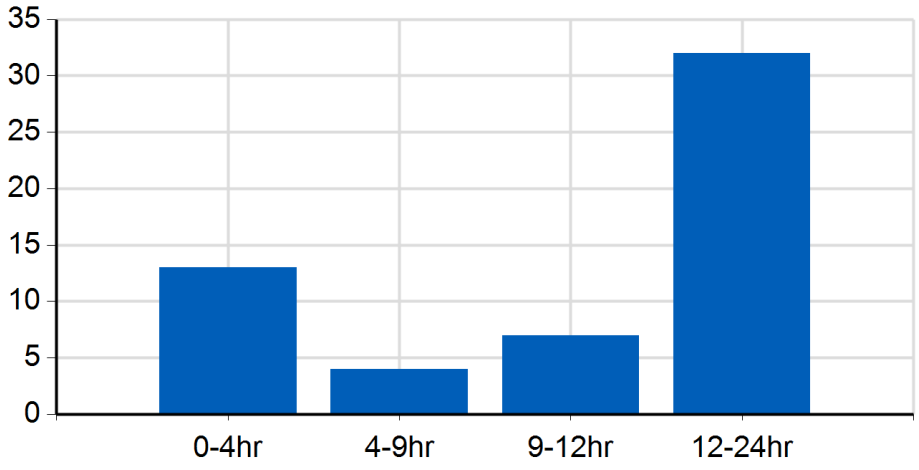
MR1c - Number of detainees by POS by CCG



MR12 - Means of conveying



MR10 - Time to assessment



Wiltshire Council

Health and Wellbeing Board

Wednesday 26 September 2019

Subject: Better Care Plan

Executive Summary

1. This paper presents the Wiltshire Better Care Fund Plan (BCP) for 2019/20 for approval by the Health and Wellbeing Board. Two documents are presented as appendices to this report:
    a) The Better Care Plan 2019/20, which describes the BCP in a narrative format, including the schemes and funding including in the plan.
    b) The Better Care Submission 2019/20, which is the Excel spreadsheet that will be submitted to NHS England for review and is informed by the narrative document.
2. This plan covers the period 2019/20 and is a development of the two-year plan that covered the years 2017/18 and 2018/19. It has been developed with the support of commissioners and providers and the narrative document was agreed by the Wiltshire Joint Commissioning Board at its meeting on 20 August 2019. The narrative has subsequently fed the reporting template, which is the basis on which NHS England will consider the BCP.
3. The total BCF investment in 2019/20 is £50.8m, managed through a section 75 agreement. An increase in CCG contribution in-line with inflation at 2.4% has been applied to the fund in 2019/20 and an increase of 1% has been applied to the pooled fund in 2019/20.
4. The pooled fund comprises:
    - £32.5m (64.01%) of Clinical Commissioning Group (CCG) funding.
    - £5.080m of council funded services (10.00%).
    - The IBCF funds £8.117m (15.96%).
    - Winter Pressure Grant £1.823m (3.59%).
    - DFG £3.273m (6.44%), which is a capital grant of £3.273m and is managed by the council.
    - Care Act funding of £2.5m is also included.
5. These figures are identified on the technical submission and maintain the level of funding agreed in 2019/20.

Proposal(s)

It is recommended that the Board agrees the Better Care Plan Submission for 2019/20 and agrees its submission to NHS England.

Reason for Proposal

Each Health and Wellbeing Board area must submit a Better Care Plan to NHS England for the year 2019/20. The deadline for submission of this year's Better Care Plan is 27 September 2019, the day after the Health and Wellbeing Board meeting.

Wiltshire Council

Health and Wellbeing Board

Thursday 26 September 2019

Subject: Better Care Plan 2019/20

Purpose of Report

6. To present the Wiltshire Better Care Fund Plan (BCP) for 2019/20 for approval by the Health and Wellbeing Board. Two documents are presented as appendices to this report:

    c) The Better Care Plan 2019/20, which describes the BCP in a narrative format, including the schemes and funding including in the plan.

    d) The Better Care Submission 2019/20, which is the Excel spreadsheet that will be submitted to NHS England for review and is informed by the narrative document.

Background

7. The Better Care Plan is established across Wiltshire, supporting 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.

8. This plan covers the period 2019/20 and is a development of the two-year plan that covered the years 2017/18 and 2018/19. NHS England has advised that the BCF is likely to be more closely aligned to the NHS Long-Term Plan during 2019/20 and this plan has been designed to be flexible to extend into 2020/21 to meet that challenge.

9. The BCP has been developed with the support of commissioners and providers and the narrative document was agreed by the Wiltshire Joint Commissioning Board at its meeting on 20 August 2019. The narrative has subsequently fed the reporting template, which is the basis on which NHS England will consider the BCP. The Better Care Lead for NHS England – South West (North) has agreed to attend the Health and Wellbeing Board meeting to support the plan.

Main Considerations

10. During the lifetime of the previous plan, the Wiltshire system adopted a new approach to leadership and culture change. Governance arrangements have been refreshed and system leaders from health and social care are committed to working together to deliver their integration strategy.

11. A strong culture of joint working and governance has developed through the years of the BCF (and, more recently, the Improved Better Care Fund

and Winter Pressure Grant) that provides a platform to further build on successful change projects and initiatives already delivered.

12. The BCF has been a positive mechanism for change in Wiltshire, bringing together commissioners and providers to work in a collaborative way to approach the challenges that the county faces in the future with a rising, elderly population, greater complexity of need and continuing financial pressure in the health and social care system.

13. Confidence in joint working led to the establishment of a new programme and subsequently an integration governance structure in 2018 with the Wiltshire Integration Board (WIB) bringing together, for the first time, system leaders at the highest level to develop and drive implementation of integrated systems that will help to meet the challenges of the coming years.

14. The WIB agreed the development of the Wiltshire Integration Programme, which consists of seven workstreams, of which WS6 and WS7 have already been closed and WS2 is nearing completion:

    - WS1 - A new Wiltshire integrated Health and Social Care model
    - WS2 - A Joint Health and Social Care Strategy.
    - WS3 - Strengthening Joint Commissioning.
    - WS4 - An Integrated Workforce Strategy.
    - WS5 - A Digital roadmap for Wiltshire.
    - WS6 - A new governance structure supporting whole system governance.
    - WS7 - Improve Health and Wellbeing Board Effectiveness.

15. These new workstreams have initiated new projects across the system.

16. While these new priorities are in development, an existing programme of 33 schemes funded by the BCF continues to be implemented with the objectives of contributing to NHS England's high-impact changes and to the specific performance objectives of:

    - Reducing non-elective (NEL) avoidable admissions to acute care.
    - Reducing length of stay in acute care and community beds.
    - Supporting the reduction in delayed transfers of care (DToC).
    - Reducing permanent admissions to care homes.
    - Supporting people to live independently for longer through reablement.

17. The Wiltshire system is also part of the Bath & NE Somerset, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP), which enables the Wiltshire system to operate as part of a larger, sub-regional footprint. A key priority of the BSW STP, as part of its system operational plan, is to support sustainable communities, i.e. to support the delivery of joined up primary, community and social care services appropriately scaled to achieve integrated health and care for people.

18. Since its first iteration, the BCP has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. In

2019/20, the BCP continues to play a significant role in managing pressure across the system, monitored by newly refreshed, system-wide governance processes. It will help to deliver the vision for health and social care in Wiltshire through a commitment to enhancing a sustainable system that promotes health and wellbeing.

19. This work is supported by all system partners and emphasises prevention, self-management and signposting, including working with the voluntary sector to improve levels of prevention, early intervention and independence with schemes such as the Local Areas Co-ordination (LAC) Pilot, which is complemented by investment in community-focused provision, development of locality-based, integrated teams, supporting primary care, and continued joint commissioning of an integrated urgent care service and Home First Plus to avoid admissions, reduce LoS and support discharge.

20. This will create a more closely-aligned service delivery infrastructure supported in part by the BCF and IBCF and Winter Pressure Grant. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS

21. We will continue to develop Home First Plus as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our new Alliance framework. Our new model for health and social care is now moving into the mobilisation phase with important schemes planned for Integrated Rapid Response at Crisis, trusted assessment, and linked initiatives around the Cathedral programme, which includes the Red Bag scheme.

22. These are important steps for delivering tangible change in line with the JHWS, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

Funding

23. The total BCF investment in 2019/20 is £50.8m, managed through a section 75 agreement. An increase in CCG contribution in-line with inflation at 2.4% has been applied to the fund in 2019/20 and an increase of 1% has been applied to the pooled fund in 2019/20.

24. The pooled fund comprises:

- £32.5m (64.01%) of Clinical Commissioning Group (CCG) funding.
- £5.080m of council funded services (10.00%).
- The IBCF funds £8.117m (15.96%).
- Winter Pressure Grant £1.823m (3.59%).
- DFG £3.273m (6.44%), which is a capital grant of £3.273m and is managed by the council.
- Care Act funding of £2.5m is also included.

25. These figures are identified on the technical submission and maintain the level of funding agreed in 2019/20.

Recommendation

26. That the Health and Wellbeing Board agrees the Better Care Plan Submission for 2019/20 and agrees its submission to NHS England.

James Corrigan
Better Care Programme Manager
Wiltshire Council and Clinical Commissioning Group
12 September 2019

Appendices:
Appendix 1: Better Care Plan 2019/20 Narrative Document
Appendix 2: Better Care Plan 2019/20 Submission to NHS England.

Integration and Better Care Plan

Wiltshire Health and Care Economy 2019/20

Final Version for approval by Health & Wellbeing Board
18 September 2019

1. Document Summary

Constituent Health & Wellbeing Board	Wiltshire Health and Wellbeing Board
Local Authority	Wiltshire Council
Constituent Clinical Commissioning Group	Wiltshire Clinical Commissioning Group
Date submitted	27 September 2019
Minimum required value of pooled budget 2019/20 (including Improved Better Care Fund, Disabled Facilities Grant and Winter Pressure Grant:	£50,822,681
Total agreed value of pooled budget 2019/20:	£50,822,681
Has the plan been signed by the Clinical Commissioning Group?	Yes
Date the plan was Signed off by HWB:	26 September 2019

2. Document Details

Author	James Corrigan, Better Care Programme Manager
Owners	Helen Jones, Director of Commissioning – Wiltshire Council Ted Wilson, Director of Community & Joint Commissioning – Wiltshire CCG
Status	Final version submitted for approval by the Health and Wellbeing Board.
Version changes	Minor amendments following review of v.3.1 by senior partners and pre-assurance conversations with NHS England Regional Office.
Date of Draft	18 September 2019

3. Signatures

Wiltshire Clinical Commissioning Group (CCG)	
Signed:	
Name:	Linda Prosser
Position:	Interim Locality Director
Date:	

Wiltshire Council	
Signed:	
Name:	Dr Carlton Brand
Position:	Corporate Director / Director of Adult Social Care
Date:	

Wiltshire Health & Wellbeing Board	
Signed:	
Name:	Cllr Phil Whitehead
Position:	Chair of Health & Wellbeing Board
Date:	

Salisbury Hospital NHS Foundation Trust (SFT)	
Signed:	
Name:	Cara Charles-Barks
Position:	Chief Executive, SFT
Date:	

Contents

4. Foreword and Introduction

4.1. Wiltshire Council and Wiltshire Clinical Commissioning Group (CCG) are pleased to present their fourth Better Care Fund (BCF) Plan. This plan covers the period 2019/20 and is a development of the two-year plan that covered the years 2017/18 and 2018/19. NHS England has advised that the BCF is likely to be more closely aligned to the NHS Long-Term Plan during 2019/20 and this plan has been designed to be flexible to extend into 2020/21 to meet that challenge.

4.2. During the lifetime of the previous plan, the Wiltshire system adopted a new approach to leadership and culture change. Governance arrangements have been refreshed and system leaders from health and social care are committed to working together to deliver their integration strategy.

4.3. A strong culture of joint working and governance has developed through the years of the BCF (and, more recently, the Improved Better Care Fund and Winter Pressure Grant) that provides a platform to further build on successful change projects and initiatives already delivered.

4.4. The BCF has been a positive mechanism for change in Wiltshire, bringing together commissioners and providers to work in a collaborative way to approach the challenges that the county faces in the future with a rising, elderly population, greater complexity of need and continuing financial pressure in the health and social care system.

4.5. Confidence in joint working led to the establishment of a new programme and subsequently an integration governance structure in 2018 with the Wiltshire Integration Board (WIB) bringing together, for the first time, system leaders at the highest level to develop and drive implementation of integrated systems that will help to meet the challenges of the coming years.

4.6. The WIB agreed the development of the Wiltshire Integration Programme, which consists of seven workstreams, of which WS6 and WS7 have already been closed and WS2 is nearing completion:

- WS1 - A new Wiltshire integrated Health and Social Care model
- WS2 - A Joint Health and Social Care (Health and Wellbeing) Strategy.
- WS3 - Strengthening Joint Commissioning.
- WS4 - An Integrated Workforce Strategy.
- WS5 - A Digital roadmap for Wiltshire.
- WS6 - A new governance structure supporting whole system governance.
- WS7 - Improve Health and Wellbeing Board Effectiveness.

These new workstreams has in turn caused initiation of new projects across the system.

4.7. While these new priorities are in development, an existing programme of 33 schemes funded by the BCF continues to be implemented with the objectives of contributing to NHS England's high-impact changes and to the specific performance objectives of:

- Reducing non-elective (NEL) avoidable admissions to acute care.
- Reducing length of stay in acute care and community beds.
- Supporting the reduction in delayed transfers of care (DToC).

- Reducing permanent admissions to care homes.
- Supporting people to live independently for longer through reablement.

4.8. The Wiltshire system is also part of the Bath & NE Somerset, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP), which enables the Wiltshire system to operate as part of a larger, sub-regional footprint. A key priority of the BSW STP, as part of its system operational plan, is to support sustainable communities, i.e. to support the delivery of joined up primary, community and social care services appropriately scaled to achieve integrated health and care for people.

5. Vision and Context

Our Vision

5.1. Our vision for Wiltshire is set out in the Joint Health and Wellbeing Strategy (JHWS):

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives."

5.2. Additionally, the specific approach to integration within the JHWS is as follows:

"Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible."

5.3. To deliver this vision, the Health and Wellbeing Board strategy set out four core themes:

- **Prevention** – Improving health and wellbeing by encouraging and supporting people to take responsibility for improving and maintaining their own health.
- **Tackling Inequalities** - Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.
- **Localisation** – Enabling communities to be stronger and more resilient and recognising that, across Wiltshire, different approaches will be required to deliver the best outcomes for all our population.
- **Integration** – Ensuring health and social care is personalised, joined up and delivered at the right time and place, and as close to home as is possible.

5.4. Delivery of the JHWS requires increased integration and cooperation between public health, primary care, secondary care and specialist health services, social care and other teams through multi-disciplinary teams. This affects how services are jointly commissioned at a countywide level and developing joint working on enablers, such as workforce and digital.

5.5. The local health and care system remains under pressure and can be confusing for patients, families and carers. As our populations get older and more people develop long-term health conditions, our system is under greater pressure to cope with the changing needs and expectations of the people it serves. This is leads to higher demand for social care and increasing pressure on carers and community health services.

The Wiltshire Integration Programme

5.6. Wiltshire's health and social care system leaders have placed leadership and culture change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment.

5.7. A strong culture of joint working and governance developed through the BCF (and, more recently, the Improved Better Care Fund and Winter Pressure Grant) provides a platform to further build on successful change projects and initiatives already delivered. This has led to the Wiltshire Integration Programme (WIP), which is innovative and flexible in its approach.

5.8. The Council, the CCG and our partners in the acute, community and mental health sectors continue to work together to the following objectives:

- To shift the focus from acute to primary and community care and, in turn, to prevention and population health management.
- To share the risks and rewards of investment locally, moving over time to commissioning based on whole population health outcomes rather than a system which rewards increased contact.
- To have a shared and transparent governance structure.
- To establish joint outcomes and evidence-based provision.
- To provide a multi-skilled and joined up workforce.

5.9. The recently formed Wiltshire Commissioning Group (WCG) and Wiltshire Delivery Group (WDG) provide an open space for commissioners to define the "what" and for providers to develop the "how". With the WIB providing the chief executive forum across the whole system.

5.10. Rather than simply looking for new schemes to initiate, the new governance arrangements seek to identify and challenge, from an evidence base, those local schemes and delivery outcomes that can be expanded or amended to deliver more, and to ensure that the wider footprint of the BSW STP is aligned to create appropriate economies of scale.

5.11. Significant progress has been made in developing joint working and, building on this, the Council, the CCG and their partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population.

5.12. Prevention is central to the vision to increase the healthy and productive life using an integrated approach based on sound evidence with a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined-up responses to people who require care and support across organisational and geographical boundaries.

5.13. In developing the new model for health and social care, the WDG has adopted the Kings Fund's ten components of care as a framework for our new model. Three priority areas for transformation are identified to translate this theoretical framework into the changes required to deliver care in an integrated way to deliver the Wiltshire new health and social care model, illustrated at Appendix 'E'.

5.14. The priorities are:

- Prevention.
- Development of Integrated Neighbourhood Teams (INT) and Primary Care Networks (PCN).
- Development of Integrated Rapid response in Crisis (IRR).

The priority areas have been signed off by the Wiltshire Integration Board and Wiltshire Commissioning Group, which has an additional priority in respect of integrated commissioning

5.15. These priorities will be developed, alongside the two projects already underway: Trusted Assessment and Home First+, as well as a new programme of work around Primary Care Transformation founded on the development of PCNs, which will form the building blocks of the BSW Integrated Care System (ICS) and a full review of intermediate care services during 2019/20.

5.16. Whole-place commissioning will be achieved by aligning budgets and, where appropriate, pooling budgets and integrating staff. Commissioning intentions are to provide more efficient, effective and coherent services leading to developing arrangements for capitated budgets & outcomes-based commissioning.

5.17. The detailed relationships and priorities within the new governance structure are set out in Appendix 'A'.

5.18. Since the first BCP was first produced in 2014, there has been significant progress in the development of joint-working, including the successful establishment and functioning of both the Health and Wellbeing Board (HWB) and the supporting Joint Commissioning Board, as well as the appointment of directors in each of the Council and the CCG with responsibility for joint commissioning.

5.19. High-profile schemes have been implemented, including Home First and, more recently, Home First Plus. Wiltshire Council also ceased procurement of external reablement services and established an internal reablement service, which has contributed to a significant reduction in the level of delayed transfers of care supporting the overall reduction of around a quarter in 2018/19.

5.20. There has been universal recognition of the importance of working more efficiently at scale and sharing learning with our geographical neighbours, while simultaneously realising opportunities to work more specifically to better meet the needs of our local population.

5.21. The Wiltshire system is focused on building on that success, making more efficiencies and improvements to our local NEL avoidance schemes and discharge pathways. We aim to see even more communities and agencies working together across Wiltshire as we move our new service model into locality areas. Through our expanded working with wider stakeholders, other opportunities for integration will follow, allowing us to accelerate our Integration journey.

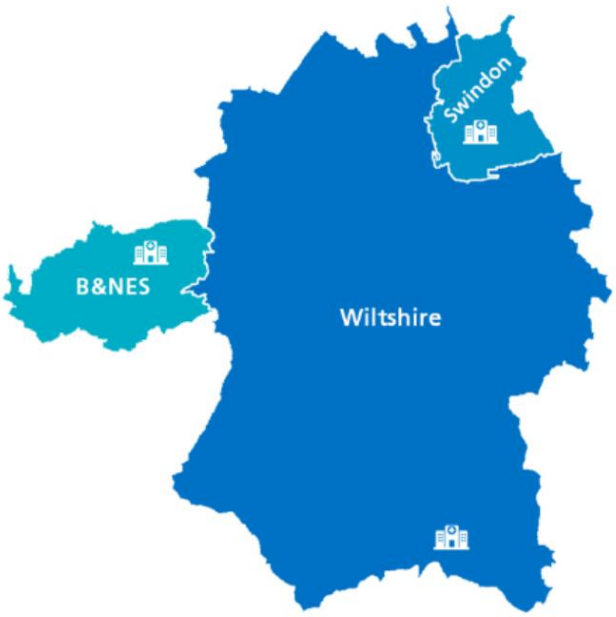
Sustainability and Transformation Partnership (STP)

5.22. The BSW STP has been in operation since 2016. System partners are currently working together to produce the BSW response to the Long-Term Plan for the NHS. A key component of this is to develop sustainable health and care services that are able to meet the demands of a growing and ageing population, many who have multiple, long term conditions and complex needs. Like many systems, we are also experiencing significant challenges with the recruitment and retention of a range of workforce roles across health and social care.

5.23. The Wiltshire BCP carries forward elements of the BSW STP, which has established the following five key priorities:

- Improving the health and wellbeing of our population.
- Developing sustainable communities.
- Sustainable Secondary Care services.
- Transforming care across BSW.
- Creating strong Clinical Networks.

Figure 1: Areas covered by the BSW STP



5.24. Prevention, locality-based integrated teams and a focus on workforce and capacity issues, such as the domiciliary care workforce and care home capacity, are strong themes running through the local BCP as well. The BCP also complements the STP's key priorities for urgent and emergency care, particularly the national priority on hospital to home services.

5.25. The three narrative 2019/20 plans in draft form for the BSW area have been shared with a view to understanding opportunities for further alignment in 2020-21, subject to changes in national direction in terms of the BCF and the NHS Long Term Plan.

6. Context of the 2019/20 Better Care Plan

How the Better Care Plan contributes to the Shared Vision

6.1. Since its first iteration, the BCP has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. In 2019/20, the BCP continues to play a significant role in managing pressure across the system, monitored by newly refreshed, system-wide governance processes. It will help to deliver the vision for health and social care in Wiltshire through a commitment to enhancing a sustainable system that promotes health and wellbeing.

6.2. This work is supported by all system partners and emphasises prevention, self-management and signposting, including working with the voluntary sector to improve levels of prevention, early intervention and independence with schemes such as the Local Areas Co-ordination (LAC) Pilot. This will be complemented by investment in community-focused provision, development of locality-based, integrated teams, supporting primary care, and continued joint commissioning of an integrated urgent care service and Home First Plus to avoid admissions, reduce LoS and support discharge.

6.3. This will create a more closely-aligned service delivery infrastructure supported in part by the BCF and IBCF and Winter Pressure Grant. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS

6.4. We will continue to develop Home First Plus as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our new Alliance framework. Our new model for health and social care is now moving into the mobilisation phase with important schemes planned for Integrated Rapid Response at Crisis, trusted assessment, and linked initiatives around the Cathedral programme, which includes the Red Bag scheme.

6.5. These are important steps for delivering tangible change in line with the JHWS, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

Wiltshire Joint Strategic Needs Assessment

6.6. The Wiltshire Joint Strategic Needs Assessment is being updated in 2019/20 and the Better Care Programme has fed into the consultation exercise to ensure that there is alignment across the whole system, particularly in respect of identifying localised need within localities and to support the system's responsibilities under section 4 of the Health and Social Care Act 2012 to reduce health inequalities. In order to meet Wiltshire's obligations under the Equality Act 2010, in respect of people with protected characteristics, all of the projects being initiated in 2019/20 will be supported by an Equalities Impact Assessment and a Quality Impact Assessment.

Local demography and the Needs of Wiltshire's Population

6.7. Wiltshire is a large, predominantly rural and generally prosperous county. Wiltshire Council and NHS Wiltshire are broadly coterminous and the registered and resident populations are therefore largely the same.

6.8. Almost half the population lives in towns and villages of fewer than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Stonehenge and Salisbury Cathedral.

6.9. Table A illustrates the scale of the challenge facing the County. Taken from the Wiltshire Joint Strategic Needs Assessment (JSNA), it shows a 7.1% rise in overall population to 2030 but with an increase in the same period of 26.7% for over-65s and around 60% for over-85s (although significantly fewer in terms of numbers alone). In the same period, the working-age population is projected to reduce by 1.7%, making an urgent case for resilient communities and a sustainable health and social care system. These ageing changes are greater in Wiltshire than in other systems in the South West or in England[1].

Table A: Wiltshire demographic forecast

Table: Population	Mid-year estimate		Population Projection			
	2014	2017	2018	2019	2020	2030
Total Population	484,560	496,043	498,500	503,600	510,100	531,500
Under 20	114,609	115,852	116,200	117,200	118,700	117,800
Ages 20-64	273,123	276,425	275,700	277,400	280,100	271,800
Aged 65 & over	96,828	103,766	106,400	108,800	111,100	141,900
Age 65+ (% of total pop)	20.0%	20.9%	21.3%	21.6%	21.8%	26.7%
Aged 85 & over	13,283	14,193	14,500	14,900	15,300	22,600
Age 85+ (% of total pop)	2.7%	2.9%	2.9%	3.0%	3.0%	4.3%

6.10. The population of Wiltshire is served by three main acute trusts, only one of which is in the County. Around 35% of Wiltshire residents use Salisbury Foundation Trust (SFT), 31% use the Royal United Hospital (RUH) in Bath with the balance (around 29%) attending the Great Western Hospital (GWH) in Swindon. This distribution of activity and service demand adds complexity to admission avoidance and discharge planning.

6.11. Table B shows projections for people needing future support or care. This is a specific challenge for Wiltshire, as there will be fewer working people available to support the larger number of people who are likely to need services. The Wiltshire system is therefore investing in prevention and in the development of resilient communities.

[1] Source: ONS Sub-National Population Projections, 2016

Table B: People needing support arrangements or providing care in the future[2].

Table: Support Arrangements	2019	2020	2025	2030
Total population aged 65+ unable to manage at least one self-care activity on their own	30,894	31,712	36,198	41,732
Total population aged 65+ unable to manage at least one domestic task on their own	31,123	31,987	36,681	42,258
People aged 65+ providing unpaid care	15,516	15,841	17,682	20,003
Total population aged 65+ living in a care home with or without nursing	3,421	3,551	4,208	5,002

6.12. The BCP supports Carer Support Wiltshire, which undertakes carer reviews, provides respite care and provides voluntary emergency care that enables early identification of a carer to provide alternative support in an emergency.

6.13. While the system aims to help people live independently in their own homes for as long as possible, some people need to live in residential or nursing home environments. We have invested in training and wider support to care homes to ensure those in care homes receive appropriate care. There are around 200 nursing and residential care homes in Wiltshire with around 5,000 beds. A challenge faced in planning for this sector is that it contains a high number of self-funders who may revert to local authority support or to Continuing Healthcare (CHC) when their resource expires. These are expensive placements and people are usually very reluctant to move.

6.14. An additional challenge, particularly in the south of the county is that recruitment of care staff remains difficult in an area with low unemployment and where house prices are many times the average salary.

6.15. Demand for council-funded placements has not grown over the last four years[3], as additional home care has been provided. Demand for dementia care is growing and suggests we might want to look at supported living and extra care housing as a way of reducing the need for residential placements and allowing people to feel supported in their local community.

6.16. We know that high levels of social isolation can lead to admission to hospital and greater levels of care[4]. Levels of social isolation, as measured by the annual client and biannual carers' survey, are higher than we would like to see within Wiltshire. The Wiltshire Older People's Collaborative reviewed the impact of social isolation and identified areas at high risk of social isolation. This led to the development of the LAC pilot to support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

[2] Source: www.poppi.org.uk
[3] Check and source – JHWS?
[4] https://www.scie.org.uk/publications/ataglance/ataglance60.asp

Health Inequalities

6.17. Tackling health inequalities in Wiltshire requires our health and social care services to work with communities to address the wider determinants of health in the county, including social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown. The increased needs of particular groups such as disabled people and carers, the military, those in prison, Gypsies, Travellers and Boaters - and the way these needs are met - can also affect the inequality gap. The Joint Health and Wellbeing Strategy sets out ways in which we are addressing health inequalities as a system. The Director of Public Health is a member of the Joint Commissioning Board that oversees the BCF in Wiltshire.

Mental Health and Dementia

6.18. Local dementia diagnosis rates are around 66%, very close to the national target level of 67% with some outstanding individual GP practice performance. However, the impact of dementia on long term care needs for families and care home capacity is continuing to rise. The BCP work on training care home employees seeks to ensure residents remain in the home rather than be transferred to hospital. A dementia strategy and action plan has been developed, although gaps in care and need must be targeted to ensure a more community-focused /crisis intervention-based model of care. Through the BCP, we are already looking at:

- Care Home Liaison services.
- Focused support to AWP in relation to discharge planning.
- Acute in-reach programmes for dementia.

6.19. Demand for autism support services is also increasing.

6.20. The Wiltshire Joint Strategic Needs Assessment (JSNA) and other national and pathway-specific benchmarking tools are used to prioritise resources.

End of life care

6.21. End of Life Care has been a principal area of focus for the CCG and the Council. The Wiltshire End of Life Strategy for Adults was first published in 2014 and significant progress has been made through working collaboratively with providers to develop a range of care and support services. The BCF supports end-of-life services, including the Urgent Care at Home service, step up beds in the community and the 72-hours end-of-life care pathway. In 2019/20, we will continue to develop our existing and new services to deliver personalised and well-co-ordinated care, which empowers patients to make informed choices about their needs.

The Adult Social Care market in Wiltshire

6.22. The care market in Wiltshire is facing several capacity and availability challenges that reflect those faced across the country, including recruitment and retention of adequate numbers of appropriately skilled, experienced staff. The majority of social care users in Wiltshire fund their own care, and this high percentage of 'self-funders' has influenced how the market has developed in the county.

6.23. The way home care is commissioned has changed with the development of Home First Plus, the Council's in-house reablement service to help manage demand and a move from purchasing care from a small number of lead providers to developing a Help to Live at Home Alliance that provides a framework to influence the market and manage

price. The Alliance has attracted additional providers into the county and has allowed commissioners to develop workforce initiatives, including workforce capacity grants for providers and a Proud to Care workforce programme to support recruitment and retention. The Alliance Board, which includes provider representatives, has agreed a work programme with the priorities of workforce, process improvement and financial sustainability.

6.24. To address specific short-falls in capacity (for example in parts of the county that are difficult to access) commissioners are looking at new models of provision, including piloting a 'Care Match' service where small teams of care workers can provide more flexible support. Commissioners have also offered block contracts to secure hours of care for hospital discharge and to support Home First Plus.

6.25. Historically, the lack of home care capacity has led to an over-reliance on care home beds to support hospital discharges and there is more to do to stimulate the home care market, particularly in more rural parts of the county.

6.26. The voluntary sector is commissioned to provide 'Home from Hospital' services which support people who may need a little support, for example with shopping or confidence-building.

6.27. A principal national and local priority is to ensure that there are no delays in acute hospitals for patients who require social care. Wiltshire's performance in this area is currently in the lowest 15% nationally, as measured by the NHS/Social Care performance dashboard published by the government. The review of intermediate care in 2019/20 has a particular focus on supporting improvement in this area.

The Domiciliary Care Market in Wiltshire

6.28. There is a mixed domiciliary care market in Wiltshire with a range of small and large providers. High levels of employment in the county make it difficult for providers to recruit and retain staff in care roles. Rurality is also an issue and it is difficult to secure provision in some more isolated parts of the county.

6.29. Commissioners have been securing the market by developing a Help to Live at Home Alliance. The Alliance has 74 contracted providers, including six which are new to the County since November 2018. The Alliance aims to grow capacity and support members with recruitment and retention. Capacity grants have been awarded to fund recruitment initiatives, and some separate block contracts for winter capacity and bridging arrangements.

Commissioning Priorities

6.30. Commissioning priorities in 2019 include the implementation of a new commissioning structure being implemented in Q3 within the Council as a precursor to improved joint commissioning with the CCG. The restructuring of commissioning structures within the CCG depends on continuing discussions on the shape and nature of commissioning structures within the new BSW STP.

6.31. There is nevertheless, a continuing emphasis on joint commissioning that already takes place in respect of:

- Carers Services.
- Voluntary sector services to support prevention.
- Home Care (Help to Live at Home Alliance), including live-in care.

- Integrated urgent care services, including telecare.
- Community equipment.
- Mental Health and LD services
- Dementia Services
- Children's services
- Intermediate Care provision

6.32. A continuing focus will be maintained in 2019/20 on joint commissioning and joint working in respect of:

- Care home beds.
- Care Home Selection
- Brokerage functions.
- Continuing Health Care.
- Prevention, personalisation, social prescribing, personal health budgets.
- Integrated Neighbourhood Teams.
- Integrated Rapid Response in Crisis.

6.33. Work is taking place during 2019/20, supported by an external consultancy, to develop an Adult Care Accommodation Strategy that will lead to an estates strategy covering:

- Residential and nursing care.
- Supported living.
- Extra care.

6.34. A technology-enabled care and support strategy is being developed to ensure better use of new technology to improve outcomes and the programme is working with the 'One Southwest' and BSW digital strategy.

Choice Policy

6.35. Wiltshire has operated a localised 'Choice' policy since 2015, defining how acute trusts, community hospitals and intermediate care manage patient choice in respect of discharge planning, particularly at the point when a patient is assessed as no longer requiring the level of care they have been receiving.

6.36. Patients and/or their representatives' participation, engagement and communication are central to the process for managing Choice on discharge. The principal aim of the Wiltshire Choice Policy is to enable choice in the context of reducing delays in the appropriate transfer of care or discharge of patients, through early engagement and support, and the implementation of a fair and transparent escalation process which all parties understand and can contribute to.

7. Reviewing Existing Better Care Plan Schemes

7.1. Our vision for better care is based upon the outcomes in our JHWS and based on the JSNA that is led and informed by the people of Wiltshire. The principle of care as close to home as possible is embedded in all our thinking with home being the first option. This vision is delivered through the joint principles of discharging people home as soon as they are medically fit and a focus on long-term independence.

7.2. Despite some data issues during 2018/19, our performance improved with most of the frail elderly population in Wiltshire still at home 91 days after discharge. We have been able in 2018/19 to reverse a worsening situation for our DToC with a reduction in delayed transfers of the order of 25% in the year.

7.3. The BCP has been the key driver for out of hospital care and has provided a very strong case for change that is evidence-based and recognised and understood by the whole system. The BCP has been running for the last five years and has provided a strong framework for integration, transformation and system wide change.

Review of BCP Schemes Funded by the BCF

7.4. In preparation for the 2019/20 plan, a complete review of the BCP schemes funded by the BCF in 2017/19 was undertaken in Q4 of 2018/19. This did not include any schemes funded by the IBCF and the Winter Pressures Grant. The schemes were reviewed in line with the following evaluation cycle to determine if individual schemes were delivering the desired outcomes to be able to attract continuation of BCF funding.

- **Step 1**: Demonstrate links between the scheme and national priorities and high-impact actions.
- **Step 2**: Show the desired outcomes of the schemes.
- **Step 3**: Describe the impact of the schemes.
- **Step 4**: Show the impact if the scheme were stopped.
- **Step 5**: Decide 19/20 BCF investment, including whether to continue funding the scheme through the BCF, through another funding stream, alter the scheme or stop it altogether.

7.5. Schemes were aligned to the High Impact Change Model (HICM) for delayed transfers of care to determine the relative value of the schemes in relation to DTOC and the results are set out in Table C, below.

7.6. It should be noted that the scheme IDs in this narrative document may vary from the scheme IDs in the official NHSE submission template, due to the constraints within the reporting template.

Strengths-Based Approach to Care

7.7. A strengths- or asset-based approach to care acknowledges a person's disability and/or illness etc. but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so'.

7.8. A strengths-based innovation site is planned at SFT and will start in mid-October.

Table C: Linking BCP Schemes and High Impact Change Model (HICM)

High Impact Change	Schemes (scheme reference numbers)
Early Discharge Planning	1 - Therapy Support Intermediate Care 4 – Acute Trust Liaison
Systems to Monitor Patient Flow	2 – Access to Care (SPA) 3 – Patient Flow Hub
Multi-disciplinary working	5 – Strengthening QA
Home First – Discharge to Assess	6 – Step Up/Step Down Beds 7 – Intermediate Care Social Workers & Hospital Social Work Teams 8 – Home First Plus 9 – Step Up Beds (WHC) 10 – Social Care Help and Rehab Project 11 – GP & ANP Cover for Intermediate Care 12 – Community Services 13 – Rehab Support Workers 14 – Medical Room 15 – Urgent Care at Home (Dom Care) 16 – Integrated Community Equipment Services (Council) 17 – Integrated Community Equipment Services (CCG) 18 – RUH Homefirst Pathway 32 – Telecare Response & Support
Seven-Day Services	20 – End of Life Care: 72-hour Pathway
Focus on Choice	21 – Self-Funder Support – CHS 22 – Information & Advice Portal Management 30 – Carer's Pooled Fund 31 – Carers – Voyage Respite
Enhancing Health in Care Homes	23 – Mental Health Care Home Liaison 24 – Community Geriatrician. 29 – Public Health Prevention - Training
Programme Office, Internal Staff & Contingency	25 – Finance & Performance, PMO, etc 34 - Unallocated
Protecting Adult Social Care	26 – Care Act 27 – Maintaining ASC Services 28 – Complex Care Packages 33 – Disabled Facilities Grant (DFG)

7.9. The impact of schemes against national measures was also determined, as follows:

Table D: Linking BCF-funded Schemes and National Measures

National Measures	Schemes (scheme reference numbers)
Reducing NEL Admissions	2 – Access to Care (SPA) 9 – Step Up Beds (WHC) 10 – Social Care Help and Rehab Project 12 – Community Services 15 – Urgent Care at Home (Dom Care) 22 – Information and Advice Portal 23 – Mental Health Care Home Liaison 29 – Public Health Prevention – Training 32 – Telecare Response & Support
Reducing LoS and DToCs in acute hospitals	3 – Patient Flow Hub 4 – Acute Trust Liaison Service 6 – Step Up/Step Down Beds 7 – Intermediate Care Social Workers & Hospital Social Work Teams 12 – GP & ANP Cover for Intermediate Care Beds 13 – Rehab Support Workers 16 – Integrated Community Equipment Services (Council) 17 – Integrated Community Equipment Services (CCG) 18 – RUH Homefirst Pathway 1 20 – End of Life Care: 72-hour Pathway 27 – Maintaining ASC Services 24 – Community Geriatrician
Reducing LoS and DToCs in community hospitals	28 – Complex Care Packages
Improving reablement	1 - Therapy Support for Intermediate Care 8 – Home First Plus 26 – Care Act 14 – Medical Room
Reducing permanent admissions to care homes.	5 – Strengthening QA 19 – Bassett House Beds 21 – Self-Funder Support – CHS
No direct contribution to national priorities	25 – Finance and Performance 30 – Carers – Pooled Fund 31 – Carers – Voyage 33 – DFG 34 – Unallocated and Contingency

7.10. Consideration was also given to the links between funding and the impact on national priorities. Most schemes contributed to more than one focus area but, for evaluation, they have only been counted against their primary focus area. The majority of BCF money is invested in schemes that support a reduction in LoS and DToCs in acute hospitals.

Table E: Linking BCF Schemes and National Priorities

National Priorities	Value	Percentage
Number of Acute NEL Admissions	£8.11m	19.8%
Reducing LoS and DToCs in acute hospitals	£21.12m	51.7%
Reducing LoS and DToCs in community hospitals	£0.40m	1.0%
Reablement 91-day standard	£4.87m	11.9%
Reducing permanent admissions to care homes.	£0.68m	1.7%
Contributes to other local priorities	£5.70m	13.9%

7.11. Finally, consideration was given to Wiltshire's position in relation to national rankings to understand priorities for improvement. It was concluded that good performance had been maintained in NEL admissions and care home rankings but there was significant room for improvement in DToC.

7.12. The reablement data is affected by performance reporting difficulties and data collection, which means that the true figure may be better than reported. This is being investigated as part of the Intermediate Care Review in 2019/20.

Table F: Linking BCP Schemes and National Rankings

Measure	2018/19		2019/20	
	Actual	Rank (out of 151)	Target	Forecast (after Q1)
NEL Admissions	50,856	TBC	50,764	52,000
Permanent admissions to care homes	358	TBC	500	400
Reablement – at home 91 days after discharge	86.9%	TBC	90.0%	79%
Delayed Transfers of Care	19,206	TBC	14,400	21,000

7.13. The ranking for reablement is adversely affected by recording issues and there will be a significant improvement in 2019/20 due to improved data gathering.

Conclusions of the Review of BCP Schemes

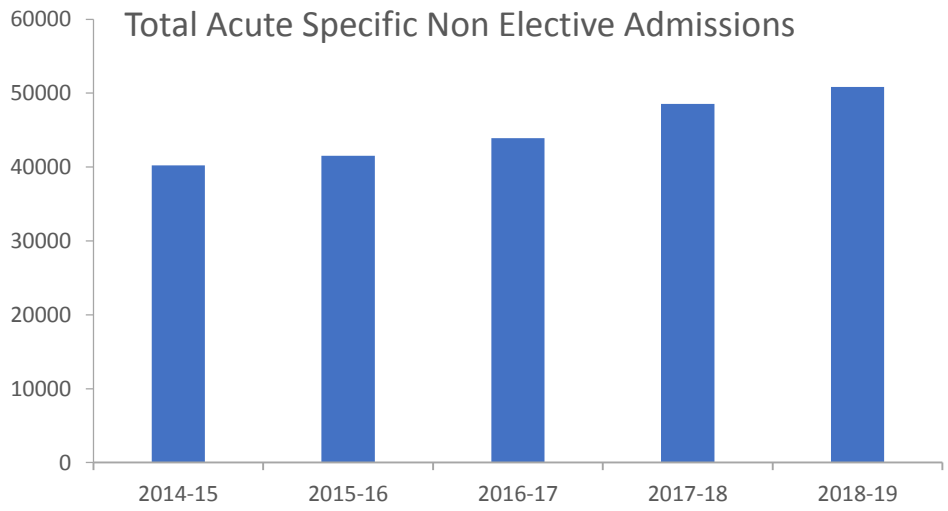
7.14. The following conclusions were reached following the review:

Performance: Non-Elective Admissions

7.15. NEL Admissions have increased steadily in the last three years for the Wiltshire population and, although growth slowed in 2018/19, it remains 6% above the planned activity. Over £8.11m (19.8%) of BCF funding was allocated to schemes with a primary focus of decreasing NEL. Wiltshire has dropped from a rank of 8th in 2017/18 to 9th in 2018/19 but remains a high performer nationally.

7.16. The conditions and types of admissions with a short LOS will be reviewed as part of the Rapid Response at Crisis Project in 2019/20 to identify a community solution (including ambulatory care) and the impact of current schemes to support a reduction in NEL admissions will be investigated as part of the Intermediate Care Review.

Figure 2: Total Acute Specific NEL Admissions 2014/15 to 2018/19



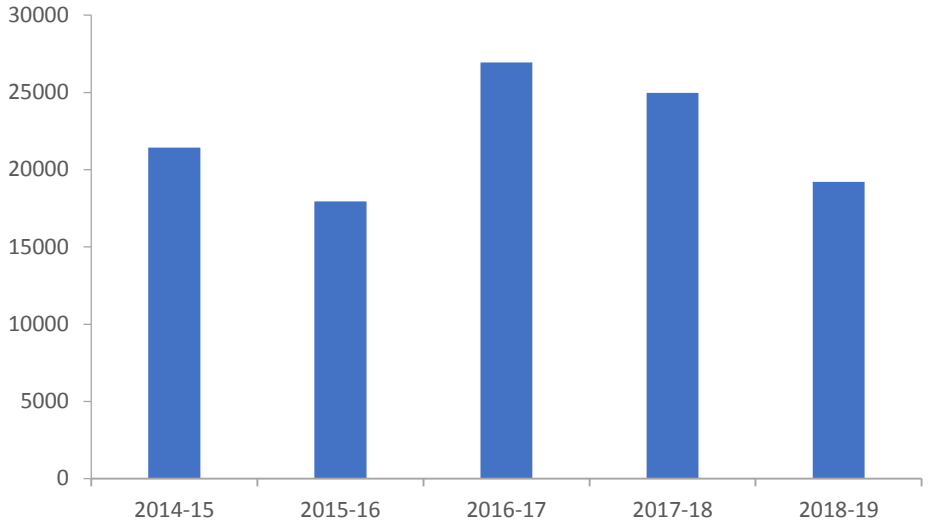
Performance: Delayed Transfers of Care

7.17. In 2018-19, DToC reduced by 23% (5,771 days) compared to 2017/18 but it remains above the trajectory of 14,400. 33% of all DToCs are a result of domiciliary care and another 33% are due to residential and nursing home delays, which accounts for 66% of total delays. The percentage of delayed days associated with housing and non-acute transfer have increased compared to 2017/18.

7.18. Delays associated with public funding, equipment and adaptations, and personal choice have reduced. Nearly £21m of BCF was allocated to schemes with the primary focus of decreasing LoS and DTOCs in acute hospitals.

7.19. The Wiltshire system is focused on reducing the causes of DToCs across all providers and to bringing its trajectory within its target consistently. The Better Care Programme will play a more comprehensive role in 2019/20 in investigating the causes of DToCs and recommending action that can be supported by BCP schemes to meet reduction targets and have a meaningful impact on the HICM.

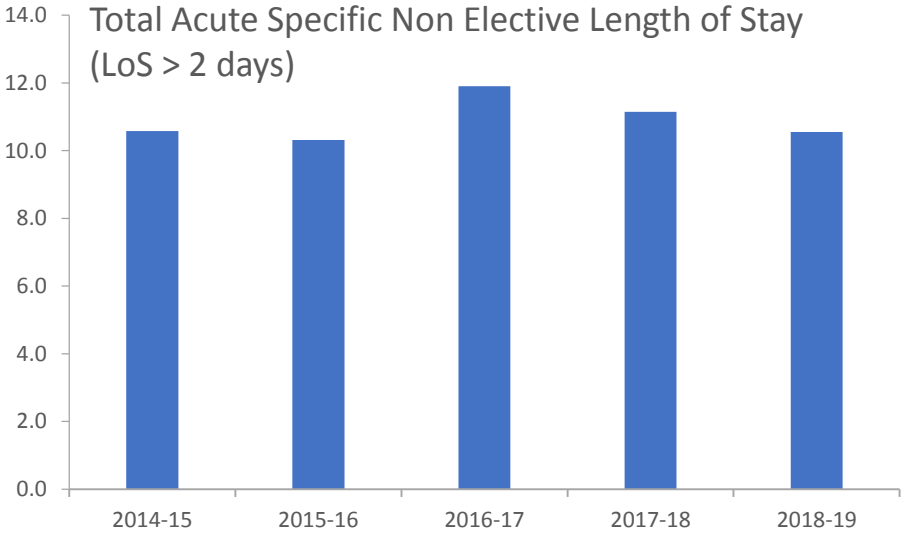
Figure 3: Total DToC Days 2014/15 to 2018/19



Performance: Length of Stay

7.20. In line with the considerable reduction in DTOC, the overall non-elective LOS for the Wiltshire population has reduced and, although we have not yet returned to 2016/17 levels, there is improvement in this measure. Wiltshire's average LoS is slightly above the national average, but in line with other comparable peers.

Figure 4: Total Acute Specific NEL LoS (LoS more than 2 days)



7.21. To continue the downward trend for LOS, the focus must change from just DTOC to other long waiters (stranded and super stranded patients). The 2019/20 BCP supports integrated services improving flow through the whole system and the Intermediate Care Review will recommend ways to improve the discharge process for these cases.

Performance: Reablement (91 Day measure)

7.22. This ASCOF indicator demonstrates the effectiveness of reablement services to improve an individual's independence. Throughout 2017/18 and 2018/19, Wiltshire has seen a deterioration in performance, which follows a change in coding practice around 'consent' and this is under review. £4.87m (11.9%) of BCF is invested in services to support reablement, including the new Home First Plus service, which is already demonstrating significant improvement in Q1 of 2019/20.

Figure 5: Reablement – 91 days post-discharge (percentage)

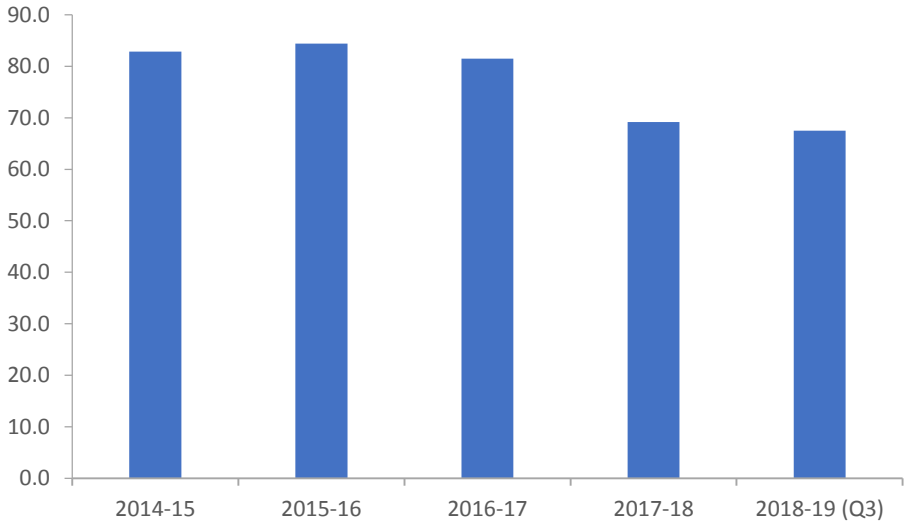


Table G: Reablement national ranking

Region	Reablement	
	%	Rank (1= Highest)
Wiltshire	67.1	147
England	82.9	N/A
South West	80.2	N/A
Statistical neighbours	80.2	N/A

Performance: Permanent admissions to care homes

7.23. There was strong performance in 2018/19 for this indicator with a rate of 354 admissions per 100,000 of population to care homes. This is well below the national average of 586, although waits for residential and nursing home placements are a major contributor to DTOC (33%).

7.24. In 2019/20, £0.68m (1.7%) of BCF investment has a primary focus on avoiding permanent admissions to care homes.

Figure 6: Total Permanent Admissions to Care Homes (Age 65+)

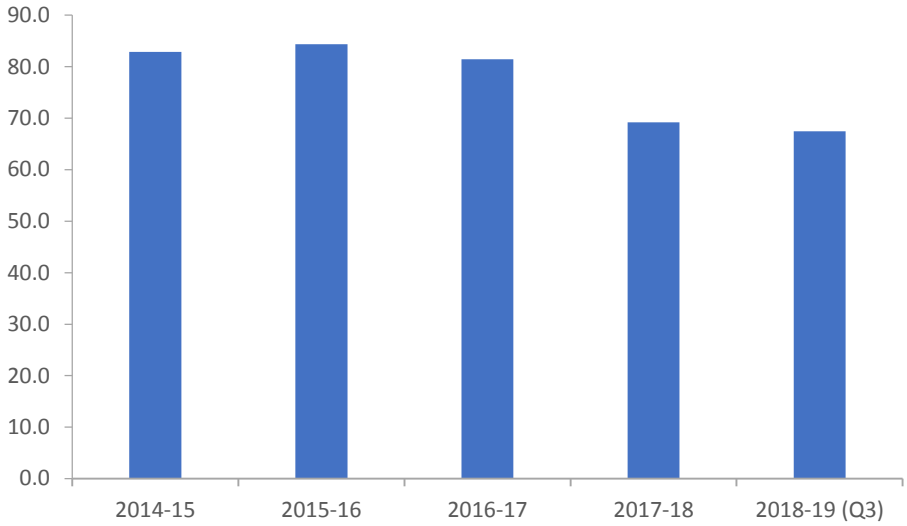


Table H: Permanent Admissions to Care Homes

Region	Admissions to Care Homes	
	Rate (per 100,000 of population	Rank (1= Lowest)
Wiltshire	353.7	15
England	585.6	N/A
South West	545.8	N/A
Statistical neighbours	538.8	N/A

7.25. The link between admissions to care homes and delays waiting for placements is being investigated in 2019/20 as part of another stream of work within Adult Social Care. Work is required to reduce delays in acute hospitals for these patients without increasing overall permanent placements.

Overall Summary of Scheme evaluation

7.26. Overall, the current schemes have had a positive impact on the majority of the national BCF measures but it is acknowledged that the DToC measure is still not good enough. More detailed evaluation at the individual scheme level showed that seven schemes totalling £5.70m (13.9%) of BCF money do not directly contribute to the delivery of BCF system measures, although they do contribute to and enable the delivery of the aims and principles of the BCP.

7.27. As part of the continuing assessment of BCF-funded schemes, the following priorities will be applied to any review:

- Evidenced return on investment (efficiency).

- Improving integration.
- Evidence of the effective of the scheme on people's outcomes and the impact of the scheme to the overall system.
- More rigorous data collection/reporting and transparency around delivery and performance management.

7.28. Working with NHSE and regional colleagues, we are aware that the next significant change in DToC performance through the HICM should be to go further with our implementation of trusted assessment, Red Bag scheme and to work on our choice policy, which, when taken together, will further improve and built on our whole system performance.

Setting the agenda for 2019/20 and beyond

7.29. The review of governance in 2018/19 improved accountability, clarity of purpose for key integration board meetings and created the open space for system leaders and senior officers to strategically review the whole system, and to identify a new model for health and social care, along with priority projects.

7.30. The WDG priorities as part of the creation of a new Health and Social Care model during 2019/20, as agreed through the WIB, are:

- Prevention – including working closely with the voluntary sector to coordinate Wiltshire wide social prescribing resources.
- Developing INTs aligned to PCNs.
- Delivering a project to redesign services around an integrated rapid response at crisis.
- Implementing a pilot service for trusted assessment at discharge to care homes.
- Completing a review of intermediate care services, including procurement options for intermediate care beds and their associated medical cover.

7.31. On average, around 66% of our current delayed transfers are caused by delays surrounding domiciliary care (c.29%) or waiting for residential (c.10%) or nursing placements (25%). Work is continuing to improve the situation and a new Alliance framework has been successful in attracting new domiciliary providers to Wilshire contributing much needed additional capacity. There is a specific recruitment and retention challenge in the Salisbury area.

7.32. System leaders are aware that much more needs to be done across the whole workforce, and an integrated workforce group is now in place.

7.33. From the evaluation of BCP Schemes we have now designed a refreshed BCP Plan for 2019/20, as set out in the following section.

8. Better Care Fund Plan 2019/20

Summary of BCP 2019/20

8.1. As in the previous plans, the focus in 2019/20 is on delivering the national measures around avoiding NEL admissions, reducing length of stay, supporting timely discharges, keeping people living independently for longer with rehabilitation and reablement, and continuing to keep permanent admissions to care homes at low levels.

8.2. The total BCF investment in 2019/20 is £50.8m, including winter pressures grant of £1,823m. A full financial breakdown of the BCF schemes is set out in Appendix 'B'. The BCP comprises 33 individual schemes, which either maintain or deliver improvements to overall flow across the system.

8.3. The linked IBCF funding protects social care, supports market stability and delivers transformational change through the Adult Social Care Transformation programme.

8.4. In response to the new governance priorities from the WIB, the BCP for 2019/20 will further review a significant number of existing schemes to ensure that they continue to meet the priorities set down for the BCP. This will be delivered through the Intermediate Care Review and the Integrated Rapid Response in Crisis project. If the priorities and the BCP schemes do not align, this will be reflected in planning for BCF funding both in-year and for future years. Consequently, the following priorities and the associated currently delivered schemes are being reviewed during 2019/20.

8.5. A review of the performance and reporting processes for each of the schemes is being undertaken during 2019/20 to ensure that each is delivering effectively against its stated outcomes and continues to deliver value-for-money for the overall system. The review will focus on clarity of data recording, effectiveness of delivery and quality impact on patient outcomes.

Integrated Rapid Response in Crisis

8.6. The Integrated Rapid Response in Crisis (IRR) project brings together various providers and commissioners of urgent, community, primary and social care to review and redesign current services and processes and to develop a sustainable new model for integrated rapid response in crisis in line with the new Wiltshire model of health and social care. This is a transformational project that will be delivered by the end of Q1, 2020/21. There will be some short-term benefits for the system but the full impact of the project will only be realised following the full implementation.

8.7. The new model will be a form of community care that is available at short notice and in response to urgencies where an individual's needs/condition is deteriorating to the point where they are about to tip into crisis and require an intervention to help manage and de-escalate, but do not need hospitalisation.

8.8. A design group has been established to review the current processes and pathways and design the new model.

8.9. The IRR provides short-term, rapid, responsive and reactive interventions to assess, plan and treat individuals and focuses on:

- Rapid response to sudden deteriorations, making sure the individual is assessed, safe and receives support at home or in community settings to prevent further escalation or hospital admission.

- Responding to a patient who has attended A&E to prevent emergency admission to hospital by providing care in the community setting.
- Responding to patients who have been admitted to hospital and facilitate their timely discharge (this will not be a new piece of work and will be link to the work already done on HF+).

8.10. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 2: Access to Care including Single Point of Access.
- Scheme 3: Patient Flow Hub.
- Scheme 4: Acute Trust Liaison.
- Scheme 16: Urgent Care at Home Dom Care

8.11. It is anticipated that the IRR will be a cost neutral project. Although currently there is no additional funding allocated to the project, it needs to be acknowledged that delivering this ambitious project requires dedication from a wide range of staff including commissioners and providers across health, social care. During the design phase, if there is a case for additional investment, it will be fully costed and justified in the business case.

Trusted Assessment

8.12. Trusted assessment is one of five priority areas agreed by the WIB and is a related component of any intermediate care process. It facilitates more efficient discharge of frail and elderly people from acute care to intermediate care and long-term placement and comprises an agreed set of information completed prior to discharge that provides the necessary level of detail required by a care home to make an informed decision about whether it can accept the person leaving the acute hospital.

8.13. A working group has been established under the leadership of the WCP and good progress has been made in defining the job description for a trusted assessor role and there is agreement on how to proceed, subject to financial support through the developing business case. The focus so far has been on the SFT system and intermediate care beds, although this will ultimately be expanded to the whole county and to all discharges to care home beds, including long-term placements.

8.14. The recruitment process will require funding approval through a full business case but is scheduled to run through Q2 of 2018/19 with the role expected to be operational in Q3 of 2019/20 in time to support winter pressures.

8.15. While there has been frustration within the system at the lack of progress around trusted assessment to date, it is a confirmed priority within the Better Care Programme for 2019/20. A dedicated project manager will lead the scheme and an outline timetable shows full implementation in the SFT area by the end of November 2019 with further extension across the whole of Wiltshire by the end of Q4 2019/20.

8.16. The project will deliver training, an organisational development plan, trajectories for cultural change, engaging hospital staff, recruitment schedules, IT systems, alignment with GWH's trusted assessment programme, co-ordination with the Cathedral and Red Bag projects, data handling, sign-off dates, and learning from other areas and NHSE.

8.17. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 1: Therapy support to intermediate care beds.
- Scheme 4: Acute Trust Liaison.
- Scheme 8: Intermediate care and hospital social work teams.

Intermediate Care Review

8.18. Intermediate care is a short-term, time-restricted, goal-based period of care that calls on a mixture of health and social care interventions to support people to maximise their potential to live as independently as possible. As the name suggests, it operates between independent living or long-term care and acute care.

8.19. The standard, accepted timescale for a package of intermediate care is up to six weeks or 42 days of care with specific, achievable goals for the individual.

8.20. Any period of intermediate care should deliver against the following outcomes and the review will use these as a benchmark of effectiveness. While not every benefit will apply to every scheme, it will be important for the schemes to evidence that they are effective against at least one (though preferably more) of the seven relevant benchmarks from the following list.

- Supporting people to receive the right care in the right place at the right time from the right service.
- Improving people's outcomes by supporting them to remain healthy and to live as independently as possible for longer.
- Promoting self-care, self-management and prevention that will reduce avoidable admissions to short-term or long-term care.
- Building confidence in the intermediate care system by implementing consistent, clear and integrated health and social care pathways, including timely assessment of care needs and locality-based, multi-disciplinary care processes.
- Reducing inappropriate non-elective admissions (NEL) to acute care.
- Reducing length of stay (LoS) in in-patient environments by managing demand and by supporting effective and timely discharges from acute care or community bedded provision.
- Supporting Discharge to Assess (D2A) principles by enabling people's needs to be assessed in a non-acute environment.

8.21. To ensure that the schemes within the Better Care Programme remain effective and that there is confidence in the reporting of accurate activity and impact, the review of intermediate care must be wider than a review of beds, as the wider review will indicate where alternatives to bedded activity exist, the impact of those schemes on the bedded activity and where data recording can be improved to identify opportunities and challenges within the system. Consequently, the objectives of this project are to review the intermediate care schemes within the Wiltshire Better Care Plan and to assess them against the following criteria:

- To identify whether the agreed schemes are delivering effective and efficient solutions for the people of Wiltshire, and value-for-money for the overall health and social care environment.
- To recommend alternative schemes based on the quantitative and qualitative analysis of the existing schemes that will meet the local need in Wiltshire.

- To confirm effective performance reporting from the schemes that enables the system to determine a measurable quantitative and qualitative difference that those schemes (or groups of schemes) make to the overall intermediate care environment.

8.22. The review also has the following specific objective:

- To make specific recommendations about the procurement and provision of intermediate care beds to inform the contract round in Q3 and Q4 of 2019/20 that will implement new service contracts from April 2020.

8.23. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 1: Therapy support to intermediate care beds.
- Scheme 6: Step-up and step-down beds.
- Scheme 7: Intermediate care social work and hospital social work teams.
- Scheme 8: Home First and Home First Plus.
- Scheme 9: Step-up beds (WHC).
- Scheme 10: SHARP - Social care help and rehabilitation project.
- Scheme 11: GP cover and ANP cover for GP pilot.
- Scheme 13: Rehabilitation support workers (as part of Homefirst)
- Scheme 18: RUH Home First – Pathway 1
- Scheme 20: End-of-Life Care – 72-hour pathway.
- Scheme 24: Community geriatrics.

8.24. The initial review of intermediate beds will be undertaken during June and early July 2019 with the objective of reporting to boards and gaining approval to proceed to procurement before September 2019.

8.25. The wider review of intermediate care will necessarily be a longer activity and a full plan will be developed once the challenges within the individual themes are known. An indicative date of the end of Q2 of 2019/20 is reasonable to propose at this early stage but this will be confirmed later.

Moving to seven-day services

8.26. The objective of delivering a true seven-day service remains central to BCF planning and the BCP continues to fund additional social work capacity to ensure that delays in accessing the right service are minimised and the following schemes deliver seven-day services:

- Scheme 2: Access to Care including Single Point of Access.
- Scheme 3: Patient Flow Hub.
- Scheme 6: Step-up and step-down beds.
- Scheme 7: Intermediate care social work and hospital social work teams.
- Scheme 8: Home First and Home First Plus.
- Scheme 9: Step-up beds (WHC).

- Scheme 15: Urgent care at home domiciliary care.
- Scheme 20: End-of-Life Care – 72-hour pathway.
- Scheme 22: Information and Advice Portal.
- Scheme 32: Telecare Response and Support.

Data Sharing

8.27. The Wiltshire Single View project continues to develop business cases for the sharing of information across the county. The project has a pilot operational within several GP practices that provides combined information on a client to help ensure a holistic view of people's care needs. Need to include BSW data sharing priorities here as well

Primary Care Networks

8.28. Wiltshire has implemented a model of eleven primary care networks (PCNs) that serve patient populations in the region of 30,000-50,000. The aim of the PCNs is to improve patient outcomes through better cross-organisational working and more personalised care.

8.29. PCNs will support the existing network of health and social care services funded through the BCF in 2019/20 and beyond by developing more locally-responsive services, including exploring opportunities to expand localised intermediate care and rapid response solutions, such as are already funded by the BCF in the East Kennet area.

9. Scheme Detail

9.1. This section sets out an overview of each of the BCF schemes for 2019/20. The numbers are not all sequential, as some schemes from previous years have been discontinued and the numbers not reused to avoid confusion.

Scheme 1: Therapy support to Intermediate Care Beds

9.2. Seventy intermediate care beds have been commissioned to deliver a local model based on the DH document 'Intermediate Care – Halfway Home (2009)'. Intermediate care is suitable for people who would otherwise face a prolonged hospital stay or inappropriate admissions to acute inpatient care or long-term residential care.

9.3. The service is suited to people where maximising independence has been identified as part of an assessed care need for people who typically will resume living at home. The service is time limited with the expected time frame being within two weeks and normally no longer than six weeks. The service is delivered through multi-disciplinary team approach involving cross-professional/agency working.

9.4. This scheme is supported by a block contract with Wiltshire Health and Care to provide therapy support to people who need services in Intermediate care settings.

Scheme 2: Access to Care including Single Point of Access

9.5. Access to Care is a single point of access that provides healthcare advice and signposting through clinical triage and management of referrals to appropriate services.

9.6. Access to Care provides a 24-hour service, through call handling and clinical triage for Wiltshire community-based health services in time of individual's escalation or crisis to ensure timely and effective referrals to other commissioned and community-based services and to prevent inappropriate or unnecessary non-elective acute hospital admissions.

9.7. The service works effectively and in partnership with GPs, acute hospitals, adult community services mental health providers, ambulance services, Wiltshire Council and other agencies, including nursing and residential homes

Scheme 3: Patient Flow Hub

9.8. The Patient Flow Hub (PFH) service was introduced in August 2018 by Wiltshire Health and Care and has been fully operational since March 2019. Its purpose is to reduce length of stay and improve patient flow from acute beds by streamlining the consent process for pathway 1 (Home First Plus) and pathway 2 (intermediate care beds).

9.9. It ensures a closer alignment with community hospital wards that has led to a quicker turnaround of beds by allocating patients to the 'next available' bed to speed up the process. Seven-day cover for the beds has resulted in flow being maintained through weekends.

Scheme 4: Acute Trust Liaison

9.10. This scheme, run by Medvivo, is part of the Integrated Urgent Care (IUC) mobilisation, and provides community in-reach to an acute setting, seven days a week to support discharge planning. The scheme contributes to reductions in LoS and DToC, working as part of the integrated discharge service at each acute hospital.

9.11. ATL staff discuss pathway options with people, their families and carers, attend MDT sessions, liaise with partner organisations, challenge bottlenecks in the system and work to resolve issues causing delays. The service is commissioned to deliver 44,460 patient contacts annually across the three acute trusts.

Scheme 5: Strengthening Quality Assurance

9.12. This scheme comprises a £350k contribution to the Commissioning staffing budget, which is historical and was originally set up as a contribution to the QA/Contract Monitoring function across all adult care services.

Scheme 6: Step Up/Down Beds in Care Homes

9.13. This scheme procures seventy intermediate care beds through block contracts. The beds are used for step-up and step-down patients who cannot be supported at home, but do not need to be at hospital.

9.14. The beds are provided within the community working with the relevant providers of additional care to provide a holistic assessment of health and social care need, care planning, intervention and review, to avoid an unnecessary admission/facilitated discharges to/from an acute hospital setting and to ensure we maximise opportunities to manage crisis in a community setting.

9.15. The value of the scheme is £2,988K.

Scheme 7: Intermediate Care Social Work & Hospital Social Work Teams

9.16. This scheme meets the costs of the Intermediate Care Social Work Team and contributes to the Hospital social work teams, as well as the intermediate care programme manager.

9.17. The value of the scheme is £1,627K.

Scheme 8: HomeFirst Plus

9.18. This service, known as Home First Plus, but more correctly, 'Home First Integrated Discharge and Reablement Service' became operational across Wiltshire at the end of 2018. The aim of the service is to ensure that the Home First pathway has sufficient resources to support people who are being discharged via pathway one to return to their normal place of residence as quickly as possible.

9.19. There have been challenges to recruiting fully in the south of the county but significant effort and resources have been invested into the recruitment process.

9.20. A new process has been embedded and is regularly reviewed to ensure a process of continual improvement and development is assured. Some areas are moving forward with adoption of the new process and ways of working more quickly than others this is being carefully monitored.

9.21. The total funding for this scheme is £1.5m from the BCF and £1.184m from IBCF.

Scheme 9: Step Up Beds (Wiltshire Health & Care)

9.22. This scheme procures up to 21 intermediate care beds through block contracts. The beds are used for step-up patients who cannot be supported at home, but do not need to be in an acute hospital. These beds have been commissioned in community hospitals to prevent an NEL admission to an acute hospital and to have the option of managing a crisis in a community setting. The beds are in the following locations:

- Savernake Hospital - Aylesbury Ward (up to 6 beds)
- Warminster Hospital - Longleat Ward (up to 15 beds)

9.23. The scheme funds staff to manage step up patients in the community hospital step up beds. The value of the scheme is £900K.

Scheme 10: Social Care Help & Rehabilitation Project (SHARP)

9.24. The East Kennet SHARP scheme allocates five East Kennet GP Practices a finite budget to manage patients, as deemed appropriate by their GP, in a nursing home setting to provide step-up intermediate care, to retain responsibility for patient care within primary care rather than secondary care.

9.25. The scheme increases the number of people who can be managed in community settings and reduces the reliance on community intermediate care beds by ensuring more people can receive care closer to home.

9.26. The scheme supports NEL avoidance and its value is £60K.

Scheme 11: GP Cover & ANP Cover for Intermediate Care Beds

9.27. This scheme delivers a block arrangement with GPs to support the 21 ICT beds from Scheme 10 plus ANP cover in Wessex care homes in the SFT area.

9.28. The scheme supports all the objectives of the BCP and its value is £406K.

Scheme 12: Support for Community Services

9.29. This scheme is a 15% contribution to the WHC core community teams, care coordinators and community bed block funding.

9.30. The scheme supports all the objectives of the BCP and its value is £3,914K.

Scheme 13: Rehabilitation Support Workers (Home First)

9.31. The Home First Scheme is delivered by WHC who provide additional capacity in the form of Rehabilitation Support Workers (RSW) employed directly as part of core community teams. The service is delivered from a strong evidence base and builds on the Home First initiative, which has demonstrated the following benefits:

- The importance of an integrated discharge approach.
- The value of discharging a patient home as soon as they are medically fit and rehabilitating the patient in their own home.
- That prescribed care needs are often reduced on discharge and a patient transitions towards full independence or a marked reduction in care needs sooner

9.32. The RSWs are trained to meet agreed therapy and domiciliary care needs of patients discharged from hospital as soon as they are medically fit. There is an opportunity for intermediate care at home immediately following an early discharge to be provided for a limited period by additional rehab/care staff.

9.33. This additional capacity works with OTs and community physios to assess the needs of the patients in their homes and provide early intense rehab and domiciliary care. This removes the need to assess in the hospital and allows a speedier discharge to a home setting into the care of clinicians who are more used to coping and managing patients with complex care needs.

9.34. The scheme supports all the objectives of the BCP and its value is £1,280K.

Scheme 14: Medical Room

9.35. This funding supports office facilities for the Urgent Care at Home (UCAH) telecare responders at Salisbury Medical Practice to enable delivery of the overall telecare responder service.

9.36. The scheme supports reducing avoidable NELs and its value is £5.7K.

Scheme 15: Urgent Care at Home Domiciliary Care

9.37. Urgent Care at Home (UCAH) is a rapid response service to provide admission avoidance and additional bridging domiciliary and nursing care support across a seven-day period There is an explicit target for UCAH to move back to performance levels delivered in 2015/16 (c.80 cases per month). Enhanced domiciliary care services are provided to support the delivery of rehabilitation delivered by Wiltshire Health and Care.

9.38. The scheme supports reducing avoidable NELs, and its value is £863K.

Scheme 16: Integrated Community Equipment Service (ICES) – Wiltshire Council

9.39. The community equipment budget is as an aligned budget outside the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. This has a separate risk sharing arrangement to the rest of the BCF.

9.40. The scheme supports all the objectives of the BCP and its value is £1,841K.

Scheme 17: Integrated Community Equipment Service (ICES) - CCG

9.41. The community equipment budget is an aligned budget outside the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. This has a separate risk sharing arrangement to the rest of the BCF. This scheme does not include continence services.

9.42. The scheme supports all the objectives of the BCP and its value is £3,633K.

Scheme 18: RUH Home first - Pathway 1

9.43. In 2017 RUH established a Home First scheme for Pathway 1 (people discharged to home with intermediate care support). This scheme benefits the Wiltshire residents on this pathway.

9.44. This scheme supports reducing LoS and DToCs and its value is £54K.

Scheme 19: Basset House Beds

9.45. This scheme at Bassett House Care Home in Wootton Bassett provides six beds to support Home First Plus (HFP) capacity, while HFP staff were recruited at the end of 2018/19. The care home supported those people waiting for HFP, to support DToCs in an acute setting. The scheme was extended into April 2019 but has now ended.

9.46. This scheme supports reducing LoS and DToCs and its value was £26K.

Scheme 20: End of life care – 72-hour pathway

9.47. Within Wiltshire, data shows that 30% of all hospital NEL admissions are for people with a life-limiting diagnosis. This scheme improves identification of patients who have less than a year to live, and supports the implementation of treatment escalation plans across system.

9.48. The scheme has redesigned the role of the WHC community end of life team to ensure they are enabled to manage people who are on an end-of-life care (EOLC) pathway more proactively. The scheme supports continued commissioning of the 72-hour EOLC pathway and addresses the future role of hospices in the EOLC agenda.

9.49. This scheme supports reducing avoidable NEL admissions, LoS and DToCs and its value is £205K.

Scheme 21: Self-funder Support – Care Home Select

9.50. Care Home Select (CHS) supports the discharge process and provides coordination for self-funders. It is currently operating above its service specification and has been very successful at supporting self-funders to be discharged in a timely manner.

9.51. The scheme supports reducing LoS and DToCs and its value is £300K.

Scheme 22: Information & Advice Portal Content Management

9.52. This scheme provides funding for two posts for the council managed web sites, and delivers active management of demand at the front door.

9.53. The scheme supports reducing avoidable NEL admissions and its value is £60K.

Scheme 23: Mental Health Liaison

9.54. The commissioned mental health services provider, Avon & Wiltshire Partnership, provides support to care homes through training and individual management plans for specific patients. This helps homes manage patients with complex dementia in the home environment rather than requiring admission to an acute hospital.

9.55. The scheme supports reducing avoidable NEL admissions and its value is £219K.

Scheme 24: Community geriatrics

9.56. Community geriatrician coverage across Wiltshire is provided through a community geriatrician at each of the three acute trusts to support discharge planning and provide advice in the community. The scheme links capacity more formally with established community teams and contributes to the WHC Community Health Services contract. The scheme aims to develop robust interfaces of care with each acute hospital, enhancing the Acute Trust Liaison model and diverting appropriate patients to established models of care in the community (for discharge and admission avoidance).

9.57. The scheme also complements the role of community nurses, matrons and therapists in the high intensity care programme to ensure effective roll out of the High Intensity care programme.

9.58. The scheme supports reducing avoidable NEL admissions and its value is £117K.

Scheme 25: Finance & Performance and Programme Direction

9.59. The Council and CCG recognise the value of a well-resourced programme management office (PMO) to deliver an effective integration programme, and that there is a need to administer the BCF and IBCF to be able to both monitor, evaluate and service and comply with the various returns.

9.60. This budget and spend reflects dedicated resources to manage the programme and grant effectively and represents less than 1% of the overall BCF and IBCF. These costs are continuously reviewed and there is potential for a reduction in future years.

9.61. The scheme supports all the objectives of the BCP and its value is £552K.

Scheme 26: Care Act

9.62. This funding is used to support and maintain the adult social care activities of Wiltshire Council generated by the implementation of the Care Act 2014. This includes the impact of new duties in relations to carers' assessments and services.

9.63. The scheme supports all the objectives of the BCP and its value is £2,500K.

Scheme 27: Maintaining Services

9.64. This funding is used to support and maintain the adult social care activities of Wiltshire Council to allow people to remain at home for as long as possible. In addition, we have strengthened our work and links with providers to provide greater assurance on the quality of the care provided.

9.65. The scheme supports all the objectives of the BCP and its value is £8.83m.

Scheme 28: Complex Care Packages

9.66. This funding is used to support and maintain the adult social care activities of Wiltshire Council and supports Scheme 27 by enabling complex packages of care to allow people to remain at home for as long as possible.

9.67. The scheme supports all the objectives of the BCP and its value is £0.40m.

Scheme 29: Public Health Prevention - Training, etc.

9.68. This scheme, which operated in 2018/19 for initiatives such as '*Warm and Safe*' and dementia awareness was successful and will continue in 2019/20.

9.69. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £100K.

Scheme 30: Carers Pooled Budget

9.70. There are over 47,000 unpaid carers in Wiltshire, 2,700 of whom are young adult carers aged between the age of 16 and 25 who look after siblings or parents. Carer Support Wiltshire helps them to access support, services, education and training, and breaks from their caring role. Ensuring carers have a voice in policy making and planning for services, and we work with health and social care professionals and employers to develop best practice.

9.71. The services cover the whole of Wiltshire and are available to anyone who is aged 16 or over. It also funds a fracture liaison service at SFT, which has been extended for another year and work is continuing to investigate how this can be expanded to the other two acute trusts.

9.72. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £1,497K.

Scheme 31: Carers - Voyage Respite

9.73. This scheme provides respite care for Carers and is directly commissioned by the CCG. It supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £30K.

Scheme 32: Telecare Response and Support

9.74. This scheme funds the physical telecare responders and the urgent care provision forms an integral part of the IUC Service that provides an integrated rapid health and social care response service for service users in crisis in their own home.

9.75. The Service operate 24 hours a day, 365 days per year and provides urgent support, which will typically support will commence within 45 minutes of an alert being raised and the coordinator determining that a physical response is required.

9.76. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £1,015K.

Scheme 33: Disabled Facilities Grant

9.77. The Disabled Facilities Grant (DFG) is managed as a component of the BCF, ensuring a whole system approach to prevention and reablement. DFG supports people to live at or as close to home as possible and is a key enabler to increase the number of people living in their own homes, avoiding longer residential or other support costs. The Council has topped up the Government allocation every year for the last seven years, as part of this commitment and strategy. Allocation of funding from the DFG is based on need, which varies month to month depending on the case load and professional assessment of need.

9.78. The budget spends, and potential spend is monitored closely and reported to the Council Cabinet through the Capital Programme, as well as the HWB and JCB through the BCF plan monitoring. Any over commitment is subject to budget monitoring and decision making based again on need.

9.79. This year's BCP aims to see closer working between housing, health and care commissioners to evaluate the impact of DFGs and to strengthen the links between DFGs, Community Equipment services and Assistive Technology.

9.80. The scheme supports all the objectives of the BCP and its value is £3,273K.

Unallocated

9.81. A small percentage of the overall amount totalling £351K has been left in reserve. Bids against this unallocated amount will assessed against the contingency through the 2019/20 year.

9.82. The following table sets out where there should be an impact on the National Performance Frameworks from each of the schemes.

Table J: Impact of 2019/20 Better Care Schemes on National Performance Frameworks

ID	Scheme description	Value (£K)	Scheme impact on system			
			NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
High Impact Change: Early Discharge Planning						
1	Therapy support to IC Beds	860				X
High Impact Change: Systems to Manage Patient Flow						
2	Access to Care incl. SPA	984	X			
3	Patient Flow Hub	160		X		
High Impact Change: Multi-disciplinary / multi-agency discharge teams						
4	Acute Trust Liaison	377		X		
5	Strengthening QA	350		X		
High Impact Change: Home first/discharge to assess						
6	Step Up/Down Beds	2,988		X		
7	IC and Hospital Social Work Teams	1,627		X		
8	HTLAH Support (In House Reablement)	1,500				X
9	Step Up Beds (WHC)	900		X		
10	SHARP - Social Care Help & Rehabilitation Project	60	X			
11	GP & ANP Cover for IC Beds	406		X		
12	Community Services	3,914		X		
13	Rehabilitation Support Workers	1,280		X		
14	Medical Room	6				X
15	Urgent Care at Home Dom Care	863		X		
16	Integrated Cmty Equipment - Council	1,841		X		
17	Integrated Cmty Equipment - CCG	3,633		X		

ID	Scheme description	Value (£K)	Scheme impact on system			
			NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
18	RUH Homefirst - Pathway 1	54		X		
19	Basset House Beds	26		X		
High Impact Change: Seven-Day services						
20	End of life care - 72-hour pathway	205		X		
21	Self-funder Support - CHS	300		X		
22	Info & Advice Portal management	60		X		
High Impact Change: Enhancing health in care homes						
23	Mental Health Liaison	219	X			
24	Community geriatrics	117	X			
25	Finance & Performance	552	X	X	X	X
High Impact Change: Protecting Adult Social Care						
26	Care Act	2,500		X		X
27	Maintaining services	8,433		X		
28	Complex care packages	400			X	
High Impact Change: Preventative Services						
29	Public Health Prevention - Training	100	X			
30	Carers Pooled Budget	1,497	X			
31	Carers - Voyage respite	30	X			
32	Telecare Response and Support	1,015	X			X
Disabled Facilities Grant						
33	DFG	3,273	X			
Contingency						
34	Unallocated	351				
	Total BCF	**40,882**				

10. Risk

Maintaining stability across the whole local health and care system

10.1. The local health and social care system faces significant operational, clinical and financial challenges including providers coming under increasing financial, performance and quality pressures, demand management programmes with variable levels of success, workforce issues in recruitment across health and social care, and commissioners facing significant affordability pressures given the current configuration of services.

10.2. With significant gaps in funding across health and social care, integration is essential to support our sustainability. Opportunities for joint commissioning, avoiding duplication and maximising value for money, are being developed across Wiltshire.

10.3. Our finances need to flow around the system in a way that appropriately pays providers and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system.

10.4. Transformational programmes and the opportunities offered through the STP, will allow us to remove some of the traditional tariff barriers and contract according to patient need, by placing the money in the part of the systems where it is needed. Money will be able to follow the patient and by renewing our focus on self-care and prevention, the pressure on the whole system will be better managed.

Financial risks

10.5. In the first four years of the BCF programme, no overspends occurred across the pooled fund but increasing demographic demands do present a continuing risk to the pooled fund, which may have an adverse effect on services that have been commissioned through the BCP. Financial contingency has been reduced to £351k for the 2019/20 plan.

10.6. It is therefore important to mitigate this risk through the close financial monitoring of the BCF through the new governance structures, which will continue to receive financial monitoring reports. Where pressures on services are identified, the boards will need to identify and implement solutions to ensure that the programme delivers within the available funding.

10.7. The Section 75 agreement has clearly set out the principles for managing any overspends i.e.

- Financial overspends on each element of the BCF schemes are the responsibility of the authorising organisation and will not be funded through the BCF, unless agreed by all parties.
- Financial underspends on each element of the BCF scheme will be retained by the pooled budget for use within the pool in year and returned to the partners in proportion to their contribution, at year end.
- Under achievement of planned savings and KPIs will be met from contingency and retained performance fund.

Risk Share

10.8. Any underspend or overspend is divided equally between the two organisations except for the following:

- ICES pooled budget: this was operated as an aligned budget within the Joint Business Arrangements prior to the pooled budget. The ICES Pooled Budget was added to the pooled fund to achieve efficiencies through joint management of spend under the BCP. The JCB agreed on 8 February 2017 that this transfer was on a non-risk basis so that the provisions of Schedule 3 relating to Overspends and Underspends do not apply to the ICES pooled budget. Each organisation continues to be responsible for its own contribution to the ICES budget so that each organisation is liable for any overspend in relation to its contribution, and each organisation has the discretion to determine the use of any underspend in relation to its contribution.
- Carers pooled budget: any underspend in relation to this budget is ringfenced and carried forward to the next financial year.
- Improved Better Care Fund: the IBCF is treated as a non-recurrent payment and the Council has the sole discretion to determine the use of any underspend. The Council must comply with the grant conditions set out in the IBCF grant determination made under Section 31 of the Local Government Act 2003 and the IBCF must not be used to replace, and must not be offset against, the CCG's minimum contribution to the BCF.
- Disabled Facilities Grant: any underspend of DFG is carried forward and any overspend is the responsibility of the Council. The Council must comply with the grant conditions set out in the DFG grant determination made under Section 31 of the Local Government Act 2003.
- Winter Pressure Grant (WPG): This grant is treated as a non-recurrent payment and the Council has sole discretion to determine the use of any underspend of the WPG. The Council must comply with the grant conditions set out in the WPG grant determination made under Section 31 of the Local Government Act 2003. The organisations acknowledge that the WPG must not be used to replace, and must not be offset against, the CCG's minimum contribution to the BCF.

Programme Risks

10.9. Risks relating to the financial or performance of any scheme will initially be raised at the WIB at the earliest opportunity to allow for transparent conversations and shared problem solving. In the event of the Board either not being able to remedy this action, the issue will be escalated to the HWB, where key chief executives of commissioners and providers are in attendance. The programme risk log is regularly reviewed and updated by the PMO. Risks and issues are escalated, as appropriate.

Workforce

10.10. Wiltshire has a specific risk in terms of workforce due to a lower than average number of people of working age within the local demographic. High levels of employment in the county also makes recruitment to care roles more difficult. A separate workforce task group has been established under Workstream 4 of the Wiltshire Integration Programme, which is focusing on addressing the challenges in the local system. There is a particular emphasis on the role of colleges in supporting the development of a local social care workforce through new courses and apprenticeships.

11. National Conditions

Condition 1 – Jointly agreed plan

11.1. At the Wiltshire HWB on 25 May 2019, delegated authority was granted to the CCG Chief Officer and Director of Adult Social Care, to jointly agree future submissions prior to formal sign off by HWB. Due to the timing of the final submission advised by NHS England, the full plan will be signed off at the HWB meeting on 26 September 2019.

Condition 2 – NHS Contribution to Social Care

11.2. Most of the funding in the 2019/20 BCP remains largely unchanged from 2018/19. However, in 2019/20, it also includes the Winter Pressure Grant. An increase in CCG contribution in-line with inflation at 2.4% has been applied to the fund in 2019/20 and an increase of 1% has been applied to the pooled fund in 2019/20.

11.3. In 2019/20, the revenue value of the pooled fund to be managed via the Section 75 agreement is £50.8 million) and comprises £32.5m (64.01%) of Clinical Commissioning Group (CCG) funding and £5.080m of council funded services (10.00%). The IBCF funds £8.117m (15.96%), Winter Pressure Grant £1.823m (3.59%) and DFG £3.273m (6.44%).

11.4. The pooled budget also includes the DFG, which is a capital grant of £3.273m and is managed by the council. This is in line with the governance arrangements detailed in Appendix 'A'. Care Act funding of £2.5m is also included.

11.5. Full BCF, IBCF and Winter Pressures Grant funding contributions for 2019/20 is detailed at Appendix 'B'.

11.6. A total of £16.424m has been allocated specifically for the protection of social care.

11.7. These figures are identified on our technical submission and maintain the level of funding agreed in 2019/20.

Condition 3: Investing in NHS Commissioned Out-of-Hospital Services

11.8. Investment in NHS commissioned out-of-hospital services, including seven-day services and adult social care, is detailed in the financial tables appended to this narrative.

Condition 4 – Managing Transfers of Care

11.9. The BCP sets out how improved integrated services at the interface between health and social care reduce DToC, encompassing the HICM for managing transfers of care. This is set out in Section 10, above.

12. Improved Better Care Fund and Winter Pressures

Background to the IBCF

12.1. The Improved Better Care Fund (IBCF) is a paid by central government as a direct grant to local government, with a condition that it is pooled into the local BCP. The funding can be spent on three purposes:

- Meeting adult social care needs.
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready.
- Ensuring that the local social care provider market is supported.

12.2. There is no requirement to spend across all three purposes, or to spend a set proportion on each. The IBCF can be spent on stabilising the social care provider market but there is no obligation on councils to use the money to free up acute beds or to share the IBCF with CCGs.

12.3. The IBCF allocation for Wiltshire in 2019/20 is £8,117,936. The detail of the allocations is set out in Appendix 'C' and has been allocated as in the following sections.

Protecting Adult Social Care

12.4. A total of £5,091,200 has been allocated for protecting adult social care from the IBCF, which will be used to support adult social care by providing stability and extra capacity in the local residential and domiciliary care system.

12.5. An additional investment of £130,200 has been made for investigation officers who ensure the local authority is safely meeting adult social care needs.

Home First / Discharge to Assess

12.6. A contribution of £1,183,83 has been made to support reablement and rehabilitation services from the IBCF. This is additional funding for Homefirst Plus.

Prevention

12.7. the LAC pilot supports signposting for people to local community assets which can help reduce the levels of social isolation across the county.

12.8. A total of £935,750 from the IBCF has been allocated for prevention work, as follows:

- Public Protection: £488,000.
- Local Area Co-ordination Pilots: £447,750.

Winter Pressure Grant

12.9. The Winter Pressure Grant (WPG) was a new grant first given in the previous financial year with a principal focus of reducing DToC. In 2019/20, it was moved to the BCF. Grant conditions require the funding to be used to alleviate pressures on the NHS over winter and support the local health and care system to manage demand pressures on the NHS with specific reference to seasonal winter pressures. This includes interventions that support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence. Work is underway at looking how best to use this grant.

13. Programme Governance

13.1. During 2018/19, a full review of our combined governance arrangements was undertaken to provide more open space for system leaders and subject matter experts to develop more closely integrated plans, and to streamline the number of meetings with overlapping agendas. This has ensured that valuable management time is prioritised and has led to better overall working arrangements across the many stakeholders involved across Wiltshire.

Wiltshire CCG Governing Body and Wiltshire Council Cabinet:

13.2. As the executive bodies of the two organisations pooling budgets, these are responsible for signing off the s75 agreement and agreeing the procurement of significant new initiatives (above the limits set out in the respective organisations' scheme of delegation).

13.3. Elements of the BCP that require key decisions will, as required, be reported to the CCG Governing Body and to the Council's Cabinet.

Wiltshire Health and Wellbeing Board

13.4. Strong joint governance is central to effective integration and transformation. The health and Wellbeing Board (HWB), includes lead members and chief officers from the Wiltshire health and social care system, continues to oversee the delivery of the BCP. The HWB is also responsible for signing the s75 agreement and for gaining system-wide buy-in to the BCP. The HWB receives standing updates on progress against the high-level BCP outcomes and on the delivery of new schemes to ensure that the leadership of the CCG and the Council have clear, shared visibility and accountability in relation to all aspects of the BCF.

Joint Commissioning Board

13.5. The Joint Commissioning Board (JCB) is an advisory group comprising senior council and CCG officers (with the council cabinet member for health and adult social care and the chair of the CCG) to undertake detailed commissioning work and make jointly agreed recommendations for change to the commissioning organisations. This includes overseeing the management of existing joint investments and initiatives alongside a targeted programme of activities that exploits opportunities where greater coordination, alignment and/or integration of resources can lead to improved outcomes and efficiency.

13.6. In respect of the BCP, it is referred to as the 'decision making body' in the s75 agreement and as such the JCB receives regular reports from the Better Care Board (although jointly agreed recommendations must go through the usual decision-making process for the respective organisations).

13.7. Many of the emerging service changes have been developed and overseen by the Joint Commissioning Board (JCB), which receives a regular report on the use of the BCF, along with a dashboard of principal measures of success for the schemes. This enables frequent evaluation of the performance of BCP schemes against the national measures.

Wiltshire Integration Board

13.8. The Wiltshire Integration Board (WIB) is co-chaired by the CCG's Accountable Officer and Wiltshire Council's Corporate Director of Adult Social Care and Public Health. The Board reports to the HWB, CCG GB and LA Cabinet and delivers transformational

programmes on behalf of the HWB, making recommendations and providing senior focus for the future direction of the integration.

13.9. The WIB is also responsible for overseeing Wiltshire's collective participation in the STP with focus on local strategic commissioning arrangements and future contracting mechanisms. The Board is supported by two sub-groups: the Wiltshire Delivery Group (WDG), and the Wiltshire Commissioning Group (WCG).

Wiltshire Delivery Group

13.10. The Wiltshire Delivery Group (WDG) is accountable to the WIB and provides a forum for experts across the whole system of health and social care providers to focus on design and delivering the Wiltshire new model of integrated health and social care based on the outcome and specifications set jointly by health and social care commissioners. The scope of responsibilities of this group expands to areas of integrated care, urgent care, primary care, secondary, voluntary services, community services, mental health and disabilities.

Wiltshire Commissioning Group

13.11. The Wiltshire Commissioning Group (WCG) is co-chaired by the Integration directors of the Council and the CCG. The group meets bi-monthly and oversees the performance of the key work stream and the BCP budget, and prioritises areas for decision by the JCB, providing effective oversight and coordination.

13.12. The WCG is accountable to the JCB and focuses on commissioning-related matters and decisions across integrated commissioning between the CCG and the Council. This includes areas of integrated care, urgent care, primary care, mental health and disabilities, public health and military health.

Inequalities & Equalities Act

13.13. The Council and the CCG are committed to the principles of equality and inclusion in both employment and service provision. We are keen to celebrate the diversity of people who live and work in Wiltshire, which means making our services accessible to all, treating people fairly and providing a fully inclusive working environment. Wiltshire is a relatively affluent county with a lower than average representation of BAME communities, although there are pockets of deprivation. Data from the local JSNA was used in developing the BCP to ensure that schemes and services are available to all regardless of where they live, their gender, ethnicity or sexual orientation. The aim of the health and wellbeing strategy is to reduce inequalities across Wiltshire.

13.14. The JSNA in Wiltshire provides benchmarking information for Wiltshire against the England, South West and our ONS Statistical Neighbours. This provides good data to help understand where outcomes are better and where we might usefully learn from others. In developing the Home First scheme we have visited other local authority areas both regionally and nationally to understand how their schemes work and what aspects would work in Wiltshire and what aspects might struggle.

13.15. Wiltshire Council is an active member of the South West ADASS and supports the benchmarking of adult social care performance on a quarterly basis. NHS Wiltshire CCG uses the services of the SCW CSU and Commercial organisations to help understand performance and capture best practice ideas from across the country and internationally.

14. Appendices, Tables and Figures

14.1. The following appendices support this document and can be found on the page number indicated:

Index of tables in the document

14.2. The following tables have been included in the body of this plan:

Index of figures in the document

14.3. The following figures have been included in the body of this plan:

Appendix 'A' – Governance Relationships

The Better Care Fund programmes delivers the council and CCG vision and priorities, which are informed by the local and BANES STP and NHS Long term plan.

NHSE Long Term Plan • more control for people over their own health and care • primary care networks • Integrated Care Systems • Preventing illness and tackling health inequalities through risk stratification • Workforce • Digital tools and records • Efficiency (duplication and harnessing NHS buying power	↔	**Bath and North-East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan** The health and care needs of our local population across B&NES, Swindon and Wiltshire are diverse and we are developing a joint approach that takes this local variation. 1. Improving health and wellbeing 2. Improving the quality of care people receive 3. Ensuring services are efficient

Health and Wellbeing strategy

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives"

Prevention – Improving health and wellbeing encouraging and supporting people to take responsibility to improving and maintaining their own health.

Tackling Inequalities - – addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age.

Localisation – Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required

Integration – ensuring health and social care is personalised, joined up and delivered at the right time and place.

Wiltshire Council vision & priorities Our vision is to create strong communities through our priorities of: • Growing the economy • Strong communities • Protecting those who are most vulnerable (through prevention, integration and personalisation) • Working with partners as an innovative and effective council	↔	**CCG Operating Plan** • Prevention, self-care planning • Use the Right Care programme to reduce unwarranted variation • Expand the use of technology enabled care • Offer resident information and choice, ensuring care closest to home • Strengthen the role of primary and out of hospital care, • Purchase interventions, treatments and drugs that are cost-effective

•	**Wiltshire Integration Programme**	
• New Health and Social Care Model development • INTs & PCNs • Integrated Rapid response at crisis • Trusted Assessment/Assessor	• NEL Admission avoidance over 65yrs • Reduce length of stay circa 2days • Cathedral Care Homes incl. red bag scheme. • Intermediate Care service model	• Strengthening Joint Commissioning arrangements • Digital roadmap • Integrated Workforce Strategy • Home first mobilisation to reduce dependency

Appendix 'B' – Draft Finance Values for BCF 2019/20

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
Early Discharge Planning			
1	Therapy for intermediate care	859,594	Service provided by Wiltshire Health & Care (WHC) as a block contract
	Total	**859,594**	
Systems to Manage Patients Flow			
2	Access to Care incl. Single Point of Access	984,161	Service provided by Medvivo
3	Patient Flow Hub (PFH)	160,000	Service provided by Wiltshire Health & Care
	Total	**1,144,161**	
Multi-Disciplinary / Multi Agency Discharge Teams			
4	Acute Trust Liaison	377,142	Service provided by Medvivo.
5	Strengthening QA	350,000	Contribution to commissioning staffing
	Total	**727,142**	
Home First / Discharge to Assess			
6	Step Up/Down Beds	2,988,200	ICT Beds Block contract
7	Intermediate Care Social Work / Intermediate Care Programme Manager / Hospital Social Work Teams	1,627,300	Cost of ICT Social Work Team and Hospital Social Work Team.
8	Home First Plus	1,500,478	Wiltshire Council Reablement Service
9	Step Up Beds (Wiltshire Health & Care)	899,832	WHC Block contract
10	SHARP - Social Care Help & Rehabilitation Project	60,000	Service coordinated by Ramsbury GP Practice.
11	GP and ANP cover for intermediate care beds	406,200	
12	Community Services	3,914,246	WHC Block contract
13	Rehabilitation Support Workers	1,279,792	WHC Block contract
14	Medical Room	5,760	Local arrangement with GP Practice

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
15	Urgent Care at Home Domiciliary Care	862,668	
16	Integrated Community Equipment Service - Council	1,841,000	
17	Integrated Community Equipment Service - CCG	3,633,263	Excluding continence
18	RUH Homefirst - Pathway 1	54,177	
19	Basset House Beds	25,586	Six Beds for April block
	Total	**19,098,501**	
Seven Day Service			
20	End of life care - 72-hour pathway	205,266	Funds Dorothy House.
	Total	**205,266**	
Trusted Assessors			
Focus on Choice			
21	Self-Funder Support – Care Home Select (CHS)	300,000	Discharge progs and coordination for self-funders
22	Info & Advice Portal content management	59,800	Staffing costs.
	Total	**359,800**	
Enhancing Health in Care Homes			
23	Mental Health Liaison	218,591	AWP Block Contract
24	Community geriatrics	117,132	WHC Block contract
	Total	**335,723**	
Programme Office, Internal Staff			
25	Finance & Performance / Admin / PMO / Business Analyst.	551,836	Contribution to finance and admin teams /PMO / Business Analyst
	Total	**551,836**	
Protecting Social Care			
26	Care Act	2,500,000	

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
27	Maintaining services	8,433,000	
28	Complex care packages	400,000	
	Total	**11,333,000**	
Preventative Services			
29	Public Health Prevention - Training, etc.	100,000	
30	Carers Pooled Budget	1,497,257	
31	Carers - Voyage respite	30,306	
32	Telecare Response and Support	1,015,364	
	Total	**2,642,927**	
Disabled Facilities Grant			
33	DFG	3,273,126	
	Total	**3,273,126**	
Unallocated			
34	Unallocated	350,604	
	Total	**350,604**	
	Total BCF	**40,881,680**	

Appendix 'C' – IBCF Budget Allocation 2019/20

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
Protecting Social Care			
35	IBCF -Providing stability and extra capacity in the local care system - Residential & Dom Care	5,861,000	
36	Investigation Officers	130,200	
	Total	**5,991,200**	
Home First / Discharge to Assess			
37	IBCF - Reablement and Rehabilitation	1,183,583	
	Total	**1,183,583**	
Prevention			
38	IBCF Prevention Work - Public Protection	488,000	
39	IBCF Local Area Co-ordination Pilots	447,750	
	Total	**935,750**	
Summary			
	Total IBCF Grant	8,117,936	
	Winter Pressure Grant	1,823,064	
	BCF Total Value	40,881,680	
	TOTAL	**50,822,681**	

Appendix 'D' – Areas of Spend

Funding	Approved and Committed (£)
CCG Minimum Contribution	32,528,400
Local Authority Contribution	5,080,155
Winter Pressure Grant	1,823,064
Improved Better Care Fund	8,117,936
DFG	3,273,126
Total Funding	**50,822,681**

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Areas of Spend	Approved and Committed (£)
Acute	1,443,802
Community Health	15,698,031
Continuing Care	300,000
Mental Health	218,591
Other	2,990,570
Primary Care	406,200
Social Care	29,765,487
Total Funding	**50,822,681**

Work Stream	Approved and Committed (£)
IBCF	8,117,936
Intermediate Care	14,233,894
Access, Rapid Response, 7-day working	3,627,594
Self-Care, Self-Support (Prevention)	1,687,363
Care Act	2,500,000
Protecting Social Care	9,183,000
Disabled Facility Grant	3,273,126
Winter Pressure Grant	1,823,064
Management & Administration	551,836
Integrated Community Equipment	5,474,263
Previous Year Adjustments & Unallocated	350,604
Grand Total	**50,822,681**

Areas of Spend - CCG Total Contribution	Approved and Committed (£)
Acute	1,443,802
Community Health	11,932,191
Continuing Care	300,000
Mental Health	218,591
Other	1,167,506
Primary Care	406,200
Social Care	17,060,110
Total Funding	**32,528,400**

Appendix 'E' – Wiltshire Integration Board Framework Diagrams

Framework

The Wiltshire Integration Board has agreed to use these ten 'Components of Care' for improving care for older people as the framework for Wiltshire New Health and Social Care Model for ALL ages.

These components contribute to an overall goal of high-quality, person-centred co-ordinated care for the population that focuses on maintaining health and independence.

Wiltshire Flower: The New Health and Social Care Model:

The Components of Care were further developed using local experience and evidence to articulate, in the 'flower', what service users might actually want in terms of outcomes, depicted as 'I' statements.

The flower represents what core services and support needs to be in place to elicit those positive 'I' statements.

Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments
2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems)

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.
On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is free text field to include a brief headline description of the scheme being planned.
4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
5. Planned Outputs
- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.
- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant
6. Metric Impact
- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)
- For the schemes being planned please select from the drop-down options of ‘High-Medium-Low-n/a’ to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the
7. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “CCG minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
8. Commissioner:
- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.
9. Provider:
- Please select the ‘Provider’ commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the
11. Expenditure (£) 2019/20:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
12. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out furth

8. Metrics (click to go to sheet)

Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover

Version 0.1

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Wiltshire
Completed by:	James Corrigan, Better Care Programme Manager
E-mail:	james.corrigan@wiltshire.gov.uk
Contact number:	07979 307676
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Philip Whitehead
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Philip	Whitehead	philip.whitehead@wiltshire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Ted	Wilson	ted.wilson@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		N/A	N/A	notapplicable@email.email
	Local Authority Chief Executive	Dr	Carlton	Brand	carlton.brand@wiltshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Dr	Carlton	Brand	carlton.brand@wiltshire.gov.uk
	Better Care Fund Lead Official		James	Corrigan	james.corrigan@wiltshire.gov.uk
	LA Section 151 Officer		Robin	Townsend	robin.townsend@wiltshire.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence -->	Director of Joint Commissioning, Wiltshire Council		Helen	Jones	helen.jones@wiltshire.gov.uk
	Clinical Commissioning Group Chair and Co-Chair of Health & Wellbing Board	Dr	Richard	Sandford-Hill	richard.sandford-hill@nhs.net
	N/A		N/A	N/A	notapplicable@email.email

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

#REF!

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	#REF!
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

Checklist

2. Cover

^^ Link back to top

	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes

Sheet Complete	Yes

4. Strategic Narrative

^^ Link back to top

	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No

Sheet Complete	Yes

5. Income

^^ Link back to top

	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes

Sheet Complete	Yes

6. Expenditure

^^ Link back to top

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	#REF!
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes

Sheet Complete	#REF!

7. HICM

^^ Link back to top

	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes

Sheet Complete	Yes

8. Metrics

^^ Link back to top

	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes

9. Planning Requirements

^^ Link back to top

	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes

^^ Link back to top

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board: Wiltshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,273,126	£3,273,126	£0
Minimum CCG Contribution	£30,630,733	£30,630,733	£0
iBCF	£8,117,936	£8,117,936	£0
Winter Pressures Grant	£1,823,064	£1,823,064	£0
Additional LA Contribution	£5,080,155	£5,080,155	£0
Additional CCG Contribution	£1,897,667	£1,897,667	£0
Total	£50,822,681	£50,822,681	£0

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£8,704,386
Planned spend	£13,380,121

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£17,060,110
Planned spend	£17,060,110

Scheme Types

Assistive Technologies and Equipment	£1,075,164
Care Act Implementation Related Duties	£0
Carers Services	£4,027,563
Community Based Schemes	£447,750
DFG Related Schemes	£3,273,126
Enablers for Integration	£551,836
HICM for Managing Transfer of Care	£1,823,064
Home Care or Domiciliary Care	£5,302,737
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£1,144,161
Intermediate Care Services	£13,798,544
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£5,679,529
Prevention / Early Intervention	£1,618,200
Residential Placements	£11,380,403
Other	£700,604
Total	£50,822,681

HICM >>

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Established

Metrics >>

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	459.3161121

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.9

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: Wiltshire

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

Link to B) (i)
Link to B) (ii)
Link to C)

A) Person-centred outcomes Your approach to integrating care around the person, this may include (but is not limited to): - Prevention and self-care - Promoting choice and independence	
Remaining Word Limit:	415

Our vision for Wiltshire is set out in the Joint Health and Wellbeing Strategy (JHWS):

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives."

Additionally, the specific approach to integration within the JHWS is as follows:

"Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible."

To deliver this vision, the Health and Wellbeing Board strategy set out four core themes:

• Prevention – Improving health and wellbeing by encouraging and supporting people to take responsibility for improving and maintaining their own health.
• Tackling Inequalities - Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.
• Localisation – Enabling communities to be stronger and more resilient and recognising that, across Wiltshire, different approaches will be required to deliver the best outcomes for all our population.
• Integration – Ensuring health and social care is personalised, joined up and delivered at the right time and place, and as close to home as is possible.

Delivery of the JHWS requires increased integration and cooperation between public health, primary care, secondary care and specialist health services, social care and other teams through multi-disciplinary teams to support the delivery of truly personalised care. This affects how services are jointly commissioned at a countywide level and developing joint working on enablers, such as workforce and digital.
The local health and care system remains under pressure and can be confusing for patients, families and carers. As our populations get older and more people develop long-term health conditions, our system is under greater pressure to cope with the changing needs and expectations of the people it serves. This is leads to higher demand for social care and increasing pressure on carers and community health services.

The Wiltshire Integration Programme

Wiltshire's health and social care system leaders have placed leadership and culture change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment.
A strong culture of joint working and governance developed through the BCF (and, more recently, the Improved Better Care Fund and Winter Pressure Grant) provides a platform to further build on successful change projects and initiatives already delivered. This has led to the Wiltshire Integration Programme (WIP), which is innovative and flexible in its approach.

The recently formed Wiltshire Commissioning Group (WCG) and Wiltshire Delivery Group (WDG) provide an open space for commissioners to define the "what" and for providers to develop the "how". With the WIB providing the chief executive forum across the whole system.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Remaining Word Limit:	6

Since its first iteration, the BCP has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. In 2019/20, the BCP continues to play a significant role in managing pressure across the system, monitored by newly refreshed, system-wide governance processes. It will help to deliver the vision for health and social care in Wiltshire through a commitment to enhancing a sustainable system that promotes health and wellbeing.

This work is supported by all system partners and emphasises prevention, self-management and signposting, including working with the voluntary sector to improve levels of prevention, early intervention and independence with schemes such as the Local Areas Co-ordination (LAC) Pilot. This will be complemented by investment in community-focused provision, development of locality-based, integrated teams, supporting primary care, and continued joint commissioning of an integrated urgent care service and Home First Plus to avoid admissions, reduce LoS and support discharge.

This will create a more closely-aligned service delivery infrastructure supported in part by the BCF and IBCF and Winter Pressure Grant. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS.

We will continue to develop Home First Plus as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our new Alliance framework. Our new model for health and social care is now moving into the mobilisation phase with important schemes planned for Integrated Rapid Response at Crisis, trusted assessment, and linked initiatives around the Cathedral programme, which includes the Red Bag scheme.

These are important steps for delivering tangible change in line with the JHWS, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

The BCP supports Carer Support Wiltshire, which undertakes carer reviews, provides respite care and provides voluntary emergency care that enables early identification of a carer to provide alternative support in an emergency.

While the system aims to help people live independently in their own homes for as long as possible, some people need to live in residential or nursing home environments. We have invested in training and wider support to care homes to ensure those in care homes receive appropriate care. There are around 200 nursing and residential care homes in Wiltshire with around 5,000 beds. A challenge faced in planning for this sector is that it contains a high number of self-funders who may revert to local authority support or to Continuing Healthcare (CHC) when their resource expires. These are expensive placements and people are usually very reluctant to move.

Commissioning priorities in 2019 include the implementation of a new commissioning structure being implemented in Q3 within the Council as a precursor to improved joint commissioning with the CCG. The restructuring of commissioning structures within the CCG depends on continuing discussions on the shape and nature of commissioning structures within the new BSW STP.

There is nevertheless, a continuing emphasis on joint commissioning that already takes place in respect of:

- Carers Services.
- Voluntary sector services to support prevention.
- Home Care (Help to Live at Home Alliance), including live-in care.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

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We know that high levels of social isolation can lead to admission to hospital and greater levels of care . Levels of social isolation, as measured by the annual client and biannual carers' survey, are higher than we would like to see within Wiltshire. The Wiltshire Older People's Collaborative reviewed the impact of social isolation and identified areas at high risk of social isolation. This led to the development of the LAC pilot to support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

Local dementia diagnosis rates are around 66%, very close to the national target level of 67% with some outstanding individual GP practice performance. However, the impact of dementia on long term care needs for families and care home capacity is continuing to rise. The BCP work on training care home employees seeks to ensure residents remain in the home rather than be transferred to hospital. A dementia strategy and action plan has been developed, although gaps in care and need must be targeted to ensure a more community-focused /crisis intervention-based model of care. Through the BCP, we are already looking at:

• Care Home Liaison services.
• Focused support to AWP in relation to discharge planning.
• Acute in-reach programmes for dementia.

End of Life Care has been a principal area of focus for the CCG and the Council. The Wiltshire End of Life Strategy for Adults was first published in 2014 and significant progress has been made through working collaboratively with providers to develop a range of care and support services. The BCF supports end-of-life services, including the Urgent Care at Home service, step up beds in the community and the 72-hours end-of-life care pathway. In 2019/20, we will continue to develop our existing and new services to deliver personalised and well-co-ordinated care, which empowers patients to make informed choices about their needs.

The Disabled Facilities Grant (DFG) is managed as a component of the BCF, ensuring a whole system approach to prevention and reablement. DFG supports people to live at or as close to home as possible and is a key enabler to increase the number of people living in their own homes, avoiding longer residential or other support costs. The Council has topped up the Government allocation every year for the last seven years, as part of this commitment and strategy. Allocation of funding from the DFG is based on need, which varies month to month depending on the case load and professional assessment of need.

The budget spends, and potential spend is monitored closely and reported to the Council Cabinet through the Capital Programme, as well as the HWB and JCB through the BCF plan monitoring. Any over commitment is subject to budget monitoring and decision making based again on need.

This year's BCP aims to see closer working between housing, health and care commissioners to evaluate the impact of DFGs and to strengthen the links between DFGs, Community Equipment services and Assistive Technology.

C) System level alignment, for example this may include (but is not limited to):
- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

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Remaining Word Limit:	726

The BSW STP has been in operation since 2016. System partners are currently working together to produce the BSW response to the Long-Term Plan for the NHS. A key component of this is to develop sustainable health and care services that are able to meet the demands of a growing and ageing population, many who have with multiple long term conditions and complex needs. Like many systems we are also experiencing significant challenges with the recruitment and retention of a range of workforce roles across health and social care.

The Wiltshire BCP carries forward elements of the BSW STP, which has established the following five key priorities:

- Improving the health and wellbeing of our population
- Developing sustainable communities
- Sustainable Secondary Care services
- Transforming care across BSW
- Creating strong Clinical Networks

Prevention, locality-based integrated teams and a focus on workforce and capacity issues, such as the domiciliary care workforce and care home capacity, are strong themes running through the BCP as well. The BCP also complements the STP's key priorities for Urgent and Emergency Care, particularly the national priority on hospital to home services.

System leaders have placed leadership and culture change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment, which has led to the establishment of the Wiltshire Integration Programme (WIP), which provides the Chief Executive Forum across the system.

The Council, the CCG and our partners in the acute, community and mental health sectors continue to work together to the following objectives:

- To shift the focus from acute to primary and community care and, in turn, to prevention and population health management.
- To share the risks and rewards of investment locally, moving over time to commissioning based on whole population health outcomes rather than a system which rewards increased contact.
- To have a shared and transparent governance structure.
- To establish joint outcomes and evidence-based provision.
- To provide a multi-skilled and joined up workforce.

Significant progress has been made in developing joint working and, building on this, the Council, the CCG and their partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board: Wiltshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Wiltshire	£3,273,126
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£3,273,126**

iBCF Contribution	Contribution
Wiltshire	£8,117,936
Total iBCF Contribution	**£8,117,936**

Winter Pressures Grant	Contribution
Wiltshire	£1,823,064
Total Winter Pressures Grant Contribution	**£1,823,064**

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Wiltshire	£5,080,155	No comment.
		No comment.
		No comment.
Total Additional Local Authority Contribution	**£5,080,155**	

CCG Minimum Contribution	Contribution
NHS Wiltshire CCG	£30,630,733
Total Minimum CCG Contribution	**£30,630,733**

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Wiltshire CCG	£1,897,667	No comment.
Total Addition CCG Contribution	**£1,897,667**	
Total CCG Contribution	**£32,528,400**	

	2019/20
Total BCF Pooled Budget	**£50,822,681**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Wiltshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,273,126	£3,273,126	£0
Minimum CCG Contribution	£30,630,733	£30,630,733	£0
iBCF	£8,117,936	£8,117,936	£0
Winter Pressures Grant	£1,823,064	£1,823,064	£0
Additional LA Contribution	£5,080,155	£5,080,155	£0
Additional CCG Contribution	£1,897,667	£1,897,667	£0
Total	£50,822,681	£50,822,681	**£0**

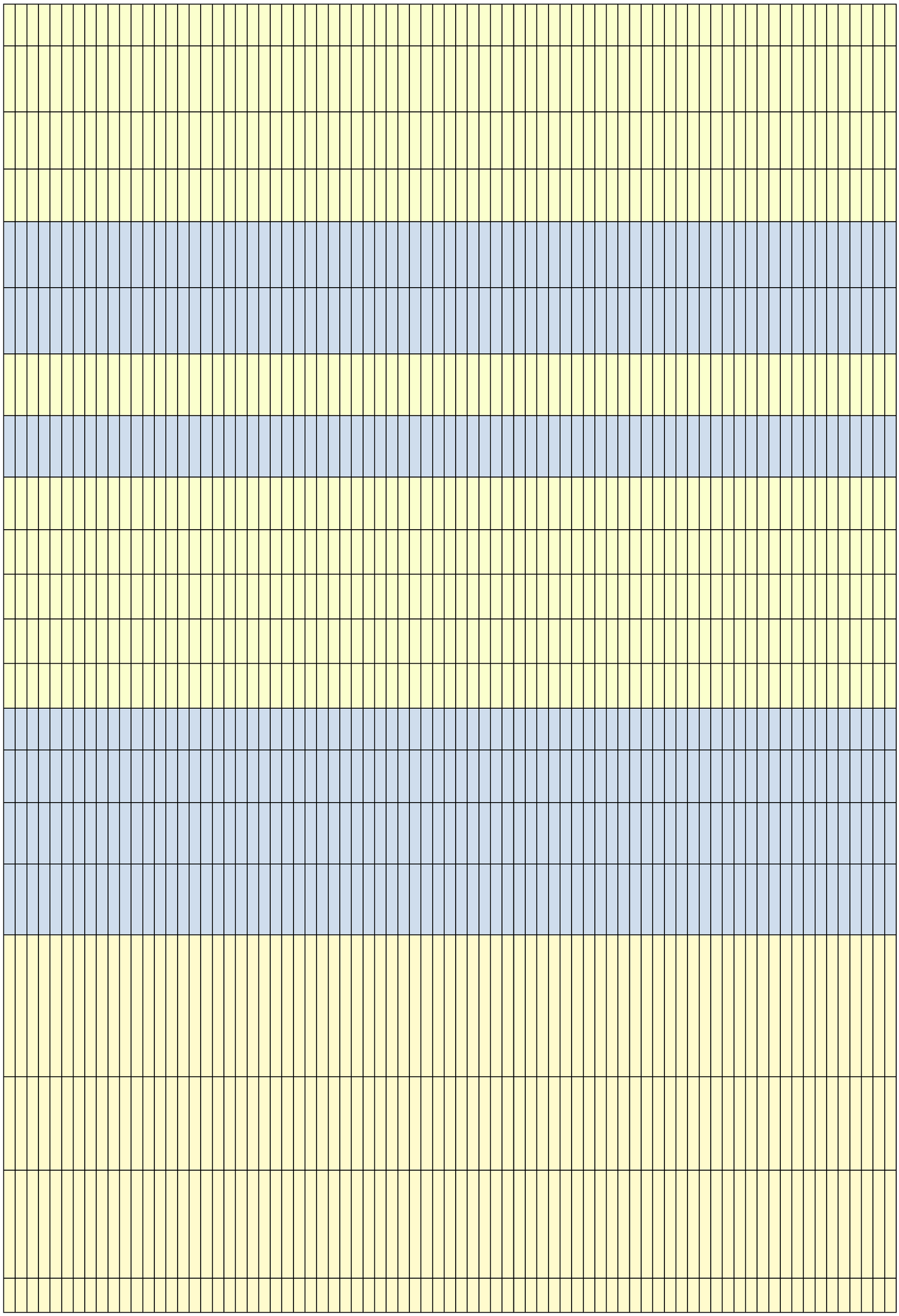
Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£8,704,386	£13,380,121	£0
Adult Social Care services spend from the minimum CCG allocations	£17,060,110	£17,060,110	£0

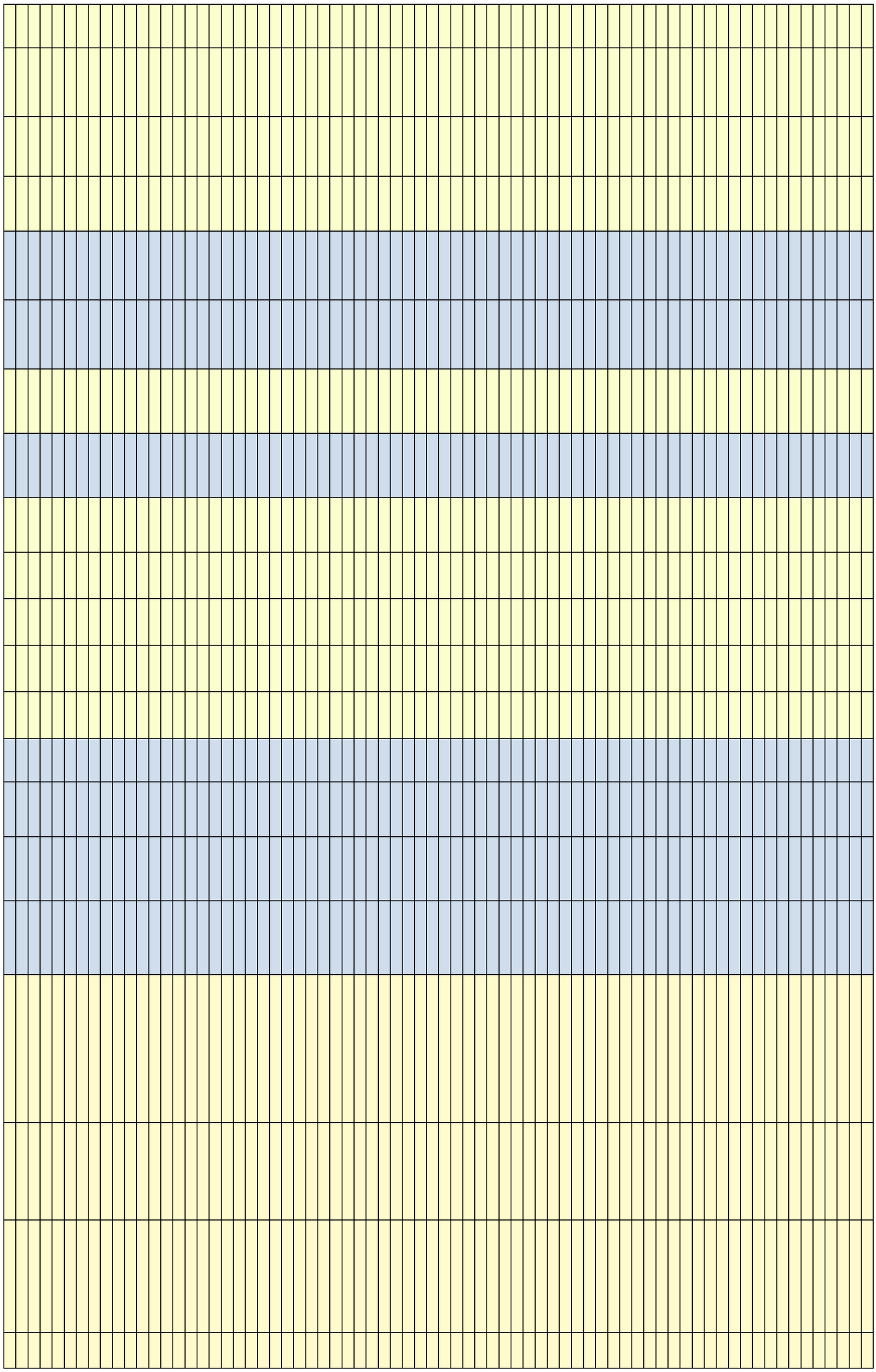
Link to Scheme Type description

						Planned Outputs		Metric Impact				Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Step up Step Down Beds	Block contract for IC beds in care homes.	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	65.0	High	High	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,988,200	Existing
2	Bassett House Beds	Time-limited scheme to support establishment of HomeFirst Plus.	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	6.0	Low	High	Low	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£25,586	New
3	Therapy	IC therapy support for people in IC beds (LA and NHS).	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Low	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£859,594	Existing
4	Intermediate Care Social Workers and Programme Manager	Costs of IC social work team and contributes to hospital SW team.	Intermediate Care Services	Other	Discharge	Planned service capacity	-	Not applicable	High	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£560,640	Existing
5	Mental Health Liaison	MH provider (AWP) trains people with dementia at home.	Home Care or Domiciliary Care			Hours of Care	-	Medium	Not applicable	Not applicable	Not applicable	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£218,591	Existing
6	Homefirst Plus support for Community	Reablement Services at Home for people on Pathway 1.	Home Care or Domiciliary Care			Packages	-	High	High	Low	High	Social Care		LA			Local Authority	Additional LA Contribution	£664,898	New
7	Homefirst Plus support for Community	Reablement Services at Home for people on Pathway 1.	Home Care or Domiciliary Care			Packages	-	High	High	Low	High	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£835,580	New
8	SHARP - Step up beds	IC Step-Up beds in nursing home - scheme managed by local GPs.	Intermediate Care Services	Rapid / Crisis Response				High	Not applicable	Low	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£60,000	Existing
9	Access to Care inc SPA	24-hr call handling and clinical triage for effective signposting.	Integrated Care Planning and Navigation	Single Point of Access				High	High	Medium	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£984,161	Existing
10	PT Flow Hub	Improving patient flow and LoS from acute beds. Seven-day cover.	Integrated Care Planning and Navigation	Single Point of Access				Low	High	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£160,000	New
11	Community Geriatrics	Community geriatrician to support WHC community teams.	Intermediate Care Services	Other	Medical Cover	Hours of Care	-	High	High	High	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£117,132	Existing
12	End of Life Care - 72 hour pathway	EOLC pathway to reduce NEL admissions to acute care.	Personalised Care at Home			Packages	-	Medium	Medium	Medium	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£205,266	Existing
13	GP Cover	Block contract for GP cover to support IC beds in care homes.	Intermediate Care Services	Other	Medical Cover	Hours of Care	-	High	High	Low	Medium	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£406,200	Existing
14	Community Service	Contribution to WHC core community services teams.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,312,302	Existing
15	Community Service	Contribution to WHC core community services teams.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Medium	High	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£1,897,667	Existing
16	Rehabilitation Support Workers	Reablement Services at Home for people on Pathway 1.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£299,329	Existing

16	Rehabilitation Support Workers	Reablement Services at Home for people on Pathway 1.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Medium	High	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£980,463	Existing
17	RUH Homefirst - Pathway 1	RUH (Bath) based service to support people on Pathway 1.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	Not applicable	High	Low	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£54,177	New
18	Providing Stabilitiy and extra capacity in the local care systems - residential	Capacity to support Adult Social Care	Residential Placements	Care Home		Placements	-	Low	Low	Medium	Not applicable	Social Care		LA			Private Sector	iBCF	£2,247,403	Existing
19	Providing Stabilitiy and extra capacity in the local care systems - Dom Care	Capacity to support Adult Social Care	Home Care or Domiciliary Care			Hours of Care	-	High	High	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£2,721,000	Existing
20	Prevention Work with Community	Prevention work.	Prevention / Early Intervention	Risk Stratification				High	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	iBCF	£488,000	Existing
21	Local Area Co-ordination Pilot	Prevention - building local networks.	Community Based Schemes					High	Low	Low	Not applicable	Social Care		LA			Local Authority	iBCF	£447,750	Existing
22	Homefirst Plus support for Community	Rehab workers in cmty teams to support discharge.	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	High	High	Medium	High	Community Health		LA			NHS Community Provider	iBCF	£1,183,583	New
23	Investigation Officers	officers who ensure LA is safely meeting ASC needs.	Prevention / Early Intervention	Risk Stratification				Medium	Medium	Medium	Not applicable	Social Care		LA			Local Authority	iBCF	£130,200	New
24	Supporting & Development the Market	Dom Care support	Prevention / Early Intervention	Risk Stratification				High	Medium	Medium	Not applicable	Social Care		LA			Local Authority	iBCF	£900,000	New
25	Medvivo Telecare Response	Funding the telecare and urgent care responders. - 24/7.	Assistive Technologies and Equipment	Telecare				High	Low	Medium	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£1,015,364	Existing
26	Additional Hospital Social Care Capacity	Social workers in wards	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	-	Not applicable	High	High	High	Acute		LA			Local Authority	Minimum CCG Contribution	£1,066,660	Existing
27	Self funder Support - CHS	Supporting the discharge process for self-funders.	Residential Placements	Other	Support for self funders	Placements	-	Not applicable	High	Not applicable	Not applicable	Continuing Care		CCG			Private Sector	Minimum CCG Contribution	£300,000	Existing
28	Step Up Beds WHC	IC Step-Up beds in Cmty Hospitals that can also be used for Step-Down.	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	21.0	High	High	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£899,832	Existing
29	Medvivo Acute Trust Liaison	Community in-reach to acute to support discharges. Seven-day.	Intermediate Care Services	Rapid / Crisis Response				Medium	High	Low	Medium	Acute		CCG			Private Sector	Minimum CCG Contribution	£377,142	Existing
30	Medical Room	Capacity to support Urgent Care at Home responders.	Intermediate Care Services	Rapid / Crisis Response			-	High	Not applicable	Medium	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£5,760	Existing
31	Urgent Care at Home	Crisis response to support people to stay/ return home quickly.	Home Care or Domiciliary Care			Hours of Care	-	High	High	Medium	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£862,668	Existing
32	Care Act	Includes Care Act duties in respect of carer assessments & services.	Carers Services	Other	Repsite and care and advice			High	High	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,500,000	Existing
33	Carers - CCG	Access to support, services, education and training for carers.	Carers Services	Respite Services				High	High	High	Not applicable	Community Health		LA			Private Sector	Minimum CCG Contribution	£756,000	Existing
34	Carers - Voyage respite	CCG-commissioned carers' respite service.	Carers Services	Respite Services				High	High	High	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£30,306	Existing
35	Careres - LA	Access to support, services, education and training for carers.	Carers Services	Respite Services				High	High	High	Not applicable	Community Health		LA			Private Sector	Additional LA Contribution	£741,257	Existing
36	Info and Advice	Managing content to support signposting and reduce NEL admissions.	Assistive Technologies and Equipment	Digital Participation Services				High	High	High	Not applicable	Other	Multiple agencies	LA			Local Authority	Minimum CCG Contribution	£59,800	Existing
37	Public Health Prevention	Funding for specific public health prevention schemes.	Prevention / Early Intervention	Risk Stratification				High	Low	Low	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£100,000	Existing
38	Maintaining Service	Contribution to adult social care services in Wiltshire	Residential Placements	Care Home		Placements	-	High	High	High	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£1,833,000	Existing
39	Maintaining Service	Contribution to adult social care services in Wiltshire	Residential Placements	Care Home		Placements	-	High	High	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£6,600,000	Existing
40	Complex Care Packages	Supports delivery of complex care packages to keep people at home	Residential Placements	Learning Disability		Placements	-	High	High	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£400,000	Existing

41	Strengtheninig QA	Contribution to LA Commissioning to support ctt monitoring	Other		health care service to care homes			Medium	Medium	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£350,000	Existing
42	Disabled Facitlities Grant	Disabled Facilities Grant for Wiltshire.	DFG Related Schemes	Adaptations				Medium	Medium	High	Not applicable	Social Care		LA			Local Authority	DFG	£3,273,126	Existing
43	Winter Pressure Schemes	Discharge to Assess functions	HICM for Managing Transfer of Care	Other approaches				Low	High	High	Medium	Other	TBC	LA			Local Authority	Winter Pressures Grant	£1,823,064	New
44	Programme management and support	BCF direction and support.	Enablers for Integration	Implementation & Change Mgt capacity				High	High	High	High	Other	Programme Direction	Joint	50.0%	50.0%	Local Authority	Minimum CCG Contribution	£551,836	Existing
45	Intergrated Equipment	Wiltshire Council contribution to ICES services.	Personalised Care at Home			Packages	-	Medium	Medium	Medium	Not applicable	Community Health		LA			Local Authority	Additional LA Contribution	£1,841,000	Existing
46	Intergrated Equipment	Wiltshire CCG contribution to ICES services.	Personalised Care at Home			Packages	-	Medium	Medium	Medium	Not applicable	Community Health		CCG			Local Authority	Minimum CCG Contribution	£3,633,263	Existing
47	Winter Pressure Schemes	To be confirmed by JCB - proposed schemes trusted assessor and additional care home support to DTOC.	Other		Contingency			High	High	High	High	Other	Contingency	Joint	50.0%	50.0%	Local Authority	Minimum CCG Contribution	£350,604	Existing
48	Community Service	Contribution to WHC core community services teams.	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	-	High	High	High	High	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£704,277	Existing





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Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	Care Coordination Single Point of Access Care Planning, Assessment and Review Other
Intermediate Care Services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.	Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

^^ Link back up

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board: Wiltshire

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:
- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Working with NHSE and regional colleagues, we are aware that the next significant change in DToC performance through the High Impact Model should be to go further with our implementation of trusted assessment, Red Bag scheme and to work on our choice policy, which, when taken together, will further improve and built on our whole system performance.

In preparation for the 2019/20 plan, a complete review of the BCP schemes funded by the BCF in 2017/19 was undertaken in Q4 of 2018/19. This did not include any schemes funded by the IBCF and the Winter Pressures Grant. The schemes were reviewed in line with the following evaluation cycle to determine if individual schemes were delivering the desired outcomes to be able to attract continuation of BCF funding.

• Step 1: Demonstrate links between the scheme and national priorities and high-impact actions.
• Step 2: Show the desired outcomes of the schemes.
• Step 3: Describe the impact of the schemes.
• Step 4: Show the impact if the scheme were stopped.
• Step 5: Decide 19/20 BCF investment, including whether to continue funding the scheme through the BCF, through another funding stream, alter the scheme or stop it altogether.

Schemes were aligned to the High Impact Change Model (HICM) for delayed transfers of care to determine the relative value of the schemes in relation to DTOC and the results are set out in Table C, below.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Established	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Mature	
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board: Wiltshire

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative	
Total number of specific acute non-elective spells per 100,000 population	**Collection of the NEA metric plans via this template is not required** as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	NEL Admissions have increased steadily in the last three years for the Wiltshire population and, although growth slowed in 2018/19, it remains 6% above the planned activity. Over £8.11m (19.8%) of BCF funding was allocated to schemes with a primary focus of decreasing NEL. Wiltshire has dropped from a rank of 8th in 2017/18 to 9th in 2018/19 but remains a high performer nationally. The conditions and types of admissions with a short LOS will be reviewed as part of the Rapid Response at Crisis Project in 2019/20 to identify a community solution (including ambulatory care) and the impact of current schemes to support a reduction in NEL	**Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox:
ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative	
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	41.2	In 2018-19, DToC reduced by 23% (5,771 days) compared to 2017/18 but it remains above the trajectory of 14,400. 33% of all DToCs are a result of domiciliary care and another 33% are due to residential and nursing home delays, which accounts for 66% of total delays. The percentage of delayed days associated with domiciliary care and non-acute transfer have increased compared to 2017/18. Delays associated with Placement (residential care), Equipment / Adaptations and Choice have reduced. Nearly £21m of BCF was allocated to schemes with the primary focus of decreasing LoS and DTOCs in acute hospitals. The following schemes have been funded through the BCF to support the reduction in	**Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.**

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole.
Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	472	459	There was strong performance in 2018/19 for this indicator with a rate of 354 admissions per 100,000 of population to care homes. This is well below the national average of 586, although waits for residential and nursing home placements are a major contributor to DTOCs (33%).
	Numerator	500	500	
	Denominator	105,837	108,857	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.7%	90.0%	This indicator demonstrates the effectiveness of reablement services to improve an individual's independence. Throughout 2017/18 and 2018/19, Wiltshire has seen a deterioration in this indicator, which follows a change in coding practice around 'consent' and this is under review. £4.87m (11.9%) of BCF is invested
	Numerator	650	675	
	Denominator	750	750	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Wiltshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	**Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?** Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes			
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:** - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICSs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes			
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes			
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	**Is there a plan for implementing the High Impact Change Model for managing transfers of care?**	**Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?** Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes			

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? **Has funding for the following from the CCG contribution been identified for the area?** - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Yes			
	PR8	**Indication of outputs for specified scheme types**	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? **Have stretching metrics been agreed locally for:** - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E10000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E09000007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.0%	52.4%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E10000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.2%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfdale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.

Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Wiltshire Joint Health and Wellbeing Strategy

Executive Summary

The Health and Wellbeing Joint Strategic Needs assessment (JSNA) and joint health and wellbeing strategy is the foundation upon which health and wellbeing boards exercise their shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education.

JSNAs and JHWSs enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

Wiltshire's JHWSs was recently re-developed through a series of multi-agency workshops to shape its structure and priorities, and in March 2019 the Health and Wellbeing Board approved publication of the draft strategy for a three month consultation period. The consultation period closed in August 2019 and comments and responses were captured and reviewed. The consultation response document and final strategy are attached to this report. and where appropriate amendments were made to the JHWS.

Proposal(s)

It is recommended that the Board:

It is recommended that the Board notes the consultation feedback at Appendix 1 and approves the JHWS at Appendix 2 for publication.

Reason for Proposal

It is a statutory responsibility of Wiltshire Council and the CCG to cooperate through the Health and Wellbeing Board to develop a Joint Health and Wellbeing Strategy

Tracy Daszkiewicz
Director of Public Health, Wiltshire Council

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Feedback and amendment summary for the Health and Wellbeing Strategy 2019-2022

Background and Purpose

This document aims to provide a summary of the feedback and amendments taken based on the responses from the Health and Wellbeing Strategy consultation.

After engaging with many Wiltshire Council departments and partner organisations during the winter period of 2018/19 a first draft of the Health and Wellbeing Strategy was circulated for review via a consultation survey. This survey took the form of 20 open ended questions focused first on whether the themes selected were felt by the responder to be appropriate then asking the same 4 open ended questions for each of the themes to explore whether they had been described appropriately. For the full list of questions please see appendix A.

We received 25 responses. We would like to thank everyone who responded to the consultation. All the responses were discussed by two Public Health Consultants and the Public Health Principal for Knowledge and Intelligence. The following sections will highlight the changes made based on the feedback and then address a couple of thematic responses that we feel do not require strategy amendments but are worth discussing when targeting specific operational issues in any future implementation plans.

Amendments

A few grammatical and spelling errors were highlighted by the respondents. These errors have been addressed. We do not wish to detract from the readers time by going into further detail on these changes.

The prevention theme did not include reference to education or training. Following a number of suggestions that it should the theme description now reads:

> Prevention- Improving health and Wellbeing by encouraging, educating and supporting people to take responsibility to improving and maintaining their own health.

Within the document health referred to both physical and mental health. However, many readers reported a need for mental health to be included in the document. To address this difference in interpretation a statement was added to page 4. The statement reads:

> Within this document Health and Wellbeing refers to both the physical and mental health of people and is greater than simply an absence of ill health and disease, it is a feeling of physical, emotional and psychological wellness.

To reflect a couple of requests to include a statement on carers an amendment was made to a paragraph on page 12. The paragraph now reads:

> We need a system that is fit for purpose, can manage the challenges of increasing demand, focuses on prevention, supports those with long-term conditions and their carers and helps our populations to improve their health outcomes.

Three additional local strategies were highlighted to us. The End of life strategy, the Wiltshire Autism Strategy and the Wiltshire Playing Pitch Strategy.

Comments for a future discussion

Lots of comments were made that sit below the scale of the Health and Wellbeing strategy. These can be broken down into issues raised and possible solutions.

Issues raised included:

- Transport/Access was often highlighted as a somewhat unique issue for Wiltshire
- Concerns over the environment
- Digital technological issues- either that residents may not have access to digital technology or that they do not engage with digital technology
- Children with complex needs are being failed
- Concerns of reduction in care homes
- Lack of housing

Solutions raised included:

- Taking advantage of technology, including using social media networks
- A more caring approach from services when someone is struggling to manage their responsibilities
- Financial education
- Working closely with schools and colleges
- Classes for strength training in the older age population to reduce frailty
- Link in more with Wiltshire Council leisure centres

A few respondents wished to highlight sub-groups or groups with particular health issues. For example, Carers, those with autism, those going through menopause and those with mental health issues. It was felt for many of these sub-groups that they are best discussed in their own strategy (i.e. the Carers strategy or autism strategy) rather than in the Health and Wellbeing strategy as the Health and Wellbeing strategy and its aims will be reflected within these more specialist strategy documents.

Final comment

We would like to thank everyone who contributed to the development of the strategy.

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Appendix A

Consultation questions

Consultation for the Wiltshire Health and Wellbeing Strategy 2019-2022
The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well. This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

To read the draft strategy please click here.

We would like your views on the current draft of the strategy. Your views will help to re-shape the final draft.

The 2019-2022 Health and Wellbeing strategy focuses on 4 key themes:

Prevention- Improving health and wellbeing by encouraging and supporting people to take responsibility to improving and maintaining their own health
Localisation- Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required to deliver the best outcomes for all of our population
Tackling Inequalities- Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes
Integration- ensuring health and social care is personalised, joined up and delivered at the right time and place.

Q1 Do you agree with these 4 strategic themes?

Q2 Are there any changes you would suggest?

Q3 Are there any additional themes you feel should be included?

Prevention

Achieving change
We will:
• Introduce measures to prevent ill health across the life-course, including working to increase uptake in immunisations, as well as working with partners in housing, employment and planning to promote health and wellbeing.
• Adopt a systems approach to prevention at a place, community and an individual level.
• Work together to ensure interventions are accessible to all populations, with a focus on smoking cessation and substance misuse.
• Prioritise the reduction of alcohol related harm across the county for all age groups.

Q4 Do you agree with how we will achieve change?

Q5 Are there any further methods to achieve change you would like added to the strategy?

Measuring change
As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives to:
• Empower all people to start well, live well, stay well and age well.
• Support communities to be more active, eat well and achieve a healthy weight.
• Decrease the inequalities in premature mortality.
• Continue to reduce smoking prevalence and substance misuse.

Q6 Do you agree with how we will measure change?

Q7 Are there any further indicators we could use to measure change?

Tackling inequalities

Achieving change
We will:
• Create an environment where our communities feel happy and supported and have access to opportunities that can help to improve their lives.
• Work with partners to improve the quality and supply of homes to help prevent homelessness.
• Continue our work with school, early years settings and other educational establishments to give children, young people and families the best start to their educational lives.
• Adopt a systems approach to worklessness, into supporting people into accessing good quality employment.
• Through our commitment to achieve a carbon neutral county, we will work together to improve air quality.

Q8 Do you agree with how we will achieve change?

Q9 Are there any further methods to achieve change you would like added to the strategy?

Measuring change
As a Health and Wellbeing Board we will monitor data relating to the wider determinants of health, which can have significant impacts on health inequalities. Change will be measured against the implementation of this strategy, including:
• Improvements in the security of tenure/ home ownership
• Increased countryside access that enables all our communities to participate
• Increased support into good employment for as many people as possible
• Increased community resilience, through reducing vulnerability and exploitation.
• Reduction in the educational

Q10 Do you agree with how we will measure change?

Q11 Are there any further indicators we could use to measure change?

Localisation

Achieving change
We will:
• Make sure the right services, facilities and support are provided to help people help themselves and connect them with the local community.
• Pursue opportunities to enable our populations to manage their health in the way that best suits them.
• Encourage and help our people to make healthier choices by working in partnerships with local organisations to support health improvement through the contacts that they have with individuals.
• Work together to develop systems to enable people to take more responsibility for their own health and care through technology and digital systems.

Q12 Do you agree with how we will achieve change?

Q13 Are there any further methods to achieve change you would like added to the strategy?

Measuring Change

The Health and Wellbeing Board will measure change on localisation against the implementation of this strategy, including:

- Reduced numbers of people experiencing loneliness and social isolation
- Improved service user views on community inclusivity
- Improved satisfaction for staff and patients on provision of local services

Q14 Do you agree with how we will measure change?

Q15 Are there any further indicators we could use to measure change?

Integration

Achieving change

Integration and joining up of services has been and continues to be a key priority of the Health and Wellbeing Board. It remains a feature of how the HWB, local authority and Wiltshire CCG conduct their business. This strategy continues to prioritise integration and aims to widen its reach by highlighting ways in which joint working can be further strengthen. Wiltshire's framework for a new integrated health and social care model, illustrates how partners will work together to achieve this change.

Q16 Do you agree with how we will achieve change?

Q17 Are there any further methods to achieve change you would like added to the strategy?

Measuring change

Change on integration will primarily be measured through the work of the Wiltshire Integration Board. This will be progressed in conjunction with the Health and Wellbeing Boards collaborative approach to integration. Working with individuals, communities and services, the Health Wellbeing Board will seek to:

- Empower all people to start well, live well, stay well and age well
- Reduce the gap between Healthy Life Expectancy and Life Expectancy
- Maximise independence for older people and for those with longterm conditions
- Ensure good end of life care is available

Q18 Do you agree with how we will measure change?

Q19 Are there any further indicators we could use to measure change?

The Health and Wellbeing Strategy links to multiple strategies, these are:

Youth Justice Plan
FACT Partnership Strategy
Looked After Children Strategy
SEN Support Strategy
Transitions Plan
Transformation Plan for CH&YP
Mental Health and Wellbeing
Children's Young People's Plan
Voluntary and Community Sector Strategy
Core Strategy
Park and Open Spaces
Local Development Framework
Local Transport Plan (LTP)
Cycling Strategy
Smarter Choices Strategy
Walking Strategy
Public Transport Strategy
Accessibility Strategy
Air Quality Strategy
Licensing Policy
Procurement Strategy
Digital Strategy
Better Care Fund Plan
Outcome Based Commissioning
Careers in Wiltshire Joint Strategy
Annual Public Health Report
Wiltshire Community Safety Partnership Strategy
Domestic Abuse and Sexual Violence Strategy
Housing Strategy
Homelessness Strategy
Sexual Health and Blood Borne Viruses Strategy
Old People's Strategy
Obesity Strategy
Swindon and Wiltshire Transforming Care
Partnership Model
Dementia StratBetter Care Fund Plan
Outcome Based Commissioning
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Housing Strategy
Homelessness Strategy
Sexual Health and Blood Borne Viruses Strategy
Old People's Strategy

Obesity Strategy
Swindon and Wiltshire Transforming Care
Partnership Model
Dementia Strategy
Careers Strategy

Q20 Are there any additional strategies or plans you feel should be added?

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Wiltshire Health and Wellbeing Strategy

2019-2022

Informed by the Joint Strategic Needs Assessment

Wiltshire Council
Where everybody matters

Foreword

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well.

This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

Working together to deliver high quality and affordable services is essential. But we cannot do this alone.

Where someone is born and raised in Wiltshire can also have a significant influence on how healthy they are and how long they will live. We want to ensure everyone can thrive in Wiltshire. This will mean a clear focus on tackling inequalities but also on tailoring the delivery of our services to reflect the needs of local areas.

As organisations responsible for designing, commissioning and delivering a huge range of health and social care services for Wiltshire residents, we are keen to make services the best they can be and excellent value.

Integrated working is essential and will help us to shift the focus from acute to primary and community care and, in turn, to preventative activity and population health. This will allow the risks and rewards of investment in services to be shared locally and the potential to try new approaches such as clustering more care services around GPs or commissioning on the basis of whole population health outcomes rather than systems which reward increased contact.

This Joint Health and Wellbeing Strategy for Wiltshire is an important continuation which sets out our shared ambitions. Our strategy acknowledges that we must target resources where the evidence tells us action will make the greatest improvements to people's health and wellbeing.

We have therefore agreed four areas for this strategy:

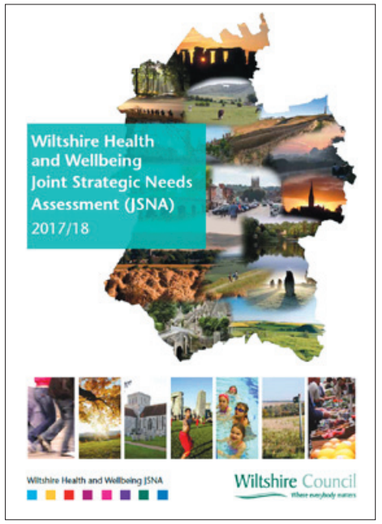
1. **Prevention**
2. **Tackling Inequalities**
3. **Localisation**
4. **Integration**

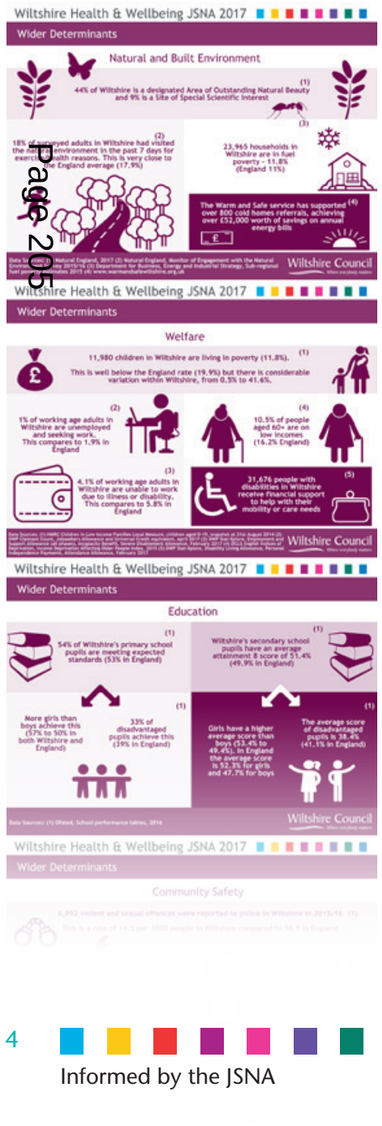
As a board we will continue to work closely together to deliver the vision of this strategy so that our ambition is realised.

Leader, Wiltshire Council (co-chair, Wiltshire Health and Wellbeing Board)

Chair, Wiltshire CCG (co-chair, Wiltshire Health and Wellbeing Board)

Introduction and context





Wiltshire's Health and Wellbeing Board (HWB) was introduced by the Health and Social Care Act 2012 which required that top tier authorities established a board by 2013.It is a partnership that brings together the leaders of the health and social care system. The board is required by legislation to deliver specific responsibilities:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Develop a Health and Wellbeing Strategy
- Encourage and enable integrated working between health and social care

The JSNA uses current data and evidence about health and wellbeing in Wiltshire, to highlight the health needs of the whole community. It demonstrates how needs may vary for different age groups, as well as identifies health differences for disadvantaged or vulnerable groups. The JSNA looks at a wide range of factors that help shape and influence the health and wellbeing of individuals, families and local communities such as education, employment, housing, transport and the environment.

www.wiltshireintelligence.org.uk

> Within this document Health and Wellbeing refers to both the physical and mental health of people and is greater than simply an absence of ill health and disease, it is a feeling of physical, emotional and psychological wellness.

What is a health and wellbeing strategy?

The Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services. It uses the analysis and data from the JSNA, to help identify and agree the key ambitions for our population which as a Health and Wellbeing Board we will work together to deliver.

It does not list everything that all organisations will be doing to improve health and wellbeing. Instead it focuses on where the Health and Wellbeing Board can add value and sets out our vision for integrated working for the future.

Purpose of the strategy

The purpose of the strategy is to enable:

- All health and wellbeing partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed the priorities within their own organisations and ensure they are reflected in their commissioning and delivery plans
- A joined-up approach towards commissioning to deliver against these priorities
- The HWB to hold organisations to account for their actions towards achieving the objectives and priorities in the strategy

Development of the strategy

The role of Wiltshire's Health and Wellbeing Board is to lead on work to improve the health and happiness of Wiltshire, specifically focusing on reducing health inequalities. It also considers the impact of health on the wider local authority and partnership agendas including housing, education, employment, crime, vulnerability and safeguarding.

This strategy has been developed based upon the evidence of need identified within the Health and Wellbeing JSNA. Areas for strategic change and development to meet the current and future needs of the population were identified through a number of workshops run for all Health and Wellbeing Board partners.

Membership of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board.

The board representation in Wiltshire includes:

NHS Wiltshire Clinical Commissioning Group

Wiltshire Council – Where everybody matters

NHS England

healthwatch Wiltshire

pcc – Police & Crime Commissioner for Wiltshire and Swindon

WESSEX Local Medical Committees Incorporating Wessex LEaD

South Western Ambulance Service NHS Foundation Trust

Avon and Wiltshire NHS Mental Health Partnership NHS Trust

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust

Salisbury NHS Foundation Trust

Summary of Wiltshire population at a glance

Population

Wiltshire has an estimated population of 488,400 persons

0-19 Yrs 23% of people are aged 19 or below

20-64 Yrs 56% of people are between 20-64 years

65+ Yrs 21% of people are aged over 65 years

7% increase in population from 2016 to 2030

Life Expectancy & Healthy Life Expectancy

Life expectancy 80.8 Yrs

Healthy life expectancy 64.8 Yrs

Life expectancy 84.0 Yrs

Healthy life expectancy 66.8 Yrs

Office of National Statistics, 2013-2015

Causes of death

28% of people died from cancer

25% of people died from cardiovascular disease

12% of people died from respiratory disease

Primary Care Mortality Database 2016

Deprivation

20,800 people (4%) in Wiltshire live in the nationally most deprived quintile of areas

145,600 people (30%) in Wiltshire live in the nationally least deprived quintile of areas

Indices of Deprivation, 2015

Excess weight

It is estimated that 260,000 (65.8%) adults in Wiltshire are carrying excess weight. This is similar to England (64.8%)

33.7% of year 6 children from the most deprived areas in Wiltshire are overweight or obese compared to 24.8% in the least deprived areas.

Physical activity

60% of adults in Wiltshire compared to 57% of adults in England manage the recommended amount of physical activity

A high proportion of males undertake the recommended levels of physical activity than females.

Active People Survey,2015

Tobacco

Around 53,000 (13.9%) of adults in Wiltshire smoke tobacco. Nationally 15.5% of adults smoke tobacco.

1.8% of smokers in Wiltshire successfully quit smoking in 2016/17. Nationally, 2.3% of smokers quit successfully.

27.4% of adults in routine and manual occupations smoke tobacco in Wiltshire, compared with 9% of adults in managerial and professional occupations.

Annual Population Survey,2016

Alcohol & Drug use

28.7% of adults in Wiltshire drink more than the maximum recommended amount of alcohol per week (14 units). The national figure is 25.7%.

An estimated 1,485 people in Wiltshire use opiates or crack cocaine

Social Care

2,692 people in Wiltshire receive support to live in the community

This represents 7 per 1000 adults aged 18+ in Wiltshire, compared to 10.5 in England

NHS,2014/15

Carers

12,107 carers are known to Carer Support Wiltshire, of whom 35.1% are known to be aged 65+

Care Quality Commission data,2017

Our vision

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives."

The vision for Wiltshire has been co-created with our residents and is the underlying platform for us to support all people and communities to start well, live well and age well in Wiltshire. Achieving our ambition for the people of Wiltshire is essential to improve health outcomes for all whilst securing a sustainable, people-centred, health and care system for the future. We will work with our colleagues and partners to improve and protect health and wellbeing in Wiltshire.

Key themes of the Health and Wellbeing Strategy:

Prevention – Improving health and wellbeing by encouraging, educating and supporting people to take responsibility to improving and maintaining their own health.

Localisation – Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required to deliver the best outcomes for all of our population.

Tackling Inequalities – addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.

Integration – ensuring health and social care is personalised, joined up and delivered at the right time and place.

Case for change

The health of those in Wiltshire is generally very good compared to the national average. On the whole people in Wiltshire have a higher life expectancy and healthy life expectancy than the England average. Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low.

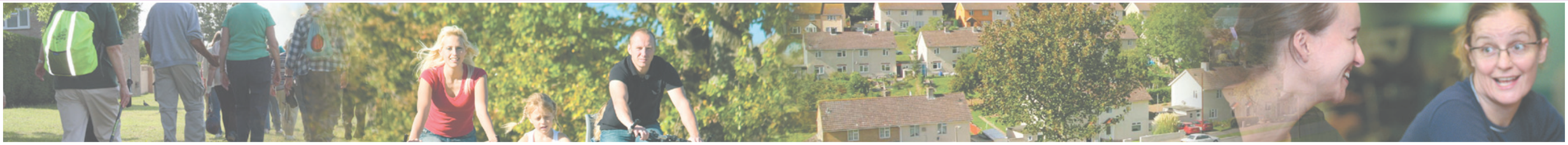
BUT, evidence from the Wiltshire Health and Wellbeing Joint Strategic Needs Assessment has highlighted that the most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20%.

Our communities living in those least deprived areas of the county, will enjoy a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Inequalities within Wiltshire, and the need to maintain focus on major health issues, for example reducing premature mortality and deaths from cancer and cardiovascular disease, mean that local services should always be accessible to all.

Inequalities do exist in Wiltshire and, with an ageing population structure: health needs are subject to change over future years. Therefore, we must narrow the gap in health and wellbeing outcomes. Not only between Wiltshire and the rest of England, but within our own community areas. We have to make sure everyone in Wiltshire has the opportunity to have an excellent education, to learn skills and get a good job, to live in a nice environment and live healthier lifestyles into old age.

Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low

Health and wellbeing themes

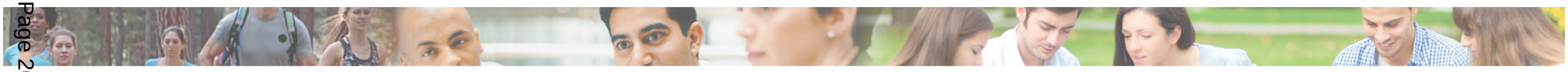


Prevention

Improving health and wellbeing by supporting people to take responsibility to improving and maintaining their own health

Localisation

Enabling communities to be stronger and more resilient, recognising across Wiltshire different approaches will be required to achieve the best health outcomes



Tackling Inequalities

Addressing the wider determinants of health, to improve health outcomes

Integration

Ensuring health and social care is personalised, joined up and delivered at right time and place

Prevention

Improving health and wellbeing by encouraging, educating and supporting people to take responsibility to improving and maintaining their own health.

...we will commit as a Health and Wellbeing Board to mainstream prevention into everything that we do

Case for change

Evidence suggests 60% of what we do to prevent poor health and improve wellbeing relates to social determinants of health i.e. the conditions in which people are born, grow, live, work and age. Unhealthy behaviours for example smoking, alcohol misuse, poor diet and lack of physical activity, are significant contributors to a large proportion of ill health and long-term health conditions such as cancers, cardiovascular disease, diabetes and dementia.

We need a system that is fit for purpose, can manage the challenges of increasing demand, focuses on prevention, supports those with long-term conditions and their carers and helps our populations to improve their health outcomes.

Achieving change

To ensure prevention of ill-health is effective across the whole population with a clear focus on high risk groups, we will commit as a Health and Wellbeing Board to mainstream prevention into everything that we do.

We will:

- Introduce measures to prevent ill health across the life-course, including working to increase uptake in immunisations, as well as working with partners in housing, employment and planning to promote health and wellbeing.
- Adopt a systems approach to prevention at a place, community and an individual level.
- Work together to ensure interventions are accessible to all populations, with a focus on smoking cessation and substance misuse.
- Prioritise the reduction of alcohol and drug related harm across the county for all age groups.

Measuring change

Measuring the impact of prevention activities is challenging, how can you count something that hasn't happened? As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives to:

- Empower all people to start well, live well, stay well and age well.
- Support communities to be more active, eat well and achieve a healthy weight.
- Decrease the inequalities in premature mortality.
- Continue to reduce smoking prevalence and substance misuse.

As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives

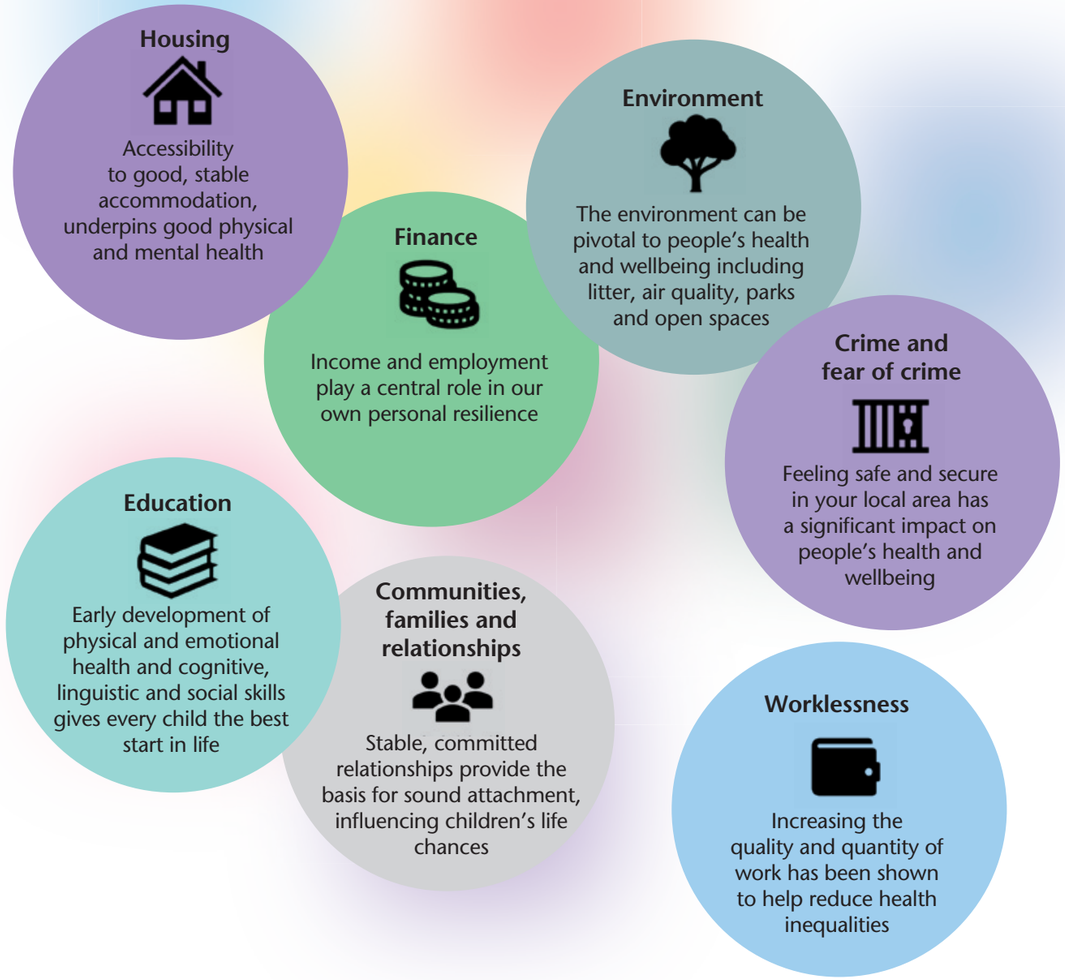
Tackling inequalities

Addressing the wider determinants of health such as housing, unemployment, homelessness, education, social isolation, transport and community safety. Ensuring those who have the most need in our communities are as healthy as everyone else.

Case for change

Whilst a significant proportion of our population are healthy; good health isn't just about the treatment of illness. It is the food we eat, the relationships we maintain, the environments in which we live and work and the opportunities we have to thrive. Supporting people to remain healthy, independent and well is a crucial feature of this strategy.

To make the biggest changes in people's health and wellbeing, we need to focus on the social and environmental factors impacting on people's lives:



Achieving change

We know the wider determinants of health i.e. employment, education, housing, environment and transport all have a significant impact on health and wellbeing and that as a multi-agency Health and Wellbeing Board we have a real opportunity to impact positively across all of these wider determinants.

We will commit to a strategic focus on health inequalities, embedding practical actions across all agencies which include elements of community capacity and collaborative approaches.

We will:

- Create an environment where our communities feel happy and supported and have access to opportunities that can help to improve their lives.
- Work with partners to improve the quality and supply of homes to help prevent homelessness.
- Continue our work with school, early years settings and other educational establishments to give children, young people and families the best start to their educational lives.
- Adopt a systems approach to worklessness, into supporting people into accessing good quality employment.
- Through our commitment to achieve a carbon neutral county, we will work together to improve air quality.

We will commit to a strategic focus on health inequalities, embedding practical actions across all agencies which include elements of community capacity and collaborative approaches

Measuring change

As a Health and Wellbeing Board we will monitor data relating to the wider determinants of health, which can have significant impacts on health inequalities. Change will be measured against the implementation of this strategy, including:

- Improvements in the security of tenure/ home ownership
- Increased countryside access that enables all our communities to participate
- Increased support into good employment for as many people as possible
- Increased community resilience, through reducing vulnerability and exploitation.
- Reduction in the educational attainment gap, so that all children achieve their potential.

Localisation

Enabling communities to be stronger and more resilient, solving problems for themselves, working together with partner agencies and the voluntary sector to meet their health and wellbeing needs.

Wiltshire's Health and Wellbeing Board is committed to ensuring everyone feels able to participate and engage with their communities, creating a health promoting environment

Case for change

Population growth, breakthrough in treatment and management of conditions mean our health and care system is under increasing pressure. When a person has the skills, knowledge and confidence to manage their own health and care, not only do they achieve better health outcomes, there is also the benefit of reduced healthcare costs and increased satisfaction with services. However, when individuals in a community feel isolated, this impacts their ability to remain resilient, which is a strong predictor for poor outcomes.

Achieving change

Wiltshire's Health and Wellbeing Board is committed to ensuring everyone feels able to participate and engage with their communities, creating a health promoting environment.

We will:

- Make sure the right services, facilities and support are provided to help people help themselves and connect them with the local community.
- Pursue opportunities to enable our populations to manage their health in the way that best suits them.
- Encourage and help our people to make healthier choices by working in partnerships with local organisations to support health improvement through the contacts that they have with individuals.
- Work together to develop systems to enable people to take more responsibility for their own health and care through technology and digital systems.

Measuring change

The Health and Wellbeing Board will measure change on localisation against the implementation of this strategy, including:

- Reduced numbers of people experiencing loneliness and social isolation
- Improved service user views on community inclusivity
- Improved satisfaction for staff and patients on provision of local services

Integration

Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible.

Integration and joining up of services has been and continues to be a key priority

Case for change

Our current health and care system is under pressure and can be confusing for patients, families and carers.

As our populations get older and more people develop long-term health conditions, our system is becoming less able to cope with the changing needs and expectations of the people it serves. This is leading to higher demand for social care, carers and community health services and these pressures will continue to increase.

The way we pay for health and care services can encourage high end care in expensive settings, often reinforcing isolated working practices. We currently spend too much on services responding at the point of crisis and not enough on early intervention and preventative support that aims to keep people well for longer.

Achieving change

Integration and joining up of services has been and continues to be a key priority of the Health and Wellbeing Board. It remains a feature of how the HWB, local authority and Wiltshire CCG conduct their business. This strategy continues to prioritise integration and aims to widen its reach by highlighting ways in which joint working can be further strengthened.

Wiltshire's framework for a new integrated health and social care model, illustrates how partners will work together to achieve this change.

Measuring change

Change on integration will primarily be measured through the work of the Wiltshire Integration Board. This will be progressed in conjunction with the Health and Wellbeing Boards collaborative approach to integration. Working with individuals, communities and services, the Health Wellbeing Board will seek to:

- Empower all people to start well, live well, stay well and age well
- Reduce the gap between Healthy Life Expectancy and Life Expectancy
- Maximise independence for older people and for those with long-term conditions
- Ensure good end of life care is available

What does this mean for our most vulnerable?

At times, we all need support. We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.

Case for change

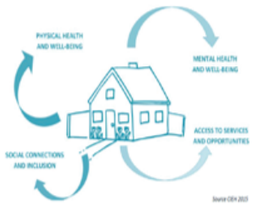
In recent decades, pressures on families have increased, particularly for those on lower level incomes. This can impact on health and wellbeing across the whole life course affecting a range of outcomes, such as a health, education, housing and employment, resulting in reduced health and wellbeing and greater demand on services.

Underlying principle for the Health and Wellbeing Board to address vulnerability

Wiltshire's framework for working together with partners to address vulnerability is illustrated below. This will be embedded across all four themes of the Health and Wellbeing Strategy, to ensure best outcomes are achieved for our entire population.

1. The Home Setting

The 'home' plays a key role in enabling people to achieve good health and wellbeing.



- Improved physical health, as well as better mental health and well being
- Better social interactions and inclusions
- Better access to services and opportunities

2. Early Identification and Prevention

Focus on children, working across **'whole' family interventions**

Lifecourse

Diverting people from statutory or formal services **through local, flexible, community solutions**

- Reducing long-term health effects from exposures of direct/in-direct harms on young people
- Increasing resilience of our whole population
- Reducing social isolation and loneliness
- Improved health and wellbeing

3. Tackling Root Causes

Tackling root-causes and addressing causal factors; not just focusing on the symptoms

Symptoms
The result or outcome of the problem

The Problem

Causes
"The Roots" – system below the surface bringing about the problem *(not always obvious)*

- Reduce risk of frequent and multiple contacts to services/agencies
- Reduced victimisation
- Improved health and wellbeing realised earlier

Our vision	**People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives**			
Our Themes	**Prevention**	**Reducing Inequalities**	**Localisation**	**Integration**
Actions to achieve Change	Introduce measures to prevent ill health across the life-course. Adopt a systems approach to prevention. Work together to ensure interventions are accessible to all populations. Prioritise the reduction of alcohol related harm.	Create an environment where our communities have access to opportunities that can help to improve their lives. Work with partners to improve the quality and supply of homes. Continue our work with schools, early years settings and other educational establishments. Adopt a systems approach to worklessness. We will work together to improve air quality.	Make sure the right services, facilities and support are provided. Pursue opportunities to enable our populations to manage their health in the way that best suits them. Encourage and help our people to make healthier choices. Enable people to take more responsibility for their own health and care through technology and digital systems.	Shift the focus to prevention and proactive care at every opportunity. Work together to enable all to start well, live well, stay well and age well. Ensure that care is high quality and person-centred at every stage of their clinical journey.
Measuring Change	Empower all people to start well, live well, stay well and age well. Support communities to be more active, eat well and achieve a healthy weight. Decrease the inequalities in premature mortality. Continue to reduce smoking prevalence and substance misuse.	Improvements in the security of tenure/ home ownership. Increased countryside access. Increased support into good employment. Increased community resilience. Reduction in the educational attainment gap.	Reduced numbers of people experiencing loneliness and social isolation. Improved service user views on community inclusivity. Improved satisfaction for staff and patients on provision of local services.	Empower all people to start well, live well, stay well and age well. Reduce the gap between Healthy Life Expectancy and Life Expectancy Maximise independence for older people and for those with long-term conditions Ensure good end of life care is available
Underlying Principle	We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.			

Health and wellbeing: strategic links

Youth Justice Plan
FACT Partnership Strategy
Looked After Children Strategy
SEN Support Strategy
Transitions Plan
Transformation Plan for CH&YP
Mental Health and Wellbeing
Children's Young People's Plan

Children's services

Voluntary and Community Sector Strategy

Voluntary and community sector

Procurement Strategy
Digital Strategy

Finance and corporate services

End of Life Care Strategy
Joint CCG and Council:
Better Care Fund Plan
Outcome Based Commissioning
Carers' in Wiltshire Joint Strategy

Clinical commissioning group

Wiltshire Playing Pitch Strategy
Park and Open Spaces
Local Development Framework
Local Transport Plan (LTP);
Cycling Strategy; Smarter Choices Strategy;
Walking Strategy; Public Transport Strategy;
Accessibility Strategy
Air Quality Strategy
Licensing Policy

Environment

Mental Health and Wellbeing
Wiltshire Autism Strategy
Annual Public Health Report
Wiltshire Community Safety Partnership Strategy
Domestic Abuse and Sexual Violence Strategy
Housing Strategy
Homelessness Strategy
Sexual Health and Blood Borne Viruses Strategy
Obesity Strategy
Swindon and Wiltshire Transforming Care
Partnership Model
Dementia Strategy
Carers' Strategy

Adult and community services

Wider determinants of health and wellbeing

Wiltshire Health and Wellbeing Strategy

2019-2022

NHS Wiltshire Clinical Commissioning Group

NHS Wiltshire
Clinical Commissioning Group
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Web: **www.wiltshire.gov.uk/healthandsocialcare/publichealthwilts**

Informed by the Health and Wellbeing Joint Strategic Needs Assessment

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Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Wiltshire Obesity Strategy 2016-2020: Evaluation and proposal of next steps

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Executive Summary

1. The current Obesity Strategy for Wiltshire (2016-2020) is a joint strategy for Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). The strategy aims to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight.

2. An evaluation of the strategy has taken place and the most current data pertaining to the strategy's these targets have been analysed. Halting the rise of excess weight in children has been achieved in that there has been no statistically significant increase in excess weight of children aged 5-6 and 10-11. Levels of excess weight in adults appear to be reducing in comparison to 2015/16. Adulthood obesity has decreased and is now 7% less than the regional and national average. There has been a reduction in the inequalities gap for children aged 10-11.

3. Going beyond the life of the strategy in 2020 it is proposed that a legacy programme of work is developed with a stronger focus and based on what has and has not been achieved by the current strategy. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach to obesity[1] engaging with key stakeholders across the system.

Proposal(s)

It is recommended that the Board:

i) Notes the positive outcomes that have been achieved since the strategy was published in 2016 #

ii) Approves the proposal for a legacy programme to support Wiltshire residents to achieve and maintain a healthy weight.

[1] https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

Reason for Proposal

1. The strategy is due to expire in 2020 and requires agreement from the Board on future direction.
.
2. The strategy governance sits with the Health and Wellbeing Board as representative of the key partners involved in strategy development and delivery.

Tracy Daszkiewicz
Director of Public Health
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

26 September 2019

Subject: Wiltshire Obesity Strategy 2016-2020: Evaluation and proposal of next steps

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Purpose of Report

1. To provide an update to the Health and wellbeing board on the outcomes of the current Wiltshire Obesity Strategy (2016-20) and to seek approval from the Board on the proposal for a legacy programme to support Wiltshire residents to achieve and maintain a healthy weight beyond 2020.

Background

2. Obesity is the biggest public health crisis facing the country today. In Wiltshire, 57.6% of adults are classified as overweight or obese (with a BMI ≥ 25 kg/m^2), although this is now below the regional and national average, the figure still needs to reduce. There are a range of health risks associated with being above the healthy weight including, hypertension, cardiovascular diseases and some cancers. Amongst children in Wiltshire, 20.7%, of 4-5 year olds and a third, 28.2%, of 11 to 15 year olds are overweight or obese. Although these figures are also below the regional and national average, the percentage of people overweight/obese is increasing across the life course.

3. The Wiltshire Obesity Strategy (2016-2020)[2] is a joint strategy for Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). Strategic objectives were produced with the aim to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight.

Strategic priority areas

4. The 2016-2020 strategy described four priorities which outline the structures and processes required to achieve the strategy targets:
    - Maximise universal preventative initiatives across the life course
    - Giving children the best start in life
    - Promote effective self-care, early intervention and treatment
    - Reversing the ‘obesity promoting’ environment

[2] http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Wilts-Obesity-Strategy-2016-2020.pdf

Strategic targets

5. Five strategic targets were outlined in the Obesity Strategy.

    - To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
    - To halt the rise of excess weight in adults by 2020 (measure: PHOF 2.12 excess weight in adults)
    - To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4–5 and 10–11 year olds)
    - To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06iii excess weight in 4–5 and 10–11 year olds)
    - To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40–74 years

Strategy target outcomes

6. An evaluation of the strategy has taken place. Halting the rise of excess weight in children has been achieved in that there has been no statistically significant increase in excess weight of children aged 5-6 and 10-11. However, there has also not been a significant reduction.

7. Levels of excess weight in adults appear to be reducing in comparison to 2015/16. Adulthood obesity has decreased and is now 7% less than the regional and national average.

8. There has been a reduction in the inequalities gap for children aged 10-11. Furthermore, this appears to be with decreased prevalence in both the least and most deprived areas, rather than a narrowing of the gap due to increased prevalence in the least deprived areas.

9. The inequality gap increased in reception-age children. Increased prevalence occurred in both the least and most deprived area, with a greater increase in the most deprived areas accounting for the increasing inequality gap (rather than decreased prevalence in least deprived areas).

10. Five community areas (Mere, Tidworth, Trowbridge, Wilton, Bradford-on-Avon, Corsham) achieved a decrease of 1% or more in prevalence of excess weight of children aged 5-6 and 10-11. However, of all the community areas for both Reception and Year 6 aged children, only Melksham and Trowbridge community areas saw a statistically significant reduction. It is important to note that many of these community areas have very small populations of interest (e.g. Mere, 20 reception-aged children in 2015/16-2017/18). Therefore, a difference of

very few individuals could cause substantial decrease or increase in reported prevalence of excess weight.

11. An increase of people receiving NHS Health Checks was observed, from 42.43% to 49.7%. However, this (7.3%) did not meet the target of 10% increase.

Moving forward

12. The current Wiltshire Obesity Strategy is due to complete in 2020. This has provided an opportune moment to review what has been achieved, and to carefully consider what should be developed for 2020 onwards to address obesity in Wiltshire.

13. Three approaches should be considered going forward: continuing good practice; addressing gaps in current service; and considered selection of outcome measurements. These include the following key areas of focus:

    - Continue the trend in reducing adult obesity by promoting and delivering current health improvement services
    - Continue to promote NHS Health Checks to ensure sustained increase in uptake
    - Share learning and experience between Community Areas which have achieved reductions in childhood obesity and those which have not
    - Targeted support for those with obesity related conditions (primarily type 2 diabetes)
    - Focus on children and adolescents to reduce the inequality gap.
    - Further work on the obesogenic environment is required as well as promoting effective self-care, early intervention and treatment.

14. The way in which this could be delivered have been discussed through the Obesity Strategy Implementation Group (OSIG). Options discussed include but not limited to:

    a) Renewal of the current strategy:

    - The current strategy covers an extremely broad area, with outcomes achieved in some areas whilst gaps in service are present in others.
    - A renewed strategy could emphasise the continuation of current good practice, whilst highlighting and focussing on the identified gaps
    - Whilst this has the benefit of continuing a systems-wide approach to tackling obesity, it could create inflexibility in the obesity programme, and blurs the boundaries between general health improvement programme and specialised

specific approaches to targeting obesity. Furthermore, this would be more resource intensive to create, manage and monitor.

b) Revising the current strategy's remit and focus:

- A revised obesity strategy could be focussed much more on the identified gaps and areas not currently meeting intended outcomes (e.g. reducing the obesogenic environment). This would allow a stronger, clearer message to emerge to address key issues, in addition to the general health improvement work which would still be ongoing outside of the strategy remit. Possible additional measures include the Healthy Weight Declaration
- Focussed specific areas of work could also allow for the selection of more meaningful and detailed outcomes and process indicators, rather than broader higher-level end outcomes (e.g. closer scrutiny of targeted interventions addressing inequality gap, rather than the percentage change in obesity level gap between highest and lowest deprivation areas)
- This could be more adaptable to emerging identified trends in obesity levels in specific groups/locations.
- However, there is a risk with not including broader general health improvement programmes, that those areas which are currently achieving positive change may begin to reduce impact due to lack of emphasis within an obesity strategy

c) Developing of a 'legacy' programme:

- This option considers not having a new strategy after 2020. However, the overall aims and ongoing needs to address obesity could be highlighted and strengthened as legacy statements. These should then subsequently be considered within all aspects of the wider Council (e.g. planning, children's services etc).
- Whilst this could provide a broader ongoing commitment to addressing obesity, the inflexibility of this system, the lack of specific actions, and possible reduced drive and direction may lead to less impact

16. The OSIG recommend that option 'C' is adopted. This proposes a revised focus on the current strategy with a legacy programme of work but with a narrower and stronger remit, based on what has and has not been achieved by the current strategy. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach to obesity[3] engaging with key stakeholders

[3] https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

across the system. The proposed next steps will entail developing a Healthy Weight Legacy Programme where we will implement 4-8 core innovative preventative programmes of work over the next 5 years with the aim of being more impactful. The projects will sit under the current four strategic priorities with 'business as usual' workstreams also continuing. It is proposed that the legacy programme will no longer be jointly owned by Local Authority and the CCG but will take a system-wide ownership approach. Wiltshire Council will lead on the legacy programme, with the CCG and wider stakeholders as partners.

Next steps

17. Pending approval of the overall concept of the strategy legacy, the OSIG will agree on the core programmes of work for the strategy legacy and develop a legacy document and associated action plan to be reviewed annually.

18. This proposed legacy programme builds on the good work already done across the county to tackle obesity and will put prevention, innovation and collaboration at the heart of tackling obesity. This work programme will proactively contribute to the priorities set out in the sustainability transformation plan (STP), Wiltshire Council business plan, NHS 5 year forward plan and the green paper 'Advancing our health: Prevention in the 2020's'[4].

Tracy Daszkiewicz
Director of Public Health
Organisation

Report Authors: Steve Maddern, Public Health Consultant, Wiltshire Council and Kate Mountain, Public Health Specialist, Wiltshire Council.

05 September 2019

[4] https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

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Wiltshire Obesity Strategy 2016-2020: Evaluation and proposal of next steps

Overview

1. Obesity is the biggest public health crisis facing the country today. In Wiltshire, 57.6% of adults are classified as overweight or obese (with a BMI ≥ 25 kg/m^2), although this is now below the regional and national average, the figure is still much higher than what is expected. There are a range of health risks associated with being above the healthy weight including, hypertension, cardiovascular diseases and some cancers. Amongst children in Wiltshire, 20.7%, of 4-5 year olds and a third, 28.2%, of 11 to 15 year olds are overweight or obese. Although these figures are also below the regional and national average, the percentage of people overweight/obese is increasing across the life course.

2. The Wiltshire Obesity Strategy (2016-2020)[1] is a joint strategy for Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). Strategic objectives were produced with the aim to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight.

Strategic priority areas

3. The 2016-2020 strategy described 4 priorities which outline the structures and processes required to achieve the strategy targets:
    - Maximise universal preventative initiatives across the life course
    - Giving children the best start in life
    - Promote effective self-care, early intervention and treatment
    - Reversing the 'obesity promoting' environment

Strategic targets

4. Five strategic targets were outlined in the Obesity Strategy.

    - To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
    - To halt the rise of excess weight in adults by 2020 (measure: PHOF 2.12 excess weight in adults)
    - To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4–5 and 10–11 year olds)
    - To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06iii excess weight in 4–5 and 10–11 year olds)
    - To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40–74 years

[1] http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Wilts-Obesity-Strategy-2016-2020.pdf

Strategy target outcomes

5. An evaluation of the strategy has taken place. The most current data pertaining to these targets have been analysed and the outcomes are described below.

6. Halting the rise of excess weight in children has been achieved in that there has been no statistically significant increase in either reception or year 6 age children level of excess weight. However, there has also not been a significant reduction. Levels of excess weight in adults appear to be reducing in comparison to 2015/16. Adulthood obesity has decreased and is now 7% less than the regional and national average.

7. There has been a reduction in the inequalities gap for year 6 age children. Furthermore, this appears to be with decreased prevalence in both the least and most deprived areas, rather than a narrowing of the gap due to increased prevalence in the least deprived areas. The inequality gap increased in reception-age children. Increased prevalence occurred in both the least and most deprived area, with a greater increase in the most deprived areas accounting for the increasing inequality gap (rather than decreased prevalence in least deprived areas).

8. Five community areas (Mere, Tidworth, Trowbridge, Wilton, Bradford-on-Avon, Corsham) achieved a decrease of 1% or more in prevalence of excess weight of children in both Reception and Year 6 aged children. However, of all the community areas for both Reception and Year 6 aged children, only Melksham and Trowbridge community areas saw a statistically significant reduction. It is important to note that many of these community areas have very small populations of interest (e.g. Mere, 20 reception-aged children in 2015/16-2017/18). Therefore, a difference of very few individuals could cause substantial decrease or increase in reported prevalence of excess weight.

9. An increase of people receiving NHS Health Checks was observed, from 42.43% to 49.7%. However, this did not meet the target of 10% increase.

Moving forward

10. The current Wiltshire Obesity Strategy is due to complete in 2020. This has provided an opportune moment to review what has been achieved, and to carefully consider what should be developed for 2020 onwards to address obesity in Wiltshire.

11. Three broad categories should be considered going forward: continuing good practice; addressing gaps in current service; and considered selection of outcome measurements. These include the following key areas of focus:

    - Continue the trend in reducing adult obesity by promoting and delivering current health improvement services
    - Continue to promote NHS Health Checks to ensure sustained increase in uptake
    - Share learning and experience between Community Areas which have achieved reductions in childhood obesity and those which have not

- Targeted support of complications of obesity (primarily type 2 diabetes)
- Focus on children and adolescents reducing inequality gap.
- Further work on obesogenic environment required & promoting effective self-care, early intervention and treatment.

12. The way in which these factors could be delivered have been discussed through the Obesity Strategy Implementation Group (OSIG). Options discussed include but not limited to:

1. Renewal of the current strategy:

- The current strategy covers an extremely broad area, with outcomes achieved in some areas whilst gaps in service are present in others.
- A renewed strategy could emphasise the continuation of current good practice, whilst highlighting and focussing on the identified gaps
- Whilst this has the benefit of continuing a systems-wide approach to tackling obesity, it could create inflexibility in the obesity programme, and blurs the boundaries between general health improvement programme and specialised specific approaches to targeting obesity. Furthermore, this would be more resource intensive to create, manage and monitor.

2. Revision of the strategy remit and focus:

- A revised obesity strategy could be focussed much more on the identified gaps and areas not currently meeting intended outcomes (e.g. reducing the obesogenic environment). This would allow a stronger, clearer message to emerge to address key issues, in addition to the general health improvement work which would still be ongoing outside of the strategy remit. Possible additional measures include the Healthy Weight Declaration
- Focussed specific areas of work could also allow for the selection of more meaningful and detailed outcomes and process indicators, rather than broader higher-level end outcomes (e.g. closer scrutiny of targeted interventions addressing inequality gap, rather than the percentage change in obesity level gap between highest and lowest deprivation areas)
- This could be more adaptable to emerging identified trends in obesity levels in specific groups/locations.
- However, there is a risk with not including broader general health improvement programmes, that those areas which are currently achieving positive change may begin to reduce impact due to lack of emphasis within an obesity strategy

3. 'Legacy' development:

- This option considers not having a new strategy after 2020. However, the overall aims and ongoing needs to address obesity could be highlighted and strengthened as legacy statements. These should then subsequently be considered within all aspects of the wider Council (e.g. planning, children's services).

- Whilst this could provide a broader ongoing commitment to addressing obesity, the inflexibility of this system, the lack of specific actions, and possible reduced drive and direction may lead to less impact

13. The OSIG propose a revised focus on the current strategy with a legacy programme of work but with a narrower but stronger remit, based on what has and has not been achieved by the current strategy form. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach to obesity[2] engaging with key stakeholders across the system. The proposed next steps will entail developing a Healthy Weight Legacy Programme where we will implement 4-8 core innovative and preventative programmes of work over the next 5 years with the aim of being more impactful. The projects will sit under the current 4 strategic priority areas with 'business as usual' workstreams continuing as normal. It is proposed that the legacy programme will no longer be exclusively jointly owned by Local Authority and the CCG but will take a wider ownership approach. Public Health at the Council will lead on the legacy programme, with the CCG and wider stakeholders as partners.

14. A key project Public Health are proposing is adopting the Healthy Weight Declaration[3](HWD). Food Active[4] have designed the Local Authority Declaration on Healthy Weight to support local government to exercise their responsibility in developing and implementing policies which promote healthy weight. The declaration which requires senior level local authority commitment encapsulates a vision to promote healthy weight and improve the health and well-being of the local population. Adopting the HWD will involve Wiltshire Council committing to 14 healthy weight commitments[5], some of which we are already successfully achieving as a local authority (LA). The declaration has been successfully adopted by many LA's, including Devon and Swindon.

Next steps

15. Pending approval of the overall concept of the strategy legacy, the OSIG will agree on the core projects for the strategy legacy and develop a legacy document to be reviewed annually.

16. This proposed new way of working puts prevention, innovation and collaboration at the heart of tackling obesity, which contributes to the priorities set out in the sustainability transformation plan (STP), Wiltshire Council business plan, NHS 5 year forward plan and the green paper 'Advancing our health: Prevention in the 2020's'[6].

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[2] https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

[3] http://www.foodactive.org.uk/projects/local-authority-declaration/

[4] http://www.foodactive.org.uk/about-us/what-we-do/

[5] http://www.foodactive.org.uk/wp-content/uploads/2017/06/Food-Active-Declaration-Support-Pack-FINAL.pdf

[6] https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

Author: Kate Mountain, Public Health Specialist, Wiltshire Council

August 2019

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Wiltshire Health and Wellbeing Board

26 September 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Executive Summary

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 (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. Although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. Positively, data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

In May 2018, the Health and Wellbeing Board approved the Wiltshire strategy for sexual health and BBV. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

An update was provided to the HWBB in January 2019 highlighting the good progress has been made in regard to the implementation of the strategy since adoption, however further work is required to drive the strategy forward in the remaining year of the strategy.

This update provides an update on data to compare pre-strategy to implementation 3-years on and provide recommendation for the sexual and reproductive agenda post-strategy.

Proposal(s)
That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy implementation update and agree the way forward post-strategy based on the recommendations in this paper.

Reason for Proposal(s)

The Sexual Health and Blood Borne Virus Strategy (SHBBVS) gained HWBB approval in May 2018, however is due to expire in April 2020.

Tracy Daszkiewicz – Director of Public Health

Wiltshire Health and Wellbeing Board

126 September 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Purpose of Report

1. The purpose of this report is to provide an update the Health and Wellbeing Board on the implementation of the Sexual Health and Blood Borne Virus Strategy (SHBBVS) and to discuss and agree a post-strategy plan.

Background

2. 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.

3. There is 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 need 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.

4. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated earlier enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.

5. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.

6. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: strong communities and protecting the vulnerable.

Wiltshire's sexual health and blood Borne virus strategy (2017-20)

7. In May 2018, the Health and Wellbeing Board approved the new Wiltshire vision for sexual health and blood Borne viruses. The vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when consider contraceptive choices and have easier

access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

8. The strategy was developed to ensure the vision for Wiltshire is achieved. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.

9. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over three years (2017-20).

10. The strategy had three priorities: (a) Prevention - To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms; (b) Diagnosis - To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems and (c) Treatment - To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them.

Strategic Oversight

11. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire. The strategy was reviewed by the Health Select Committee in March 2018, received Cabinet approval in April 2018 and HWBB approval in May 2018. Implementation of the strategy sits the Sexual Health Partnership Board.

Update on Strategy Implementation

12. The implementation plan consists of 29 actions that we have committed to undertake to improve sexual health and wellbeing in Wiltshire. These actions are divided between the three priority areas of the strategy: (a) Prevention - 12 actions, (b) Diagnosis - 9 actions and (c) treatment - 8 actions. A summary of progress to date is detailed below.

(a) Prevention Priority Update

What we said we would do	Progress to date
Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence	• First of 2 sexual health campaigns completed (summer campaign) • HIV testing, and AIDs Day campaigns undertaken • New sexual health resources distributed to over 140 venues across the county
The full range of contraception options will be available in all primary care and sexual health services	• 44/48 LARC accredited practices providing services

Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	• All patients have a risk assessment completed to identify behaviours which put them at increased risk of infection and if appropriate vaccination is offered.
Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies	• Any patient who discloses risk taking behaviour in a primary care setting is provided with appropriate information and support to minimise the risks and are also signposted to specialist services for ongoing support.
Prevention interventions will target people across the life course	• Services for younger people are already well provided. • Work underway to identify means of access to older people provide information to individuals accessing specific issues such as erectile dysfunction or vaginal dryness.
Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning	• No Update
Young people will receive effective RSE education through school settings	• There is a delay in statutory RSE provision being added onto the curriculum which may delay the time which schools are willing to put to this topic until clarity is providing by the DfES

(b) Diagnosis Priority Update

What we said we would do	Progress to date
A range of 'open access' services will be available across the county to enable easier access	• Community based clinics are available across Wiltshire in Salisbury, Tidworth, Warminster, Trowbridge, Calne, Melksham, Devizes and Chippenham • Hospital based services are available on both an appointment and walk in basis Monday to Friday each week. • Chlamydia treatment and emergency hormonal contraception is provided through a range of pharmacies across Wiltshire • 21 Primary care venues & 18 pharmacies are signed up to the No Worries service which offers sexual health access to young people within 24 hours
Drug and alcohol service providers will offer BBV testing to all clients	• Staff have been trained to offer and undertake BBV testing with all appropriate clients. Results are given by clinical staff with discussions taking place for case workers to provide negative results in the future.

Prison services will increase the offer and uptake of BBV screening upon arrival.	• No update
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	• No update
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	• A training programme is in place with other hospital-based departments to raise awareness of symptoms and clinical indicator conditions to increase testing and diagnosis rates. • Training for primary care staff is being organised in partnership with the CCG • 5 training sessions delivered this year, with additional training planned for midwives on the benefits and practicalities of HIV point of care testing.
Home testing/sampling systems will be available to facilitate additional diagnostic opportunities	• Chlamydia screening transferred 2019, wider home testing also went live in Spring 2019.
Stigma associated with being diagnosed with a BBV will be reduced	• Work underway in regard to BBV campaigns delivery to reduce myths and 'normalise' living with a BBV to reduce the stigma
Services will meet the needs of all sections of our communities	• Work is taking place to identify communities most at risk of poor sexual health and how current services are meeting those needs. Identified gaps will generate a priority list of work needed to ensure all sections of the community have suitable access to services.

(c) Treatment Priority Update

What we said we would do	**Progress to date**
All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.	• Patients diagnosed with an STI or HIV are offered an appointment for treatment as soon as possible and usually within 10 days of diagnosis. • Patients diagnosed with Hepatitis are referred to the hepatology department and are offered follow up appointments within 4 weeks.
Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered	• Telephone requests for advice and guidance are usually responded to on the same day, or the following work day. • Email requests are currently responded to within 24 hours.
Effective referral pathways will be in place to facilitate specialist treatment or care if needed	• Existing pathways are being reviewed and revised in conjunction with Virology lead at PHE.

Treatment options will be discussed with all patients upon diagnosis of their BBV	• Treatment options in respect of STI or HIV diagnosis are discussed with patients at the point at which diagnosis is given. • Depending on where Hepatitis diagnosis is made will determine how treatment options are discussed. If diagnosed at sexual health service then initial discussion on treatment options is provided at the time diagnosis is given to patient. If diagnosed at other locations, treatment options are discussed at first appointment with hepatology service.
Holistic methods of self-care will be discussed with everyone living with a BBV	• Self-care is discussed with all patients as part of their treatment plans.
Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission	• All patients diagnosed with an STI or BBV infection participate in a discussion around partner notification, abstaining from future sexual activity until the infection has been treated/cured, future condom use, vaccinations, etc. • All clients living with a BBV have a discussion with support staff about risk reduction strategies and how to minimise the risk of transmission. This includes safer injecting practices, partner notification discussions, vaccination and treatment programmes, etc.

19. Most of the outstanding actions focus on the ongoing work related to the BBV agenda which is naturally complex and requires multi-agency response**.**

Sexual health strategy outcomes update

20. As part of the strategy, and to determine our success against the priorities, we have highlighted below the key sexual health performance indicators to demonstrate changes from pre-strategy to date.

	Pre-strategy (2016)	**Current Data (2018)**
New STI diagnoses	2334 (1131 male, 1203 female)	2309 (1121 male, 1178 female)
Under 18 Conception per 1,000 women	14.0 (2015)	9.5 (2017)
Under 16s Conceptions: Conceptions in those aged under 16	3.0 (2015)	1.2 (2017) – data quality issue
Chlamydia detection rate (15-24-year olds) per 100,000	1628 (2015)	1683 (2017)
HIV late diagnosis	43.9% (2013-15)	48.6% (2015-17)

Those diagnosed with Hep B	26 (2016)	32 (2017)
Those diagnosed with Hep C	44 (2016)	48 (2017)
Pharmacies commissioned to deliver sexual health services	22 (2016)	17 (2019)
People receiving care for HIV	239	259
Cases of FGM	4 (2017)	5 (2018)
Rate of sexual offences	1.4 per 1000 (2017-18)	2.0 per 1000 (2018-19)
Termination of pregnancy (actual)	1060	1115 (2018)

21. The data above demonstrates that we have seen some positive outcomes across the life of the strategy, for example, conception rates and overall STI rates. However, the changes in data demonstrate that there is still more work to do in regard to reducing requirement for termination of pregnancy (by prevention of unintended pregnancies), reducing rates of sexual offences, increasing service providers (particularly pharmacies). We also see that the numbers of those infected with a BBV has increased in both Hepatitis B and C. There is also further work to be done to reduce overall HIV late diagnosis rates.

Current Service Provision

22. The main sexual and contraceptive service commissioned by Wiltshire Council is to provide Genito-Urinary Medicine (GUM) services including the screening, diagnostic testing and treatment for STIs based at Salisbury Hospital. They are also commissioned to provide contraceptive and sexual health (CASH) services from a range of sites across the county – including Calne, Chippenham, Devizes, Melksham, Ludgershall, Salisbury, Tidworth, Trowbridge and Warminster. The provider is also responsible for delivering a home-testing programme for STIs.

23. Between June 2018 and May 2019 our current service provider (Salisbury Foundation Trust) provided 6214 sexual heath related services appointments, with an average of around 500 appointment per month and a 'did not attend (DNA) rate of 10.3%. The majority of services users were aged between 15 and 35 years old; 49% of service users were male and 87% of service users were classified as 'White British.' Service access within 48 hours across the time period ranged between 76-85%. Further outcome data is available.

24. Between June 2018 and May 2019, the service provider also provided an additional 4497 appointments for contraceptive services across the county, with a DNA rate of 8.9%. As expected, being a contraceptive service, 95% of clients were female; of which 89% were white British. Further outcome data is available.

25. Additional services are provided via public health contracts with primary care (including general practice and community pharmacies). The data for these services is currently being analysed. The data presented here also does not represent any route diagnostics or treatment (for STI or contraception) provided outside of public health contracts with

primary care. E.g. treatment or contraception provided under general practice contractual arrangements or purchased via community pharmacy.

Clinic attendances (%) by age 2016-2018

Age / Year	**2016**	**2018**
<15 years	0.2	0
15	0.3	0.08
16-19	13	14
20-24	31.7	33.2
25-34	34.4	30.3
35-44	9.5	11.6
45-64	8.8	9.9
65+	0.9	0.6

26. Over all clinic attendance in 2016 by gender, was 54% male and 46% female. In 2018 males decreased by 2% and females increased by 2%. The majority of service user users by age were aged between 20-34 years old in both 2016 and 2018. A minor increase in those aged 35+ is noted.

Disease diagnosis (%) 2016-2018

Disease / Year	**2016**	**2018**
Chlamydia	41.8%	41.9%
Gonorrhoea	5.8%	9.0%
Herpes	13.7%	14.9%
Syphilis	0.7%	1.5%
Genital Warts	37.8%	32.4%

27. Chlamydia infection was the most prevalent infection in both 2016 and 2018, gonorrhoea infection remains low in comparison but has increased since 2016, along with herpes and syphilis. Genital wart diagnosis has decreased since 2016.

Disease diagnosis (%) by gender 2016-2018

	Males		**Females**	
	2016	**2018**	**2016**	**2018**
Chlamydia	40%	38.4%	43%	45.7%
Gonorrhoea	8.6%	12.8%	2.4%	4.9%
Herpes	9.3%	8.8%	18.8%	21.3%
Syphilis	1.3%	2.8%	0%	0.1%
Genital Warts	40.3%	37%	34.9%	27.8%

28. Chlamydia infection was the most prevalent infection in both 2016 and 2018 for males and females, although infections have decreased in males and increased in females since 2016. Gonorrhoea infection remains low in comparison but has increased in both males and females since 2016. Herpes infection has seen a decrease in males but an increase in females. Syphilis has increased in both males and females. Genital wart diagnosis has decreased in both genders since 2016.

Going beyond the strategy

29. The current Wiltshire sexual health and blood borne virus strategy is due to complete in 2020. This provides an opportune moment to review what has been achieved, and to carefully consider what should be developed for 2020 onwards to address sexual and reproductive health across the county.

Key Priorities

30. Three broad categories should be considered going forward: continuing good practice; addressing gaps in current services; and considered selection of outcome measurements.

a. **Continuing good practice:** continue encourage a reduction in poor sexual and reproductive health by promoting and delivering current sexual health and contraceptive services; expand on current programme of sexual health promotion programmes to encourage awareness and promote increase in uptake of screening/testing/treatment services and continue to encourage share learning and experience between service providers and public health teams.

b. **Addressing gaps in current service:** target the promotion of existing universal services to those most vulnerable (e.g. MSM, young people etc) and a continued focus on young people as well as the wider life course to reduce sexual and reproductive health inequality.

c. **Selection of outcome measurements:** consideration of selecting targets with statistical, clinical or financial significance; explore other possible indicators not currently used to highlight changes in sexual and reproductive health.

Options – going forward

31. The way in which these factors could be delivered should be discussed through the Sexual Health Programme Board. Possible options include but not limited to the following

a. **Renewal of the current strategy:** the current strategy covers an extremely broad area, with outcomes achieved in some areas whilst gaps are present in others. A renewed strategy could emphasise the continuation of current good practice, whilst highlighting and focussing on the identified gaps.

b. **Revision of the strategy remit and focus:** a revised sexual and reproductive health strategy could be focussed much more on the identified gaps and areas not currently meeting intended outcomes (e.g. improving intelligence gathering around blood borne viruses). This would allow a stronger, clearer message to emerge to address key issues, in addition to the general sexual health improvement work which would still be ongoing outside of the strategy remit. Focussed specific areas of work could also allow for the selection of more meaningful and detailed outcomes and process indicators, rather than broader higher-level outcomes (e.g. closer scrutiny of targeted interventions addressing inequality gap, rather than just sexual health disease prevalence). However, there is a risk with not including broader general sexual and reproductive health improvement programmes, that those areas which are currently achieving positive change may begin to reduce impact due to lack of emphasis within a strategy.

c. **Legacy development:** this option considers not having a new strategy after 2020. However, the overall aims and ongoing needs to address sexual and reproductive health could be highlighted and strengthened as legacy statements. These should then subsequently be considered within all aspects of the system. Whilst this could provide a broader ongoing commitment to addressing sexual and reproductive health issues, the inflexibility of this system, the lack of specific actions, and possible reduced drive and direction may lead to less impact.

32. Overall, a revised focussed strategy with a narrower but stronger remit is recommended, including a refresh of the sexual health and blood borne virus health needs assessments and implementation plan based on what has and has not been achieved by the current strategy.

Conclusions

33. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission.

34. This report demonstrates the work undertaken by the Sexual Health Programme Board over the past 6 months to support implementation of the strategy which is now in its second year. Although good progress has been made with regard to the implementation of the strategy, further work is required to drive the strategy forward in the remaining year of the strategy.

35. Options have been proposed to drive forward the sexual and reproductive health agenda post strategy, with the suggestion that a revised focussed strategy with a narrower but stronger remit would be recommended, based on what has and has not been achieved by the current strategy.

Next Steps

36. As we plan to enter the final year of the strategy, the implementation group will focus on those areas for action that are yet to be addressed. Governance for the strategy will remain with the Sexual Health Programme Board and updates will be provided to Cabinet and the Health and Wellbeing Board on a bi-annual basis.

Tracy Daszkiewicz (Director - Public Health and Public Protection)

Report Author: Steve Maddern, Consultant in Public Health, Wiltshire Council

03 September 2019

Appendices

None

Background Papers

The following documents have been relied on in the preparation of this report: Wiltshire Sexual Health and Blood Borne Virus Strategy; Wiltshire Sexual Health and Blood Borne Virus Strategy Implementation plan.

Wiltshire Council

Health and Wellbeing Board

26 September 2019

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

Executive Summary

The Chair of the WSAB last attended the Health and Wellbeing Board on 21 March to provide members with an update on:

- Safeguarding Adults Reviews (SARs) the Board has undertaken
- The learning from those reviews that will help us more effectively safeguard vulnerable adults in the future
- Development of the Board's three-year strategy

Since that time:

- The Board has published one further SAR and undertaken another
- Published its Annual Report for 2018-2019
- Consulted on and published its three-year strategy for 2019-2021

The Board Chair will attend the September Health and Wellbeing Board to update members on key points.

Proposal(s)

It is recommended that the Board:

i) Notes the outcome of the 2019 Safeguarding Adults Review relating to Adult E - http://www.wiltshiresab.org.uk/safeguarding-adults-reviews/ - and acts to ensure that this learning has an impact on the work of its member agencies.

ii) Notes the work done by WSAB in 2018/2019 and commits the necessary partnership resources to ensure that the WSAB's three-year strategy for 2019-2021 can be delivered effectively.

iii) Continues to support the work of the Board to safeguard vulnerable adults in Wiltshire.

Reason for Proposal

The Wiltshire Safeguarding Adults Board is accountable to the Health and Wellbeing Board for its work as a partnership to protect all adults in its area 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. The WSAB's work is directly related to improving health and wellbeing outcomes for vulnerable adults across the county.

Presenter name: Richard Crompton
Title: Independent Chair,
Organisation: Wiltshire Safeguarding Adults Board

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Wiltshire Safeguarding Adults Board

Local Learning Review - Adult E

Our review

This briefing outlines key themes and recommendations from a review carried out by the Wiltshire Safeguarding Adults Board.

The Care Act 2014 states that Safeguarding Adults Boards must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of, or is thought to have suffered, abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

The purpose of a SAR is to promote effective learning and improve action to prevent future deaths or serious harm occurring. The aim is to learn from serious incidents and improve the way agencies work together. The purpose is not to re-investigate an incident, nor is it to apportion blame - other processes exist for such investigations, including criminal proceedings and disciplinary procedures.

The methodology used for this review was our own Local Learning Review (LLR) process. Each organisation completed a report for the Board and these, along with other relevant information, were considered at desktop review session. That session was attended by those agencies and chaired by the Independent Chair of the WSAB. The Deputy Chair was provided by Wiltshire Police, an agency Adult E had no contact with. This report has been produced to capture that discussion and to share findings.

We encourage all those working with vulnerable adults, particularly those with learning disabilities, to read this briefing, and reflect on how you can challenge your own thinking and practice in order to better protect vulnerable adults.

This document includes a feedback sheet to capture how you have used this learning. This should be completed and returned to LSAB@wiltshire.gov.uk

Executive summary

WSAB received a referral from Wiltshire Council for a statutory review in June 2018. The SAR panel and the Chairman agreed that a review would be undertaken in July 2018. To reflect the fact that other analyses of the case were taking place, it was decided that a Local Learning Review was the most appropriate methodology.

Professionals referred this case to the Board because they had safeguarding concerns about Adult E's discharge from an acute hospital to a community hospital. After discharge from Royal United Hospital in Bath (RUH), to Savernake Community Hospital in Marlborough, Adult E was readmitted to Great Western Hospital (GWH), Swindon, the following day. Adult E died in GWH. The cause of death was Hospital-Acquired Pneumonia (HAP).

The review found that Adult E had received a good standard of care from health and social care professionals at times and, despite poor health, had been supported to live independently in the community. However, the review seeks to make recommendations to help ensure that agencies work together to protect those with learning disabilities by sharing information, through application of Making Safeguarding Personal (MSP), the Mental Capacity Act 2005 (MCA) and appropriate provision of advocacy services.

Background

Several of the professionals involved in this review had worked closely with Adult E, either over the years or just in the last months of her life. At 67 years old, Adult E was described as jovial and determined and was generally quite active, although she had days when she did not want to engage with people.

Adult E had a learning disability, epilepsy, osteoporosis and scoliosis and was cared for in a supported living property. With the help of a care provider she was able to live as independently as possible and managed relatively well. However, Adult E's health began to decline and, in the last few months of her life, she was admitted to hospital on four occasions after fracturing her ankle, suffering from dehydration, having low food intake and reduced bowel movements. Adult E became less able to care for herself, even with support.

Following these four admissions, Adult E was admitted to RUH, discharged home and then readmitted following concerns that she was not eating, drinking or getting up from her seat. She was in RUH for just over a week before being discharged to Savernake Community Hospital. However, one day later, she was readmitted to GWH where she later died. The cause of death was Hospital-Acquired Pneumonia (HAP) with epilepsy, frailty and Learning Difficulties.

Other reviews

As well as this review, a Learning Disabilities Mortality Review (LeDeR) is taking place. LeDeR reviews aim to improve the standard and quality of care specifically for people with learning disabilities. Locally a clinical review has been carried out by the RUH and an action plan is being implemented.

These reviews will assess clinical decisions made in relation to Adult E's discharge. This review adds broader learning about how agencies must work together to ensure that informed decisions are made to safeguard vulnerable adults in future.

Findings

1. Adult E's healthcare and hospital stays

1.1 This case was referred to the Wiltshire Safeguarding Adults Board because professionals were concerned Adult E had been discharged too early from RUH to Savernake Community Hospital.

Following a fractured leg, Adult E was admitted to RUH because of concerns about leg pain and her reluctance to mobilise whilst wearing a cast, or eat at home. It is understood that, on this occasion, Adult E was admitted to an acute hospital because "no community hospital bed [was] available" at that time.

Nine days after admission to RUH, Adult E was transferred to Savernake Community Hospital. The last record of Adult E's National Early Warning Score (NEWS) at RUH showed a score of 4 - this was an increase of 1 from the morning score. The NEWS recommendation at the time was that the Registered Nurse must screen for sepsis if the score increased by 2 or more and consider increasing frequency of observations. The patient was on observations three times per day at the time of transfer.

On arrival at Savernake Community Hospital, Adult E is recorded as having a NEWS of 5. This score would indicate that she was not ready for discharge to a community hospital, however it is not known what her NEWS score at the time of discharge from RUH was, and no records were provided to the review to evidence that measurements were taken.

At Savernake Community Hospital the following morning, Adult E was assessed as having a NEWS score of 10 and was then taken by ambulance to GWH.

"1.2 How Early Warning Scores work in practice: Patient's vital signs (blood pressure, pulse, respirations etc.) are routinely recorded in acute Hospitals. With the early warning score system, each vital sign is allocated a numerical score from 0 to 3, on a colour coded observation chart (a score of 0 is most desirable and a score of 3 is least desirable). These scores are added together and a total score is recorded which is their Early Warning Score. A trend can be seen whether the patient's condition is improving, with a lowering of the score or dis-improving, with an increase in the score. Care can be escalated to senior medical staff as appropriate."

Taken from National Clinical Guidance No. 1 2013

The question of whether Adult E was medically fit for discharge will be considered as part of a Root Cause Analysis carried out by RUH and by a LeDeR Review. However, this review identified wider issues around the multi-disciplinary approach to safeguarding Adult E which impacted on that decision.

1.2 During the review, professionals who worked most closely with Adult E portrayed someone who could be quite independent and accessed the community, although she did have days when she was less inclined to do things for herself. This is essential to understand because, when Adult E was admitted to RUH, this understanding of what Adult E was usually able to do - or her baseline activity - appears to have been lost.

Healthcare Passports are designed to address this issue. Anyone with a learning disability can get a Healthcare Passport, which Adult E did. This document is:

"…about you and your health needs. It also contains other useful information, such as your interests, likes, dislikes and preferred method of communication."

Professionals taking part in this review agreed that the Healthcare Passport is a "critical link", particularly if a patient is moving from one healthcare setting to another. It provides a way for medical professionals to understand the person's health in context i.e. what 'well' looks like for that individual. A Healthcare Passport can also provide the basis of a care plan.

The Initial Risk Assessments on arrival at RUH states that no passport was with the patient on admission, it was not indicated on the nursing plan that a passport was available, nor was this evident in the paper records. Consequently, Adult E's Healthcare Passport did not follow her when she was discharged to Savernake Community Hospital. That meant it was harder for staff to see that Adult E was not behaving as she normally would have if she was well enough to be discharged from hospital.

"The passport is their voice on a page"
Nursing Lead for Learning Disabilities, Hospital B

1.3 Diagnostic overshadowing describes a situation in which someone's physical health needs are overshadowed by a mental health diagnosis. In this case, the failure to use the Healthcare Passport meant professionals believed that Adult E being lethargic and slow to respond may have been caused by her learning Disability rather than her deteriorating physical health.

However, it is important to note that whilst those taking part in the review stressed the difference the Healthcare Passport could make, there is no certainty that, on its own, it would have changed clinical decisions. In addition, review participants talked about a lack of wider communication between health and care providers during a time when Adult E was transferring in and out of hospitals. Poor communication from the hospitals to the care agency was a particular issue.

2. Caring for Adult E in the community

2.1 Until the last few months of her life, Adult E was cared for in the community. She had support from a care agency although a new agency, Thera South West, had taken on that role in the last weeks of Adult E's life.

Adult E was also in contact with some close family members, one of whom has been contacted as part of this review. Although the family member contacted did not want to take part in the review, she was able to tell the review team that it was difficult at times for both the family and carers to find out where Adult E was or what was happening to her when she was in hospital.

2.2 Before Adult E's discharge home from RUH, Thera South West staff expressed concerns that they could not provide the level of care needed to support her. Adult E did not seem herself - she was lethargic and wasn't eating or mobilising. However, hospital staff were reported to have contacted the care agency two or three times a day to say Adult E was ready for discharge. Care agency staff report feeling pressurised and a member of staff told the review "I felt like I was bed blocking… preventing someone from coming home". There appears to have been an impetus to help Adult E return home at a pace which is not supported by adequate assessment of Adult E's ability to make decisions in her own best interests, or by her family's or carers' wishes.

2.3 Those attending the review were also concerned that:

a) Whilst in the RUH, Adult E underwent surgery after dislocating her ankle. Care agency staff were only advised after the operation had taken place.
b) Care agency staff had asked Wiltshire Health and Care, the community health provider, for an Occupational Therapy assessment of Adult E's home to ensure the equipment there allowed them to better support her. This was not carried out.
c) The Learning Disability Nurse at the hospital was not made aware Adult E was in hospital until a late stage. Key agencies represented at the review were not aware that they were required to inform the Learning Disability Nurse.

"There is learning for us here. We need to contact the [Learning Disability Nurse] when someone with a Learning Disability comes in as an inpatient." Community Care Provider

d) Adult E's siblings were taken to hospital by the care agency when her health seriously deteriorated. When family members arrived at GWH, they did not know they had been asked to attend to make a decision about the withdrawal of medical care from Adult E.

3. Adult E's point of view

3.1 Whilst Adult E was in RUH, Thera South West staff visited her despite commissioning arrangements meaning that they were not paid for this work. Where a domiciliary care package is in place, staff are paid for care provided in the community but are not paid under that contract for providing care in a hospital setting. Costs for care provided in a hospital setting are usually met by the Clinical Commissioning Group but no payment was made in this case. The review was told that hospitals can be reluctant to allow external care agencies to come in to provide professional care to a patient which they may be left to

pay for. However, arrangements can be put in place to enable external care workers to support patients on wards.

In this case, the provision of therapeutic care from those carers Adult E knew best only happened because the care agency was prepared to visit Adult E in hospital without promise of payment, to ensure that they retained contact with her. The presence of a familiar care worker in hospital was of particular importance in this case because the local advocacy service does not provide services to patients in RUH. RUH is in a different Local Authority area and therefore served by a different advocacy service. By the time a referral had been made and Adult E was offered advocacy support from the local advocacy provider, she had been discharged from the hospital's care.

3.2 Under the Mental Capacity Act (2005) the Local Authority has a responsibility to provide an Independent Mental Capacity Advocate (IMCA) and:

"Local authorities and NHS bodies are expected to have a policy setting out the criteria for deciding whether an IMCA should be instructed to represent and support a person involved in safeguarding adults proceedings."

However, after repeated assessments at the RUH found that the patient had capacity to make a decision about discharge to a community hospital it was considered an IMCA was not required at this time.

4. Mental capacity

4.1 Agencies report missed opportunities in assessing Adult E's capacity to make decisions. Informal assessments took place but the formal assessments, which would have given agencies a legal framework for supporting Adult E, were not carried out at the time of discharge.

It was agreed that Adult E did not have capacity to make complex decisions but advocacy services were not made available at the right times in order to support this decision. It was also noted there was a tendency for staff across agencies to talk about an individual either having capacity or not having capacity rather than viewing capacity in terms of specific decision-making ability.

The lack of a formal capacity assessment on discharge was described as a "missed opportunity". It was also noted that Deprivation of Liberty Safeguards (DoLs) may have applied to Adult E.

5. Safeguarding Adult E

5.1 A safeguarding concern was raised by RUH because Adult E was severely dehydrated on admission. Wiltshire Council's safeguarding team made enquiries and spoke to Thera South West. They found that everything was being done to encourage Adult E to drink plenty of fluids.

5.2 Adult E was prescribed pain relief after surgery at RUH. There is no record of a review of this pain management medication and it is uncertain whether Adult E was taking the medication as prescribed. There were conflicting views on whether Adult E responded well to codeine and the review was told that she had been prescribed laxatives, indicating that constipation may have caused additional pain. Pain levels were not consistently recorded on Adult E's NEWS chart and it is not clear whether this is because at times she was lethargic and not able to verbally express herself.

5.3 It was considered that the decision to discharge Adult E to a community setting may suggest a misunderstanding of what the provision of home care on a 24-hour basis means. Adult E had a supported living placement which review participants were keen to stress does not include nursing care. There was a view that there needs to be better understanding of community placements and how well those settings can safeguard a patient who requires nursing care from harm.

5.4 A second safeguarding referral was made and another Section 42 enquiry carried out following concerns about Adult E's discharge from Chippenham Community Hospital. Professionals from all the agencies involved met to review these concerns. Wiltshire Health and Care manages referrals into community services and intermediate care, and this service also managed Adult E's referral into Savernake Community Hospital. The second enquiry revealed that the information held by this service did not adequately reflect Adult E's 'baseline' - her ability to care for herself. The enquiry also found that better understanding of the communication and behaviour changes which may indicate a change in condition of someone with a learning disability would have helped safeguard Adult E.

Key Themes and Recommendations

Good practice

Whilst this review largely focuses on the areas of practice where we can make improvements, it should also be noted that:

- The review brought together a group of professionals, many of whom knew Adult E and others who knew her case well. Some of those involved had worked very closely with Adult E and all wanted to provide her with a high standard of care - this is evident in the role of Thera South West who visited Adult E in hospital, from the conversation with the GP who had known Adult E for decades and in the determination of social care for this case review to take place.
- The domiciliary care agency did do specific assessments of mental capacity, for example, finding that Adult E had capacity around choosing food and clothes, her ability to wash up and go to the toilet, but not around taking medication.
- On admission to GWH, “all efforts were made to save Adult E’s life”. The hospital had a pre-arrival alert that Adult E had sepsis and she was put on a pathway of treatment in line with national guidance and best practice.
- Adult E had experienced a generally high standard of care in the community. Her GP told the review that he “always felt the carers were caring in the truest sense”.
- Despite failures in the communications between agencies, the review did evidence notable dialogue between partner agencies about Adult E’s needs and how these should be met. For example, there was a meeting between RUH staff and other agencies about how the hospital staff could engage with Adult E more to establish her needs.

Challenges for the partnership

Wiltshire Safeguarding Adults Board brings together key partners who are collectively responsible for safeguarding adults in Wiltshire, under the Care Act 2014. The most important function of the Board is to improve the way that services work together to protect adults at risk. Single agency actions have been addressed through single agency reviews. This review seeks then to identify specific points of action and learning for local partners to improve the way they work together.

Recommendations

Where a patient has a diagnosed Learning Disability:

1. **Should a patient who is receipt of community care be admitted to hospital, there should be effective communication between the hospital and both the home care provider and patient's family.** Hospitals should identify a key named person – who can be the main point of contact during a hospital stay or on discharge. That contact must be willing and able to communicate with those individuals and organisations who provide care and support to the adult at risk in the community. The three acute Trusts who are members of WSAB should respond to this review by assuring the Board that existing or new plans will facilitate best practice in terms of identifying and communicating with those who provide care in the community.

2. Healthcare Passports are there to help professionals safeguard an adult at risk. **The Board should share information about Healthcare Passports with all agencies and undertake evaluation of current usage.** This should form part of a learning briefing which helps to increase understanding of diagnostic overshadowing and the importance of understanding a patient's baseline patterns of activity when assessing health needs.

3. **Greater use should be made of the Learning Disability Nurse role**, particularly in providing assurance that the hospital has considered the information provided on the Healthcare Passport. Hospital Trusts and Community Health and Care providers will be asked to evidence better engagement of this role. Adult Social Care and hospital staff need to be informed and reminded that they have a duty to inform a person's Learning Disability Nurse, if the individual is admitted to hospital.

4. **Commissioning arrangements should ensure that on admission to hospital, and in the absence of regular contact with family or close friends, regular carer workers are enabled to visit the adult at risk to provide consistency and therapeutic care**. Commissioners should evidence how this will be supported and inform provider agencies in order to remove barriers to effective care.

5. **Geographical provision of advocacy services should not leave those who are entitled to provision without an advocate to speak on their behalf.** Arrangements should be in place to ensure Wiltshire residents accessing hospital services in all local hospitals, including those in neighbouring Local

Authorities, can access advocacy services. Commissioners are asked to consider arrangements and provide the Board's Quality Assurance Sub-Group with assurance that those arrangements do not cause delays that leave patients unsupported in acute settings.

6. **The Board has undertaken three other reviews which highlight the need for improved application of the Mental Capacity Act (2005).** If Adult E was assessed not to have capacity to understand her own needs, a best interest decision could have been made before discharge. The new Multi-Agency Safeguarding Hub should arrive at plans to ensure professionals who raise safeguarding referrals have considered the application of the Act and that appropriate assessments have been or are carried out.

7. The learning from the is review should be reconsidered on the publication of the LeDeR review to ensure that the Board actively supports implementation of all available learning.

Feedback

To further help us share this learning, please complete the short form below and send back to us at lsab@wiltshire.gov.uk.

Name	**Date**
Job title	
Agency	
Who was this briefing cascaded to (e.g. District Nurses, Social Workers)?	
Where was this briefing used (e.g. 1:1/group supervision, team meeting, training event with how many staff)?	
Changes to your organisation's practice following the learning:	
1. **2.** **3.** **4.** **5.**	
Other feedback:	

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Wiltshire Safeguarding Adults Board

Annual Report 2018 – 2019

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Chairman's foreword

On behalf of the Board I am pleased to present our annual report for 2018/19.

Since I became Chairman of the WSAB in 2015, much has changed but this year was particularly notable for the pace and scale of the changes made to better safeguard adults in Wiltshire.

The most significant change this year has been the introduction of a Multi-Agency Safeguarding Hub (MASH). The MASH co-locates staff from Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group who work together to safeguard adults at risk of harm. The development of a MASH has been a longstanding aspiration for our Board and the investment of resources to make that aspiration a reality demonstrates the local commitment to improving the way we support vulnerable adults.

Alongside the new MASH, I have introduced a new executive group to drive forward the work of the Board. The WSAB Executive has the important task of making certain that the investment we've made in the MASH helps us to better safeguard adults at risk. Meanwhile as Chair of the Board, I now also sit on the new Safeguarding Vulnerable People Partnership (SVPP) which brings together local leaders from the police, the local authority and the Clinical Commissioning Group to tackle wider community safety and safeguarding issues. The Partnership will allow our WSAB, our Community Safety Partnership and those who run services to safeguard children and young people to work collectively.

The Board has a duty to publish an annual report detailing how effective our work has been, and this year's report outlines:

- Learning identified in the Safeguarding Adults Reviews we have now published
- The areas where there are challenges in our local safeguarding system
- How we have begun work to address those challenges
- The progress our subgroups, reference groups and member agencies have made this year
- How the Board and members plan to continue to provide assurance and to monitor any necessary improvements in the way agencies work together in the year ahead

This report provides an overview of our work in the last year. I would preface it by saying that whilst we have identified areas where we can improve practice, the local determination to overcome those challenges is made clear by the commitment agencies have made to learn from experience and develop new ways of working.

Richard Crompton
Independent Chair, Wiltshire Safeguarding Adults Board

Executive Summary

During 2018/2019, to provide assurance that local safeguarding arrangements are continuously improving and enhancing the quality of life of adults in Wiltshire, the Board and its members:

- **Developed a new Multi-Agency Safeguarding Hub** - Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group staff are now co-located to more effectively share information and expertise, to better safeguard adults at risk.

- Published four and commissioned two further **Safeguarding Adult Reviews** (SARs). Those reviews include:

    - An independent Review after the death of a 74-year-old male. Adult C was diagnosed with paranoid schizophrenia but was living independently, supported by services who managed his finances and provided mental health support. After concerns were raised about his behaviour and physical health, Adult C was recalled to a mental health hospital for assessment. A physical examination revealed he was emaciated and starved. Adult C was admitted to hospital where he died as a result of community-acquired pneumonia.

    - A Local Learning Review was carried out after a 40-year-old homeless man died. Adult D was asked to leave a train travelling through Wiltshire because he was heavily intoxicated and didn't have a ticket. He was seen by police and ambulance staff in the following hours. However, despite being seen by emergency services, he was found deceased the following morning in a public toilet block. His death was caused by acute alcohol intoxication and hypothermia.

- The reviews have led to the development and publication of:
    - An escalation policy to give professionals the tools to raise concerns when another service or organisation has not responded as required or anticipated to safeguard an adult at risk.
    - High Risk Professional Meeting tools which provide a framework for the management of very complex cases where, despite continuing work, serious risks remain and all other safeguarding options / action / protection and interventions have been exhausted.
    - Guidance to help practitioners to identify and respond to the signs an adult may be self-neglecting.

- Developed a new methodology for carrying out SARs to ensure that future reviews draw on local expertise and generate local learning which will lead to effective change. Our ambition is to invest in the implementation of learning.

- Hosted over two hundred practitioners at WSAB learning events, like the event the Board ran at Tidworth Army Garrison on safeguarding adults who are homeless, or who are at risk of homelessness.

- With the support of the Centre for Independent Living, hosted quarterly meetings for Service Users' group to ensure those who use services are informing the work of the WSAB.

- Worked closely with the Community Safety Partnership and other agencies to construct a new partnership which will ensure that we are safeguarding people throughout their life in the communities in which they live.

- Carried out a self-assessment audit and peer challenge event that established the strengths of and key challenges to the local safeguarding adults system.

In Wiltshire

Concerns and enquiries

The number of contacts received by the new MASH from those who were concerned that an adult may need safeguarding fell from 4641 to 4183.

This 10% fall coincides with the introduction of a new triage process. That process is designed to ensure that those calling about care and support issues, where there is no indication of abuse or neglect, are put in touch with the right people to assist rather than being put in contact with our safeguarding team.

However, whilst the number of concerns raised fell by 10%, the number of safeguarding enquiries carried out increased over 18%. In 2017/2018, 22% of concerns lead to an enquiry. This year, 30% of concerns raised led to an enquiry. Three large-scale safeguarding investigations also took place to investigate wider concerns about organisational abuse. This means that although the number of concerns raised has fallen, the amount of safeguarding activity remains high.

Despite the fall in the number of concerns raised, the figure in Wiltshire remains consistently above the national average and this has been discussed by the Board's Quality Assurance Group. Whilst the reported number of concerns remains higher than the national average, we know that there are discrepancies in national reporting practices. This means that a direct comparison between local and national data tells us little about the actual level of abuse and neglect in either of those geographies. In addition, we also know that a high level of concerns raised can reflect a willingness of professionals, and members of the public, to report their concerns. Locally, it also reflects a high number of alerts being received from providers.

The view of Board members is that data across the full year 2018/2019 shows that we have started to move in the right direction. We are seeing fewer inappropriate concerns being forwarded to MASH and consequently the conversion rate from concern to enquiry is increasing.

Measuring success

In quarter three, there were a number of staff changes and vacancies in the new MASH and its acknowledged that processes and recording used to gather performance data were not completed consistently in every case. Trend data over a longer period will allow the Board to assess whether changes in data are the result of new arrangements or of inconsistencies in recording practices.

As planned, the function of triage services has changed with more multi-agency focus, information gathering and discussion taking place at this stage. As a result of this, the number of cases triaged in two days fell year-on-year from 98% to 85%.

In the year ahead, there will be reassessment of how we use data measures to evaluate the success of the MASH - and how we assess the effectiveness of multi-agency triage. It's believed that this fall reflects the additional work done at the initial stage to assess whether the concerns relate to safeguarding. However, the Board will want to seek reassurance that any increase in time taken to assess a case is not impacting negatively on adults at risk.

Learning from reviews

All of the Safeguarding Adult Reviews carried out by WSAB over the last two years have involved an adult at risk who had deteriorating or fluctuating mental capacity. The reviews indicate that more support is needed for local practitioners to help them effectively assess mental capacity and recognise the signs of self-neglect.

To reflect the findings of SARs published this year, the Board asked for data on those who lack mental capacity and are involved in a safeguarding enquiry. There were 380 adults at risk involved in concluded enquiries who lacked capacity to make decisions in relation to the enquiry. However, in another 532 cases it was not recorded on the CareFirst system whether the adult had capacity or not. This makes it difficult to assess the application of the Mental Capacity Act (2005).

In addition, whilst in 79% of cases adults who did not have capacity were recorded to have been supported by an advocate, family member or friend, in 19% of cases it is not possible to ascertain whether the views of an adult at risk who lacked capacity were represented.

Summary

The level of safeguarding activity has broadly increased based on the number of enquiries, large-scale investigations and Safeguarding Adult Reviews carried out. Whilst this does not necessarily indicate increased levels of abuse or neglect, further work will be required to understand the cause and impact of these changes in activity.

The majority of safeguarding concerns raised were made by staff in social care, nursing care homes, residential care homes or domiciliary care staff. The fall in concerns raised was mirrored across those agencies who most commonly raise concerns, with a notable decrease in the number of concerns raised by domiciliary care providers.

Over half of safeguarding concerns raised locally relate to those over 65 and the majority of those concerns related to women in a care or nursing home (see figure 1).

A significant proportion of those concerns raised by professionals across social care and health do not relate to abuse or neglect and instead reflect a cautious approach to care management. However, of the 400 concerns raised by social care staff, over half were triaged out. This may suggest there is work to do to help staff understand more about safeguarding thresholds.

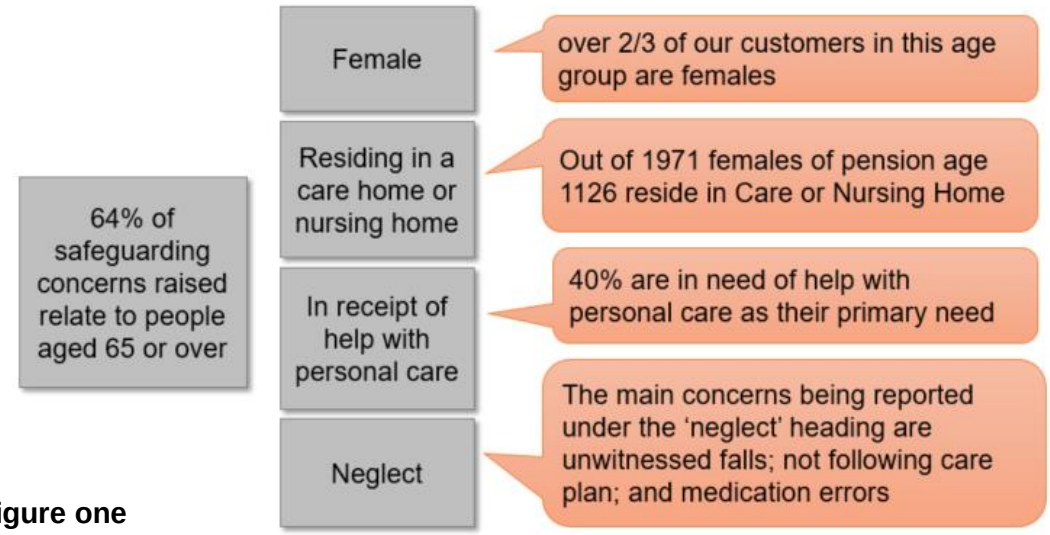


Figure one

The number of concerns raised by NHS staff and primary care remains relatively low.

The types of abuse reported as a proportion of all concerns remained consistent with 2017/2018. However, the number of concerns received by family and friends rose, suggesting an increasing awareness of safeguarding services.

Nationally

At the time of writing, the National Adults Safeguarding Collection data for 2018/2019 has yet to be published. The data we do have for 2017/2018 is still experimental and local areas are asked to submit much of the data on a voluntary basis.

What we do know from national data is that older people are much more likely to be subject to a Section 42 enquiry. The most common type of risk is neglect or acts of omission and the most common location of the risk is home. Our local data reflects all of these trends.

The increase in conversion rate from concerns to enquiries brings Wiltshire closer to the national average of 38%. However, inconsistencies in practice and discrepancies in recording practices mean that local figures vary from less than 4% to 100%.

Summary of learning from 2017/2018

Over the course of the year, the Board identified learning through a number of Safeguarding Adults Reviews, a member-led self-assessment peer challenge, data collected by the Quality Assurance group and from engagement with practitioners and service users. That learning is summarised below.

Local Safeguarding Adults Reviews

The last Annual Report set out learning from two reviews relating to Adult A and Adult B. Two further reports were published in 2018-2019 and can be accessed on the Board's website: www.wiltshiresab.org.uk/safeguarding-adults-reviews/

Reviews of serious incidents can help us identify how we can more effectively safeguard adults in Wiltshire. However, it should be noted that these Reviews represent only a fraction of the many cases where vulnerable people are supported by services. In most cases, outcomes are good and effective practice protects people who may not be able to protect themselves.

The Reviews conducted by the Board have identified six main streams of learning:

1. Application of the Mental Capacity Act (2005)

Ineffective application of MCA featured in all four of the completed SARs, with the following common features:

- **Assessments of mental capacity should be made when professionals witness an individual making repeated unwise and potentially harmful decisions.** An adult with capacity has a right to make unwise choices. However, where an adult has care and support needs and is making decisions that are not in their own best interest, professionals should consider undertaking a capacity assessment.
- **Formal assessments of mental capacity** should happen when there is doubt over mental capacity and an adult is making more serious decisions. Formal assessments provide the legal basis on which to introduce further interventions or assessments of care and support needs. Smaller decisions can be assessed less formally but should still be recorded.
- A lack of understanding that, where mental capacity is in doubt, assessments should be **decision-specific**. This applies regardless of how big or small the decision is. Mental capacity is not binary; a person should not be deemed to 'have capacity or not'.
- **Best-interest decisions** should be made and recorded when a person is deemed not to have mental capacity for a specific issue.
- Mental capacity can **fluctuate**, either due to physiological causes such as Dementia, or because of alcohol or substance misuse. In all cases, the specific decisions about the individual's care and support needs should be made in the same way.

2. Self-neglect

Common threads around this issue were:

- **Self-neglect comes in many forms**, some of which are less obvious or less often recognised. Lack of personal care or a poorly cared for home environment are not the only signs that someone is not taking care of themselves.
- **Best practice approaches** to working with those who self-neglect or who are at risk of self-neglecting may look different depending on the individual's needs, which is why this is such a complex behaviour to work with.
- Working with cases of self-neglect requires **effective multi agency working** and planning, to safely assess and reduce risk. Due to its complex and sometimes

changing nature, an individual's self-neglect may present differently to different agencies. By working together and sharing their experience of working with individuals, agencies can together better safeguard an adult at risk.

- Working with self-neglect may require a **long-term intervention** and persistence when trying to engage with service users.
- Self-neglect and **mental capacity** are intrinsically linked and that should be remembered when assessing risk.
- Neglect as a wider issue is a complex and difficult area to address due to its potential subjectivity. Local authorities should develop **clear risk assessment methods** for all types of neglect, to support professionals with identifying the harm neglect and self-neglect can cause, and how they should respond.

3. Effective application of safeguarding procedures

Safeguarding procedures may be in place, but a number of reviews demonstrated points at which these were not effectively followed. Common themes here include:

- **Escalation**. Ensuring that staff across agencies know how to escalate a concern, and that everyone is listened to regardless of their seniority or their role in an adult's life. That means escalating concerns within their own agency and with other agencies where necessary. Staff need to feel comfortable and empowered to escalate safeguarding concerns where they feel the appropriate actions have not been taken. Without this, professionals can develop 'learned helplessness' and give up trying to make their feelings known, accepting that they won't be listened to. This is unsafe for the practitioner and puts the service user at greater risk.
- **Communication of safeguarding procedures**. As well as procedures being in place, agencies need to ensure that staff are not only aware of them but feel confident to follow these procedures and apply them whenever relevant. Effective support and supervision should address this point for all staff, but is especially valid where temporary staff are employed, or for agencies where safeguarding may not be their primary purpose.
- Remembering **Making Safeguarding Personal** guidelines should mean that the risks to individuals are considered on their own merits and reduce the likelihood that generalisations or assumptions are made.

4. Effective assessment

This includes assessment of risk, as well as care and support needs. Common themes are:

- **Effective risk assessment** should have multi-agency input. Risk assessments should involve information from different agencies to allow professionals to get a broader and more accurate view of the risks. Robust risk assessment means that the most appropriate actions can be taken to safeguard the individual.
- **Risk assessments should be shared between agencies**. This allows for better continuity of care and should enable more effective safeguarding as the information is available for all to access.
- Any assessment, of risk or otherwise, should include the wishes of the individual themselves. This may include the use of an advocate (see below).
- Where there is a crisis and more than once agency is involved, **risk assessments must be formally carried out and recorded**. This encourages agencies to consider their responsibilities and shows a clear rationale behind any decisions that are made. In doing this formal process, a robust outcome is more likely to be found.
- **Discharge from hospital**. Plans for hospital discharge should be shared with all the agencies involved in the adult's care and support. The plans should robustly address all the risks involved with discharge. Plans should include all the key agencies who will be involved with the individual's ongoing care and decisions should be reached

collaboratively. This would prevent incorrect assumptions being made about what any ongoing care package will provide and is the appropriate place for challenges to be made, should agencies feel discharge is premature.

- Effective assessment that involves gathering factual information from multi-agency partners and family/friends should also prevent assumptions of care being made. Clear wishes should be sought from individuals' family and friends about their ability or desire to support the individual, and their wishes respected and adhered to. Agencies should be clear about what support they are able to offer and, where this does not meet the person's needs, a suitable alternative should be sought.
- Having a standardised method of risk assessment is more likely to lead to effective and appropriate actions to safeguard a vulnerable person at risk. Local Authorities may have recommended risk assessment tools that multi-agency partners are asked to use to increase the likelihood that different risk thresholds are commonly understood.

5. Communication

Due to the multi-agency nature of effective safeguarding, communication is a key feature of many of the SARs. Common themes are:

- A **complete and robust handover of information** is crucial when individuals are being transferred from one service to another, or from the care of one worker to another. This may be temporary, or permanent but plays a vital part in the future care the individual receives. NICE guidelines provide more information on this subject because of the pivotal role it can play in safeguarding vulnerable people.
- Significant decisions regarding a person's care should be taken after **collective discussion**, including the individual where possible. This ensures that all relevant information is included in the decision and increases the likelihood that the best outcome is reached for that individual.
- **Access to an advocate** where needed. Individuals should be able to express their wishes regarding their care and support needs. An advocate should be sought wherever possible to facilitate this. This could be a formal advocate where, for example, mental capacity is lacking, or it could be a family/friend/long-standing professional who the individual appoints to support them. Where an agency has the individual's wishes clearly recorded, they must ensure these are shared when relevant decisions are being made.
- Making the most of the **best placed person**. Being flexible in how agencies work with vulnerable people typifies Making Safeguarding Personal guidelines. Having frequent and meaningful contact between agencies will help identify who knows the person best depending on the circumstance, and who may be able to support another agency when they are introduced to the person for the first time.

6. Difficulty engaging with service users

Individuals who have care and support needs do not always want to accept help from professionals, or from friends or family. Adults with capacity to make decisions have every right to say no to offers of help and so safeguarding those people when they are vulnerable can be hugely challenging. What we know from our reviews is:

- **Multi-agency working is crucial** here. Including other agencies who work with the individual may increase the chances of engaging with them effectively. That includes agencies who may have worked with the individual in the past - there may be a chance to learn 'what works' for that adult from those agencies.
- Continuous resistance from vulnerable people could lead to a **lack of professional curiosity**, where professionals stop trying to engage with someone and instead make assumptions about how the person is likely to respond. Professionals may accept what an individual tells them despite evidence (or lack of) to the contrary, in the mistaken

belief that they have at last engaged with someone and that they are now 'working in partnership'.

- **Regular supervision** for professionals working with individuals who have been resistant to engage is crucial in ensuring that the professional has the chance to talk through issues and get a second, less involved perspective, and practitioners' methods can be challenged where necessary.

Implementing learning from Reviews

The work of the SAR Panel and subgroups to implement learning from Reviews is outlined below. The work includes running learning events, publishing guidance and toolkits, introducing new policy and undertaking quality assurance work.

However, agencies involved in the reviews have also been tasked with implementing change. Those changes include:

A Housing Association are now are training frontline staff across customer services and customer accounts to understand more about safeguarding adults. Manager reviews on open safeguarding cases and safeguarding referrals take place quarterly group meetings.

A community care provider provided training on self-neglect and the application of the Mental Capacity Act (2005) to staff. A new Head of Operations has been employed and introduced specific team meetings for clinical leads. The organisation now has assurance that regular one-to-one meetings with clinical leads are taking place.

A health agency created a mandatory template that all clinicians must use to log safeguarding concerns rather than relying on third parties. Use of the form is monitored through meetings which each clinician.

The local authority have put in place the Help to Live at Home alliance to respond in a timelier manner to emergency situations. New workflows between health and social care are being developed to streamline and support the service.

The Council's Court of Protection (COP) team implemented a risk assessment for every COP Team customer, and those customers who don't engage with services and are high risk are discussed in supervision every month. There is also a new red flag system to highlight missed payments and visits which are sent to the team manager.

A mental health provider has incorporated a risk recording element to care plans. Staff have been trained on use this new system and monthly audits are taking place to ensure the new system is working.

The **Police, Social Care, Council and Mental Health Trust** have agreed that where cases are escalated within agency to a Service Lead, the referring professional can call a multi-agency case conference. Attendance will be treated as a priority by each agency.

Self-assessment Audit and Peer Challenge

In Autumn of 2018, the following Board members submitted a response to the Board's annual self-assessment audit:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Great Western Hospital, Swindon
- NHS England South Central

- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Dorset and Wiltshire Fire and Rescue Service
- Wiltshire Council
- NHS Wiltshire Clinical Commissioning Group
- Wiltshire Police
- Wiltshire Health and Care
- South Western Ambulance NHS Foundation Trust

The reports submitted by partners identified a number of significant challenges:

- Improving the consistency of the application of safeguarding policies, procedures and processes and the Mental Capacity Act (2005) and Mental Health Act (1983).
- Planning for the changes expected when the new Mental Capacity (Amendment) Bill is implemented.
- Implementation of measures to meet requirements set out in the Healthcare Competency Framework August 2018.
- Lack of funding for Independent Domestic Violence Advisors (IDVAs), particularly in the South of Wiltshire.
- Consistent MARAC attendance.
- A backlog of unauthorised Deprivation of Liberty Safeguards (DoLS) - part of the Mental Capacity Act (2005)
- A lack of capacity within advocacy services to support vulnerable individuals, and the difficulties of cross-border working.
- A requirement for more feedback on referrals from the Council's safeguarding team to inform training.
- Delays in Mental Capacity Act (2005) assessments due to pressure on staff time.
- The increase in those found to be self-neglecting.

However, agencies also reported on how they are responding to those challenges:

- Sharing and promoting SAR learning across their agencies.
- Implementation of SAR learning being actively monitored by senior management and discussed regularly with providers.
- Reviewing and improving discharge processes, particularly complex discharges.
- Two agencies had developed a broader safeguarding improvement plan.
- Increased focus on better identification of self-neglect.
- Increased capacity within the DoLS team.
- Development of a process for identifying and assessing individuals whose care and treatment arrangements may constitute a Deprivation of Liberty in the community.
- Development of a local Dementia Plan.
- A local provider successfully bid for Health Education England funding to develop and provide an accredited 'Advanced MCA award'.

WSAB Subgroups and Reference Groups

All of the Board's subgroups and reference groups met four times in 2018-2019. Below is an update on their work and the challenges they have faced.

Safeguarding Adult Reviews

The Safeguarding Adult Review Panel was constituted in 2017 and is Chaired by Tracy Daszkiewicz, Director of Public Health at Wiltshire Council. The panel meets once every two months with additional meetings as required when we are undertaking a review.

During 2018-2019:

- WSAB introduced a new Local Learning Review methodology for conducting Safeguarding Adults Reviews. The new methodology, developed by the SAR Panel, utilises expertise in the local system and ensures local partners focus on the implementation of learning as well as the review itself.
- The Panel, on behalf of the Board, oversaw three reviews, two of which have now been published.
- Two of the reviews conducted used the Local Learning Review methodology and were carried out with oversight from our Independent WSAB Chair and agencies who had not been involved in the reviewed cases.
- The subgroup also developed a new SAR Policy which is due for publication and will make the review process more effective.
- The panel considered another two referrals and concluded that, although the criteria for a SAR had not been met, single agency reviews should also help to identify learning.
- Essentially, the Panel reviewed progress to implement learning as identified through reviews to ensure that we can more effectively safeguard adults at risk by working effectively across agencies.
- The Panel ensured that learning briefings were disseminated to all member agencies following each concluded SAR.
- A learning event was held in March 2019 to bring agencies together to discuss how we can tackle challenges identified by the reviews - including how we can ensure the identification of deteriorating capacity.
- Two more specific learning events were run to increase understanding of how to support those who may be self-neglecting and to examine how we are safeguarding those who are homeless.

Why does our new way of carrying out SARs matter?

Carrying out a SAR traditionally involved commissioning an independent review author from outside of the local system to write a report on a case we can learn from. Whilst introducing an independent expert to carry out a review has clear benefits, it also presents challenges.

So why have we introduced a new methodology?

- The process of finding an author is not scientific. There are many authors out there and many review methodologies to choose from. Finding an author can involve asking other Boards for recommendations or researching which author has the right expertise to look at the case you are carrying out.
- The quality of SARs has been an issue nationally. Many are well written and result in recommendations that the Board members can make sure lead to necessary changes. However, in other cases, Boards are left with very long reviews which are only read by

those who were involved and include recommendations that make it very challenging for the Board to implement meaningful local change.

- The aim of any review is for local services to engage openly in the process and to identify learning. However local services can feel that the review is the end product. An independent person asks them to take part, they are involved in the development of the review and the review is then published. We want local services to realise that the review is only the first stage - the end product is a system that is better because we have implemented learning from these reviews.
- Reviews can be hugely costly. This should not be and is not a reason to always consider using a traditional approach with an independent author, but there are other ways of investing in our system - namely investing in ensuring that we all learn from SARs.
- Our Board has an Independent Chair, its members have a wealth of experience of case reviews and improving local services, and the Board is supported by a partnership team. These resources can be used to help us achieve learning and are supporting our new methodology. We do though ensure that both the Chair and Deputy Chair of our reviews are from an organisation who has had no involvement in the case being reviewed - only by doing this can we ensure objectivity.
- In 2019, we will be involving Healthwatch Wiltshire in our reviews to go a step further towards making our review process as transparent and open to challenge as it can be.
- Involving the adult at risk, where that is possible, or their family wherever we can, remains a priority for the Board regardless of the methodology we use for a review.

The more local approach to carrying out SARs, which we decided to adopt in Wiltshire in 2018, is now being adopted in other areas for many of the reasons set out above.

The SAR Panel will ensure that in 2019-2020, we continue to learn as we go, improving our new approach to ensure it helps us better safeguard vulnerable adults. The Panel will also always consider other approaches where we are not certain a Local Learning Review methodology will satisfactorily identify learning - and should we undertake a local review and find the case is more complex than we first believed, we will look to take a different approach.

You can find out more at www.wiltshiresab.org.uk

Learning and Development

In 2017/2018, we reported that attendance at the Learning and Development Subgroup had been mixed and, later that year, the Chair stood down due to other commitments.

The key challenge the group faced was the assessment of training needs and agreeing plans for agencies who have different functions and statutory duties. In addition, without a budget to deliver training, group meetings generated a good exchange of ideas and experiences but did not result in an agreed programme of activity.

It was agreed that the Board would focus on delivering regular, free, training events based on learning from SARs. It was also decided that the new SAR Panel would provide recommendations to members that would ensure training was delivered as required on a single agency basis to meet need.

The group was stood down in 2018 and since that time, over 200 practitioners have attended Board learning events and a programme of multi-agency training is being delivered, led by the Council with support from the wider Board.

The decision to stand down the group will be revisited in 2019.

Policy and Procedures

This year, the Policy and Procedures subgroup was chaired by Emma Townsend, Head of MASH, Advice and Contact at Wiltshire Council. The group met four times in 2018-2019 and is regularly attended by representatives from:

- Wiltshire Council
- Wiltshire Police
- NHS Wiltshire CCG
- Wiltshire Health and Care
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Independent Provider representatives
- Medvivo

The Policy and Procedures Subgroup's role is to ensure that the WSAB has appropriate safeguarding policies that enable it to maximise the outcomes for adults at risk in Wiltshire and reflect its diverse communities.

What did the group do in 2018/2019?

- The group was committed to developing a multi-agency response to the High-Risk Behaviours of those with capacity who are at high risk of harm to themselves or others. This year they achieved that. The new High-Risk Professional Meeting tools provide a framework for the management of very complex cases where, despite continuing work, serious risks remain, and all other safeguarding options / action / protection and interventions have been exhausted.
- The subgroup published Self Neglect guidance in line with the recommendations from a recent SAR.
- The subgroup has reviewed the Large-Scale Investigation policy and a redrafted policy is now being consulted on.
- The group agreed a survey to test how well we are working to Make Safeguarding Personal (MSP). The survey is now being handed out to those who have been involved in an enquiry.
- The group developed and signed off the Board's Escalation Policy.
- Members were consultees on the introduction of a new methodology for SARs.
- A pilot training programme for care home staff was delivered by Wiltshire Care Partnership on behalf of the Board. The session was designed to test sector appetite for training on application of the MCA (2005).
- The group's work is published at www.wiltshiresab.org.uk/professionals/

What will the group do in 2019/2020?

- Publish a revised Large-Scale Investigation policy.
- Establish a clear picture of how well MSP principles are embedded in partner organisations.
- Assess local provision of advocacy services and the engagement of services with family members when an adult at risk is being transferred between settings or is in a new setting.
- Explore the impact of social isolation on the effectiveness of adult safeguarding through a needs assessment and development of an action plan as required.
- Promote and apply the new Self-Neglect Protocol across the partnership
- Evaluate and increase the impact of the High-Risk Behaviours Strategy.
- Implement a new Information Sharing Agreement for both the Board and MASH to enable the effective flow of information where necessary to safeguard individuals and improve practice.
- Update WSAB's Staff Guidance and Policy and Procedures documents to ensure there is a local framework for good practice.

- Inform and contribute to the Adult Services Transformation programme to ensure that safeguarding remains a priority in the redesign and development of operational services.
- Development of a Virtual Partnership to support the Adult MASH.
- Put in place a multi-agency protocol to support professionals who are called to attend adults at risk who are highly intoxicated and who pose a risk to themselves and, potentially, to others.
- Develop a Local Learning Framework, a Multi-Agency Risk Assessment tool and a policy in relation to People in a Position of Trust.
- Ensure that all Board members are well sighted on the development of legislation and guidance concerning adult safeguarding and that policies, procedures and practice continue to be developed and reviewed to reflect changes.

Quality Assurance

In 2018, the Chair of the Quality Assurance (QA) Subgroup stood down and group meetings were chaired by a member of the CCG team until a new permanent Chair was nominated for the group in 2019. The new Chair is Kathryne Abbott, Designated Professional for Safeguarding Adults at the CCG. Despite these changes, the group continued to meet through 2018/2019. Members of the group represent:

- Wiltshire Council (WC)
- Wiltshire Health and Care
- Wiltshire Care Partnership
- NHS Wiltshire CCG
- Royal United Hospital (representing acute providers)
- Wiltshire Police
- Healthwatch Wiltshire

The primary role of the group is to collect and review data from the partnership which gives the Board assurance that services are working to deal effectively with concerns raised about safeguarding. The data that the subgroup have reviewed this year is provided at the end of this report and underpins the commentary included earlier.

In addition, an annual self-assessment challenge was completed by all 11 agencies asked to take part and led to a panel review of the reports and a Peer Challenge event. Meetings were held with all of the agencies and identified both progress and challenges, which will provide a focus for the QA group the year ahead.

The group meetings have also provided a forum to review Safeguarding Adults Collection data and to consider how partners can work together to monitor quality in the new adult MASH. Professionals now hold a weekly audit session to review cases and assess where improvements to services can be made.

To support the work of the group, the Chairman of the Board asked local commissioners to gain assurance that we are certain that those adults at risk from Wiltshire who are placed in other counties are safeguarded from harm. Responses were received from all parties and assurances provided.

The group also maintains a multi-agency risk register.

What will the group do in 2019/2020?

- Implement a Multi-Agency Case File Audit (MACFA) process to test multi-agency responses to the learning from this review.
- Undertake deep-dive audits to test how well the system is implementing the MCA (2005), recognising and responding to self-neglect, safeguarding people who are moving between settings and to assess the adequacy of support and supervision of frontline staff.
- Support the Board to provide effective governance, oversight and support of the Adults MASH and broadening of that hub to include other partners to meet local needs more effectively.
- Undertake assessment of the learning offer of key single agencies, assessment of where gaps in that provision may necessitate a multi-agency training offer and action to address those gaps.
- Carry out the annual self-assessment audit and peer challenge event
- Establish the number of people who have been placed into services in Wiltshire by commissioners from other parts of the UK and assess how effective safeguarding arrangements are protecting them from abuse and neglect.
- Focus on Making Safeguarding Personal and the need to develop a model of assurance that will engage with service users and their families to assess their experience.
- Explore the impact of social isolation of the effectiveness of adult safeguarding through a needs assessment and development of an action plan as required.
- Audit cases of adults at risk who received support from the Court of Protection team to assess where monthly spend is low if this coincides with potential self-neglect.
- Work with the Community Safety Partnership to examine the issues of criminal and sexual exploitation, the local evidence base and the impact on vulnerable adults in Wiltshire and respond accordingly.
- Support the Board to implement change based on learning identified by SARs.

Service User Network Reference Group

This year Wiltshire Centre for Independent Living (WCIL) supported our Service User Network Reference Group. Meetings continue to be well attended by service users who have experience of how local systems are working from a care user's perspective, through their own experience and through the networks they have developed. WCIL have done much to support our work and to ensure the voice of service users is at the heart of the Board's work.

Hot topics

During the course of the year:

- Wiltshire Council's Trading Standards team came to meet service users to talk about scams and how to stay safe. Members provided feedback about their own experiences.
- The group expressed concerned about sheltered housing and how well residents with care and support needs were protected from harm. The Chair of the Board met with the Council's Executive Director with responsibility for housing to feedback members' concerns and to seek assurance that those in sheltered housing were being safeguarded from harm.
- Members of the group have designed a leaflet to promote awareness of adult safeguarding in our communities. The leaflet will be published in 2019.
- In early 2019, guests from Wiltshire's new reablement service joined the group to talk about how the service works and how it helps to protect the independence of adults at risk. The group asked questions about how the new system would work and raised concerns about delays in hospital transport and about discharges that happen late at night.

The group continues to grow in 2019 and the way meetings are now being used ensures that instead of simply providing a space to share information with members, the meetings provide a space for members to share their views with the people that design and run services.

Members also receive and have opportunity to comment on:

- Feedback from all the main Board meetings and work of the subgroups.
- The Board's annual Business Plan and Annual Report

Carers' Reference Group

The Carers' Reference Group continues to meet but meetings were again not always well attended. Those attending are unpaid carers themselves and care for people with a range of mental and physical care and support needs. As we know, this can make attending meetings on a regular basis very challenging. However, Carer Support Wiltshire continue to facilitate the group effectively to ensure that the Chairman of the Board has a regular opportunity to meet carers in Wiltshire and hear their feedback and concerns.

This year, the hot topics discussed at meetings included:

- Concern that when you are caring for someone who is frail and elderly they may bruise more easily - these bruises may then be misconstrued by a third party.
- The closure of mental health beds - the Chair has subsequently raised these concerns with services to ensure the concerns of carers are considered.
- The Carers Emergency Card - Wiltshire Council's commissioning team came to talk to the group about the card and how they are used.
- Members reviewed and commented on the draft Hoarding Protocol and Self Neglect Guidance.

Appendix 1 - Board Membership & Attendance

	May 2018	July 2018	Nov 2018	Jan 2019	March 2019
Independent Chair	Y	Y	Y	Y	Y
DASS and Corporate director	Y	N	Y	Y	Y
Chair of the Policy and Procedures subgroup	Y	Y	Y	Y	Y
Detective Supt, Police	Y	Y	Y	Y	Y
Head of Safeguarding NHS CCG	-	-	-	Y	Y
NHS Wiltshire CCG	Y	Y	Y	N	Y
Director of Adult Care Operations, Wiltshire Council	Y	N	Y	N	Y
Director of Public Health and Chair of the SAR Panel	Y	N	Y	Y	N
Chair of the Quality Assurance subgroup	Y	Post vacant	Post vacant	Y	Y

2018/2019 WSAB Dashboard

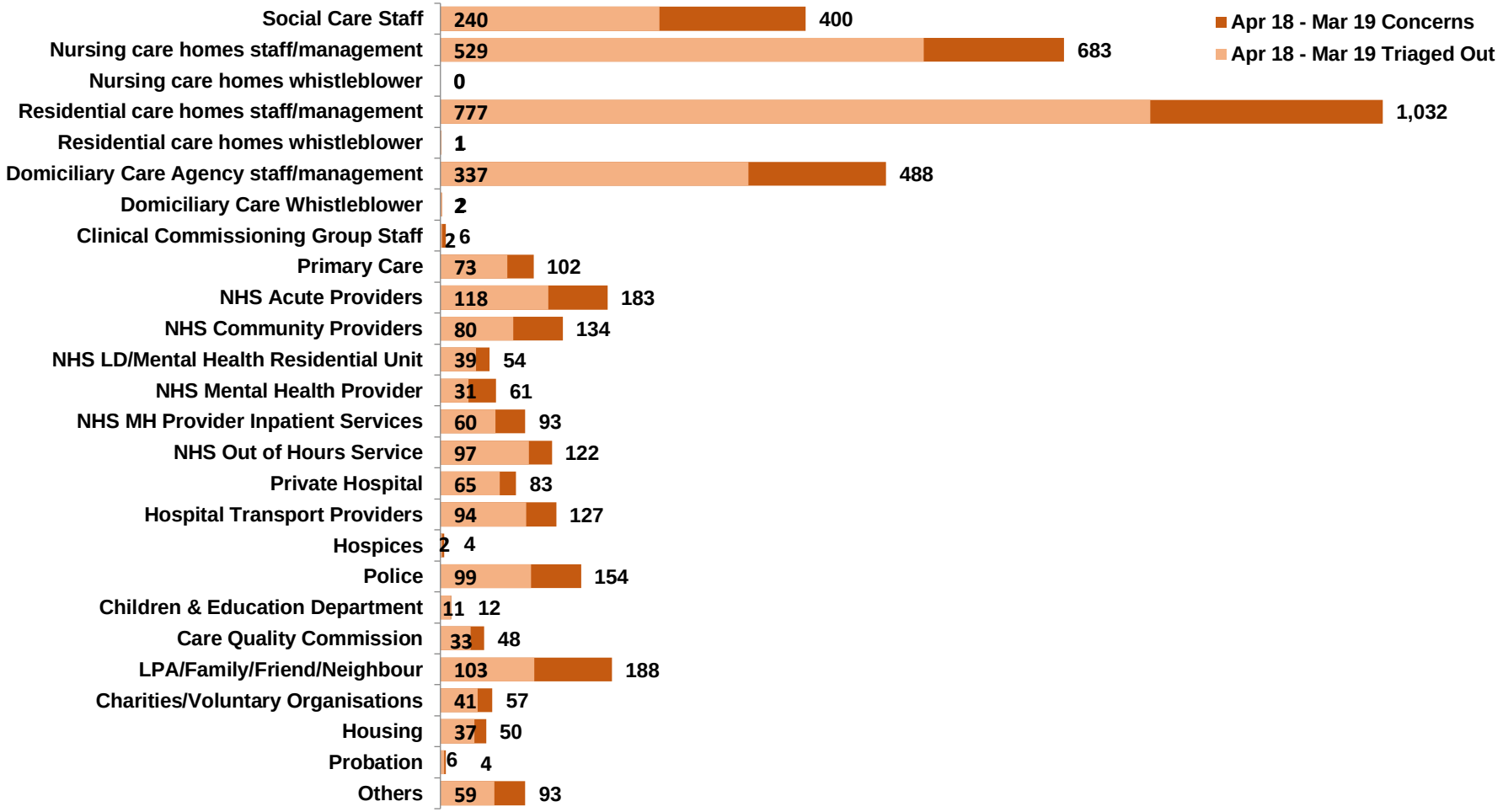
(Sources: Wiltshire Police, Wiltshire Council Safeguarding Adults Team, Public Protection and Public Health)

	Time period	18/19	18/19	18/19	18/19		Annual measure	Annual measure
	Data set	**Q1**	**Q2**	**Q3**	**Q4**		**17/18**	**18/19**
1	No. of contacts received by the safeguarding team about possible incidents of abuse or neglect (Concerns)	1,062	942	1,015	1,164		4,641	4,183
2	No. of those reports that are looked into (triaged) within two days	931	773	830	1,042		4,571	3,576
3	Percentage triaged in two days (target - 97%)	88%	82%	81%	90%		98%	85%
4	Number of Enquiries started	316	255	250	428		1,016	1,249
5	Percentage of Concerns leading to an Enquiry	30%	27%	25%	37%		22%	30%
6	Number of adults at risk who set desired outcomes	90	109	102	107		608	410
7	No. of adults at risk who stated that their desired outcomes were fully or partially met	83	98	88	99		583	368
8	% of adults at close of Enquiry who felt that their outcomes had been achieved	90%	90%	86%	93%		96%	90%
9	No. of adults at risk in concluded Enquiries lacking mental capacity to make decisions relating to the safeguarding Enquiry	74	88	105	113		368	380
10	Of the Enquiries shown in 11 above, the number of cases where support was provided by an advocate, family or a friend	64	75	93	68		298	300
11	Percentage supported by an advocate, family or a friend	86%	85%	89%	60%		81%	79%
12	No. of Large-Scale investigations (no. of beds)	80	117	113	113		11	193
13	No. of Safeguarding Adults Reviews published	2	0	1	1		0	4
14	No. of adults at risk awaiting a DoLS assessment	1,783	1,701	1,771	1,721		-	-
15	Number of high-risk domestic abuse cases heard at Multi-Agency Risk Assessment Conferences (MARAC)	104	223	178	-		-	-
16	No. of Domestic Abuse incidents (reported to the Police)	886	1002	847	-		-	-
17	Number of Anti-Social Behaviour Risk Assessment Conference (ASBRAC) cases	28	42	44	-		148	-
18	No. of ASBRAC victims	40	40	85	-		243	-

Supporting information - concerns, enquiries and outcomes

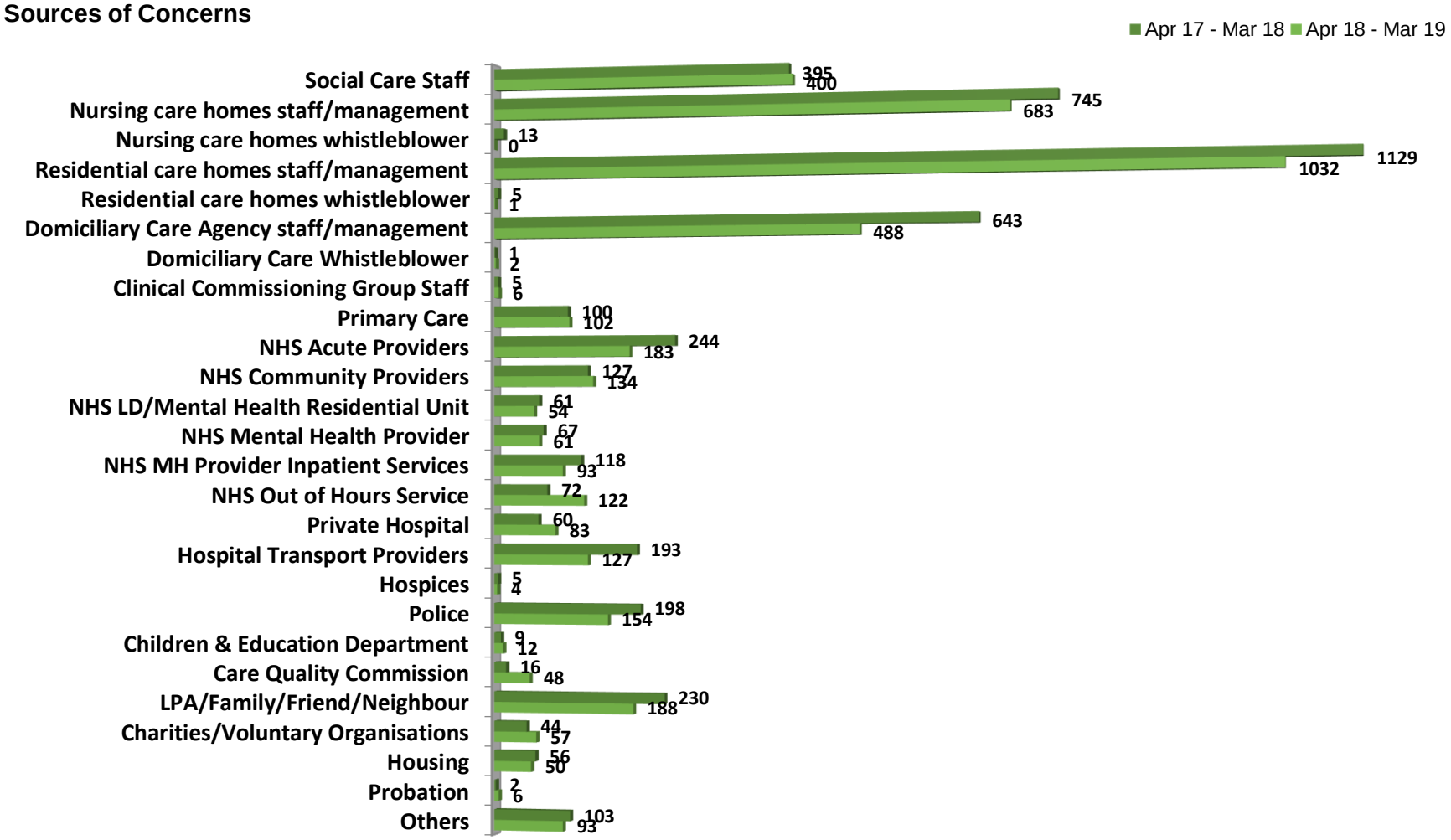
Concerns raised (figure A)

Sources of Concerns:



Concerns raised

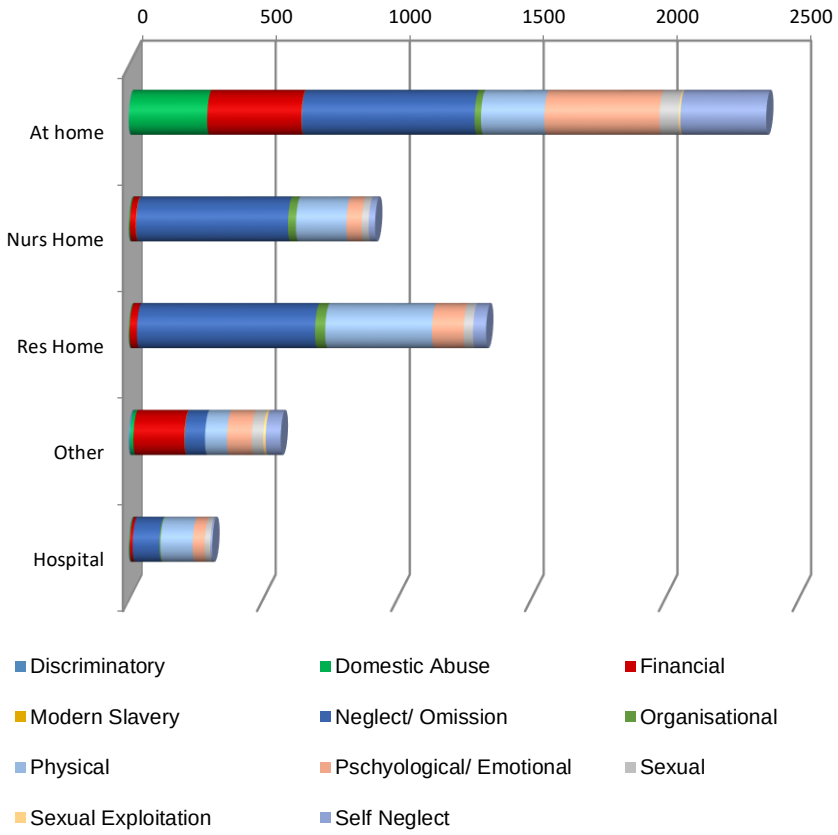
Source (figure B)



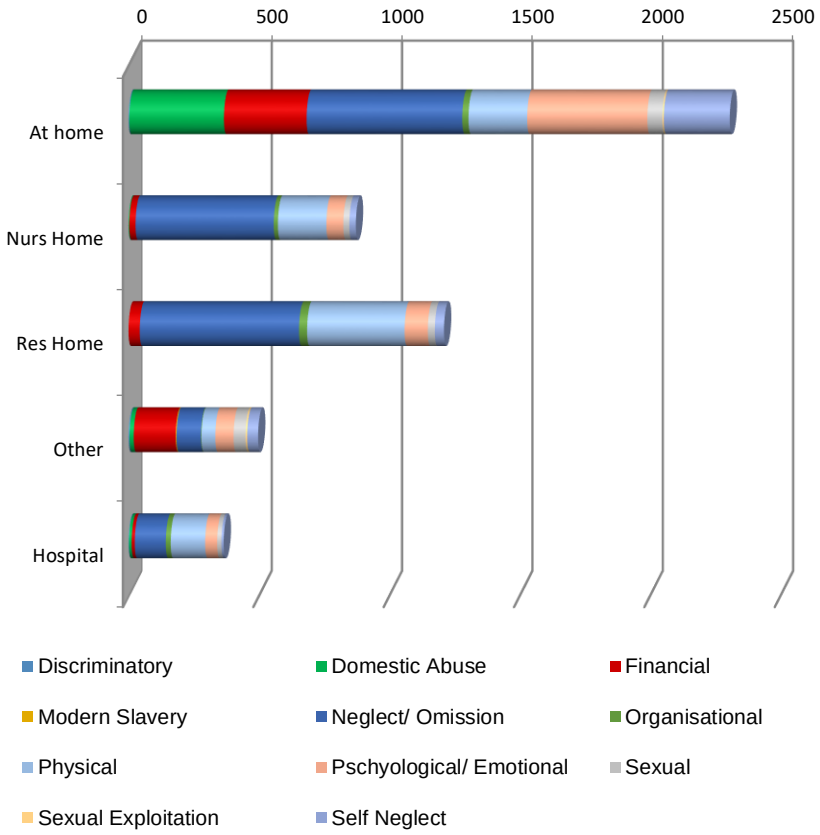
Concerns raised (figure C)

Type of abuse by setting (at the Concern stage)

April 2017 - March 2018

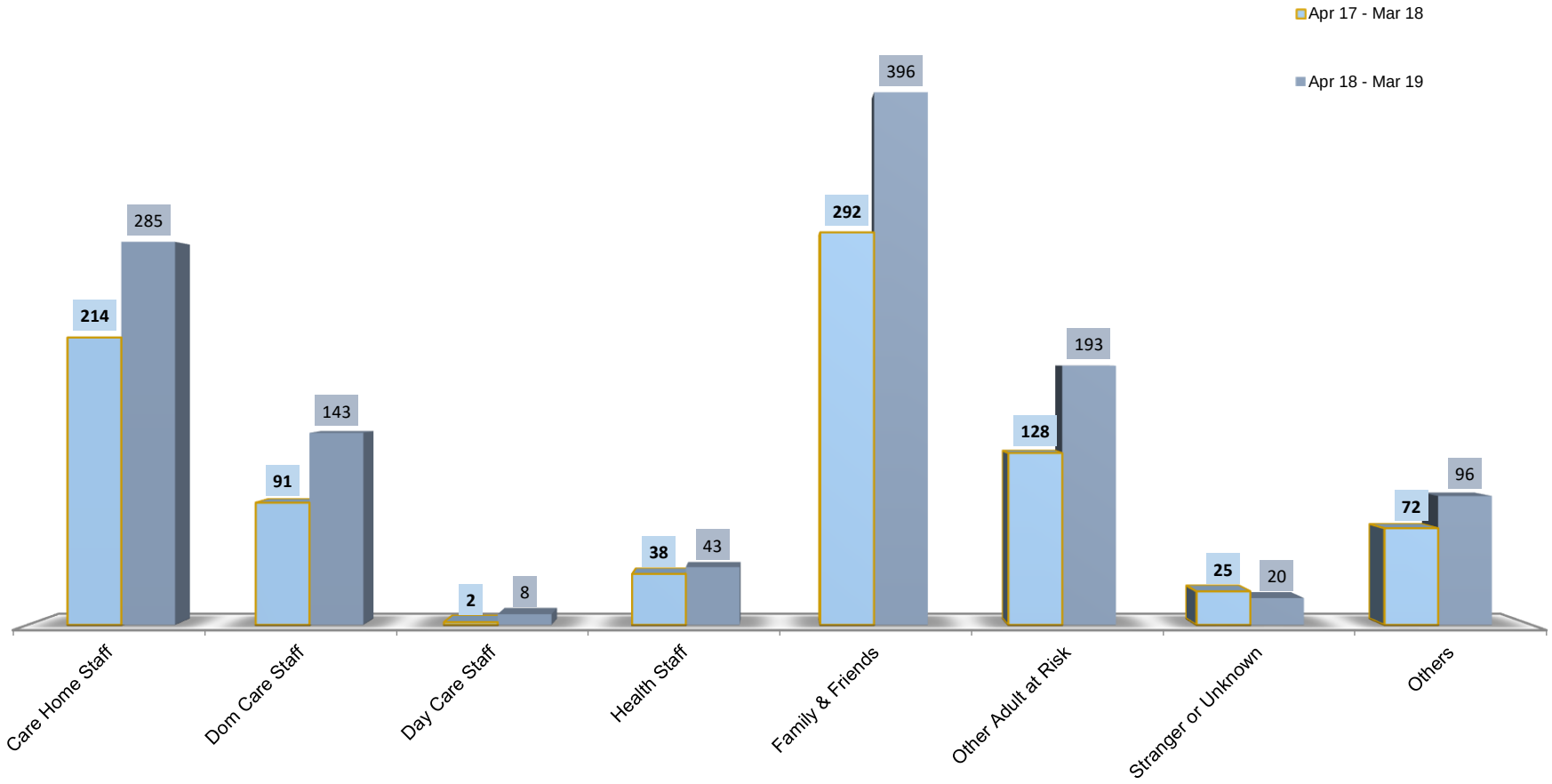


April 2018 - March 2019



Enquiries (figure D)

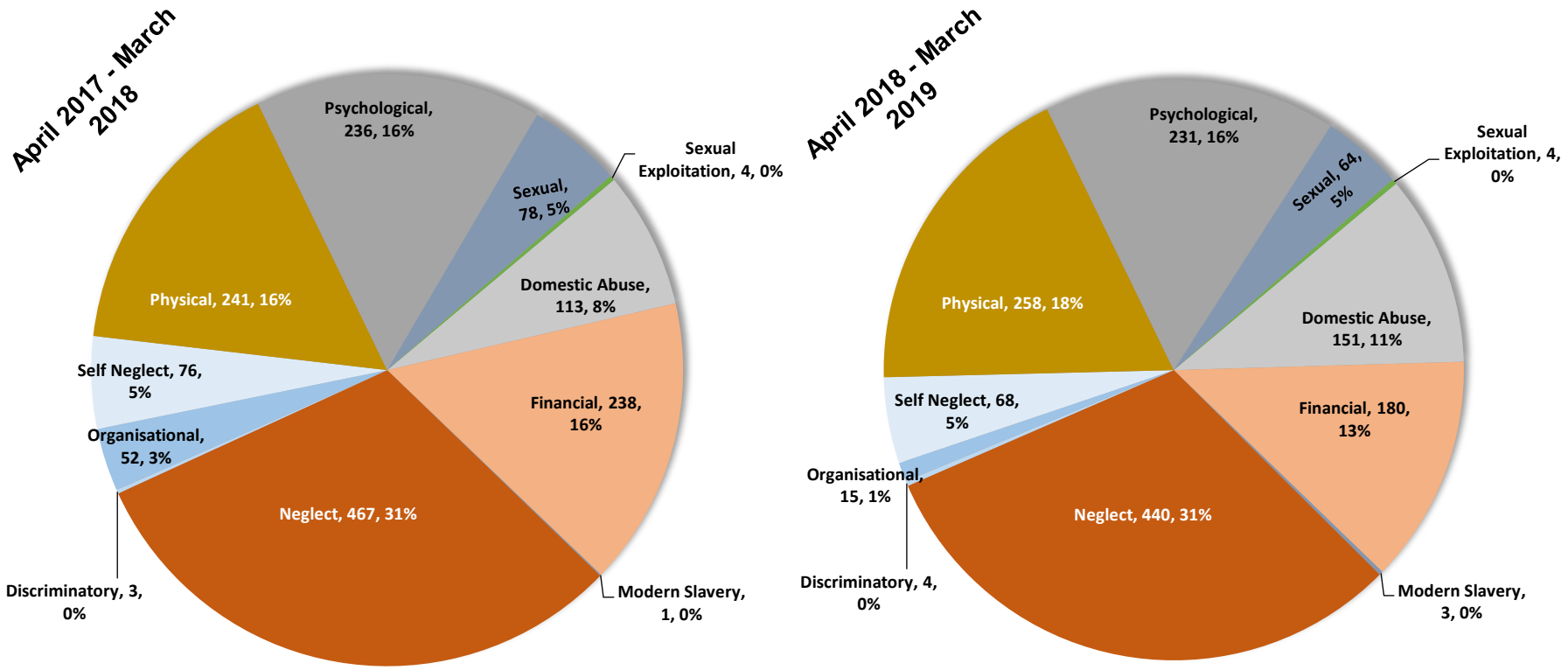
Relationship of alleged perpetrator to the adult at risk



Enquiries

Type of alleged abuse (figure E)

Type of abuse



Concluded enquiries

Agencies involved (concluded enquiries only) (figure G)

Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Agency	Apr 17 - Mar 18		Apr 18 - Mar 19	
	No.	%	No.	%
Acute Hospitals	101	12%	86	7%
Advocacy Service	107	12%	76	6%
AWP	85	10%	97	8%
Care Home	331	38%	279	24%
Care Quality Commission	256	30%	140	12%
Community Health Services	45	5%	59	5%
Court of Protection	46	5%	28	2%
Adult Social Care	507	59%	261	22%
Housing (Associations, Schemes, Dept)	32	4%	42	4%
Other Local Authorities	47	5%	41	3%
Others (Adult or their Representative)	153	18%	160	14%
Clinical Commissioning Group	130	15%	87	7%
Police	377	44%	260	22%
Provider Agencies (Day, Dom Care, etc)	321	37%	286	24%
Totals	**862**		**1,184**	

Wiltshire Safeguarding Adults Board

Strategic Plan
2019 - 2021

Foreword

Since I became Chairman of the WSAB in 2015, much has changed in Wiltshire. Most significantly, a new Multi-Agency Safeguarding Hub now exists where staff from Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group work together to more effectively safeguard vulnerable adults. Our system will continue to change in the coming three years with a programme of adult services transformation underway.

The Board continues to be a forum for partners to consider and agree changes across the partnership but, as services have evolved, we have adapted the way we work too. This report sets out:

- The evidence we have used to map the nature of demand on local safeguarding services and our opportunities to improve the way our partnership manages that demand
- Our key challenges over the next three years
- Our plan to ensure that Wiltshire continues to lead the way in its work to protect vulnerable adults

However, our Board is only as successful as our members and service users make it. We will be asking for your support in the coming three years to make this plan a reality.

Richard Crompton
Independent Chairman

For more information about the Board and its role please see Appendix 1.

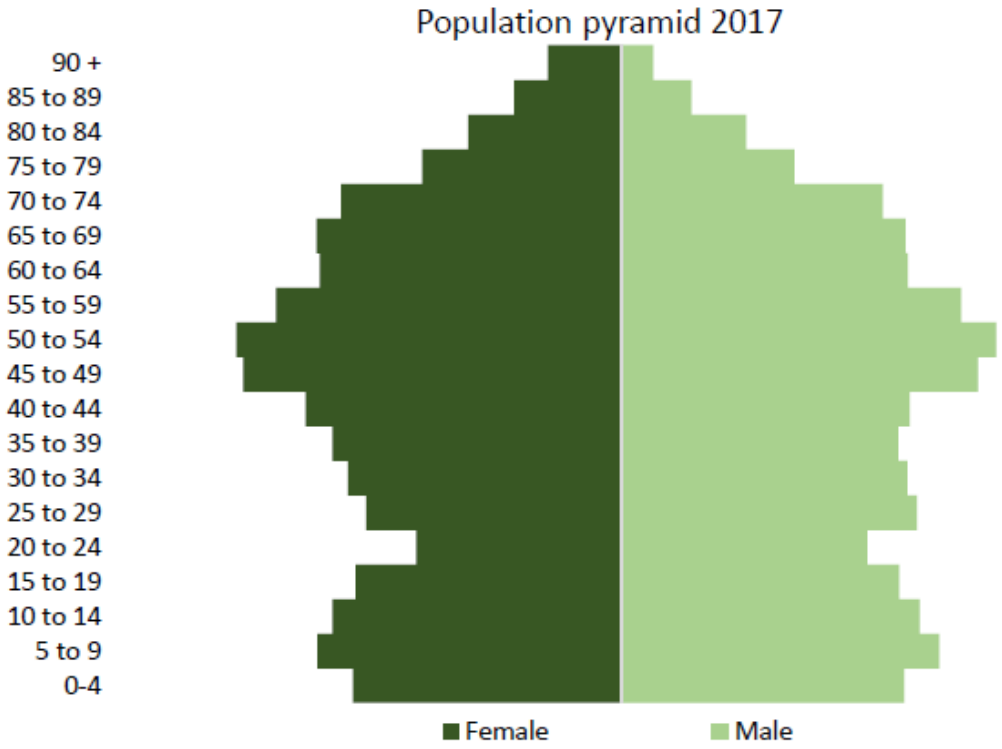
Local challenges

- **Service pressures** - over 17% of Wiltshire's population (496,043) is over 65 years old (data from 2017). 64% of safeguarding concerns relate to people aged over 65 and over 2/3 of that group are female.

- **Isolation** - 51,845 people recoded that they lived in one person households (2011 census) and only half of adult social care users reported they have as much social contact as they would like (2016/17).

- **Health** - The vast majority of people recorded they were in fair or good health. But 70,000 people recorded that a long-term condition limited their day to day activities (2011 census). The rate of emergency hospital admissions due to falls in people aged 65-79 was higher than the regional average (2017/18).

- **Safeguarding concerns -** 64% of safeguarding concerns relate to people aged over 65 and over 60% of those concerns relate to females.



Local Challenges

- **Army welfare** - Military rebasing is a significant driver of population growth; by 2020 it is expected there will be ~18,000 serving military personnel, many of whom will have spouses and children.

- **Post-Traumatic Stress Disorder** - within Wiltshire, based on national prevalence rates, we can expect around 15,000 people to be experiencing PTSD.

- **Mental Health** – people with mental health support needs are the third biggest category of people being referred to adult safeguarding in Wiltshire

- **Dementia** - Whilst recent estimates suggest there are around 6,800 people with Dementia in Wiltshire, that's predicted to double by 2035.

- **Mental Capacity** - Over a third of safeguarding enquiries started in 2017/2018 involved an adult who lacked mental capacity

- **Self harm** - The reported prevalence of self-harm is rising particularly amongst young women; a quarter of 16-24 year old women report self-harming. Overall, there are estimated to be around 29,000 cases of self-harm in Wiltshire a year. Most go unreported.

- **Rurality** - 90% of the county is classified as rural.

Local Challenges

- **Safety** – Wiltshire is a relatively safe county and data reflects a low level of crime. Despite this, partners are not complacent and the nature of specific risks to community safety continues to change. Recognising vulnerability and tackling exploitation are priorities for the police locally, as are Modern Slavery, cyber crime and domestic abuse.

- **County Lines** – When a home has been cuckooed - where criminals take over the house of a vulnerable person to use it as a base to deal drugs from – the Police record instances where violence or intimidation has been used or where victims have specific vulnerabilities. In Wiltshire, 26 situations were recorded between November 2017 and 2018.

- **Self Neglect –** identification and management of self neglect has emerged as a theme from recent local Safeguarding Adults Reviews. After recommendations from a review in 2018 the Board developed and published guidance to support practitioners in managing self neglect.

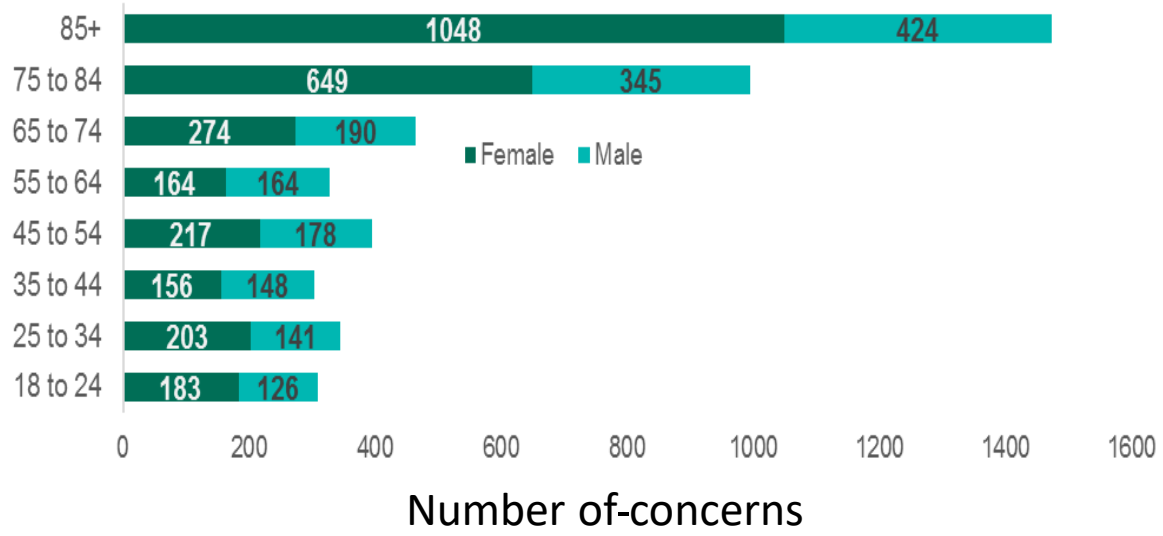
- **Domestic Abuse –** between 1 July 2018 and 31 December 2018 1,849 incidents of domestic abuse were reported to Wiltshire Police.

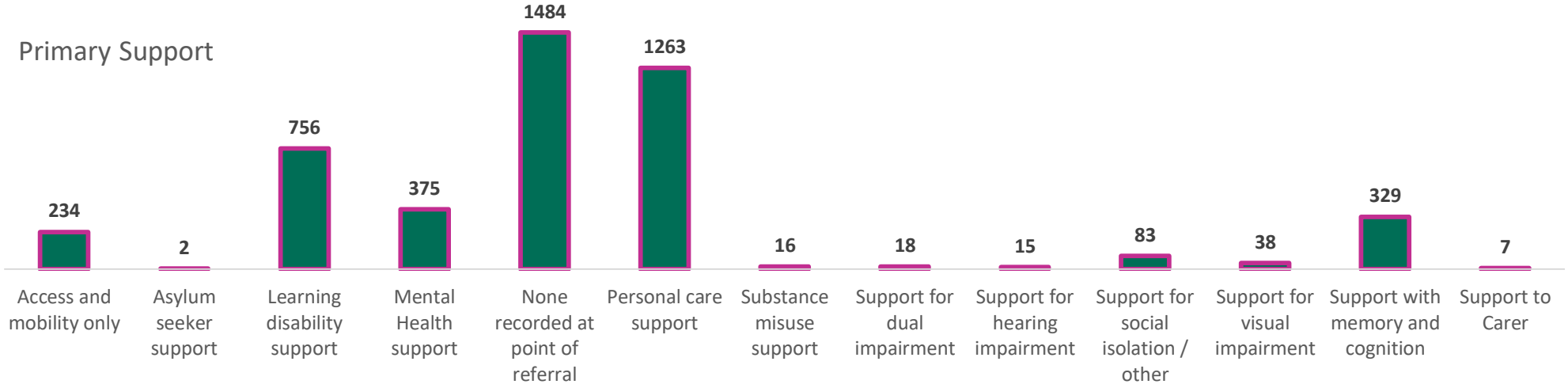
- **Carers** - Carer Support Wiltshire had just over 12,000 individuals registered in 2016/17 – 35.1% were over 65. 24.9% of adult carers report they have as much social contact as they would like (2017/18).

Where we are safeguarding people in Wiltshire

In 2018, there were 4193 concerns raised about adult safeguarding. After triage, that led to 1083 enquiries ongoing enquiries. 74% of the concerns raised either were not safeguarding or were dealt with in a proportionate way by agencies at point of triage

Many concerns raised relate to women over 65. Most of those concerns related to those with personal support needs or requirements for support with a learning disability.





The people we are safeguarding

64% of safeguarding concerns relate to people aged over 65

22% of safeguarding concerns relate to people aged between 75-84

32% of safeguarding concerns relate to people aged over 85

Female

Over 65% of our customers aged over 65 are female

Residing in a care or nursing home

In 60% of case when concerns were raised on behalf of a women 65+, the woman lived in a care home

In receipt of help with personal care

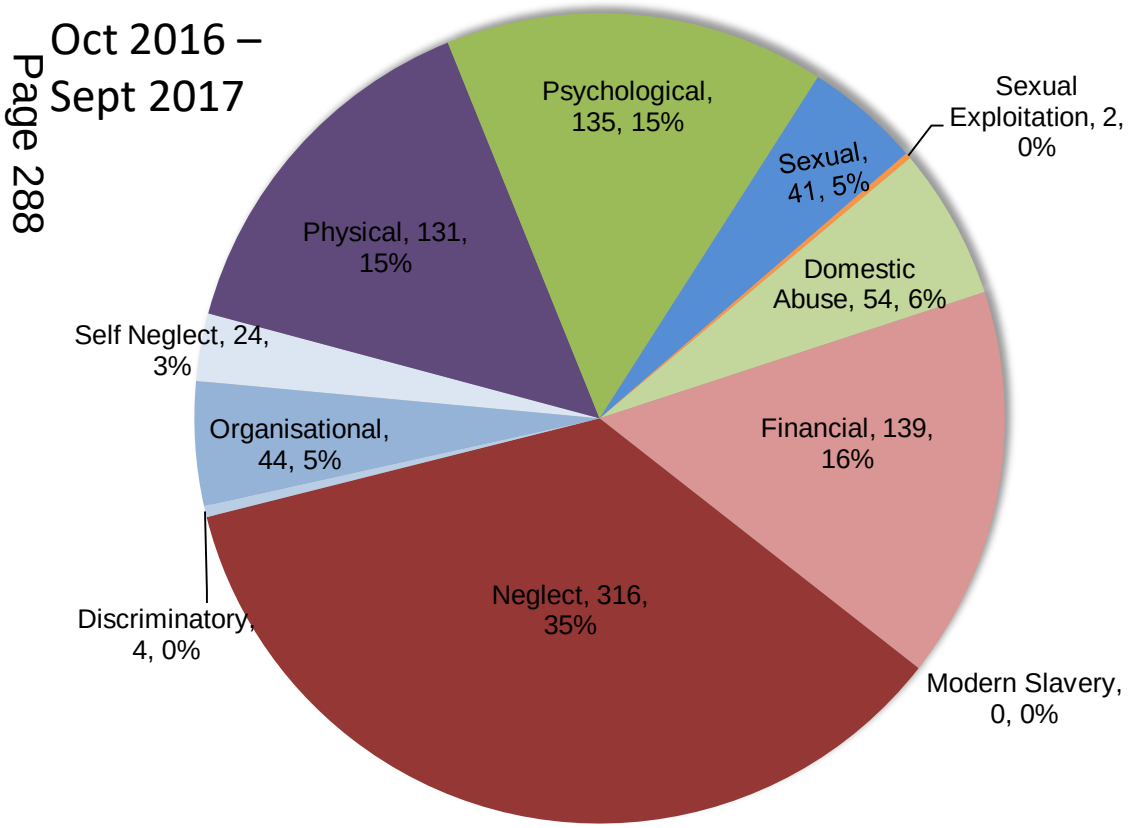
40% are in need of help with personal care

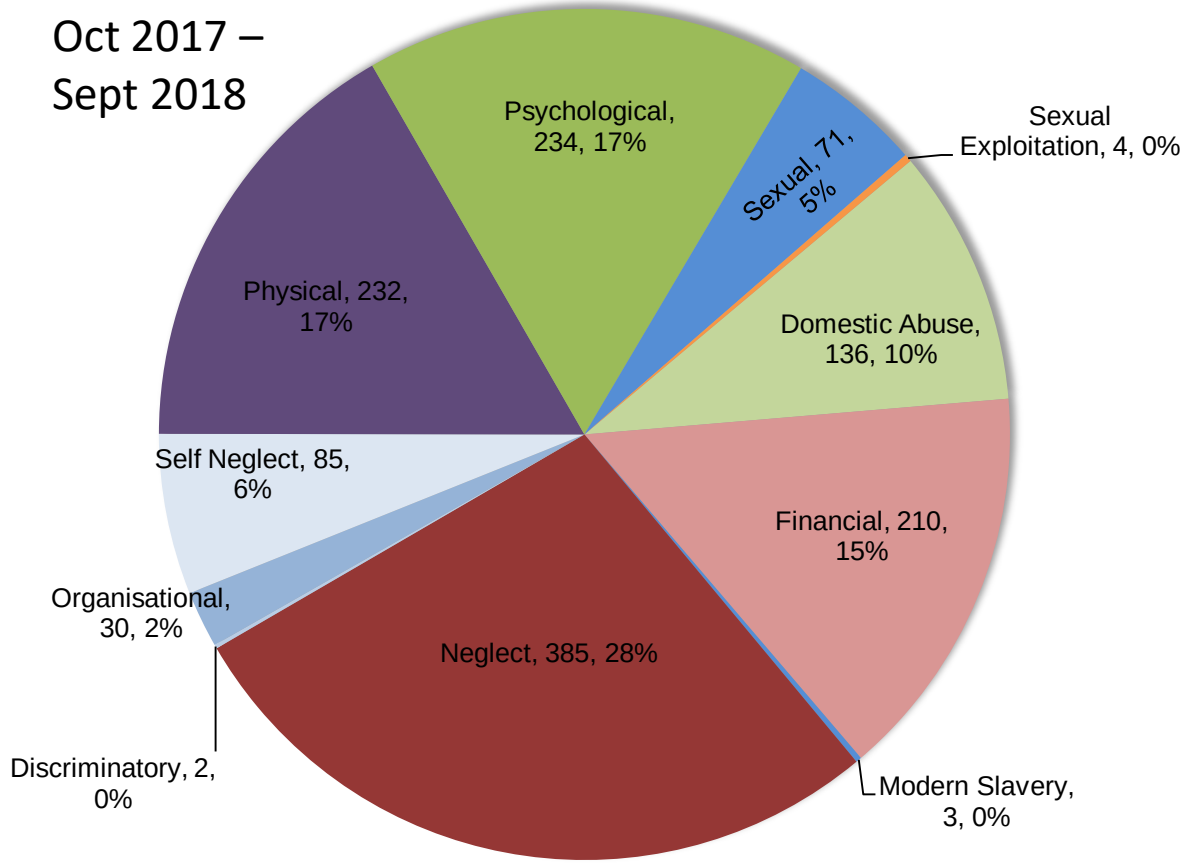
Neglect

The main concerns being reported are under the heading of ‘neglect’ – that might include unwitnessed falls, carers not following the care plan or medication errors

The nature of safeguarding concerns

In Wiltshire, we know both what the demand on our services is and the challenges we face. Below you find information that describes the unique nature of our safeguarding work – who we are safeguarding, the nature of the risk to those people and where they are.





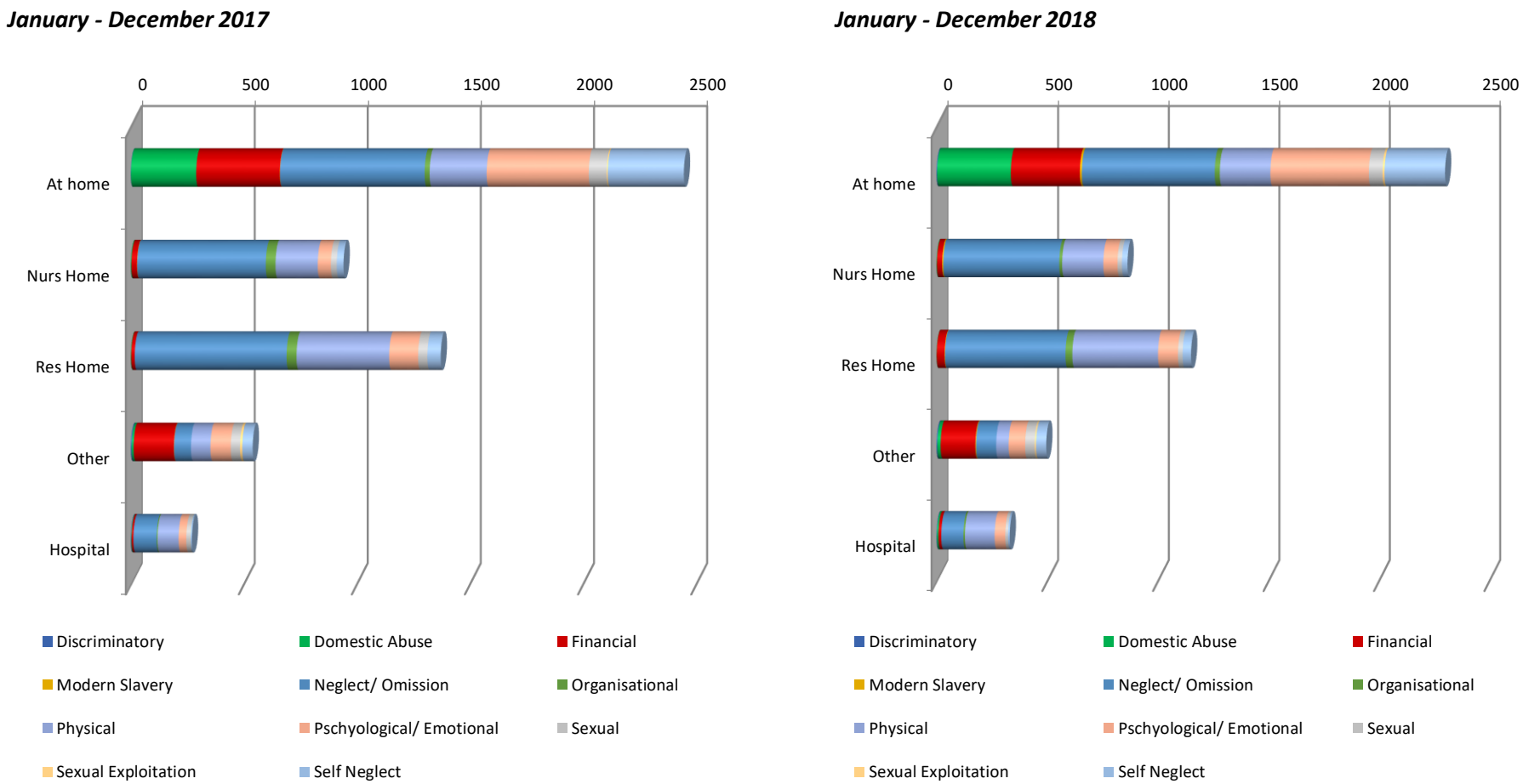
The local picture	17/18	18/19	18/19	18/19	Annual measure
Data set	**Q4**	**Q1**	**Q2**	**Q3**	**17/18**
No. of contacts received by the safeguarding team about possible incidents of abuse or neglect (Concerns)	1,178	1,061	941	1,013	4,641
No. of Safeguarding Adults Strategy Meetings (SASM) held	169	167	130	77	686
Percentage of Concerns leading to SASMs	14%	16%	14%	8%	15%
Number of Enquiries started	329	315	246	190	1,016
Percentage of Concerns leading to an Enquiry	28%	30%	26%	19%	22%
Number of adults at risk in concluded Enquiries lacking mental capacity to make decisions relating to the safeguarding Enquiry	60	29	40	52	368
Of the Enquiries shown in 11 above, the number of cases where support was provided by an advocate, family or a friend	51	26	35	45	298
Percentage supported by an advocate, family or a friend	85%	90%	88%	87%	81%
Number of Large Scale investigations (No. of beds)	0	80	117	113	11
Number of Safeguarding Adults Review referrals started	0	3	1	1	3
Number of adults at risk awaiting a Deprivation of Liberty Safeguards assessment	1,783	1,783	1,701	1,771	**NA**
Number of high risk domestic abuse cases heard at Multi-Agency Risk Assessment Conferences (MARAC)	**NA**	104	223	178	**NA**
Number of Domestic Abuse incidents (reported to the Police)	826	886	1002	847	**NA**
Number of Anti-Social Behaviour Risk Assessment Conference (ASBRAC) cases	34	28	42	44	148
Number of ASBRAC victims	83	40	40	85	243

The nature of safeguarding concerns

Most concerns are raised about incidents that take place in people's own homes.

The most common type of incident reported relates to an act of omission in someone's care.

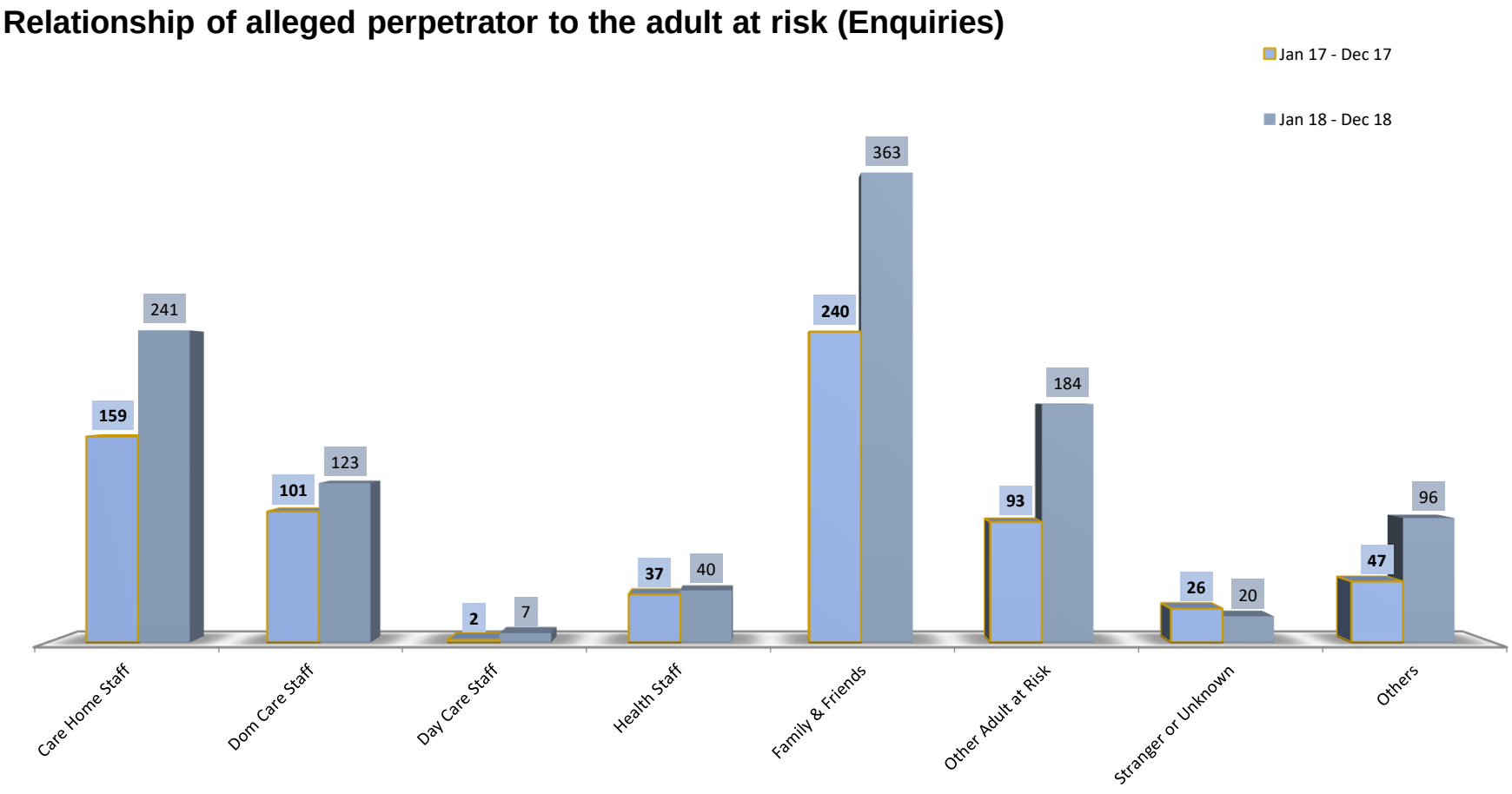
Concerns raised - type of abuse by setting



The nature of safeguarding concerns

Most reports related to the action of family or friends.

The number of those concerns raised that relate to the actions of family or friends, or to another adult at risk, have increased in the last year.



Adult safeguarding - National challenges

In 2017, Professor Michael Preston-Shoot carried out research across the South West and in London to identify some of the challenges faced in multi-agency safeguarding. Those challenges included:

- Poor risk assessment and failure to assess mental capacity
- Transfer between settings
- Poor information sharing
- A lack of leadership and co-ordination when agencies are working together
- A willingness to accept an adult's decision not to engage with services too readily
- Failing to engage family members and a lack of personalised care
- Poor record keeping or inadequate resources
- Absence of supervision
- Lack of an escalation policy
- Insufficient contract management
- Lack of understanding of safeguarding
- Safeguarding Adults Boards' failings to share learning and poor agency participation

Our focus for 2019-2021

The challenges we face in Wiltshire are:

- The proportion of the population 65 and over in Wiltshire is larger than in England **(20.9%** *compared to* **18.0%)** and it is likely to rise faster than it will across England over the coming years. We see this reflected in our safeguarding data – most concerns relate to those over 65 years old.
- Most of the concerns raised relate to suspected abuse or neglect taking place in people's homes.
- The most common type of abuse is neglect or acts of omission, which suggests that care or support needs have been overlooked by a professional. However, between October 2017 and September 2018, over half of the enquiries started related to the actions of a friend, family of other vulnerable adults.
- The county is large and rural, and social isolation may play a role in increasing the vulnerability of the adults we most need to protect.
- Sexual and criminal exploitation of vulnerable adults is a local and national threat and we need to consider the intelligence we have and monitor trend data.

Safeguarding Adults Reviews in Wiltshire have identified areas for us to focus on, which reflect the national picture:

- Application of the Mental Capacity Act (2005) and effective risk assessment
- Identification of and support for those who are self neglecting
- Safeguarding those who are moving between health and care settings
- The voice and wishes of vulnerable adults and their families must be central to safeguarding activity
- The Board must prioritise sharing learning and gaining assurance that agencies are working well together to protect vulnerable adults
- Improving understanding of safeguarding and when to make a referral
- The requirement for Multi-Agency Case File Audits (MACFAs)

WSAB Strategic Plan

Our focus for 2019-2021:

Shared learning

Shared learning

Quality Assurance

- Supporting the development of the Multi-Agency Safeguarding Hub for adults by triangulating data across the partnership to enable evidence based service provision.

- Sharing case-based learning from Safeguarding Adults Review and multi-agency casefile audits to improve the effectiveness of partnership working.

Voice and influence

- To capture and promote the experience and views of service users and carers to inform partnership-working.

- To ensure that those who need safeguarding, and their families, are given every chance to have their voices heard, and that Making Safeguarding Personal principles are embedded across our local partnership.

Prevention

Enabling agencies to work together to act early to protect those at risk of abuse or neglect by:

- Reporting safeguarding concerns
- Assessing mental capacity
- Recognising self-neglect
- Sharing intelligence
- Thinking Family
- Supporting those who are moving between hospitals, care settings and home

Quality Assurance

Key Objectives		Actions required
- Supporting the development of the Multi-Agency Safeguarding Hub for adults by triangulating data across the partnership to enable evidence based service provision. - Sharing case-based learning from Safeguarding Adults Review and multi-agency casefile audits to improve the effectiveness of partnership working.	1.1	Implementation of a Multi Agency Case File Audit (MACFA) process to test multi-agency responses to the learning from this review.
	1.2	Completion of deep-dive audits to test how well the system is implementing the MCA (2005), recognising and responding to self neglect, safeguarding people who are moving between settings and to assess the adequacy of support and supervision of frontline staff.
	1.3	Regular reporting and review of an agreed data-set from the Multi-Agency Safeguarding Hub and provision of effective governance, oversight and support of the Adults MASH and broadening of that hub to include other partners to meet local needs more effectively.
	1.4	Undertake assessment of the learning offer of key single agencies, assessment of where gaps in that provision may necessitate a multi-agency training offer and action to address those gaps.
	1.5	Continued completion of an annual self-assessment audit and peer challenge event by all partners invited to take part, to allow the WSAB Executive to gain assurance across the system.
	1.6	Redevelopment and launch of a new Large Scale Investigation policy
	1.7	Ensure all Board members are well sighted on the development of legislation and guidance concerning adult safeguarding and that policies, procedures and practice continue to be developed and reviewed to reflect changes.
	1.8	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.
	1.9	Publication of a new Safeguarding Adults Review policy and commissioning process which clearly sets out how the Board plans to share and implement learning from statutory reviews.
	1.10	Focus on Making Safeguarding Personal and the need to develop a model of assurance that will engage with service users and their families to assess their experience.
	1.11	Contribute to and help develop the Safeguarding Vulnerable People Partnership's approach to whole system quality assurance.

Voice and influence

Key Objectives		Actions required
- To capture and promote the experience and views of service users and carers to inform partnership-working. - To learn from and engage with frontline practitioners. - To ensure that those who need safeguarding, and their families, are given access every chance to have their voices heard and that Making Safeguarding Personal principles are embedded across our local partnership.	1.1	Establish a clear picture of how well Making Safeguarding Personal principles are embedded in partner organisations.
	1.2	Engagement of families and frontline practitioners in the Safeguarding Adults Review process and audits.
	1.3	Development of service user and carers' network – evidenced by levels of engagement in reference group meetings, website traffic and annual surveys to gain feedback on the local safeguarding system.
	1.4	Co-production of tools for wider engagement with the service users and carer reference group members.
	1.5	Develop an approach for engaging with the voluntary and community sector on the work of the Board and on its future priorities.
	1.6	Continued assessment of the necessary provision of advocacy services and the engagement of services with family members when an adult at risk is being discharged from settings or is in a new setting.
	1.7	Work with colleagues across the region (in particular the Sustainability and Transformation Plan Area) to develop and implement regional and national campaigns to increase understanding of adult safeguarding.
	1.8	Further development of single agency and multiagency practitioner forums to share learning – as begun through the implementation of regular WSAB learning events and CCG work to bring together safeguarding adults leads on a regular basis.
	1.9	Greater utilisation of Community Area Boards and local Health and Wellbeing Groups to improve community resilience and understanding of adult safeguarding.
	1.10	Exploration of the impact of social isolation of the effectiveness of adult safeguarding through a needs assessment and development of an action plan as required.
	1.11	Contribute to and help develop the Safeguarding Vulnerable People Partnership's approach to whole system voice and influence agenda.

Prevention

Key Objectives		Actions required
Enabling agencies to work together to act early to protect those at risk of abuse or neglect by: - Reporting safeguarding concerns. - Assessing mental capacity. - Recognising self-neglect. - Sharing intelligence. - Thinking Family. - Supporting those who are moving between hospitals, care settings and home.	1.1	Audit of cases of adults at risk who received support from the Court of Protection team to assess where monthly spend is low, to consider whether this constitutes a marker of self-neglect.
	1.2	Evaluate the impact of the Board's High Risk Behaviour and Self-Neglect tools across the partnership
	1.3	Implementation of a new Information Sharing Agreement for both the Board and MASH to enable the effective flow of information where necessary to safeguard individuals and improve practice.
	1.4	To assess the impact of workforce pressures across the system and where those pressures are impacting on single or multi-agency work to safeguard adults at risk
	1.5	Work with the Safeguarding Vulnerable People's Partnership to ensure that safeguarding within the context of the whole family, and the risks associated with the years of transition, are addressed.
	1.6	Continue to develop the WSAB online presence as a source of information for general public, professionals and Board members – together with the wider Safeguarding Vulnerable People Partnership
	1.7	Work with the Community Safety Partnership to examine the issues of criminal and sexual exploitation, the local evidence base and the impact on vulnerable adults in Wiltshire and respond accordingly,
	1.8	With Wiltshire Care Partnership and other members, extend the reach of the Board to ensure resources and information are made available to those in the wider health and care workforce – particularly to those working in domiciliary care.
	1.9	Update, make available and promote the WSAB's Staff Guidance and Policy and Procedures documents to ensure there is a local framework for good practice.
	1.10	Development of a model of engagement with primary care to enable General Practitioners to identify and report the early signs of an adult who may need safeguarding.
	1.11	To inform and contribute to the Adult Services Transformation programme to ensure that safeguarding remains a priority in the redesign and development of operational services.

More information

- Read WSAB's annual reports and earlier strategic plans
- Learn from local Safeguarding Adults Reviews
- Contact us at LSAB@wiltshire.gov.uk with your feedback or questions

If you have concerns about a vulnerable adult please contact the social care team:
Telephone: 0300 456 0111
Textphone: 01225 712501
Email: adviceandcontact@wiltshire.gov.uk
Monday to Thursday: 08:30 – 17:20
Friday: 08:30 – 16:20

If you need urgent help or advice outside of these hours, you can call 0300 456 0100
If you wish to report a crime contact Wiltshire Police by calling 101
In an emergency always dial 999

Wiltshire Safeguarding Adults Board

Appendix 1: Understanding the Board and its role

What is adult safeguarding?

Safeguarding aims to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- support adults to make choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

What is a Safeguarding Adults Board?

A SAB is a statutory body established by the Care Act 2014. The Board's objective is to protect all adults in Wiltshire who have needs for care and support and who are experiencing, or who are at risk of, abuse or neglect against which they are unable to protect themselves because of their needs.

The Board aims to fulfil its purpose by:

- Co-ordinating the work of its member agencies to determine shared policy, facilitate joint training, raise public awareness and monitor and review the quality of services relating to safeguarding adults in Wiltshire
- Ensuring that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower those people effectively when abuse has occurred or may have occurred

The Board must publish a **strategic plan** that sets how it will meet its main objectives and what the members will do to achieve this. The plan must be developed with local community involvement, and the WSAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

Wiltshire's Safeguarding Adults Board

Wiltshire's Health and Wellbeing Board

Multi-Agency Safeguarding Hub for Adults – operational safeguarding services

WSAB Executive

Members: Richard Crompton, Wiltshire Council, Wiltshire Police, NHS Wiltshire Clinical Commissioning Group

WSAB Learning Events
- For members across the partnership

WSAB

Independent Chair: Richard Crompton

Carers Reference Group

Service Users Reference Group

Policy and Procedures subgroup

Quality Assurance subgroup

Safeguarding Adults Review Panel

Partnership Support Team

Membership

WSAB Executive

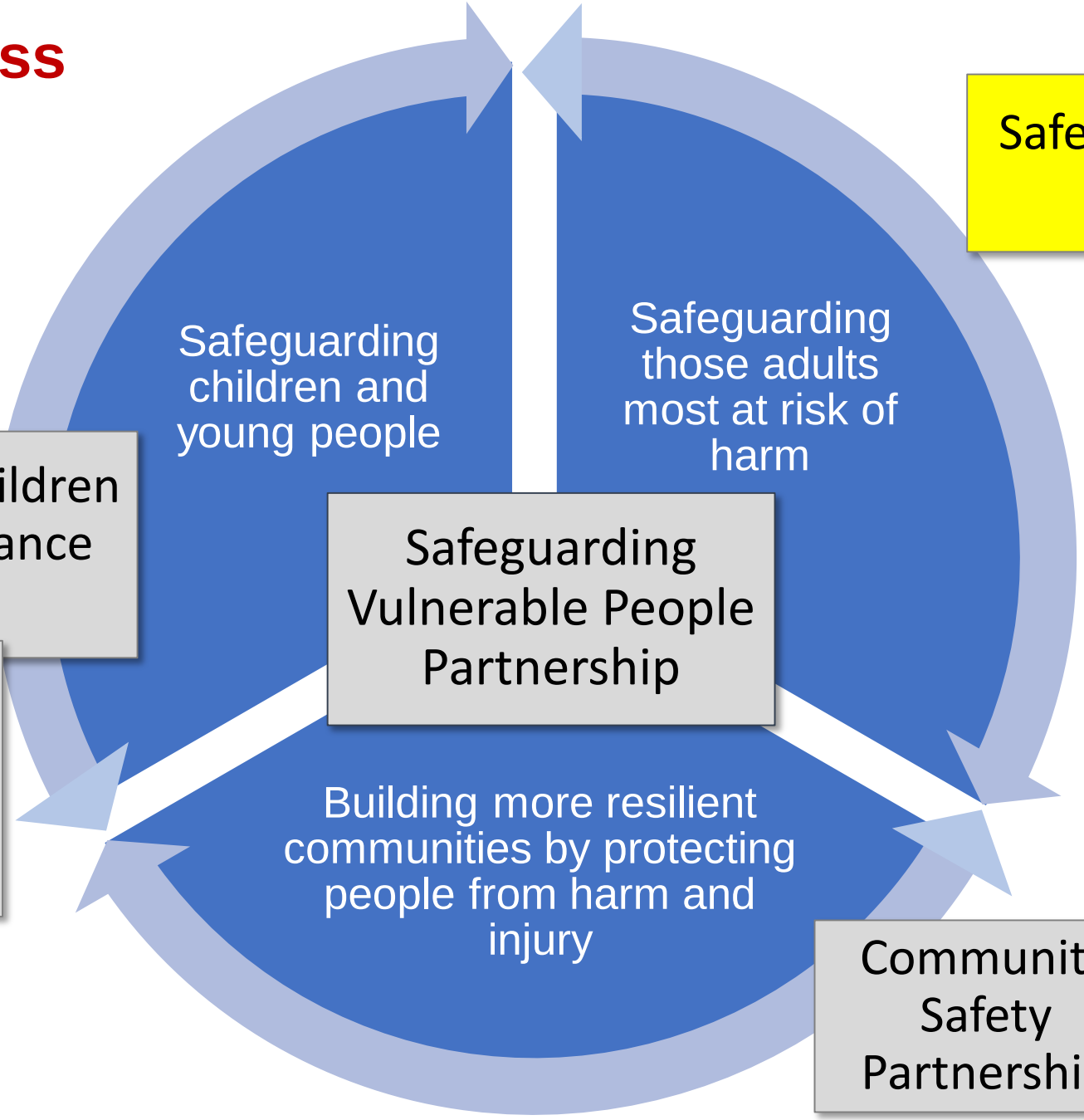
Members: Richard Crompton, Wiltshire Council, Wiltshire Police, NHS Wiltshire Clinical Commissioning Group

WSAB – Full Board

Independent Chair: Richard Crompton

Wiltshire Council	BGSW Community Rehabilitation Company
Wiltshire Police	Dorset and Wiltshire Fire & Rescue Service
NHS Wiltshire Clinical Commissioning Group	SW Ambulance Service NHSFT
AWP NHS Trust	Healthwatch Wiltshire
Wiltshire Care Partnership	Domiciliary Care Providers Association
Great Western Hospital, Swindon	Wiltshire Centre for Independent Living
Royal United Hospital, Bath	Carers in Wiltshire
Salisbury NHS Foundation Trust	Care Quality Commission
Wiltshire Health & Care	NHS England, South Central
The National Probation Service	HMP Erlestoke

Working across agendas



Safeguarding Adults Board

Overseeing quality assurance, improvement and impact of the partnership's work to safeguard adults with care and support needs from abuse and neglect

Families and Children Systems Assurance Board

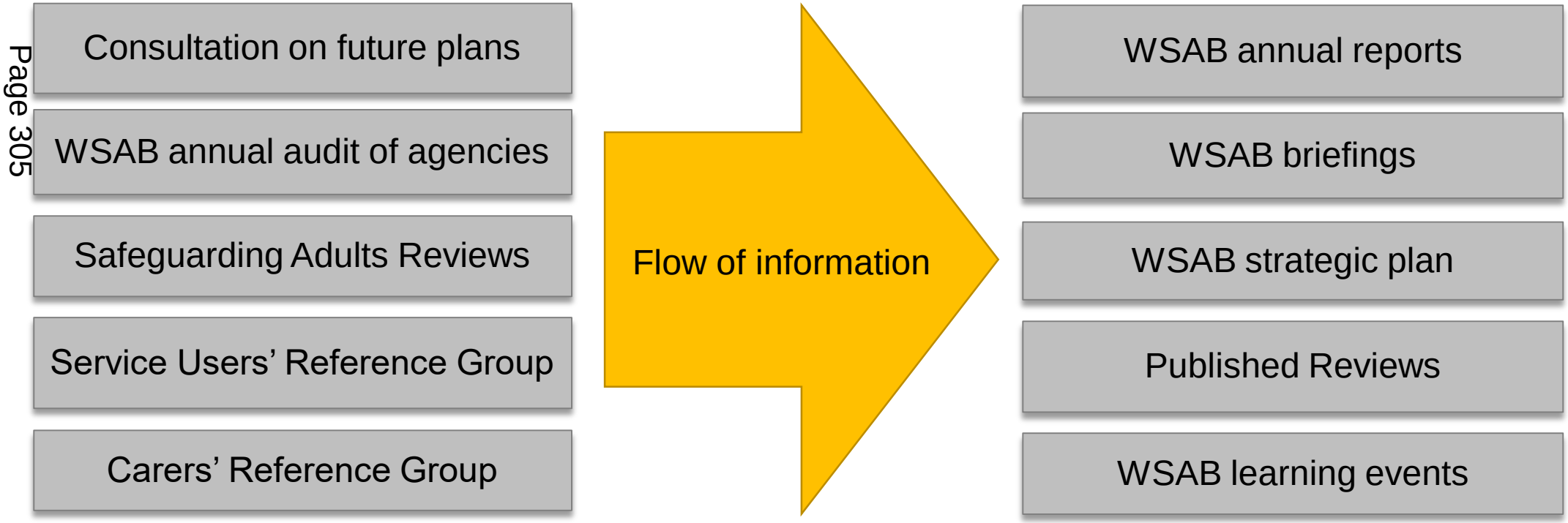
Overseeing quality assurance, improvement and impact of the partnership's work to safeguard children

Community Safety Partnership

Increasing community resilience by working across the partnership to reduce the impact of wider harm and vulnerability

The way we work

WSAB gathers intelligence, data and feedback from services, service users and the wider workforce. It uses that information to produce plans, briefings, reviews and to shape learning events that will help improve practice and make multi-agency work to safeguard adults more effective.



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