AGENDA

Meeting: Health Select Committee

Place: Kennet Committee Room, County Hall, Trowbridge

Date: Tuesday 14 January 2020

Time: **10.30 am**

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

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

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

Membership:

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

Substitutes:

Cllr Pat Aves
Cllr Trevor Carbin
Cllr Ernie Clark
Cllr Anna Cuthbert
Cllr Peter Fuller
Cllr Russell Hawker
Cllr Mike Hewitt
Cllr George Jeans
Cllr Nick Murry
Cllr Steve Oldrieve
Cllr Ian Thorn
Cllr Suzanne Wickham

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Joanne Burrows	South West Advocacy Network (SWAN)
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

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Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on the Council's website along with this agenda and available on request.

If you have any queries please contact Democratic Services using the contact details above.

Pre-meeting information briefing

The meeting will be preceded by a presentation starting at **9.30am**, in the meeting room.

Topic: the NHS long term plan

All members and substitutes of the Health Select Committee are welcome to attend.

PART I

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

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 7 - 16)*

To approve and sign the minutes of the meeting held on 5 November 2019. (Copy attached)

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements
If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions
To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Tuesday 7 January 2020** in order to be guaranteed of a written response**.** In order to receive a verbal response questions must be submitted no

later than 5pm on **Thursday 9 January 2020**. 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 **Forward Work Programme** *(Pages 17 - 24)*

The committee is invited to consider its forward work programme and to take it into consideration when making recommendations on later items on the agenda.

7 **NHS long term plan**

In February 2019 the Long Term Plan (LTP) for the NHS was published, it set out some expectations for organisational reform to ensure that the NHS can achieve the ambitious improvements for patients and actions to overcome the challenges that the NHS faces such as staff shortages and growing demand for services.

To receive an update on actions implemented in Wiltshire to deliver the LTP and meet its expectations for primary and community services.

8 **Local Area Co-ordinators - first stage evaluation** *(Pages 25 - 52)*

To review the work undertaken by Wiltshire Local Area Co-ordinators since October 2018.

9 **Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025** *(Pages 53 - 124)*

To review the Gypsy, Roma, Traveller and Boater Strategy 2020-2025 for Wiltshire ahead of it being presented to the Health and Wellbeing Board in April 2020.

10 **Medvivo - update** *(Pages 125 - 160)*

Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to receive an update from Medvivo on the progress made or plans in place to deliver its five priorities for 2019-20:

1. Early detection and treatment of sepsis to save lives
2. Improve service user engagement and understanding of the patient journey throughout integrated urgent care
3. Develop and continually review Antimicrobial Stewardship and prescribing to improve patient outcomes
4. Improve patient safety through telephone triage and develop the multi-professional team within the Clinical Assessment Service
5. Improve the health and wellbeing of staff and continue to develop them with the right skills for the right people in the right place at the right time.

11 **CCG updates**

To receive updates from CCG officers on recent, current and upcoming work,

projects and changes.

12 **Wiltshire Safeguarding Adults Board - Annual Update** *(Pages 161 - 186)*

To receive the Wiltshire Safeguarding Adults Board Report 2018-19 which reviews the work of the Board during the past year and sets out the priorities for the current year.

13 **Task Group and Programme Boards Representatives Updates** *(Pages 187 - 188)*

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

14 **Urgent Items**

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

15 **Date of Next Meeting**

To note that the next scheduled meeting of the Committee will be held on Tuesday 3 March 2020, starting at 10.30am at County Hall, Trowbridge.

PART II

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

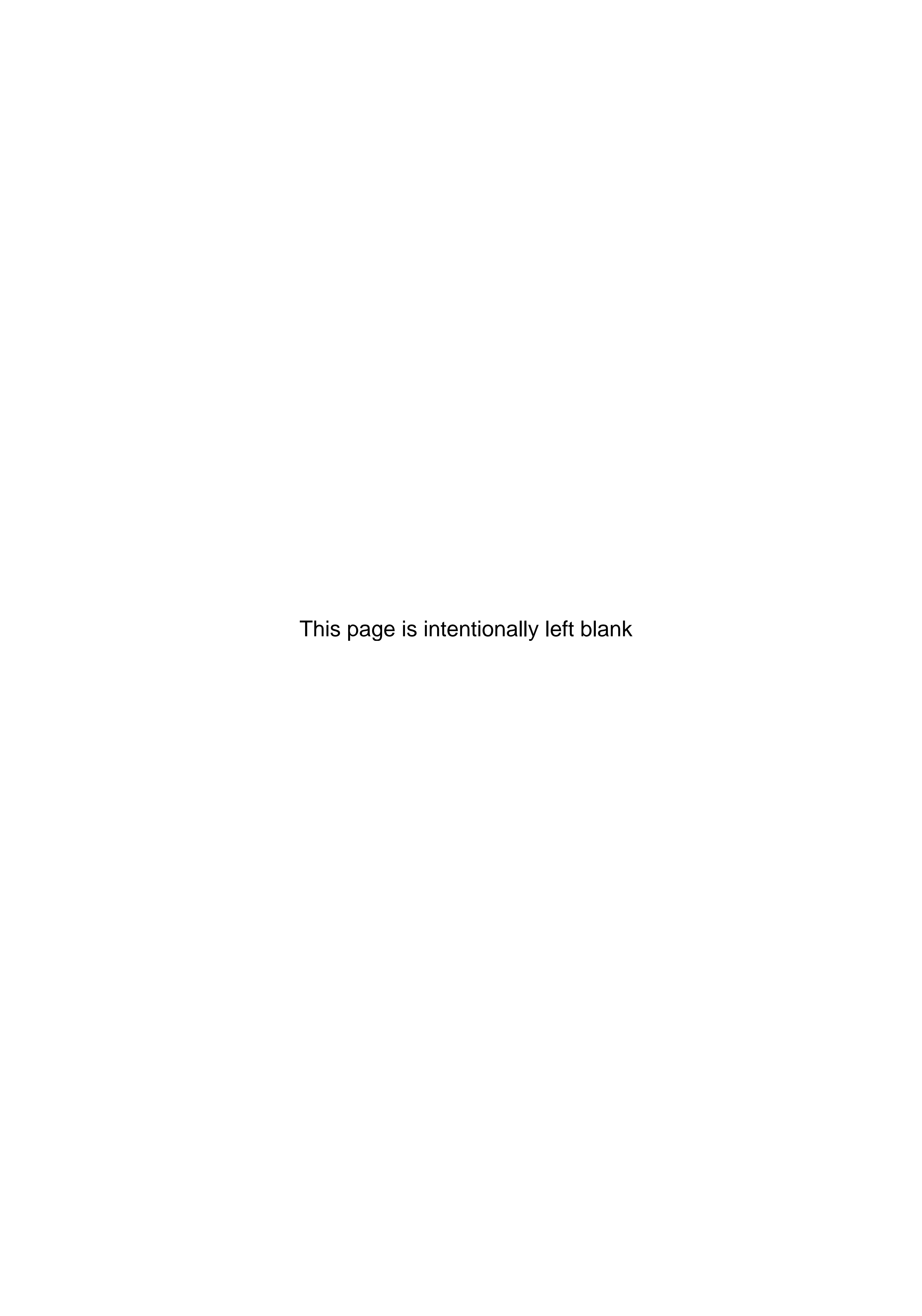
None.

1.

2.

2.1.

2.2.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Wiltshire Council

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 NOVEMBER 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Graham Wright, Sue Denmark, Diane Gooch and Irene Kohler

Also Present:

Cllr Trevor Carbin and Cllr David Halik

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63 **Apologies**

Apologies for absence were received from Joanne Burrows, Cllr Christine Crisp, Cllr Andy Phillips and Cllr Fred Westmoreland.

Cllr Laura Mayes, Cabinet Member for Adult Social Care, Public Health & Public Protection also sent her apologies.

64 **Minutes of the Previous Meeting**

Resolved:

To approve and sign the minutes of the previous meeting held on 3 September 2019, subject to the inclusion of apologies received from Cllr Howard Greenman.

65 **Declarations of Interest**

There were no declarations of interest made at the meeting.

66 **Chairman's Announcements**

The Chairman made the following announcements:-

a) **Maternity Services Redesign**

A rapid scrutiny exercise took place on Monday 21 October with 3 members from our health select committee and 3 members from Bath and North East Somerset Council. There was a healthy challenge to the CCG on the process

they had followed to lead to the recommendations they were now making regarding the redesign of the maternity service.

Following the announcement of the general elections to take place on 12 December 2019, the CCG had been advised to suspend its decision-making process. It was now expected that the recommendations from the CCG's review would be made public in January 2020, at which point the CCG governing body would also hold a public meeting.

The report from the rapid scrutiny would also be circulated to members of this committee.

b) **Forthcoming work priorities for the committee**

As previously reported chairmen and vice-chairmen of overview and scrutiny committees hold annual meetings with Cabinet members, portfolio holders and directors to look at service priorities, developments, challenges and risks for the year ahead.

Two meetings were scheduled on Wednesday 13 November with the following topics:
Meeting 1 - Public Health & Public Protection
Meeting 2 - Adult Social Care & Transformation

If there were any areas of concerns Members had or any topics Members would like the committee to delve into, please do let the scrutiny officer know by Monday 11 November so these could be added to the discussions on the 13th.

The outcome of these discussions would be shared with members of this committee and relevant items would be brought to the January meeting to consider including on the forward work programme.

c) **Overview and Scrutiny task group – "how dementia friendly is Wiltshire?"**

This committee agreed at its September meeting to form a task group to consider "how dementia friendly Wiltshire is". This was endorsed by the Overview and Scrutiny Management Committee on 24 September 2019.

This was shaping up to be a very interesting piece of work but there was no time sensitivity attached to it. Bearing in mind that the overview and scrutiny and Executive meetings would be held the following week it would seem logical to hold off starting work on this task group until it was known how it would fit with any work priorities identified next week.

Invitation was sent to Wiltshire Councillors to take part in the task group and Cllr Carol King had expressed an interest. Some members of this Committee had previously expressed an interest and they were asked to email the Scrutiny

Officer if still interested in taking part. It was noted that the following members had also expressed an interest in participating in the task group:-

Diane Gooch
Irene Koehler
Cllr Graham Wright

67 **Public Participation**

There were no members of the public present or councillors' questions.

68 **Forward Work Programme**

The Committee was invited to consider its forward work programme.

The Chairman reported that the forward work programme was looking busy for the next few meetings and it might be necessary to prioritise some of the items so as to make the agendas more manageable. The Chairman also reported that a meeting was due to take place shortly with the Cabinet Member, Portfolio Holders and Directors to review the services' priorities for the year ahead.

During discussion, it was suggested that at the June meeting consideration be given to a small group of members being established to undertake some research on the public's view of the advocacy service, bearing in mind that the service was about to be re-commissioned.

Resolved:

To hold a workshop open to all committee members and substitutes with partners and stakeholders to consider their priorities, plans, expected challenges and risks for the year ahead.

69 **Intermediate Care Bed Service**

Consideration was given to a report prepared by Dr Carlton Brand, Executive Director, for Cabinet on 19 November 2019 which, following a review and analysis, recommended the procurement of intermediate care (IC) beds within the overall design of Wiltshire's intermediate care services. It detailed progress in the review of IC services and explained how analysis had shown that many people remained in IC beds beyond the maximum optimum time.

The review had shown that there were many reasons for higher-than-expected lengths of stay and identified that some people currently in IC beds needed to be in bedded accommodation but not necessarily in the costlier, therapy-and-reablement-intensive IC beds. The review had been exploring how many IC bed places were needed within the system for pure IC needs and how many people could be placed in a new category of 'system flow' beds instead.

It was noted that although the full review of the process was underway, this could not be completed within the procurement timescale as the new contract

needed to be in place by April 2020. The proposed contracts would enable commissioners to work with providers to use the available beds flexibly when the need was more clearly understood and to ensure that the system could be developed for people with other bed-based needs.

It was therefore recommended that the new contracts should be for a period of three years, with an option to extend for a further two years. Furthermore, it would be written into the new contracts that providers would support the development of the new flexible system.

During discussion, members fully supported the flexibility of beds as proposed, recognising the importance of placing people in the correct beds by regularly checking demand against capacity.

Resolved:

(1) That the outcome of the overall redesign of Wiltshire's intermediate care services be brought to the Health Select Committee when available (later in Q4 – Feb/March 2020).

(2) That Cabinet be informed that this report was also considered by the Health Select Committee on Tuesday 5 November 2019 and there were no issues raised by the committee.

70 **<u>Adult Social Care - Quarterly scorecard</u>**

The Committee received an update on Adult Social Services performance and received the new Adult Social Services scorecard for consideration.

This was the first time the scorecard was being considered by the Committee and members were encouraged to question the format and development of the scorecard and also the performance improvement themes emerging.

The scorecard contained a balance of four elements or types of measure, namely:-

- Outcome measures related to service users.
- Output or measures of process.
- People measures relating to staff.
- Financial measures relating to budget.

It was necessary to maintain a close watch on all four types of measure to ensure reliable and robust performance management.

During discussion, members noted that there were 13 areas identified for improvement and these were being actively investigated. Wiltshire's statistics were being benchmarked against those nationally, which were generally in respect of more urban areas and members suggested that it would be more meaningful to compare them with those of other authorities in the South West Region.

The Chairman reminded the Committee that adult social services represented the Council's largest area of spend.

Resolved:

To note the report and request an update in three months.

71 **NHS Health Checks**

The Committee received a report which provided an update on progress against the agreed recommendations from the Health Select Committee rapid scrutiny of the NHS Health Check programme that took place in June 2018. The report also provided the annual update on programme performance for 2018-19. It was shown that growth in the uptake of NHS Checks programme which was the highest uptake since 2011.

Although some good work had been undertaken to complete the actions agreed by this Committee and to improve programme quality and uptake of the programme, further work was being done and a plan for development work during 2019-20 was in place.

It was noted that national data had recently been received which would provide further information.

During discussion, it was suggested that local networking with local organisations could well prove useful, especially in publicising the benefits of immunisation.

Resolved:

To thank Cabinet Members and officers for their work on the recommendations from the 2018 Rapid Scrutiny.

To receive the annual update on programme performance for 2019-20 for NHS Health Checks at the 23 June 2020 meeting.

72 **CCG updates**

The Committee received an update from CCG officers on recent, current and upcoming work, projects and changes, including:

(a) Progress on the CCG merger (including outcome of the vote from the GP membership of each CCG on a final decision to apply for a merger), and

(b) Mental health bed-base review (work to date and next steps).

It was noted that the redesign of the Maternity Services was being presented to the CCG governing body on 16 January 2020.

Members noted that plans were progressing well to achieve a CCG merger by 1 April 2020. There had been a total GP turnout of 78% and 80% of which had voted for the decision to merge. In Wiltshire there had been a 83% turnout with 67% voting in favour of the merge. The senior management team was already in place and the post of Clinical Lead was currently being advertised after which GP lead roles would be considered.

Resolved:

(1) To note the update on the CCG merger and receive further information at the next meeting in January 2020 and regular updates on the CCG merger leading up to April 2020.

(2) To bring forward an update on the Mental Health bed-base review to the next meeting in January 2020, but acknowledging that this might be delayed as there was more work to be undertaken.

73 **Places of Safety**

The Committee received an Options Appraisal Report on the temporary closures of health based places of safety in Swindon and Salisbury from Sheila Baxter, Mental Health Commissioner and Ruth Atkins, Head of Communications & Engagement, Swindon CCG.

Members were informed that Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) had been asked to make significant improvements to the provision of Health Based Places of Safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017, which rated these services as inadequate.

The report appraised the options for future service provision and had been presented to the Swindon & Wiltshire CCG governing bodies in September 2019 for ratification and approval.

The options considered for the appraisal were:-

Option A – To make permanent the Bluebell Unit arrangements based in Devizes, with no health based places of safety at Sandalwood Court, Swindon and Fountain Way, Salisbury. This would provide four HBPoS beds for the Sustainability and transformation Partnership (STP) area and this was enough based on data.

Option B – To maintain the Bluebell Unit in Devizes as a dedicated unit but to re-open the place of safety suites at Sandalwood Court and Fountain Way. This would provide six beds for the Sustainability and Transformation Partnership (STP) area and this was above requirements based on data.

Option C – To roll out the additional Bluebell Unit clinical model in Swindon and Salisbury. This would provide 12 beds for the Sustainability and Transformation Partnership (STP) area and is above requirements based on data.

It was noted that a clinical led panel consisting of a GP from Swindon, a GP from Wiltshire and the secondary care doctor on Swindon CCG's Governing Body had considered each option against the criteria. The panel had expressed some concern relating to the ability to staff three units, value for money, estate costs and travel. In addition to the clinical panel, the managers of Healthcare Swindon also carried out the scoring, considering each option against the following criteria:-

- Quality
- Environment for staff and detainees
- Workforce sustainability
- Travel distances
- Cost effectiveness

The recommendation from both of these governing bodies was to support and endorse Option A, namely to retain a health-based place of safety at the Bluebell Unit in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court, Swindon and Fountain Way, Salisbury.

The recommendations from both governing bodies were being presented to Swindon Adults' Health, Adults' Care & Housing Committee and this Select Committee.

During discussion, Members questioned the view that four HBPoS beds would be sufficient for the needs of Wiltshire residents and were reassured that should the need arise, Bristol residents would be catered for outside of Wiltshire.

The Committee recognised the financial and practical reality of the option chosen by the Swindon and Wiltshire CCG Governing Bodies, namely to retain a dedicated health-based place of safety (Bluebell Unit) in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court (Swindon) and Fountain Way (Salisbury) <u>based on the assurance that the number of beds available will remain under constant review to ensure it meets local demand (with an update in 6 months);</u> however remains concerned over issues of capacity and charging other local authorities to cover costs when they use the Bluebell Unit.

Resolved:

(1) To receive confirmation of the agreement reached with regards to charging other local authorities for the use of the Bluebell Unit, including the out of hours AMHP provision, when available.

(2) To receive confirmation of an agreement reached with BANESSG regarding the use of the Bluebell Unit to protect capacity for the use of local people, when available.

74 **<u>AWP Transformation Programme - 12 months update</u>**

Consideration was given to a report by the Clinical Director, Avon & Wiltshire Mental Health Partnership Trust (AWP) which provided an update on activities relating to the transformation programme of this Partnership Trust over the past year, since the last report.

It was noted that this Trust provided community and inpatient mental health services for the people of Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset, Swindon and Wiltshire. The Trust treated people with a wide range of disabling mental health problems.

The Trust was last inspected by the Care Quality Commission in 2018 and their assessment was as follows:-

- Safe Requires improvement
- Effective Good
- Caring Good
- Responsive Requires improvement
- Well-led Requires improvement

The Trust had six executive led, dedicated programmes of work to improve its services and support the achievement of the objectives, which were as follows:-

- CQC and Regulatory Improvement
- Embedding a Culture of Quality Improvement
- Getting the Basics Right
- Infrastructure
- Operational Effectiveness
- Workforce

A brief summary of each programme and achievements to date was set out in the report.

The Clinical Director, Avon & Wiltshire Mental Health Partnership Trust went on to explain that arising from this the CQC had now confirmed the following three priorities:-

- Ageing well
- Mental health
- Learning Disabilities and Autism

During discussion, mention was made of the success of a number of projects which were being undertaken including crisis cafes and an out of hours service which would be available from January 2020. There was a need for an emergency assessment service away from hospital Accident & Emergency departments. It was considered that safeguarding should be a priority for everyone, both clients and carers.

Resolved:

(1) To note the update report and to request an annual update in November 2020 with a specific interest in the following:

- **The development of the roles / career pathway for AWP employees (to help retention of staff)**
- **the associate psychologist apprenticeship pilot (being piloted from January 2020) and other apprenticeship opportunities**
- **the Out of hours service (being piloted with Medvivo)**
- **engagement programme with carers (and families) and overall recognition of carers (possibly with information on the Making Families Count charity and its programme of work)**

(2) To ask AWP to engage with the Council to ensure it is fully aware of the Single View programme.

75 **Task Group and Programme Boards Representatives Updates**

The Committee received an update from the following task group:-

- Child & Adolescent Mental Health (CAMHS) Task Group

Resolved:

To endorse the CAMHS Task Group's recommendation:

For Wiltshire Council's Commissioners to work with their counterparts in BANES and Swindon to resolve the issues around data reporting on 'Access Rates', so that this data can be of a high quality and relied upon to represent an accurate picture of accessibility to mental health services.

76 **Urgent Items**

There were non urgent items of business.

77 **Date of Next Meeting**

Resolved:

To note that the next meeting of the Committee would take place on Tuesday 14 January 2020 at County Hall, Trowbridge, starting at 2.30pm.

(Duration of meeting: 10.30 am - 12.30 pm)

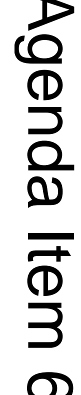
The Officer who has produced these minutes is Roger Bishton of Democratic Services, direct line (01225) 713035, e-mail roger.bishton@wiltshire.gov.uk

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

Health Select Committee
Forward Work Programme

Last updated 3 JANUARY 2020

Health Select Committee – Current / Active Task Groups			
Task Group	**Details of Task Group**	**Start Date**	**Final Report Expected**
Child and Adolescent Mental Health Services (CAMHS)			
N/A			



Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / Purpose of Report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
3 Mar 2020	00 - pre-meeting briefing - Dorothy House	To receive a presentation from representatives of Dorothy House to inform the committee of the range of services provided.			Marie Gondlach
3 Mar 2020	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG
3 Mar 2020	Citizen's panels - update	As agreed at the 3 September meeting, for the committee to receive an update from Wiltshire CCG (who is acting on behalf of BANES, Swindon and Wiltshire CCGs on this), on the outcome of its investigation of several options for procurement of a market research agency to support the development, recruitment and maintenance of the Citizen's Panel.			Wiltshire CCG
3 Mar 2020	Great Western Hospital (GWH) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite GWH to provide information on the areas identified in the report considered on 25 June 2019.			GWH
3 Mar 2020	Non-emergency patient transport service in the South West	As agreed at the HSC meeting on 25 June 2019, to receive information on any changes following the change of contractor and a performance update from the new provider E-Zec Medical transport.			
3 Mar 2020	Outcome of the Maternity Transformation Plan rapid scrutiny	To consider the final report following the rapid scrutiny exercise.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
3 Mar 2020	SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report	As agreed at the HSC meeting on 25 June 2019, to receive a performance report from SWASFT in a year's time. It would be hoped that it would be in the same format as the report received on 25 June 2019 but including clear targets for the different categories. Furthermore, following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite SWASFT to provide information on the areas identified in the report considered on 25 June 2019.			SWASFT - Paul Birkett-Wendes
3 Mar 2020	Update on model of procurement (specialist commissioning contacts)	When considering the executive response to the rapid scrutiny exercise focusing on Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing, the committee resolved: To be provided with an update on the model for procurement that would be adopted following this review work, in terms of the "direction of travel" for the contracts, including the feedback from providers and service users and if possible highlighting the main changes from previous contracts at the earliest opportunity. To include an update on Good Lives Alliance.	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
3 Mar 2020	White Paper	To consider both the government and the LGA green paper on care and support for older people. There is currently no indication of when the paper will be published and it was therefore agreed that the item would remain on the forward work programme and be deferred until the paper is published.			Marie Gondlach
3 Mar 2020	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting. Delayed until the December meeting (no report received for the September meeting).			Wiltshire Health & Care
3 Mar 2020	Wiltshire Health and Care	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite Wiltshire Health and Care to provide information on the areas identified in the report considered on 25 June 2019.			Wiltshire Health and Care
3 Mar 2020	Wiltshire Safeguarding Adult Board - annual update and information on the three-year strategy	To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019, as agreed at the 18 December 2018 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Emily Kavanagh Mr Richard Crampton, Chairman of the Board

Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
23 Jun 2020	00 - pre-meeting briefing - Shared Lives	For the committee to receive information on the Shared Lives scheme			
23 Jun 2020	Advocacy - public visibility	To receive information from the contract holder for the Advocacy Service on its work, with a particular focus on visibility / awareness of advocacy from members of the public.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
23 Jun 2020	Avon and Wiltshire Mental Health Partnership (AWP) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite AWP to provide information on the areas identified in the report considered on 25 June 2019.			AWP
23 Jun 2020	Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group merger - update	As agreed at the 3 September 2019 meeting, to receive an update on the implementation of the "single" CCG for Bath and North East Somerset, Swindon and Wiltshire, including recruitment / staffing, location, etc. (after April 2020)			CCG
23 Jun 2020	Care contracts	As agreed at the HSC meeting on 25 June 2019 for the committee to receive information on the council's main care contracts and the process(es) in place to monitor efficiency / delivery / performance.		Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
23 Jun 2020	Carer support	As agreed at the HSC meeting on 25 June 2019, to receive an update on the current situation regarding carer support. The Carers in Wiltshire Joint Strategy 2017-22 was approved full council meeting in February 2018 following scrutiny by this Committee, discussion with the chair and vice chair of the Children's Select Committee and approval by the Wiltshire Clinical Commissioning Group (CCG) governing body.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
23 Jun 2020	Non-elected representation on the Health Select Committee	Annual consideration of Non-elected representation on the Health Select Committee (agreed in 2018 to take place at the same meeting as the election of chair and vice-chair)			Marie Gondlach
23 Jun 2020	Salisbury Foundation Trust (SFT) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite SFT to provide information on the areas identified in the report considered on 25 June 2019.			SFT
15 Sep 2020	GP and health staff recruitment and retention	As agreed at the HSC meeting on 25 June 2019, to receive information to understand the current situation (i.e. number of vacancies, known issues in recruiting or retaining staff, actions taken by the council to help, etc.)		Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 3 JANUARY 2020		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
15 Sep 2020	Home from Hospital - update	As agreed at the meeting on 3 September 2019, to receive confirmation of the decision made by Wiltshire Council and the CCG's Joint Commissioning Board on the commissioning (or decommissioning) of all three current "Home from Hospital" services. NB after June 2020. This could be a chairman's announcement.	Carlton Brand	Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary
15 Sep 2020	Outcome of Phase 2 of the Adult Social Care transformation programme	To receive information on the implementation of Phase 2 of the Adult Social Care transformation programme towards "completion"	Claire Edgar (Director - Learning Disabilities and Mental Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
15 Sep 2020	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			

Local Area Coordination

Data Overview

Summary

125
active clients

24
closed clients

1,639
community connections

21
declined introductions

6hrs 21 mins
on average spent with each client

Introductions

Introductions - volume

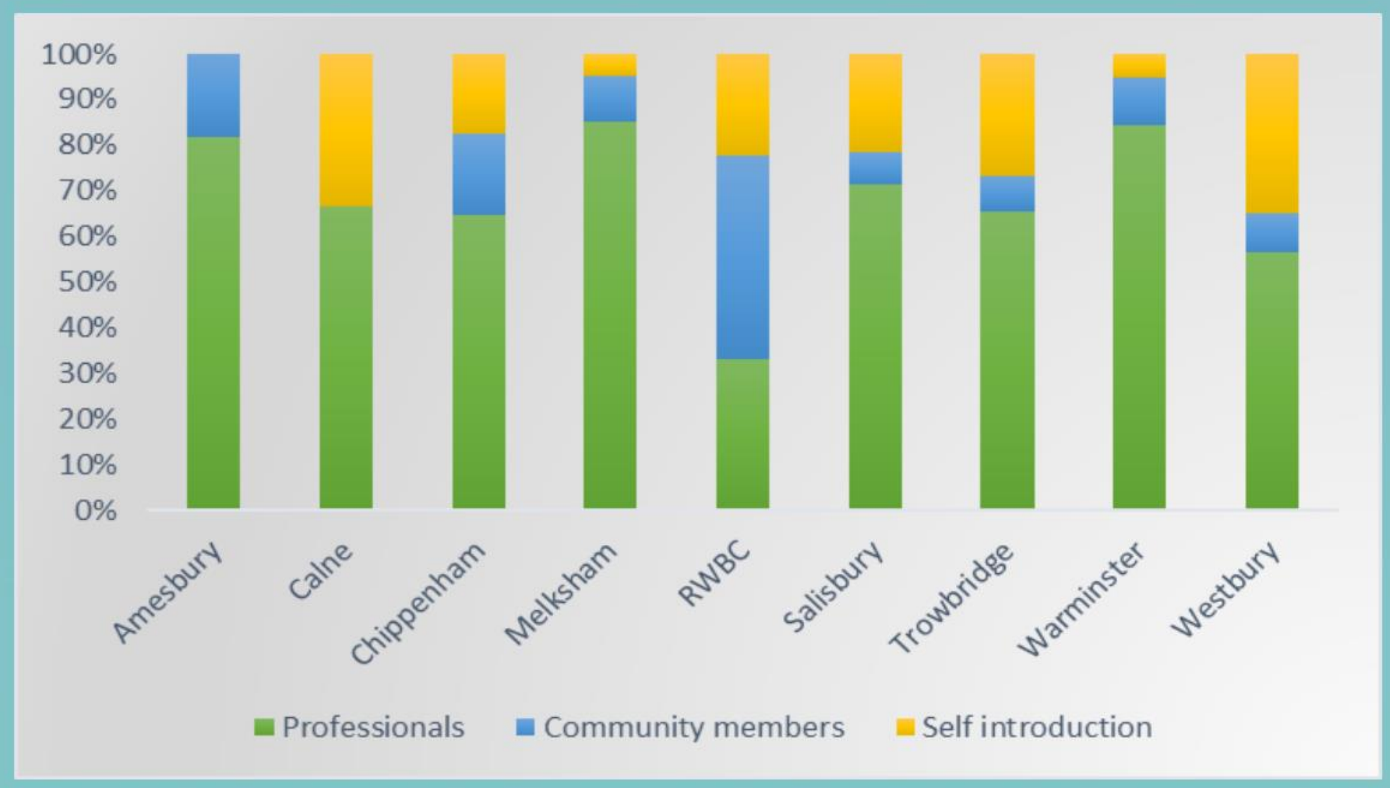
158 accepted introductions
since October 2018

Introductions - sources

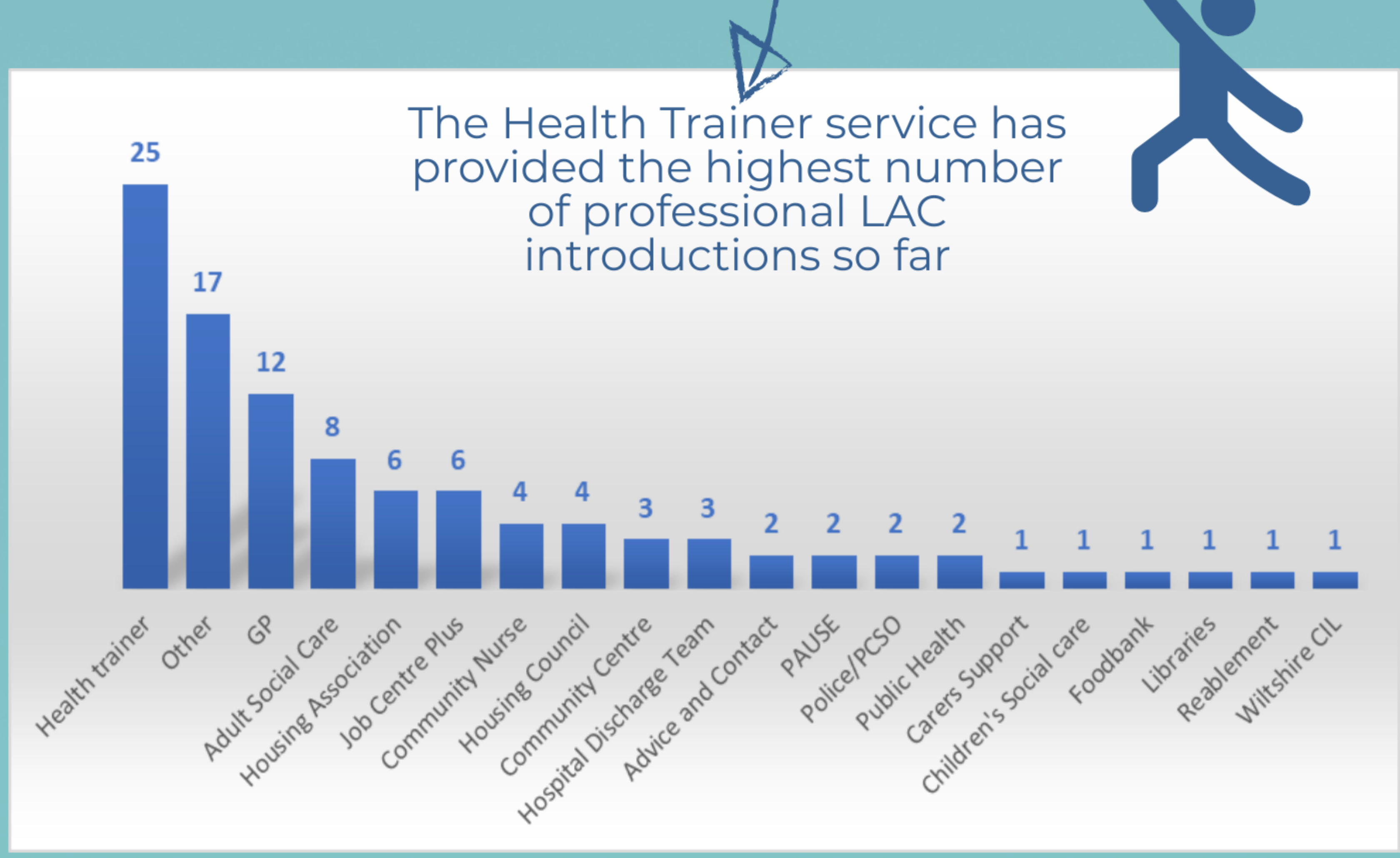
69% of accepted introductions came from professional sources

19% were self-introductions

and 12% came from community members

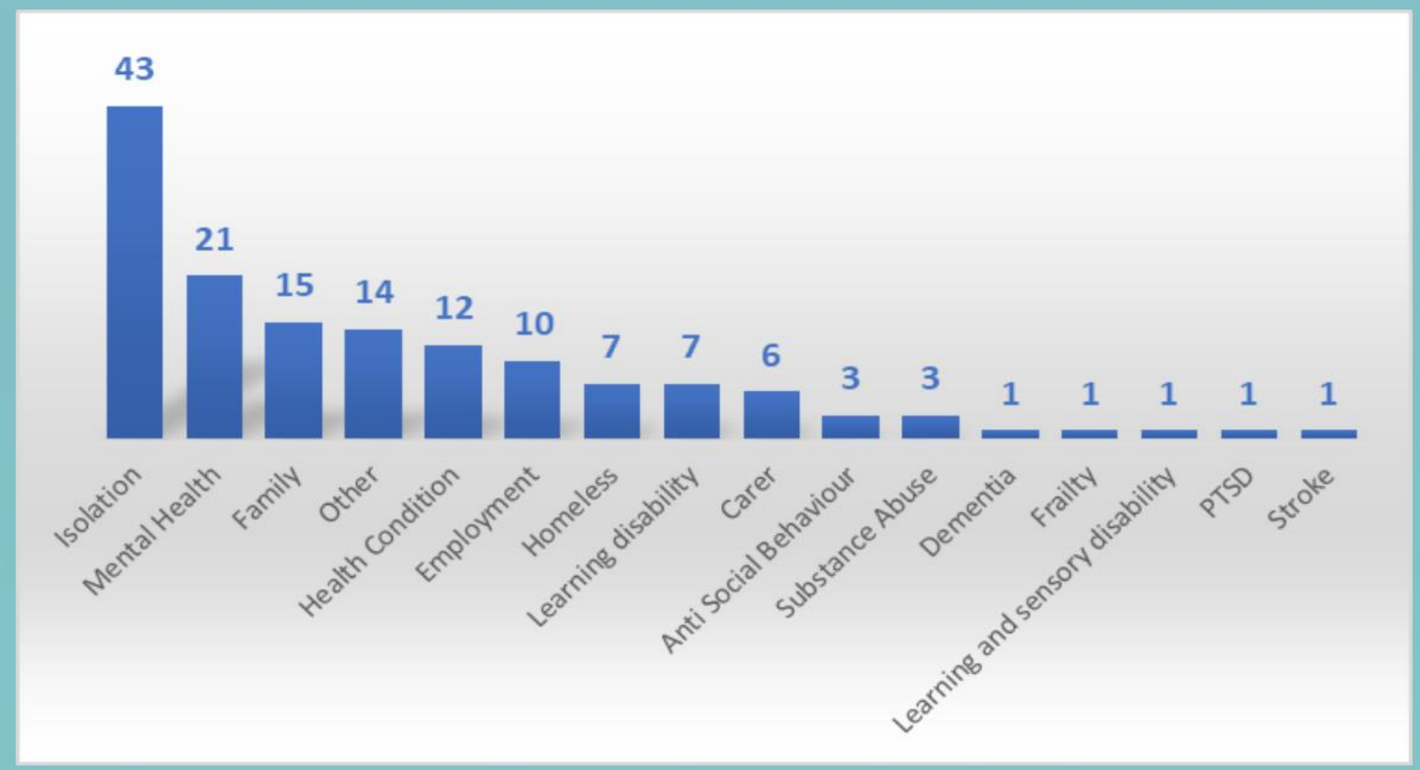


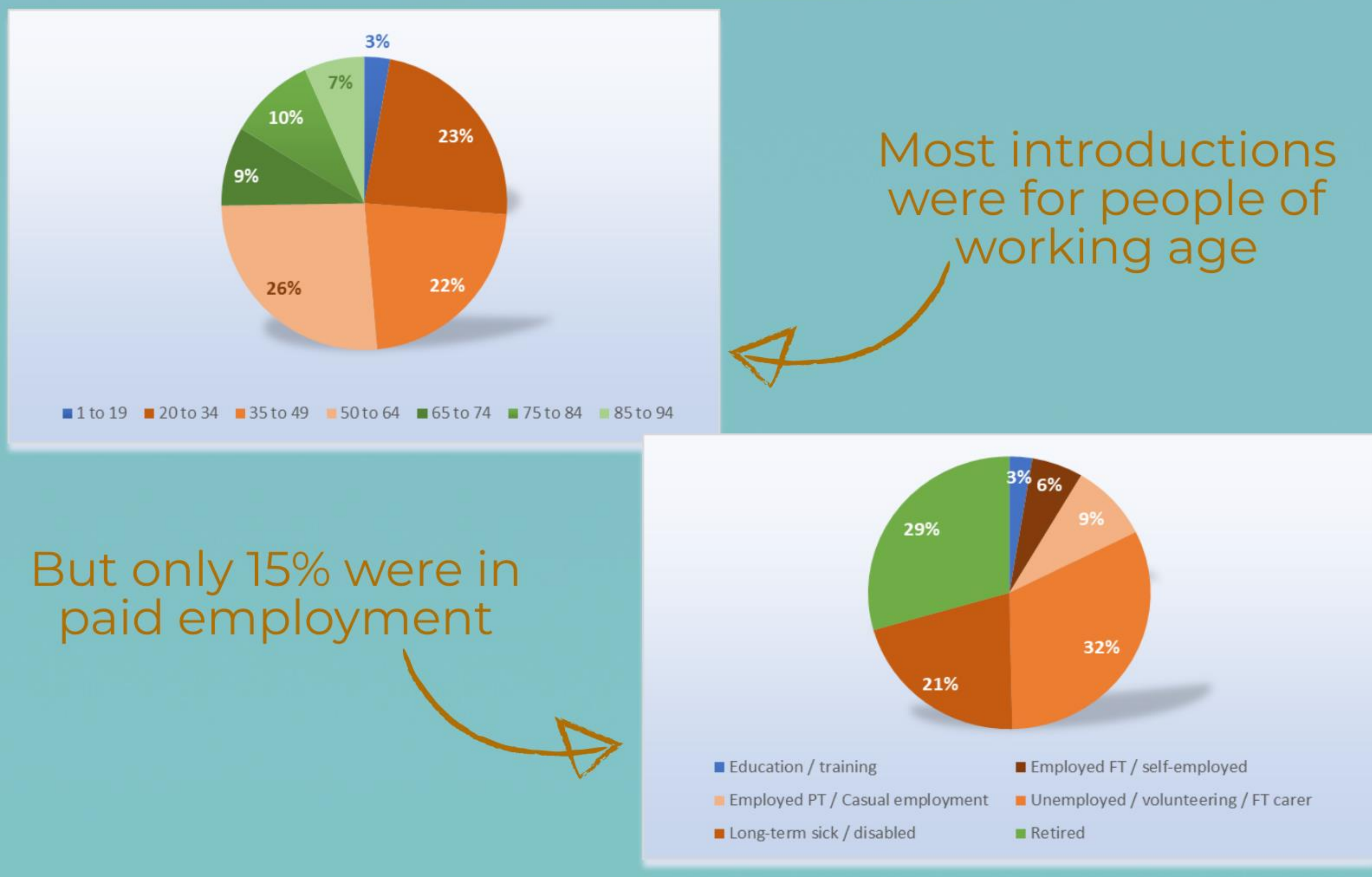
Introductions - professional sources



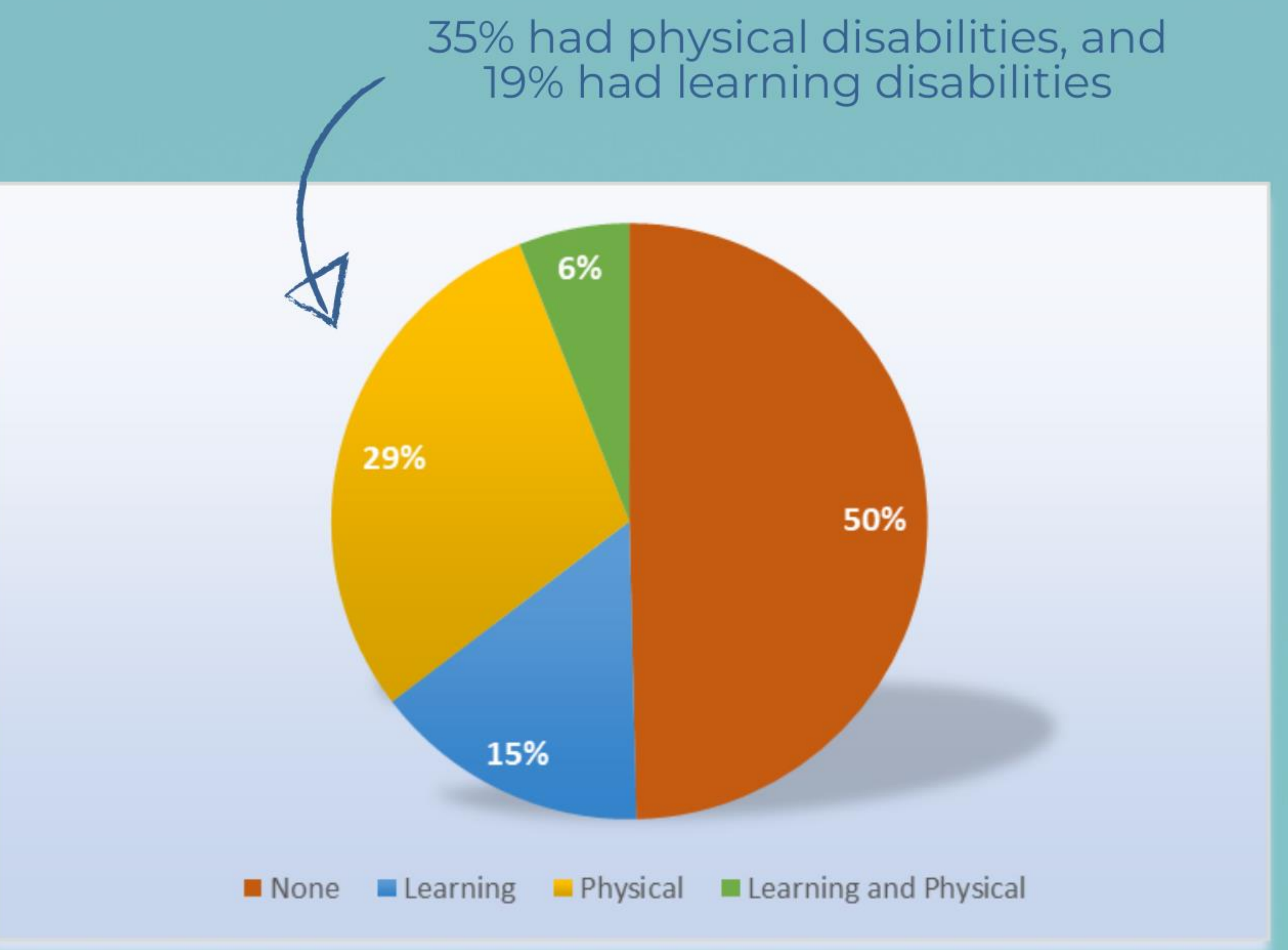
Introductions - reasons

Nearly a third of introductions were for isolation

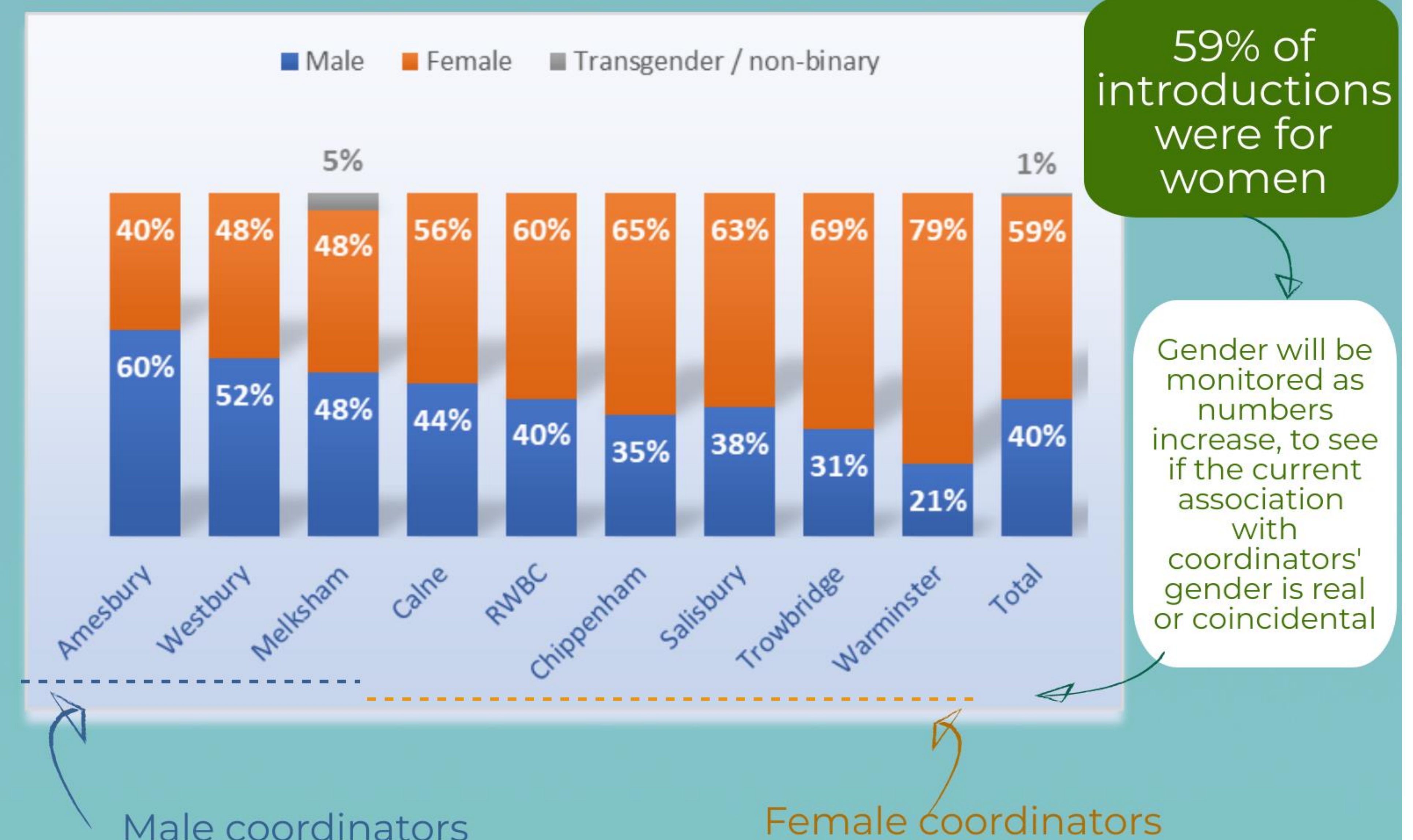


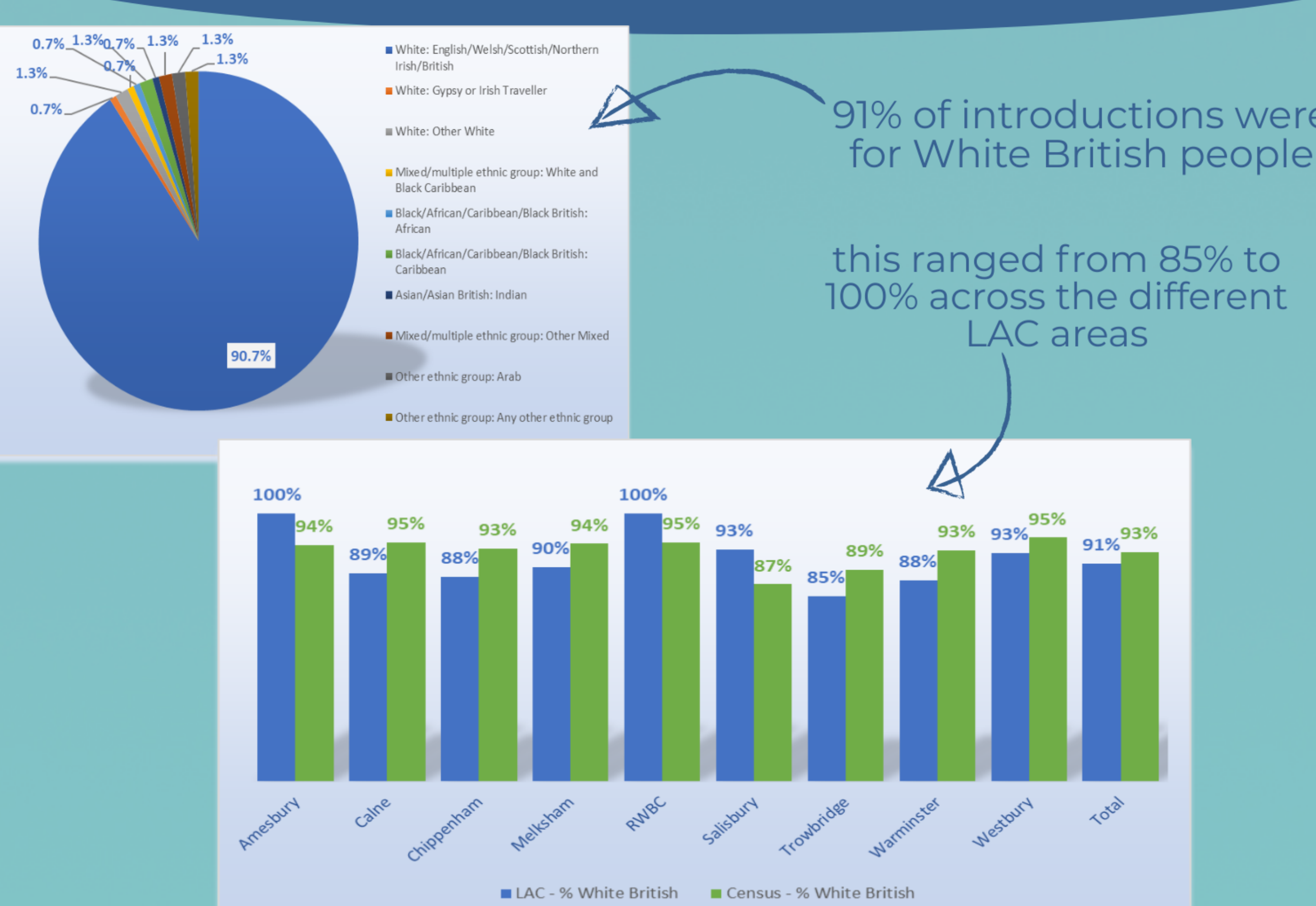

Introductions - age & employment
3%
23%
22%
26%
9%
10%
7%
1 to 19
20 to 34
35 to 49
50 to 64
65 to 74
75 to 84
85 to 94
Most introductions were for people of working age
But only 15% were in paid employment
3%
6%
9%
32%
21%
29%
Education / training
Employed FT / self-employed
Employed PT / Casual employment
Unemployed / volunteering / FT carer
Long-term sick / disabled
Retired

Introductions - disabilities



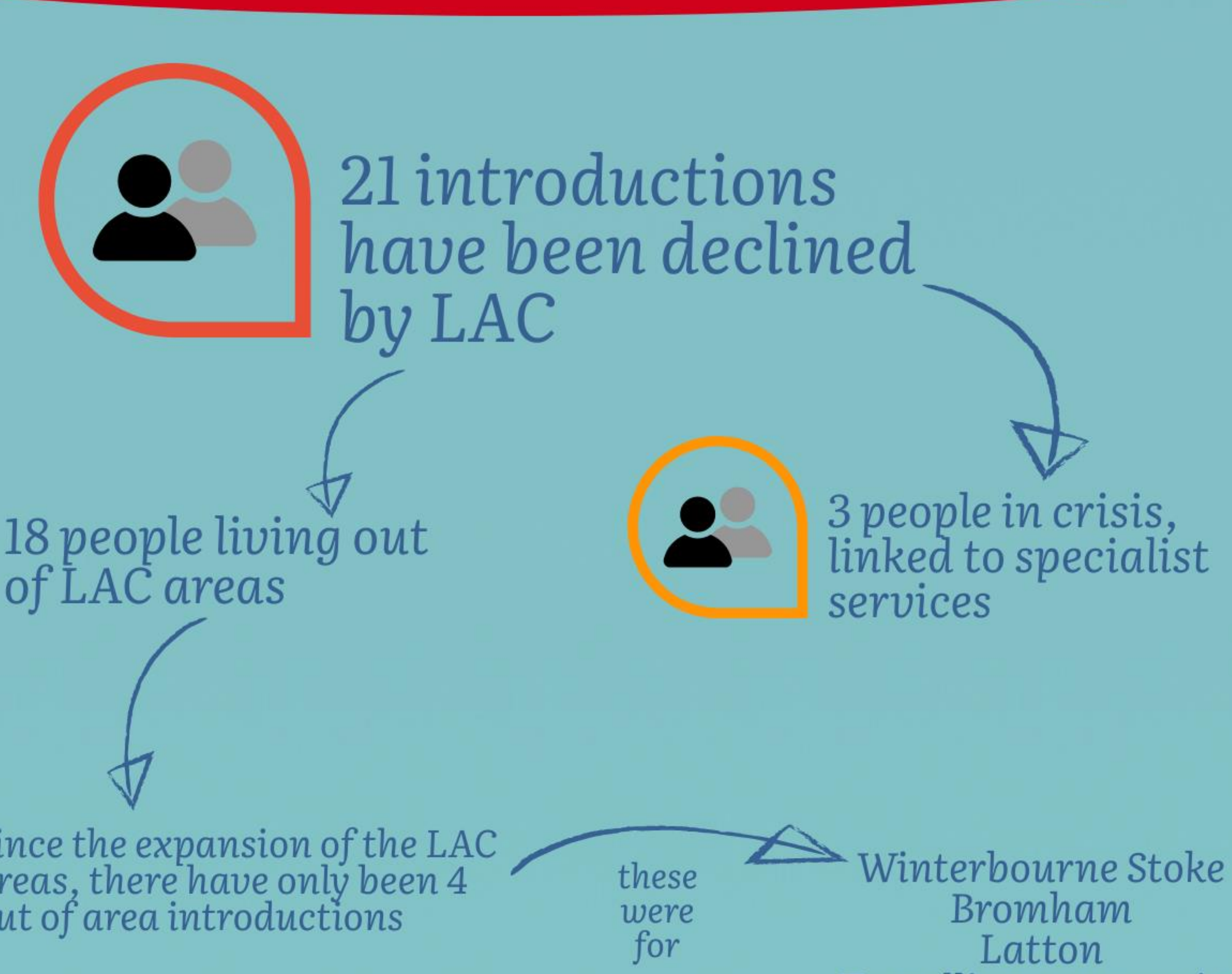
Introductions - gender





Introductions - ethnicity
0.7%
1.3%
0.7%
1.3%
1.3%
1.3%
0.7%
1.3%
0.7%
90.7%
White: English/Welsh/Scottish/Northern Irish/British
White: Gypsy or Irish Traveller
White: Other White
Mixed/multiple ethnic group: White and Black Caribbean
Black/African/Caribbean/Black British: African
Black/African/Caribbean/Black British: Caribbean
Asian/Asian British: Indian
Mixed/multiple ethnic group: Other Mixed
Other ethnic group: Arab
Other ethnic group: Any other ethnic group
91% of introductions were for White British people
this ranged from 85% to 100% across the different LAC areas
100%
94%
89%
95%
88%
93%
90%
94%
100%
95%
93%
87%
85%
89%
88%
93%
93%
95%
91%
93%
Amesbury
Calne
Chippenham
Melksham
RWBC
Salisbury
Trowbridge
Warminster
Westbury
Total
LAC - % White British
Census - % White British

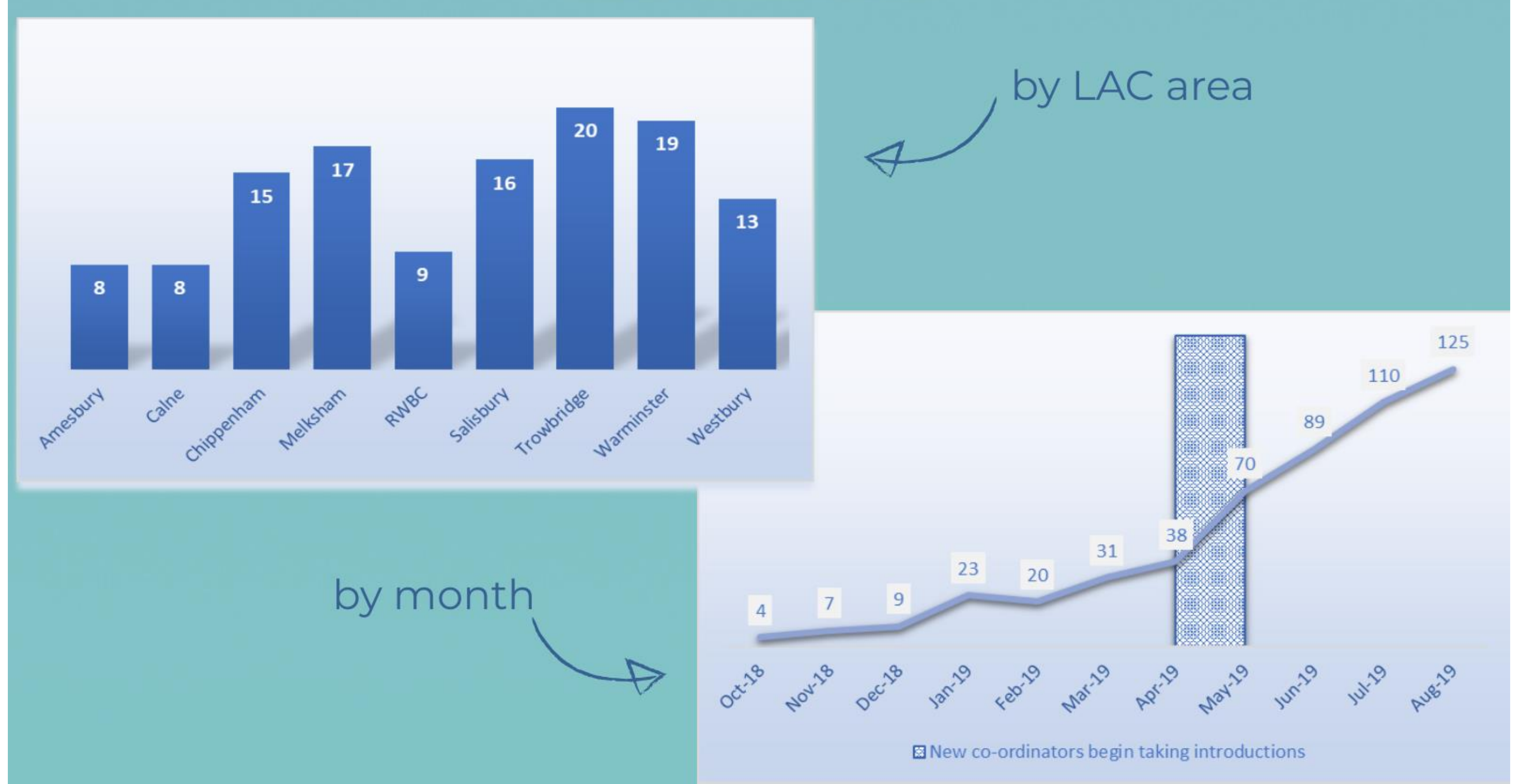
Declined introductions



Activity

Activity - volume

125 people are currently working with LAC



Activity - initial measures

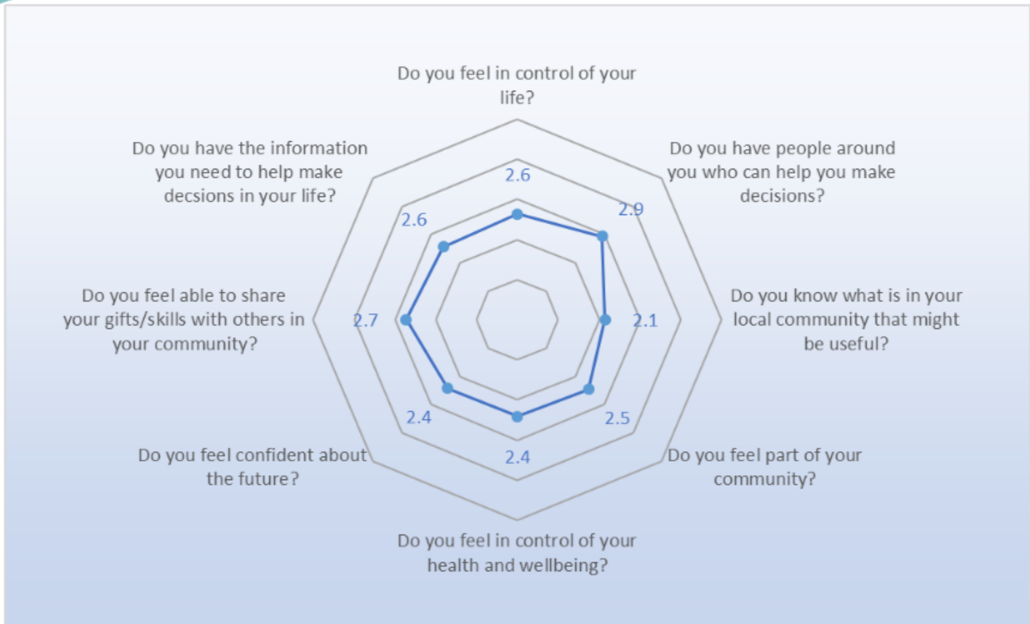
On average, people starting to work with LAC have...

A wellbeing score of 35/100

Initial Wellbeing Line score (n=43)

35%

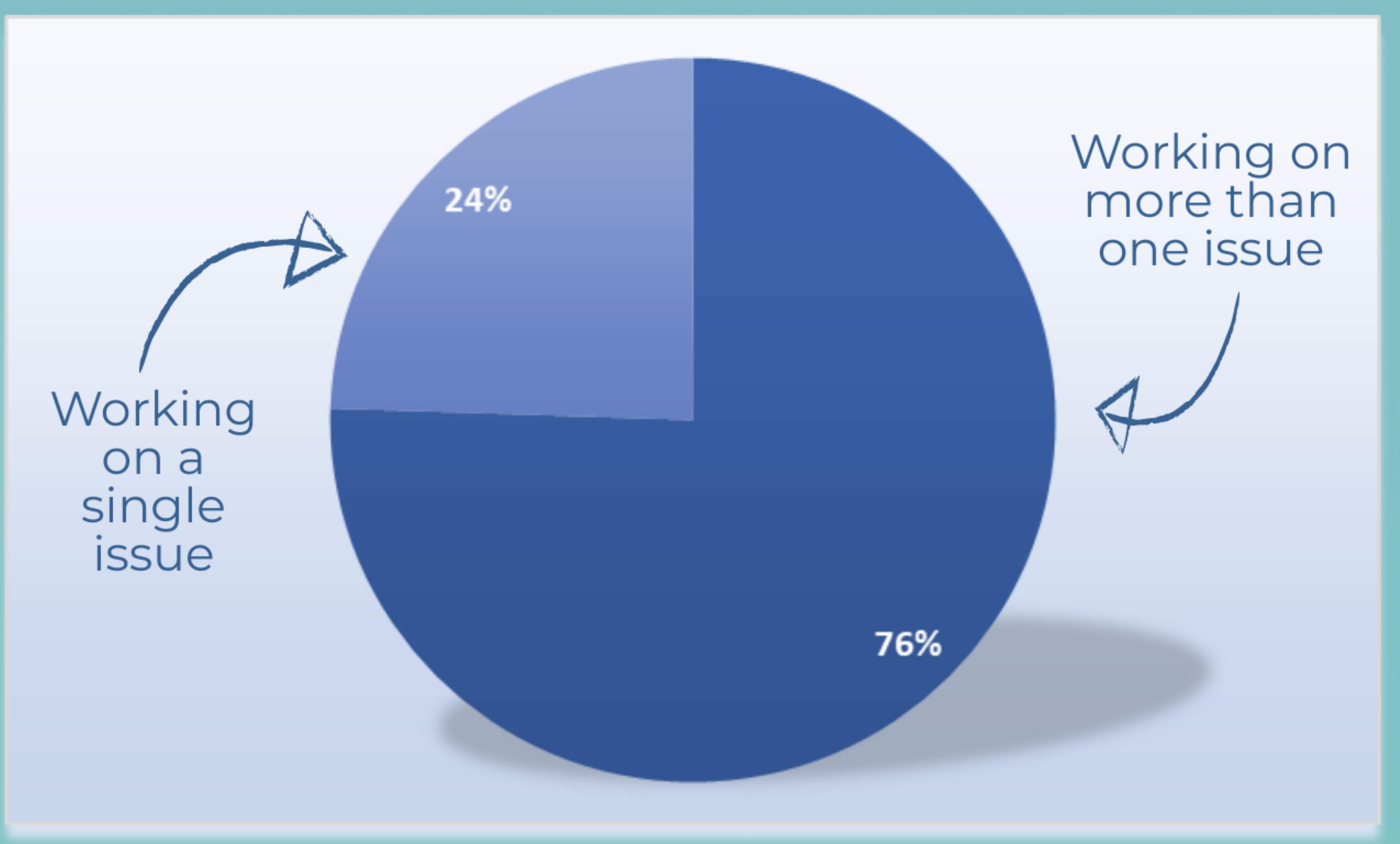
1.6 net positive relationships in their life (n=26)

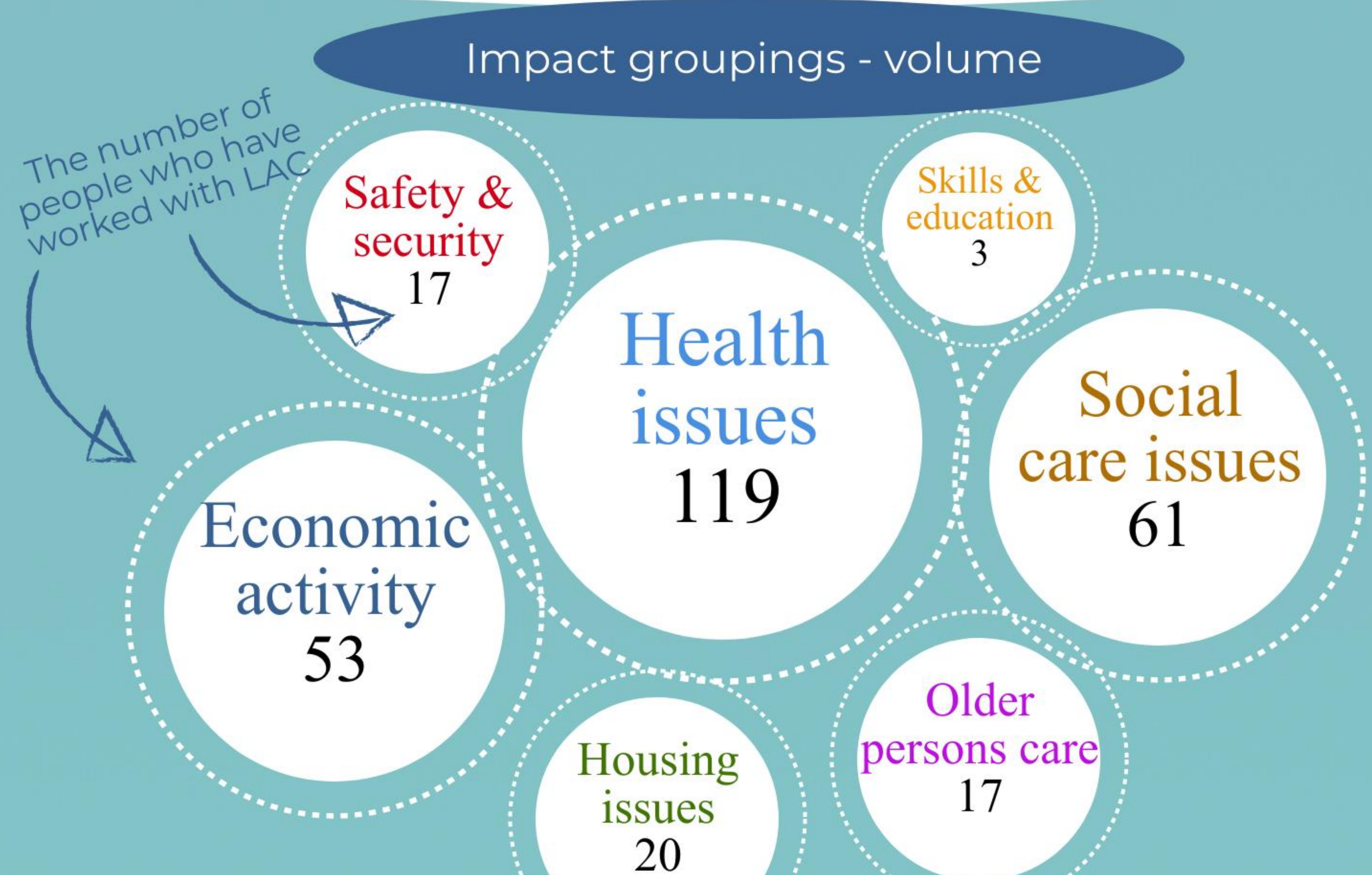


And an average Derby Star score of 2.5/5 (n=46)

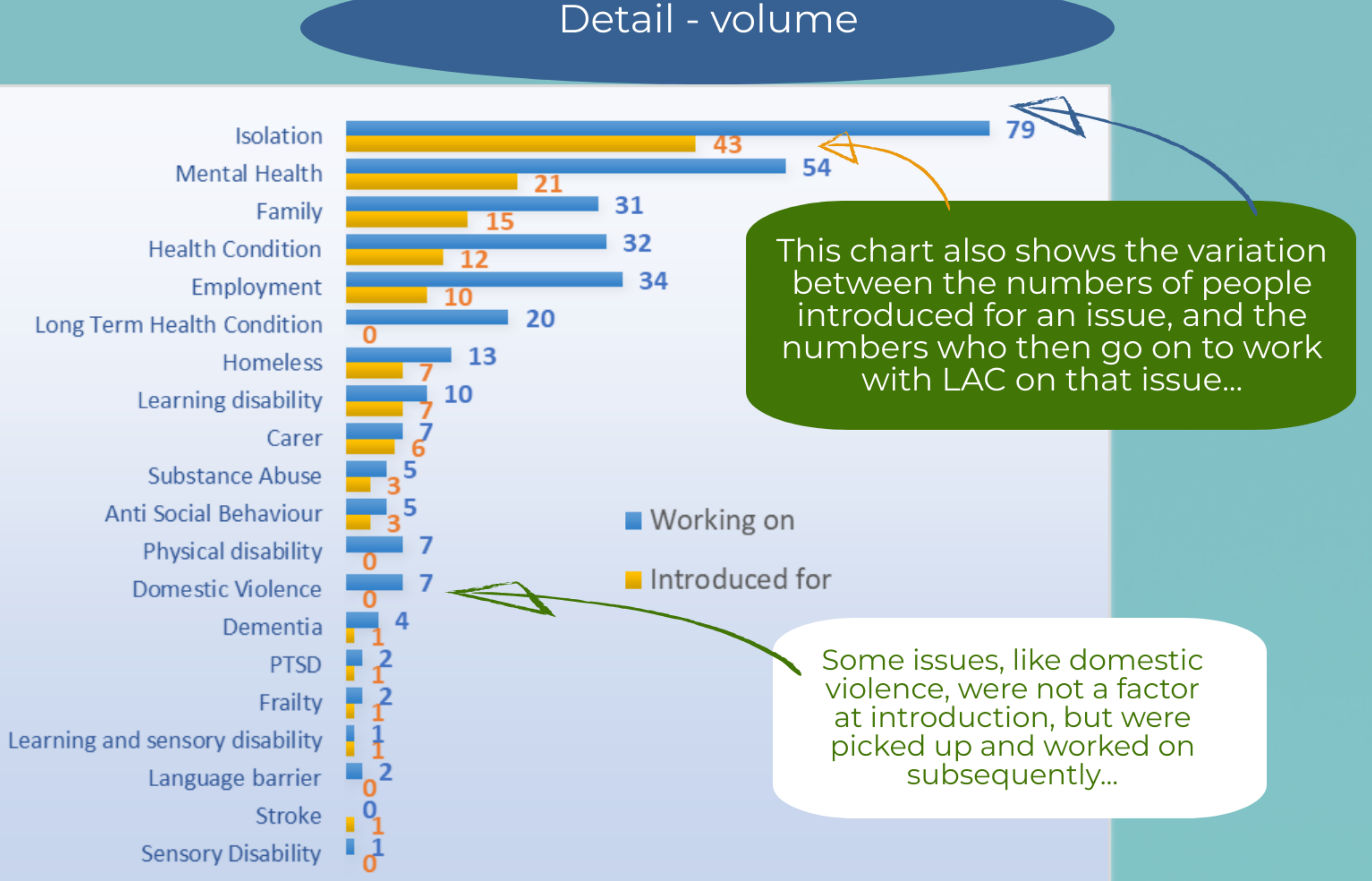
Activity - issues worked on

Three quarters of people are working with LAC on multiple issues




Activity - issues worked on
Impact groupings - volume
The number of people who have worked with LAC
Safety & security 17
Skills & education 3
Health issues 119
Social care issues 61
Economic activity 53
Housing issues 20
Older persons care 17

Activity - issues worked on



Activity - time

1 hour and 15 mins

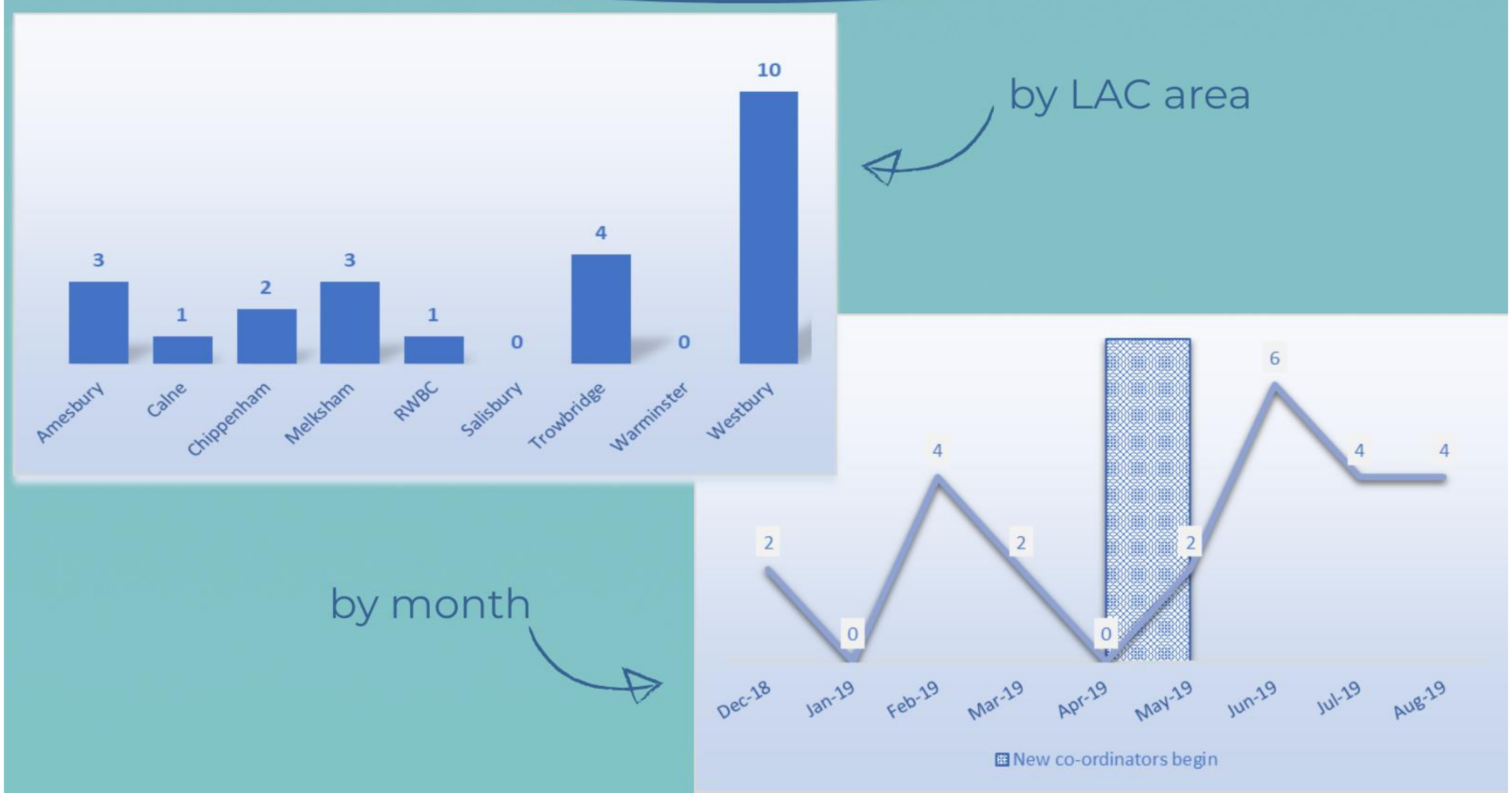
average duration of each contact / meeting

average time spent so far with each person

6 hours and 21 mins

Closures - volume

24 people have closed their work with LAC since October 2018



Caution: very small numbers - presented for interest only

Activity - change in measures

On average, people working with LAC so far have...

An increased wellbeing score of 55/100 (n=6)

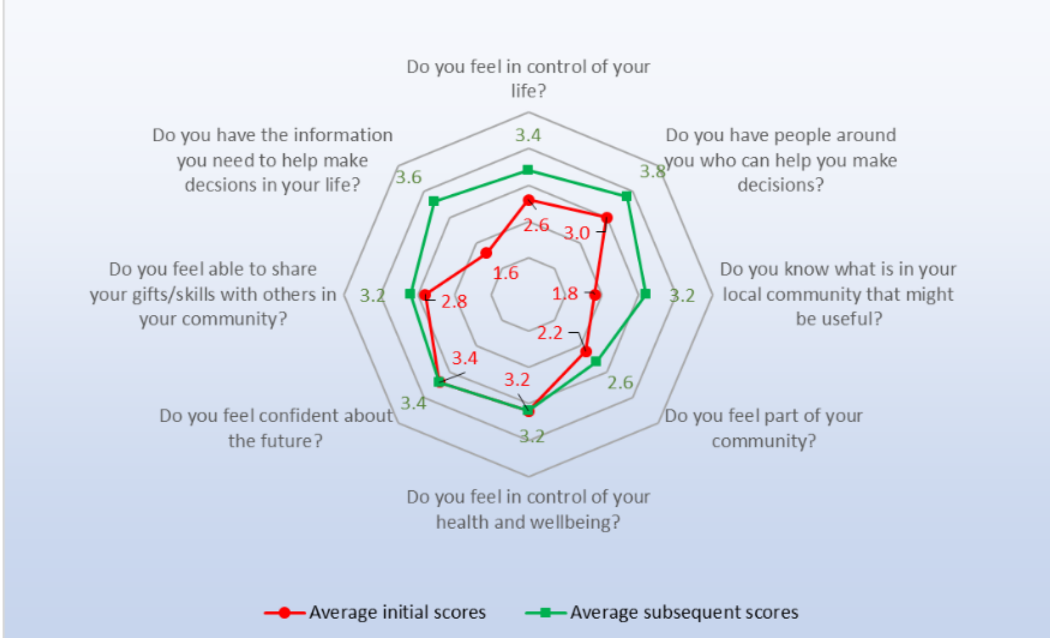
Initial Wellbeing Line score

38%

Subsequent Wellbeing Line score

55%

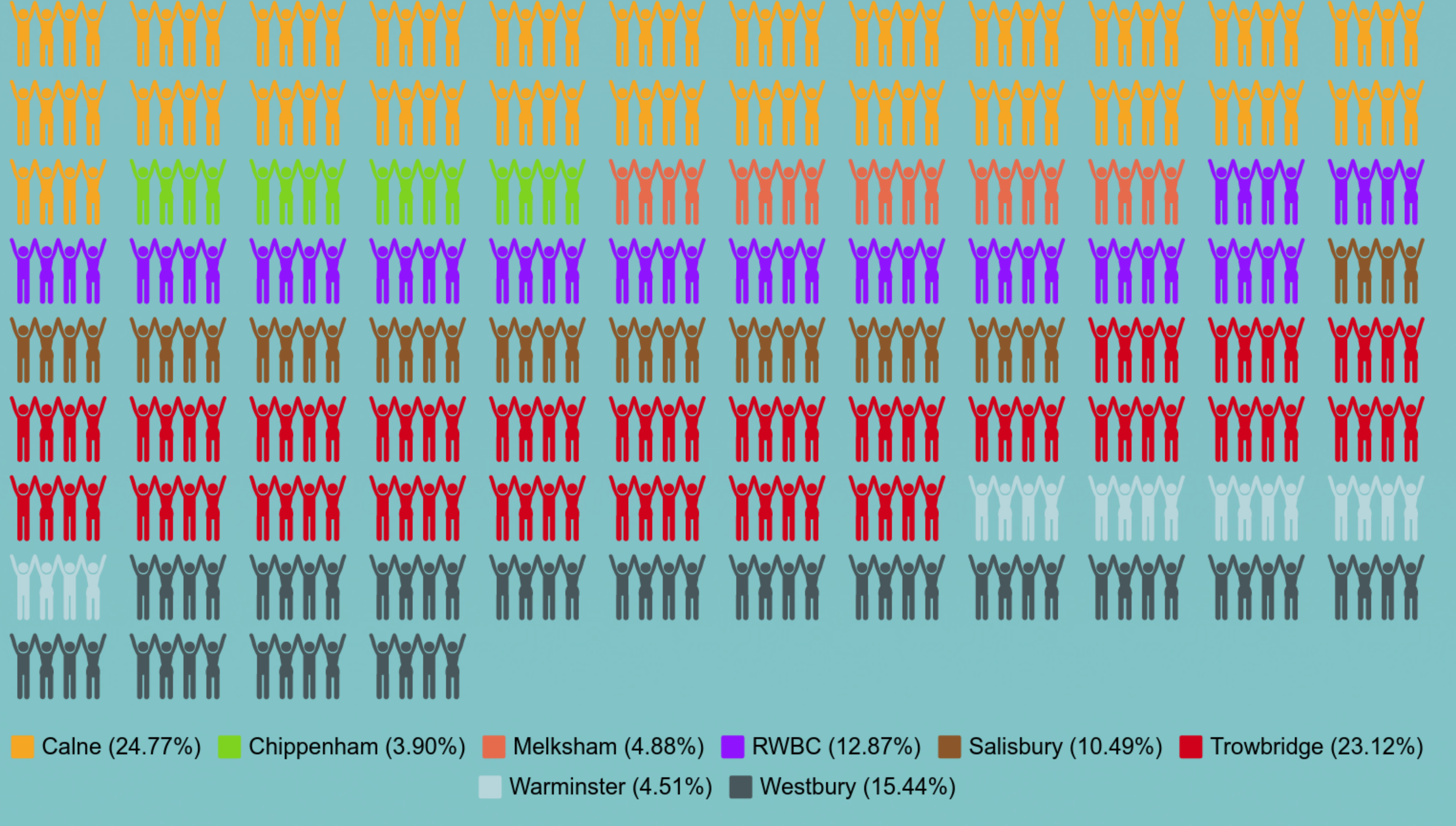
Gained 3.3 positive new relationships in their life (n=4)



and have an average Derby Star score improvement of 0.7, to 3.3/5 (n=5)

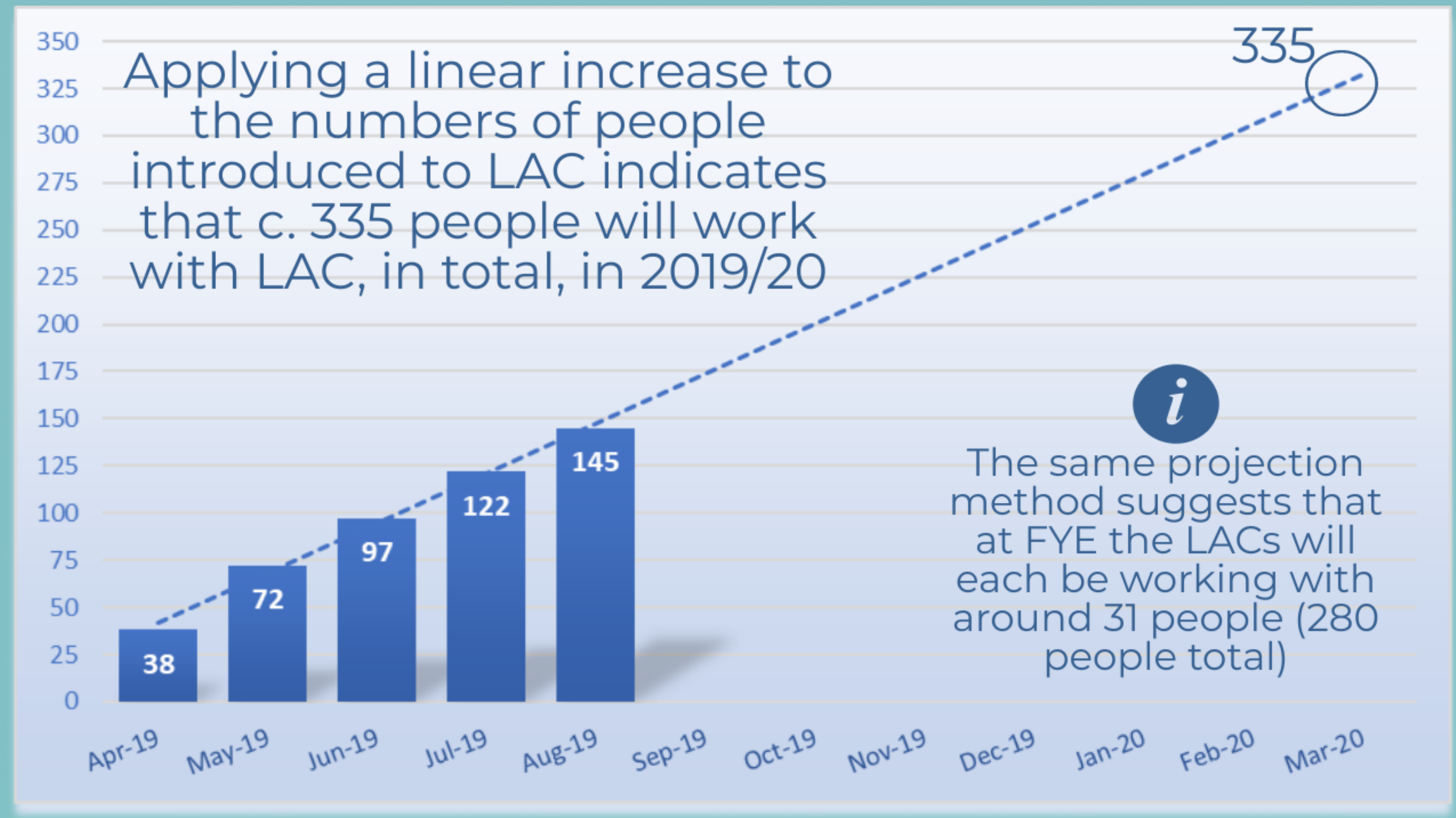
Activity - building community links

1639 connections have also been made between people within communities



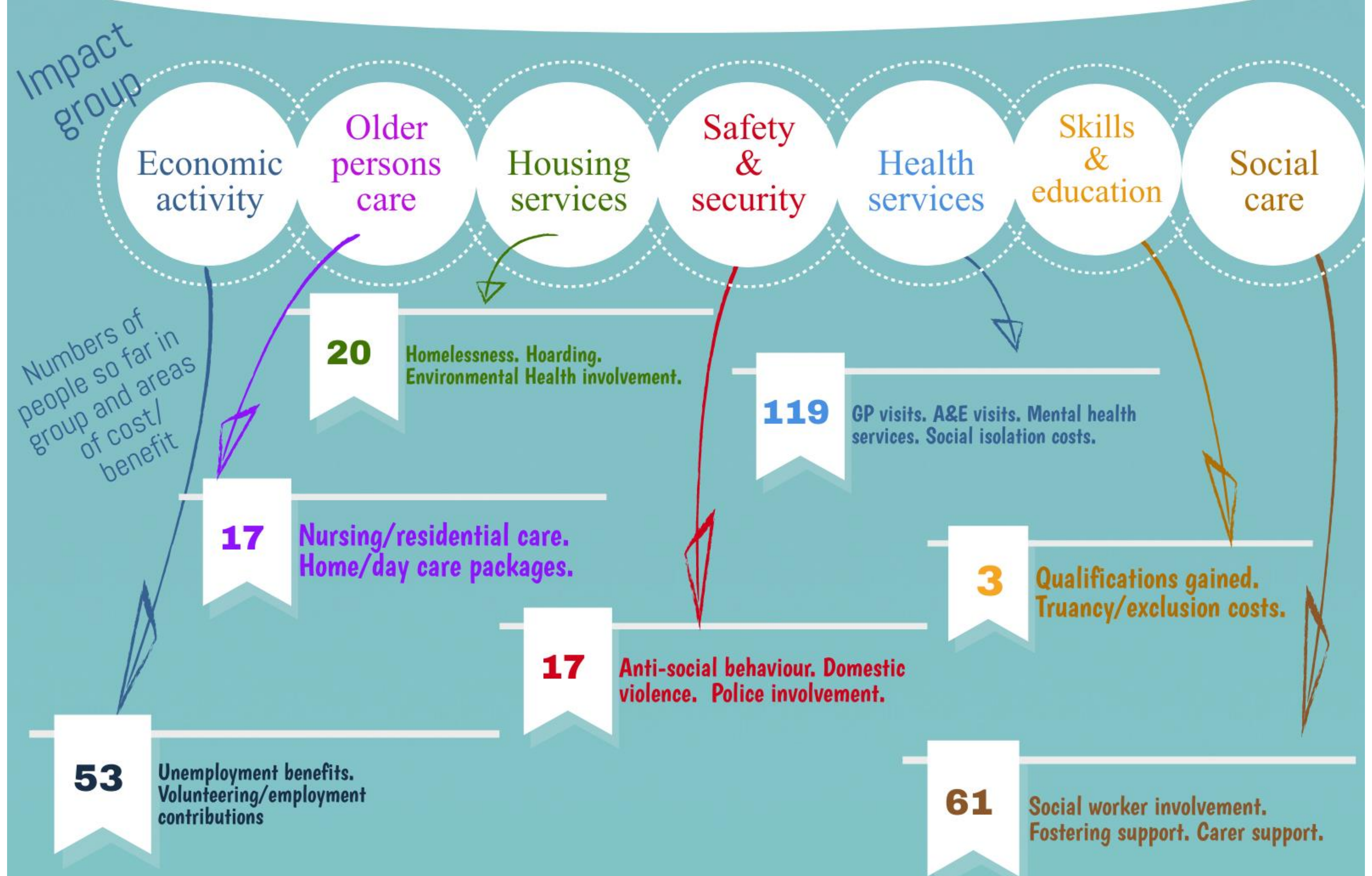
Costs & Benefits

2019/20 projected caseload



Given the annual projected spend, this equates to an estimated average cost per person in 2019/20 of:

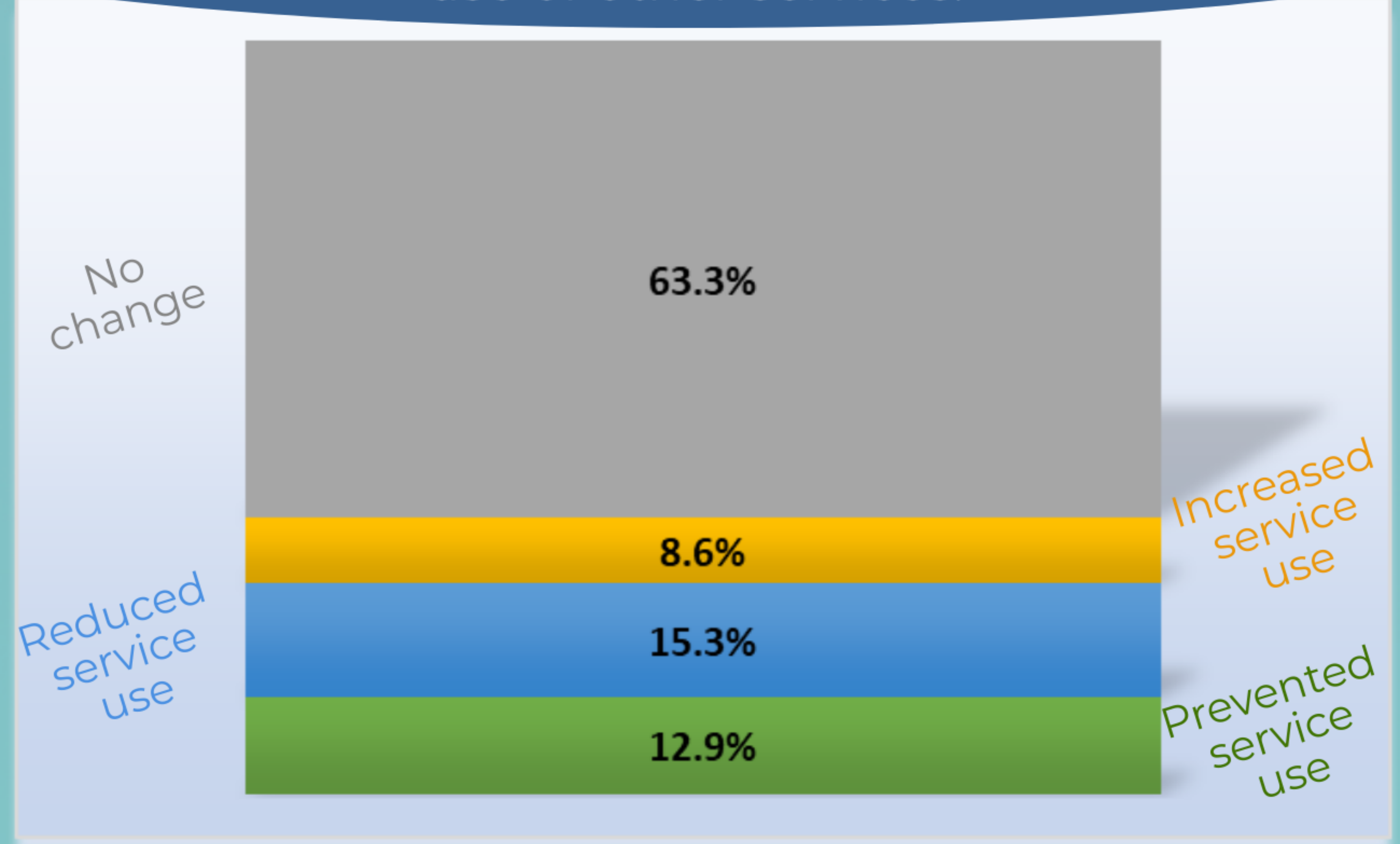
£1,188.91


Impact groupings - areas of cost / benefit
Impact group
Economic activity
Older persons care
Housing services
Safety & security
Health services
Skills & education
Social care
Numbers of people so far in group and areas of cost/ benefit
20
Homelessness. Hoarding. Environmental Health involvement.
119
GP visits. A&E visits. Mental health services. Social isolation costs.
17
Nursing/residential care. Home/day care packages.
3
Qualifications gained. Truancy/exclusion costs.
17
Anti-social behaviour. Domestic violence. Police involvement.
53
Unemployment benefits. Volunteering/employment contributions
61
Social worker involvement. Fostering support. Carer support.

Caution: experimental data - presented for interest only

Changes to service use

A preliminary estimate of the proportion of LAC contacts that have resulted in changes to the person's use of other services:



Example savings #1

Mr A

Housing

Health

Social care

Economic activity

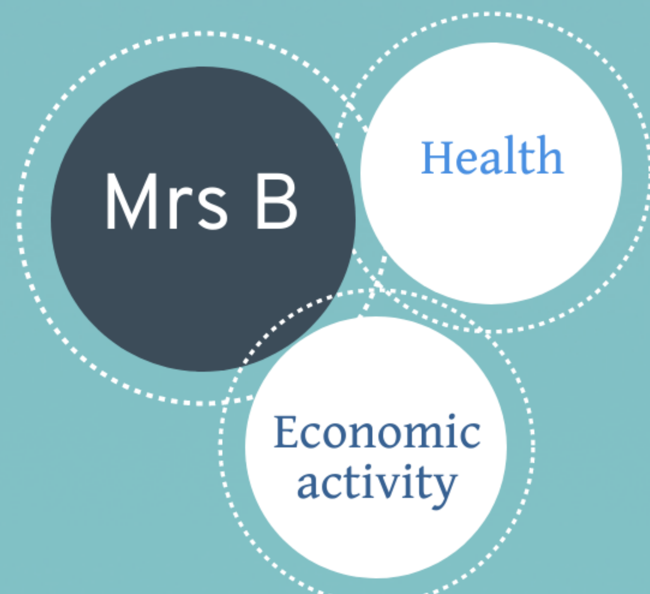
Mr A was introduced to LAC for homelessness and mental health issues. He was:

- Supported to visit GP
- Supported with MH assessment
- Supported to build bridges with his family
- Supported to live at family's property
- Supported to start volunteering at local shop

Costs/benefits	Immediate fiscal value	Value to:
GP visit	£37	NHS
MH initial assessment	£284	NHS
Volunteering	£854pa	Community
Care package (MH)	£859	ASC
Rough sleeping (low estimate)	£4,668pa	ASC, Police, Housing, NHS
Rough sleeping (high estimate)	£20,128pa	ASC, Police, Housing, NHS

Implied additional costs (base estimate) = £1,180
Implied pa savings (low estimate) = £5,522
Implied pa savings (high estimate) = £20,982

Example savings #2



Mrs B was introduced to LAC for isolation and sensory disability. She was:

- Supported to exercise
- Supported to build friendships and connections with local groups
- Supported to start fitting home adaptations
- Supported to start volunteering with national charity

Costs/benefits	Immediate fiscal value	Value to:
Physical inactivity	£8.17pa	NHS
Social isolation	£793.35pa	Individual
Trip hazard removal	£196.22pa	NHS
Volunteering	£1,280.76pa	Community

Implied additional costs = £0
Implied pa savings (low estimate) = £2,278.50

Wiltshire Council

Health Select Committee

14 January 2020

Subject: Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025

Purpose of Report

1. The purpose of this report is to seek support for the Gypsy, Roma, Traveller and Boater Strategy (Appendix 1) ahead of going to the Health and Wellbeing Board in April 2020.

Background

2. The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

3. Travellers experience significant inequalities throughout all stages of life. Gypsy, Roma and Traveller people experience the worst health outcomes of any ethnic group, and the average life expectancy is 10-12 yeas less than the general population. Higher rates of miscarriage, a greater proportion of individuals with long-term health conditions, and higher rates of depression and suicide are just some of the inequalities experienced by these communities.

4. The Women and Equalities Commons Select Committee recently published a report assessing the inequalities experienced by these communities. This inquiry found that Traveller communities have the worst outcomes across a wide range of areas, including education, health, employment, criminal justice and hate crime. They reported that national and local policy makers have failed to tackle these long-standing and substantial inequalities.

5. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. Furthermore, the public sector equality duty highlights the need for due regard of advancing equality of opportunity between those who share protected characteristics (e.g. ethnicity such as Gypsy or Irish Traveller) and those who do not.

6. The importance of tackling health inequalities has been highlighted in the recent NHS Long Term plan. This is reflected in the continued higher share of funding towards areas with high health inequalities, and requirement for local health systems to describe how they are specifically reducing health inequalities.

7. In Spring 2019, a Health Needs Assessment (HNA) was undertaken to better understand the needs of the Wiltshire Gypsy, Roma, Traveller and Boater population. This was the first local HNA (see appendix 2) for these communities, using local data, national resources and published evidence. This intelligence shows that there are inequalities across several areas e.g. poor educational attendance and attainment; reduced uptake of carer support. Whilst local data was limited, the evidence from national and published data shows that Traveller populations continue to have significant needs.

8. The HNA was informed by service user and service provider feedback. Feedback from local Traveller community members broadly corroborated the findings of the HNA whilst highlighting some notable areas of difference (e.g. access to primary care was felt to be adequate).

9. The HNA highlighted the opportunity to improve cultural awareness amongst all services who interact with these communities, to help reduced barriers to service uptake. It also identified the need to improve community representation in the development and implementation of policies and services for Travellers. Furthermore, it highlighted the importance of information and data sharing between services to help support members of the community.

10. The significance of social determinants on health (e.g. housing, education) is also evident from the HNA. These can have far more significant effects on an individual's health than direct health-related interventions – wider determinants include employment status, living standards and educational attainment. This highlights the important interplay between inequalities experienced in all aspects of life, and an individual's health outcomes.

11. The current Wiltshire Gypsy, Roma, Traveller and Boater (GRT&B) strategy is due to finish in 2020. A new strategy has been developed for 2020-2025 using intelligence from the recent HNA, together with feedback from stakeholder consultation. The evidence base for the strategy is based upon key government documents, published literature and evidence of best practice.

12. The strategy has been developed by Wiltshire Council's Public Health team in partnership with the Traveller Reference Group (TRG) and a range of partners across Wiltshire.

13. The TRG oversees and supports the implementation of the Traveller Strategy whilst also addressing other relevant issues related to Traveller communities and has a membership of council and non-council partners. Council departments represented include housing, communications, commissioning, planning, early help, enforcement, public health, community engagement

countryside and councillor representation. External partners include NHS and primary care, fire services, and police service.

14. The GRT&B strategy contributes to the Wiltshire Council business plan priorities of Stronger Communities and Protecting the Vulnerable.

Main Considerations

15. The new GRT&B strategy provides direction for Wiltshire Council and partner organisations to reduce inequalities experienced by Traveller communities, increase Traveller cultural awareness amongst all services, improve local data collation and sharing between partner agencies, and integrate community members involvement in the decision-making processes which affect them.

16. The strategy has a wide remit, looking beyond health inequalities as an acknowledgment that Traveller communities experience substantial inequalities in many aspects of life.

17. Focussing on inequalities will bring together a range of organisations to address the issues, leading to targeted pieces of work specifically for these communities. These will be in addition to the usual business plan of all involved organisations.

18. The TRG and other key stakeholders reviewed the HNA and a draft version of the strategy document. The feedback and comments provided have been incorporated into the final version of the strategy.

19. The new strategy will have 7 strategic priorities grouped by the following themes:

> 1. Educational attainment and attendance
> 2. Preventative services (primary, secondary and tertiary) – including management of long-term conditions; screening; immunisations; pharmacy and dental services
> 3. Safeguarding and violence prevention
> 4. Mental health
> 5. Maternal health and early years
> 6. Carer support
> 7. Place and Community e.g. site safety, access to refuse points

20. Four cross-cutting themes running through the strategy

> **A.** Increasing awareness of GRT and Boater culture and health needs
> **B.** Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available
> **C.** Improved local data collation and analysis specific to GRT and Boater communities in Wiltshire
> **D.** Integrate community members involvement and feedback as much as possible

21. The development, implementation and evaluation of the strategy will be overseen by the TRG who will be accountable to the Health and Wellbeing Board. This will monitor progress, and feedback to relevant committees and boards throughout the lifetime of the strategy.

22. An implementation plan is currently being drafted in conjunction with TRG members. The aim of the plan will define 1-2 key projects/programmes per strategic priority in a bid achieve better outcomes for Traveller and Boater communities.

The risk of not implementing the strategy

23. If the decision is taken not to support the Gypsy, Roma, Traveller and Boater strategy there could be:
    a. Persistent inequalities in many aspects of Traveller community lives, which could worsen if not addressed

    b. Continued poor health outcomes in these communities, with associated substantial costs to wider health and social care budget

    c. Damage to relationships with partner organisations and community members with whom the strategy has been developed

    d. Persistent challenges to engaging with Traveller communities and developing trusted relationships with community members

Conclusion

24. The evidence review and findings of the Wiltshire Traveller and Boater Health Needs Assessment has led to the development of a strategy aimed at improving the health and wellbeing of the Gypsy, Roma, Traveller and Boater communities in Wiltshire. The strategy has a vision of reducing inequalities experienced across many domains and throughout the life course. Partnership working with a range of agencies will seek to provide a system-based approach. This will contribute to the Council’s business plan and will be in line with recent national policy and strategic direction.

25. Next steps will include formal professional and public consultation of the strategy prior to presenting for approval for adoption at Wiltshire's Health and Wellbeing Board in April 2020.

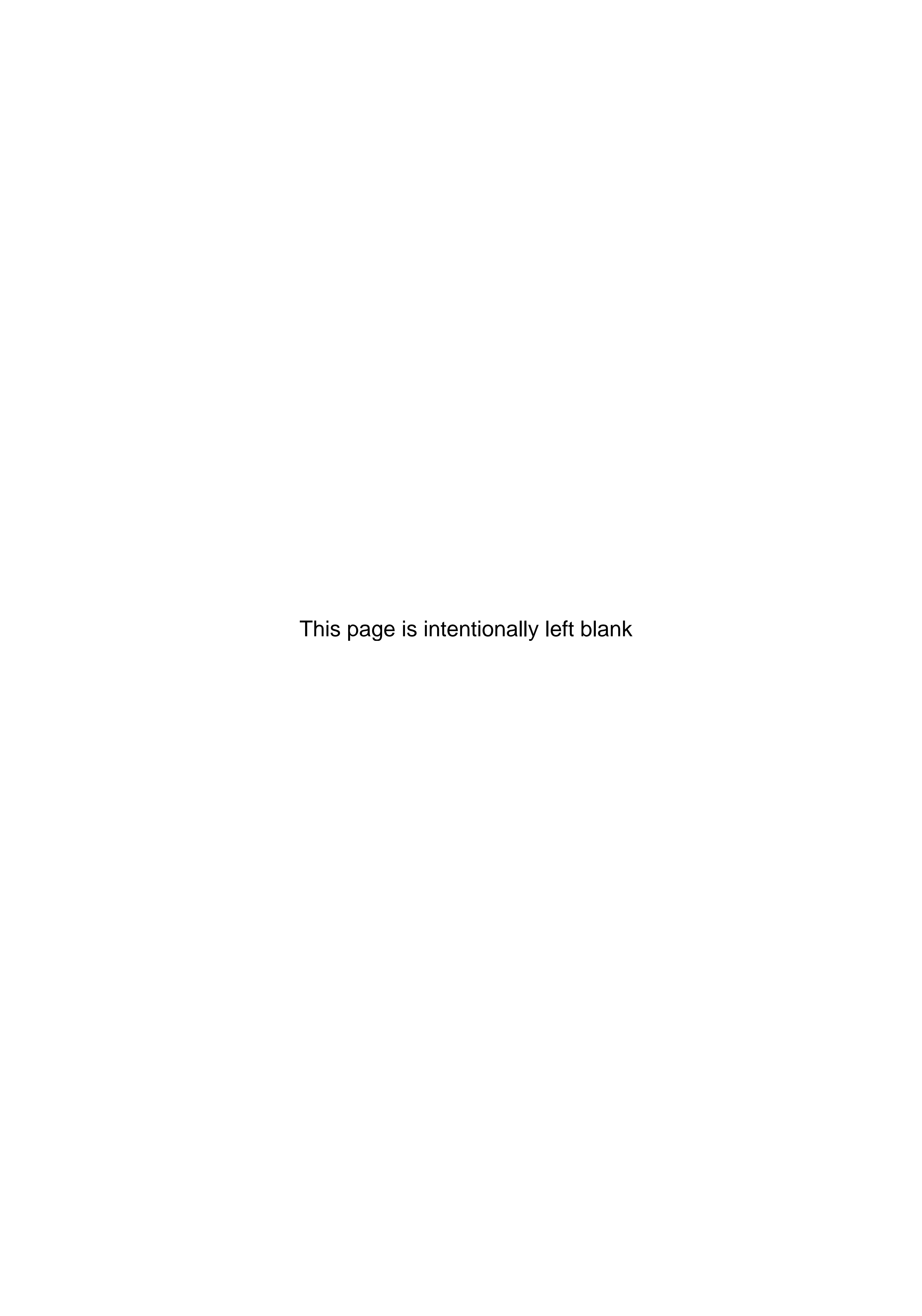
Report Author: Dr Michael Allum, Public Health Specialty Registrar

Date: 17 December 2019

Appendices

Appendix 1 – Draft Gypsy, Roma, Traveller and Boater Strategy 2020-2025 for Wiltshire

Appendix 2 – Gypsy, Roma, Traveller and Boater Health Needs Assessment (2019)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Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025

Dr. Michael Allum

Specialty Registrar, Public Health

Introduction

Wiltshire Council brings together a wide range of services and responsibilities that engage with Traveller communities. A Wiltshire Gypsy and Traveller strategy was published in 2010, which was refreshed in 2016. During this time, the needs of the community and the services available have changed. In addition, there has been an increasing awareness and understanding of the differing needs of the Boater population, which is significant in Wiltshire. The first Health Needs Assessment of the Gypsy, Roma, Traveller and Boater population in Wiltshire (Wiltshire Council, 2019)[1] was recently completed. This has provided the most current assessment of the health needs of these communities and identify the best evidenced interventions to meet these needs. This has allowed the development of this new strategy using the most up to date information and evidence.

Who are Travellers?

The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

Under the Equality Act 2010, several groups have recognition as ethnic groups protected against discrimination. These include English, Welsh and Scottish Gypsy Travellers, Irish Travellers, and Romany Gypsies and Roma people. However, Showpeople and New (or New Age) Travellers are not recognised within these definitions and may not be protected (Parliament,2019).

The definition for "gypsies and travellers" collectively for the purposes of planning policy have been stated as (Department for Communities and Local Government, 2015: p.9):

> *'Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family's or dependants' educational or health needs or old age have ceased to travel temporarily, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.*
>
> *In determining whether persons are "gypsies and travellers" for the purposes of this planning policy, consideration should be given to the following issues amongst other relevant matters:*
>
> *a) whether they previously led a nomadic habit of life*
>
> *b) the reasons for ceasing their nomadic habit of life*
>
> *c) whether there is an intention of living a nomadic habit of life in the future, and if so, how soon and in what circumstances.'*

For the purpose of this strategy, the term 'Traveller' will be used to describe all members of communities described above, including Gypsy, Roma, Traveller and Boater communities. However, where a differentiation is required between land-based and the live-aboard boating

[1] Health Needs Assessment available online https://www.wiltshireintelligence.org.uk/library_/gypsy-traveller-and-boater-populations-health-needs-assessment/

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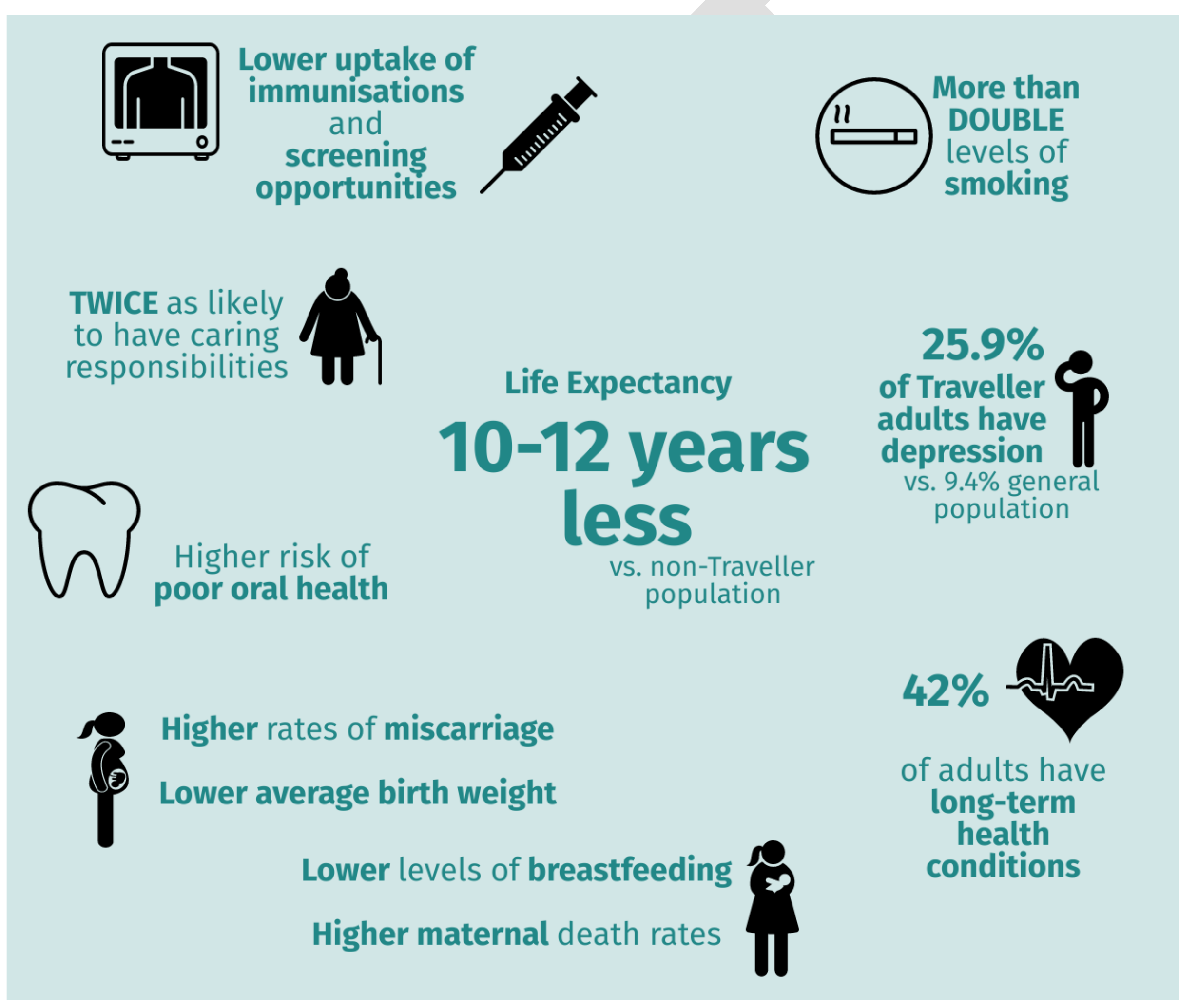
community, these will be differentiated by Gypsy, Roma and Traveller (GRT) communities and Boater communities respectively.

Why do we need a Traveller strategy?

It is widely acknowledged that members of the Traveller community have significantly worse health outcomes than the general population and experience substantial health inequalities. The recent GRT and Boater Health Needs Assessment (HNA) highlighted that these challenges continue both at national and local level (Wiltshire Council, 2019). Figure 1 highlights some of the most substantial and stark health inequalities and challenges experienced by these vulnerable communities, according to national data and published evidence.

Figure 1: *Health inequalities experienced by Traveller communities (data source: Wiltshire Council, 2019)*



Two key priorities within the Wiltshire Council Business Plan (Wiltshire Council, 2017) are creating strong communities, and protecting the vulnerable. This strategy will build on these priorities, to help address the significant health inequalities faced by the Traveller community, and to support these Wiltshire communities to live healthily.

Development of the strategy

The strategy has been developed based on key national and local documents and the input from a wide range of stakeholders in Wiltshire. This feedback has been facilitated primarily through the Wiltshire Traveller Reference Group, which comprises council and non-council partners.

The recent GRT and Boater HNA provided an up to date analysis of the current health needs of these specific communities in Wiltshire. Whilst there were some data limitations and challenges with getting a detailed local picture, the HNA gathered all the relevant evidence and importantly also gained input from community members where feasible. In addition, the HNA collated the evidence on best-practice interventions to help address the identified gaps in meeting needs. The HNA therefore forms the evidence base of this strategy, for both identifying the inequalities to target but also the means to reduce them.

In Spring 2019, the House of Commons Women and Equalities Committee published a report on tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament, 2019). This provided a comprehensive overview of the current national state of inequalities faced by these communities. The report highlighted the breadth of agencies and organisations with responsibilities towards addressing these challenges, with recommendations for action upon several departments in central and local government, NHS England, the Care Quality Commission, and Ofsted. The recommendations from this report have also been used in the strategy development.

Initial discussion with the Traveller Reference Group with regards to the strategy framework highlighted the importance of focussing on addressing inequalities. Another important factor was ensuring that the strategy focussed on actions and plans specific to GRT and Boater communities which are in addition to the on-going usual business plans.

Addressing health inequalities

Health inequalities describe differences in health outcomes experienced by individuals which are not due to chance but by factors beyond their control which have created significant and persistent effects on the individual's health. This presents a significant social injustice– the number of years an individual is likely to live, the proportion of those spent in a state of good health, and the opportunities to live a healthy life are strongly linked to the extent of deprivation and disadvantage experienced by an individual. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. Furthermore, the public sector equality duty highlights the need for due regard of advancing equality of opportunity between those who share protected characteristics (e.g. ethnicity such as Gypsy or Irish Traveller) and those who do not.

The importance of tackling health inequalities has been highlighted in the recent NHS Long Term plan (NHS England, 2019). This is reflected in the continued higher share of funding towards areas with high health inequalities, and requirement for local health systems to describe how they are specifically reducing health inequalities. The Women and Equalities Committee have recommended to the Government that this resource allocation should account explicitly for the needs of Gypsy, Roma and Traveller people within a given NHS Clinical Commissioning Group (CCG) area.

Health is not determined by clinical healthcare along, and the role of all agencies including local government to improve health and health inequalities is reflected in the wider

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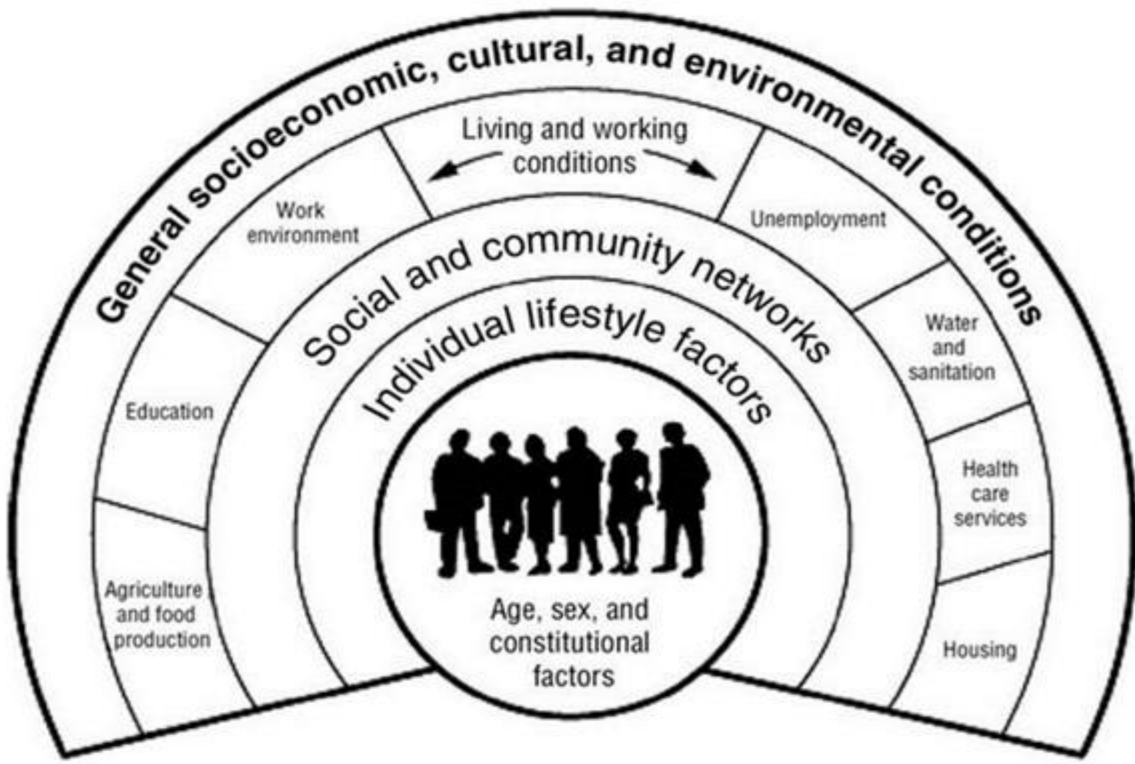
determinants of health. These are the broad social and economic circumstances that can affect an individual's health throughout their life, such as the level of educational attainment, employment status, living standards and access to green spaces (Public Health England, 2017). This is summarised in the Dahlgren-Whitehead model (Figure 2) which maps the relationship between the individual and the social, economic and physical environment surrounding them as the layers of influence on their health. The Marmot review (Marmot, 2010) established that the wider determinants of health have significant effects on health inequalities and therefore actions is required across all determinants to throughout the life course to address health inequalities.

Figure 2: *Dahlgren-Whitehead model of the social determinants of health (Dahlgren and Whitehead, 1991 cited Public Health England 2017)*



This demonstrates the need for working across all Wiltshire systems between partner agencies to help tackle the significant inequalities faced by these communities. This is reflected in the aim and strategic priorities of the GRT and Boater health strategy.

Aim

- To tackle inequalities experienced by the Gypsy, Roma, Traveller and Boater communities of Wiltshire.

Strategic Priorities and Themes

1. Educational attainment and attendance
2. Preventative services (primary, secondary and tertiary) – including management of long-term conditions; screening; immunisations; pharmacy and dental services
3. Safeguarding and violence prevention
4. Mental health
5. Maternal health and early years
6. Carer support
7. Place and Community e.g. site safety, access to refuse points

Four cross-cutting themes run through all these priorities:

- **A.** Increasing awareness of GRT and Boater culture and health needs
- **B.** Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available
- **C.** Improved local data collation and analysis specific to GRT and Boater communities in Wiltshire
- **D.** Integrate community members involvement and feedback as much as possible

STRATEGIC PRIORITIES

1
Educational attainment and attendance

2
Preventative services

3
Safeguarding and violence prevention

4
Mental health

5
Maternal health and early years

6
Carer support

7
Place and Community

4 CROSS-CUTTING THEMES

Increasing awareness of GRT and Boater culture and health needs

Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available

Improved local data collation and analysis specific to GRT and Boater communities

Integrate community members involvement and feedback as much as possible

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Strategic Priority 1: Educational attainment and attendance	
Inequalities	*GRT* - Higher rates of absenteeism - Significant reduction in attendance when transitioning from primary to secondary school education - Substantially greater proportion of children requiring SEN support, and requiring deprivation pupil premium - Lowest attainment of all ethnic groups throughout schooling *Boater* - Challenges of school access with cruising requirement of boat licences with non-permanent moorings
What we will do	• Increase proportion of children attending secondary education from GRT background (as a marker of GRT community attendance) • Improve educational attainment at both primary and secondary level education • Reduce potential barriers to school attendance – tackle bullying; ensure schools are welcoming and culturally aware of GRT & Boater communities • Explore models of education delivery to empower educational attendance and attainment within GRT and Boater communities in Wiltshire • Involvement of key partner organisation and community members in addressing identified educational needs • Gather intelligence (quantitative and qualitative) to better understand the educational needs of the GRT and Boater communities in Wiltshire • Explore options to offer skills and vocational training for 14-16 year olds from Traveller backgrounds
Key Partners	• Education Welfare service (Wiltshire Council) • Further Education • Children's Services (Wiltshire Council) • Schools • School Improvement Partners • Friends, Families and Travellers (a Traveller led charity) • 'Virtual school' team • Canal and River Trust
Examples of effective interventions	'Virtual headteacher' model

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Strategic Priority 2: Preventative Services	
Inequalities	• Lower uptake of screening and immunisation interventions • Higher rates of smoking • Greater proportion of individuals with long-term conditions requiring secondary/tertiary prevention[2] • Reduced uptake of dental services and worse oral health outcomes
What we will do	• Increase uptake of universal screening and immunisation services within GRT and Boater communities in Wiltshire. • Review the invitation process for screening and immunisation services within the context of GRT and Boater challenges (e.g. access to facilities, health literacy, postal invitations) • Improve local data collation to facilitate better measurement and understanding of inequalities experienced by GRT and Boater communities within preventative services • Explore feasibility of at-site healthcare provision as already occurs at some Traveller sites • Improve opportunistic interventions for preventative health input at every opportunity (e.g. MECC training for non-clinical staff) • Explore options for community health champions or similar community member leadership in health promotion
Key Partners	• Wiltshire Clinical Commissioning Group (CCG) • Primary Care Networks, particularly those with GRT and Boater community sites located within them • Health Visitor service (Virgin Care) • Public Health (Wiltshire Council) • Dental Public Health (NHS England) • Screening and Immunisations teams (NHS England/Public Health England) • Pharmacies
Examples of effective interventions	• 'Drop in' sessions with healthcare professionals at accessible venues such as Traveller site and community centres • 'Pop up' clinics at events such as horse fairs • Opportunistic childhood immunisations during any appointment at GP • Recruiting community health workers from within the GRT community • Help card scheme to indicate poor literacy requiring assistance from healthcare professional

[2] Prevention can be considered as primary, secondary or tertiary. Primary – preventing disease; secondary – prevent worsening of disease already present; tertiary – improving quality of life and symptoms with chronic conditions

Strategic Priority 3: Safeguarding and Violence Prevention	
Inequalities	• Unknown levels of domestic abuse and violence in GRT community • Significant barriers to reporting (e.g. amongst older generations, different perceptions of role of women within family structure; risk of marginalisation from wider community; mistrust of authorities) • Provision of appropriate refuge
What we will do	• Ensure all front-line staff who provide services to GRT and Boater communities have culturally-appropriate safeguarding training to be able to identify, sign-post and raise concerns as required • Identify any gaps in information sharing particular to GRT and Boater communities (e.g. due the mobile nature of some groups; good working relationship with some agencies but not all), especially across borders (e.g between maternity services) and between agencies; improve pathways and information sharing networks to address any identified gaps
Key Partners	• the Multi-Agency Risk Assessment Case Conference (MARAC) partner agencies • voluntary/third-sector organisations e.g. Victim Support • all front-line services, including within local authority (e.g. Enforcement, Estates, Housing) and other public sector agencies (eg. Fire and Rescue Service; Highways Agency, GP practices)
Examples of effective interventions	• Domestic violence project undertaken by Leeds GATE, initiated by member of the GRT community

Strategic Priority 4: Mental Health	
Inequalities	• Higher rates of depression and anxiety in GRT communities • Higher rates of suicide • Local community members expressed concern around mental health issues • Challenges with taboo around mental health, and with health literacy in accessing and navigating mental health services
What we will do	• Increase access and awareness of mental health and mental health services (including the spectrum of mental health services available) working with those who already have trusted relationships with the GRT community • Review current pathways to accessing mental health services and consider known barriers for Traveller communities (significant taboo; health literacy; perceptions of who needs mental health services; need for GP to refer into pathways; intermittent internet access) • Explore options of working with trusted community/charity organisations to help address barriers and stigma associated with mental health, and also improve site access for mental health service staff • Consider the development of community mental health champions, in a similar manner to Strategic Priority 2 for health promotion

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Key Partners	• Primary care (CCG/GP practices) • Avon and Wiltshire Mental Health Partnership • Public Health (Wiltshire Council)	• Substance misuse services • Front-line services
Examples of effective interventions	• Sign-posting to mental health services by healthcare outreach workers (Leeds CCG Gypsy and Traveller Health Improvement Project)	

Strategic Priority 5: Maternal Health and Early Years		
Inequalities	• Higher rates of miscarriage, infant mortality and maternal morbidity • Lower levels of breastfeeding and immunisation uptake • Local concerns around attendance at antenatal appointments, loss to follow up, late presentation during pregnancy, and continuity of care when travelling particularly safeguarding issues	
What we will do	• Improve levels of breastfeeding and infant immunisation uptake in Traveller communities in Wiltshire • Explore models of information sharing to maximise continuity of care for those who travel during pregnancy • Increase number of Traveller sites visited regularly by Health Visitor service • Empower maternity and health visitor services, as trusted professionals, to recognise and easily sign-post GRT and Boater community members to other services as required (e.g. dental services, housing information) • Work with site providers (e.g. local council, private landlords) to provide basic contacts and information for new/returning residents of local healthcare support	
Key Partners	• Local community maternity services (SFT, RUH, GWH) • Primary Care	• Health Visitor service • Public Health (Wiltshire Council)
Examples of effective interventions	• Tailored maternity pathways, developed with GRT community members (Leeds GATE)	

Strategic Priority 6: Carer support	
Inequalities	• Being a carer is twice as common in GRT community compared to general population • Minimal use of carer support services in Wiltshire by carers identifying as from GRT background • Many carers not accessing appropriate benefits or living aids

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What we will do	• Increase the uptake of carer support in Wiltshire by members of GRT and Boater community
Key Partners	• Carer Support Wiltshire • Primary Care • Adult Social Care

Strategic Priority 7: Place and Community	
Inequalities	• Local communities express concerns over site conditions, and challenges in addressing this when working with authorities • Boater communities concerns around provision of moorings, road access, points of water supply, foul water disposal and refuse/recycling points • Higher rates of child accidents in GRT communities • Living conditions and environmental factors one of the most significant contributory facts to poor health in GRT community (Gill *et al,* 2013)
What we will do	• Work with GRT and Boater community members to improve pathways for addressing housing and site condition concerns, both for local authority owned and private Traveller sites where feasible • Ensure that private Traveller sites have access to a minimum standard of basic amenities • Engage and inform GRT and Boater community members about site safety (e.g. fire safety awareness) • Empower front-line staff to recognise and sign-post issues experienced by GRT and Boater community members to the appropriate services (e.g. safeguarding; maternity services) • Work across services (e.g. healthcare, education) to maximise utility from sharing data gained when new residents access a site or when a new private site is registered; also consider utilising communication points to provide health promotion messaging (e.g. leaflets on local maternity services sent with housing support information)
Key Partners	• Housing, Planning, Enforcement, Countryside Access, Environmental Health (Wiltshire Council) • Canal and River Trust • Other front-line agencies involved in site safety (e.g. Fire and Rescue Service, Police) • Private Traveller site owners
Examples of effective interventions	• Agency agreement between local authorities and other services, providing a co-ordinated consistent approach across the county (Multi-Agency Traveller Unit, Leicestershire)

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Strategy Governance and Implementation framework

The strategy will be considered by the Wiltshire Traveller Reference Group and other key stakeholders in December 2019, and subsequently reviewed by the Health Select Committee in January 2020. Following incorporation of feedback and further development, the complete strategy including the implementation plan will be presented to the Health and Wellbeing Board in April 2020.

The strategy will be under the governance of the Health and Wellbeing Board. This reflects the broad strategic approach to addressing inequalities across the wider determinants of health, with partnership working between council and non-council agencies throughout the county.

The 7 strategic priorities provide the approach to strategy implementation. Key partners within each priority will create working groups and include additional agencies or organisation as appropriate. The role of each working group will be to:

- Develop and implement specific projects to address the inequalities highlighted
- Seek opportunities to integrate the 4 cross-cutting themes into all project development
- Report back to the TRG to provide update and feedback to the wider group

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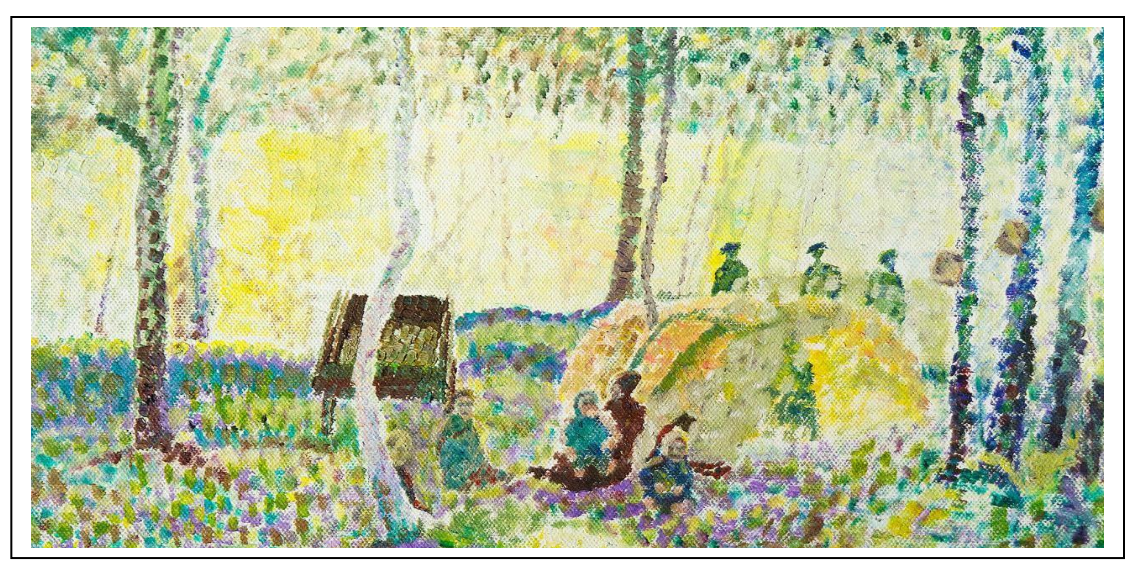
Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire

July 2019



Part of the JSNA

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Summary

Gypsy, Roma, Traveller and Boater communities describes a range of people from different ethnic and minority groups. All these communities experience some of the worst health outcomes of any minority group in the UK, and there is significant health inequality experienced compared to the general population. Assessing the needs of this community is challenging, with a lack of detailed data and a reduced level of engagement between community members and professional agencies. Addressing such significant health inequalities is a key priority, both within the national and local policy context.

The number of people in this community in Wiltshire is unclear. Approximately 750 people identified as Gypsy or Traveller ethnicity in the 2011 census. More recent data suggests around 630 people live on Traveller sites, and 250 children from Gypsy or Traveller of Irish Heritage attend local schools. Almost 560 people are thought to live on a boat (either permanently or temporarily) on the Kennet and Avon canal in Wiltshire.

Evidence suggests that the health outcomes for Gypsy and Traveller communities are worse compared to the general population across the life course. Life expectancy is 10-12 years less than the general population, and there is significant health inequality in dental, maternal, child and mental health. This is compounded by reduced use and access of healthcare services. There are also issues with domestic abuse, and attendance in education.

The provision of current services for Gypsy, Traveller and Boater communities is challenging to assess due to lack of local detailed data. Services which are universal to the general population are available to the community, and there are specialist services for Traveller education and housing sites. There are examples of local partnership working between multiple agencies and Traveller sites, but this is not uniform throughout the county.

Evidence from the literature and from examples of projects in other areas of the country suggest that the development of a trusted working relationship between professionals and members of the Gypsy, Traveller and Boater community is crucial to improving health outcomes. Utilising and developing such relationships, promoting community-driven enablement, and improving local data collation and sharing are all recommended to meet the health needs of the local Gypsy, Traveller and Boater community.

This is the first time a Health Needs Assessment has been done to explore the issues experienced by Gypsy, Traveller and Boater populations in Wiltshire. This assessment provides a snapshot of the current intelligence we have around these communities and will be refreshed as appropriate should new intelligence become available.

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Background

Wiltshire Council provides a wide range of services to its population, although there is a perceived inequality between Traveller communities and settled communities. Services across the public sector need to work together to empower and support both Traveller and settled communities to live together.

Definitions

The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

Under the Equality Act 2010, several groups have recognition as ethnic groups protected against discrimination. These include English, Welsh and Scottish Gypsy Travellers, Irish Travellers, and Romany Gypsies and Roma people. However, Showpeople and New (or New Age) Travellers are not recognised within these definitions and may not be protected (Parliament,2019).

The definition for “gypsies and travellers” collectively for the purposes of planning policy have been stated as (Department for Communities and Local Government, 2015: p.9):

> *‘Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family’s or dependants’ educational or health needs or old age have ceased to travel temporarily, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.*
>
> *In determining whether persons are “gypsies and travellers” for the purposes of this planning policy, consideration should be given to the following issues amongst other relevant matters:*
> *a) whether they previously led a nomadic habit of life*
> *b) the reasons for ceasing their nomadic habit of life*
> *c) whether there is an intention of living a nomadic habit of life in the future, and if so, how soon and in what circumstances.’*

Health inequalities

Significant health inequalities exist between the Gypsy and Traveller population in England and the settled community, even when compared with other socially deprived or excluded groups, and with other ethnic minorities (Parry *et al,* 2007):

- 42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population
- Higher levels of stress, anxiety and depression

- Considerably higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%)
- Higher rates of stillbirth, infant mortality and maternal death
- Gypsies and Travellers have the poorest self-reported health and provide more unpaid care than any other ethnic minority (Office for National Statistics, 2013)

Gypsy and Traveller communities experience wide ranging inequalities (Cemlyn *et al*, 2009) and the lack of suitable accommodation underpins many of the inequalities that people in this community experience. A lifetime of experiencing racism and discrimination in education, access to health care, employment and other social and public contexts impacts adversely on their health.

Gypsy and Traveller communities experience worse health, die earlier than the rest of the population and are less likely to receive effective continuous health care that meets their needs. They are largely invisible to health service commissioners. There is little robust data available to assist in effective commissioning and monitoring of services to meet existing health needs and improve health outcomes.

National and local policy context

The recent NHS Long Term Plan commits to a more concerted and systematic approach to reducing health inequalities (NHS England, 2019). Local health systems have new requirements to set out how they will specifically reduce health inequalities by 2023/24 and 2028/29. NHS England has identified a number of good practice examples which will be considered for inclusion in a menu of evidence-based interventions, due to be published with Public Health England, to help this process.

The Houses of Parliament Commons Select Women and Equalities Committee has recently completed (April 2019) an inquiry into tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament,2019). This assessed the impact and progress achieved from 28 commitments to tackling inequalities made by a 2012 ministerial working group. The findings and recommendations from this report will be referenced throughout this needs assessment as it provides a comprehensive and current review of the wider context of Gypsy, Roma, Traveller and Boater community inequalities.

Wiltshire Council brings together a wide range of services that engage with Gypsy and Traveller communities. The current Traveller Strategy was refreshed in 2016 (Wiltshire Council, 2016). The strategic aims were:

- That service provision and engagement is co-ordinated throughout the Council and involves consultation with Traveller communities.

- Services and facilities are improved to empower Traveller communities, through joint working, participation and involvement.

- The needs of Traveller communities and settled communities are recognised and addressed in partnership, in line with our aim to create strong and resilient communities with residents that are living healthy, active lives.

- All council officers understand their role in regard to the safeguarding of adults and children in Traveller communities.

The implementation and delivery of a traveller strategy is overseen by the Wiltshire Traveller Reference Group.

Aim and scope

The aim of this health needs assessment is to identify the needs of the Gypsy, Traveller and Boater communities in Wiltshire, to describe the current services and support in place to address these needs, and to identify the gaps in meeting these using evidence-based or best-practice approaches. This report, in conjunction with further input from the Traveller Reference Group, will guide ongoing developments in reducing health inequalities and improving health outcomes for this particular community.

The scope of this report will focus on Gypsy, Traveller and Boater communities in Wiltshire. Showmen and circus families are not included specifically in this assessment, but many of the outcomes and recommendations may be applicable. Accurate local data is challenging to report, and therefore national or literature-based data may be used as a substitute.

Local health needs

Demographics

There are an estimated 496,043 people living in the Wiltshire Council Unitary Authority area (mid-year 2017 estimates). This population is expected to grow to 526,200 by 2027. 51% of the population is female. Wiltshire is predominantly White British (93%).

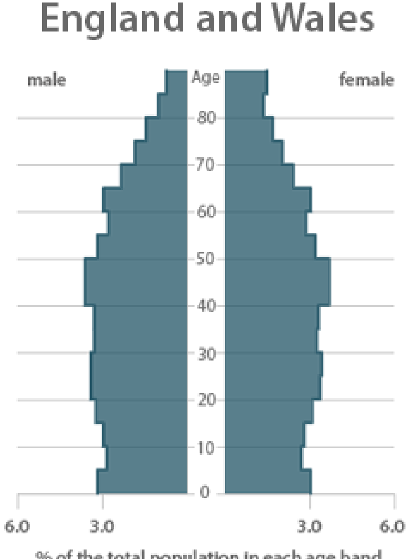
Most routine data is collected at national level for Gypsy and Traveller community demographics, with 'snapshots' of locally collected data available.

2011 Census

The most recent comprehensive data on Gypsy and Traveller demographics is from the 2011 Census. In England and Wales, 58,000 people identified themselves as Gypsy or Irish Traveller. In Wiltshire, 757 identified themselves as a Gypsy or Traveller (0.2% of the population, compared with 0.1% population in England and Wales).

Nationally, the average (median) age of the Gypsy and Traveller population is 26 years old, with 39% of the population being below 20 years old. There is marked difference in the age structure of the Gypsy and Traveller population compared to the national population (Figure 1) with a substantially greater proportion of younger adults and children and fewer older adults.

Figure 1: Comparison of population age structure – Gypsy or Irish Travellers vs. England and Wales, 2011 Census



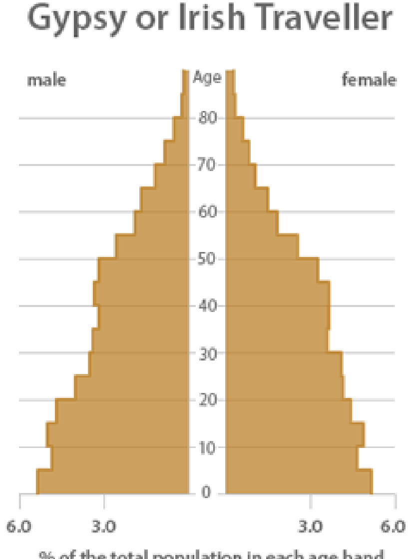


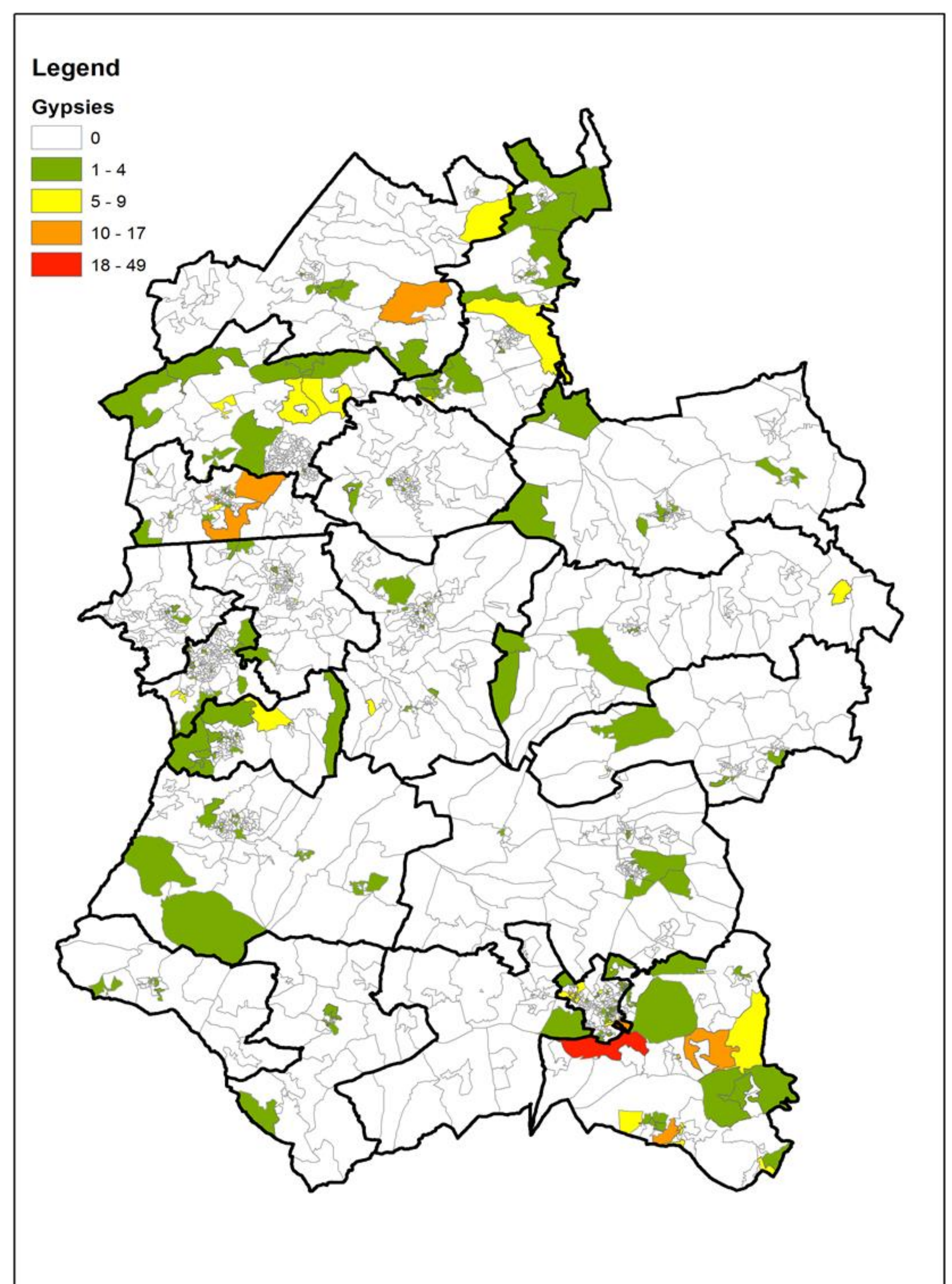
Table 1 summarises some key indicators of difference in demographics, comparing those identifying as Gypsy and Traveller community members to England and Wales overall, identified through the 2011 Census.

Table 1: Comparison of Gypsy and Traveller community characteristics, compared to overall national figures in ONS Census 2011.

	Gypsy and Travellers	England and Wales overall
Households with dependent children which are lone parent households	45% (NB 45% of households have dependent children)	25%
Individuals describe their health as 'very good' or 'good'	70%	80%
Those aged >16 with no qualifications	60%	23%
Economic activity	47% economically active, of these - 51% employed - 26% self-employed - 20% unemployed - 4% full time students Economically inactive -27% looking after family - 26% long term sick or disabled -16% retired -31% 'other'	63% economically active

Data from the 2011 Census has been used to show the geographical distribution of people who identify as Gypsies or Travellers (Figure 2). This shows areas of populations throughout the county, with pockets of larger populations in the North, North-West and South.

Figure 2: Geographical distribution of Gypsy or Traveller individuals, based on 2011 Census (Wiltshire Council, 2016)



Other sources of demography

The most recent Gypsy and Traveller Accommodation Assessment (GTAA) for Wiltshire, in 2014, showed there were 200 traveller families on permitted and tolerated traveller sites in the county, totalling 634 people (Opinion Research Services, 2014). The majority of families (171) were gypsies and travellers. There were 29 show people families on 4 sites. The next GTAA is currently being undertaken, and a final report should be available after August 2019.

The January 2019 school census[1] identified 250 children in maintained or Academy status primary, secondary or special schools in Wiltshire whose ethnic group is Gypsy/Roma or Traveller of Irish Heritage. This was 0.36% of the school population, and the majority of these (198) are in primary education. January 2018 school census data (DfE, 2018) showed the 0.37% of the school population were Gypsy/Roma or Travellers of Irish Heritage, which was larger than the South West (0.24%) but similar to England overall (0.40%). This only records those with Gypsy/Roma or Traveller of Irish Heritage ethnicity, and therefore does not provide information on those not defined by ethnicity e.g. New Age Travellers, Boaters.

Overall, there is a lack of robust routine and recent data which reflects the entire Gypsy and Traveller population in Wiltshire. However, available local data suggests that the population in the county is under 1,000, with a substantial proportion of school age children. However, this data may be limited for several reasons. Historically, there can be reluctance from those who identify as Gypsy or Traveller ethnicity to report their ethnicity to officials or institutions due to history of persecution and discrimination. Secondly, due to the mobile nature of the population, such 'snapshots' may be less stable in their accuracy compared to other populations.

559 people lived on a boat on the Kennet and Avon canal in Wiltshire either permanently or temporarily in 2013/14 (Wiltshire Council, 2018). A survey of Boaters in 2017 found amongst 137 respondents:

- The majority were working age adults, aged 35-44 (26%), 45-54 (27%) or 55-64 (23%). 17.5% of respondents were aged 16 year or younger.
- 54% of survey respondents were male
- 33% were in full-time employment, 13% part-time, 23% self-employed and 19% retirees.

Needs of the Gypsy and Traveller population

Health needs can be defined as the ability of the population to benefit from health care provision (Stevens & Gillam, 1998). Gypsy and Traveller community members can experience health difficulties as any other member of the population. However, there may be specific areas of health and its wider determinants that are particular issues for the Gypsy and Traveller community.

[1] Data from communication with Childrens Services, not yet published for public

Health Needs

There is a lack of assessment of health needs specifically for the local Wiltshire population of the Gypsy and Traveller community. Local Hospital Episode Statistics data does not currently delineate Gypsy or Traveller ethnicities within its coding.

Evidence from national data and literature identifies significant health needs within this population, summarised below (Van Cleemput 2018; North Somerset Council, 2013; Parliament, 2019; Racial Disparity Unit, 2019)

Child Health	Higher infant mortality Lower birth weight Lower levels of breastfeeding Lower immunisation rates Higher rates of accidents
Maternal Health	Higher maternal death rates Higher prevalence of miscarriage (16% vs. 8%)
Adult Health	Significantly worse health status Life expectancy is 10-12 years less than non-Traveller population Greater proportion have long-term conditions (42% vs. 18% general population) Higher prevalence of coronary heart disease and respiratory problems Significant over-representation of early/premature deaths
Mental Health	Higher prevalence of depression (25.9 % vs 9.4%) Suicide rate six times greater in Travellers in Ireland than national population
Lifestyle behaviours	Higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%) *lack of robust evidence on any differences in alcohol or substance misuse
Access and use of health services	Fewer patients reporting a positive experience of GP services (72.9% vs 83.8%) Double number are carers for ill or disable relatives compared to general population More likely to use A&E as first point of contact Home care for terminal ill in preference to hospice care

The preference of using emergency secondary care to GP services for primary health consultations has significant knock-on effects. The low incidence of diabetes, stroke and cancer in Gypsy and Traveller communities is likely to be indicative of late presentation, and Gypsy and Traveller people are less likely to attend screening (Van Cleemput 2018). There is therefore a substantial gap in the delivery of preventative and health promotion services. Overall there is an inverse relationship between the increased need for healthcare in the Gypsy and Traveller community, and the reduced uptake, access to or use of health services.

A recent systematic review (McFadden *et* al, 2018) examining the barriers to healthcare faced by the Gypsy, Roma and Traveller (GRT) community found the following common themes:

1. Health services issues
    a. Difficulty registering with primary care
    b. Reluctance of health professionals to visit sites
    c. Accessibility issues e.g distance, inflexible service
    d. Difficulty making appointments and waiting times
    e. Lack of data (e.g. population size, health needs and service usage) barrier to providing appropriate healthcare
2. Discrimination and attitudes of health care professionals e.g. negative stereotyping, poor communications
3. Cultural and language barriers
    a. Need for same gender healthcare professionals, particular for sexual and reproductive healthcare
    b. Cultural differences e.g. accommodating large family groups to attend appointments
    c. Taboo topics e.g. mental health and substance misuse
    d. Culture of fatalism in some GRT communities
    e. Requirement for interpreters, particularly for Roma patients
4. Health literacy
    a. How to access and navigate healthcare services, particularly mental health, sexual and reproductive health and dental health services
    b. Compounded by poor functional literacy
5. Service-user attributes
    a. Age and gender – e.g. men less likely to talk about health, and more often present at later stage of disease progression
    b. Individual preference e.g. alternative therapies; self-reliance; consulting with family
    c. Fear or mistrust e.g. expectation of discrimination, fear of removal of children, fear of diagnosis

A significant health inequality within the Gypsy and Traveller community is the difference between men and women. Male community members experience worse health outcomes in comparison to female members, and worse still in comparison to the general male population (Hodgins and Fox, 2012). Contributory factors include a reluctance to seek medical attention with illness as a sign of ‘weakness’; health seen as a female domain; taboo around discussion of sexual health; poor health literacy.

Dental health

In a similar pattern to general health, there is evidence to suggest that Gypsy and Traveller communities have high levels of unmet need, low dental registration and minimal use of preventative services (Edwards & Watt, 1997). Children in Gypsy and Traveller communities are at high risk of developing dental caries in future (Doughty *et al*, 2016). Guidance produced by National Institute for Health and Care Excellence (NICE, 2014) highlights people from traveller communities as high risk of poor oral health or having difficulty accessing dental services.

Mental wellbeing and welfare needs
Rates of mental health issues, including depression and anxiety, are more prevalent in Gypsy and Traveller communities compared to the general population.

Domestic abuse is a serious and long-standing area of concern within Gypsy and Traveller communities and the agencies that work alongside them. Several factors contribute to this issue within this community (Parliament, 2019):

- Risk of marginalisation from the whole community if a woman reports domestic abuse or a marriage breaks down
- Different views on the role of women in marriage e.g. viewed as property of husband, and therefore may not recognise abuse
- Loss of wider community and support network
- Mistrust of social services and police, and fear of removal of children

At organisation/system level, challenges have also been noted in:

- Provision of appropriate refuge (e.g. away from wider network to avoid identification)
- Reliance on short-term funding and voluntary sector to provide specialist support to women from Gypsy, Roma and Traveller communities

The responsibility of caring for ill or disable relatives is expected within Gypsy and Traveller communities, and many carers do not consider themselves as ‘carers’. Having carer responsibilities is twice as common in Gypsy and Traveller communities then the general population (Parry *et al*, 2007). However, evidence suggests that many do not access support services, receive appropriate benefits or living aids (Minority Ethnic Carers of People Project (MECOPP),2013 cited van Cleemput, 2018 p684).

Educational needs
National analysis shows that pupils from Gypsy, Roma or Traveller backgrounds have the lowest attainment of all ethnic groups throughout their school years. Persistent absence rates (pupils missing ≥10% of their school sessions) from Gypsy/Roma pupils (49.2%) and Irish Traveller (64.0%) are substantially higher than the general population (10.8%). Similarly, the percentage of temporary exclusions is highest in these two ethnic groups (17.29% & 16.2% respectively) (Racial Disparity Unit, 2019).

In Wiltshire, persistent absence rates in pupils recorded with Gypsy/Roma or Traveller of Irish Heritage ethnicity in the January 2019 school census was 53.6%. This is substantially higher than the rate for all pupils in Wiltshire of 9.7%.

The Wiltshire Children and Young People’s Health and Wellbeing Survey in 2017 was carried out in 95 schools and colleges across Wiltshire, and 9,951 pupils completed the survey from year groups 4, 5, 6, 8, 10 and 12.

There were 43 respondents identifying as Gypsy Roma or Traveller. These small numbers preclude meaningful statistical interpretation for trends or differences, and specific percentages cannot be detailed due to the risk of identifying individuals. Nevertheless, the survey suggests that more pupils who are Gypsy, Roma or Traveller ethnicity have been bullied, miss 10 or more days of school last term, drink energy drinks regularly, report being in serious trouble with the police, felt the need to carry a weapon, and smoke and drink alcohol, and not report enjoying school compared to all

Wiltshire pupils. A smaller percentage of Gypsy, Roma or Traveller pupils reported themselves or anyone in their immediate family ever being a victim of domestic abuse or violence.

As identified in the January 2019 school census, the majority of Gypsy or Traveller children in schools are primary school age, and there is a marked drop-off rate from primary to secondary level education. Whilst 0.50% of all primary school children are recorded as Gypsy Roma or Traveller of Irish Heritage, this group account for only 0.17% of all secondary school pupils. This trend is reflected nationally, and several contributory factors have been suggested (Parliament, 2019):

- Home education
- Children starting work
- Travelling with families
- Bullying and discrimination at school
- Concerns around mixing students of different genders (e.g. in PE)
- Concerns around relationship and sex education, particularly in mixed gender groups

A greater proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity in Wiltshire (Table 2):

- are recognised as having Special Education Needs (SEN) by schools
- have an Education, Health and Care Plan (EHCP), therefore their needs are recognised by the local authority after a statutory assessment process
- attract a pupil premium due to deprivation

Table 2: Proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity with SEN, EHCP or pupil premiums, compared to all children in Wiltshire (data from January 2019 school census)

	Gypsy Roma or Traveller of Irish Heritage ethnicity	**All children**
% SEN support	34.8	12.3
% Education, Health and Care Plan	5.2	3.4
% deprivation pupil premium	43.6	12.9

An important gap in data is with regards to those not defined by ethnicity, such as New Age Travellers or Boaters. Non-ethnicity based data with regards to education is not routinely collected, and therefore the needs of this population is more challenging to characterise.

Housing needs

Planning policy for traveller sites has been provided by the Government to guide local authority activity with regards to traveller sites. Local planning authorities are advised to make their own assessment of need, encouraged to plan for sites over a reasonable timescale, and to enable provision of suitable accommodation from which travellers

can access education, health, welfare and employment infrastructure (Department for Communities and Local Government, 2015).

Section 124 of the Housing and Planning Act 2016 inserted a new Section into the Housing Act 1985 requiring that Local Authorities assess the accommodation needs of persons residing in houseboats and caravans within their district. The Government published draft guidance (Ministry of Housing, Communities & Local Government, 2016) to local housing authorities on the periodical review of housing needs (caravans and houseboats). The Government recommends in its guidance that the local housing authority or partnership conduct a specialist survey and/or qualitative research to obtain this information.

There is currently a programme of work within Wiltshire Council as part of this national legislation and policy requirement. The Gypsy and Traveller Development Plan Document will help to provide for the accommodation needs of travellers. A crucial component of this is the Gypsy and Traveller Accommodation Assessment which was last undertaken in 2014 (Opinion Research Services, 2014) but will be updated in July 2019.

This estimated that between 2014 and 2029, an extra 90 pitches would be required to be provided in Wiltshire to meet future need. This estimate would account for all current unauthorised pitches those with temporary planning permissions, concealed households and a compound net annual rate for new household formation of 2%.

Current services & support

Health

Under the NHS Long Term plan, adjustments to CCG funding will be undertaken to assist areas with the greatest health inequalities. This is to help deliver one of the main aims of reducing such inequalities. No specific adjustment in the revenue allocation formulae will be implemented for Gypsy, Roma or Traveller populations during the current 5-year funding cycle (NHS England, 2019b), partly due to the lack of suitable adjustment processes to account for unregistered people. However, the recently published Parliamentary enquiry in to tackling inequalities recommends an explicit section for CCGs to outline the needs of Gypsy, Roma and Traveller people in their local area, and that this need should be taken into account by NHS England when allocating funding (Parliament, 2019).

Gypsy, Irish Traveller and Roma categories are not currently on the NHS data dictionary. This creates difficulties in monitoring the equity of access and service uptake in these minority groups. The addition of these categories to the NHS data dictionary has been highlighted as a matter of urgency (Parliament, 2019).

Primary Care

Registration

Difficulties in registering with GP practices have been widely reported by members of the Gypsy and Traveller community. This can be attributed to perceived or actual discrimination, challenges with literacy in completing forms, and the unnecessary requirement for proof of address or identification to register (Parliament, 2019). NHS England have produced clear guidance that neither identification nor proof of address is required, and have highlighted that people from the Traveller, Gypsy or Roma community should not be refused registration based on where they reside or their lack of settled accommodation (NHS England). A report by a leading national Traveller charity suggests there is still evidence of GP practices refusing registration based on lack of proof of residential address (Friends, Families and Travellers, 2019).

The number of patients registered with GP practices in Wiltshire, who have recorded their ethnicity as Gypsy or Traveller background, is difficult to ascertain. There is no direct access of GP registers from Wiltshire Public Health Intelligence team, and there is no centralised access scheme from Wiltshire CCG. Therefore, contacting individual GP practices to ascertain this data is required. Furthermore, as already discussed due to barriers and reluctance to registration, this data would be unlikely to record the number of individuals in the area. Nevertheless, this would be a useful source of service activity data.

Communication and engagement

Gypsy and Traveller communities have lower literacy rates compared to the national average. This will affect how they access services, register with a GP, and receive information leaflets.

Levels of digital literacy, technology and internet use are also lower. It is important that any changes in the delivery of healthcare that rely on technology do not discriminate.

GP practices should offer support when needed with form filling, provide easy to read materials, and ensure patients with low literacy are supported throughout their health journey.

Cultural awareness

Gypsy and Traveller communities have cultural differences that may not initially be apparent. There are several distinct cultural groups within the umbrella term Gypsies and Travellers, with often widely differing traditions and practices. For example, within Gypsy and Traveller communities, women traditionally may not share or discuss their health issues with male members of their family. Women are often the main carers in the family and therefore can find it difficult to get appointments at convenient times or may have to take children with them to appointments. There are often strict rules around gender with some Gypsy and Traveller communities, meaning that women will only agree to see female doctors, and men only male doctors. Men can often be unwilling to seek help for health issues or attend GP practices. Mental health is usually not talked about and is felt to be an issue that family should deal with. When

communicating with members of Gypsy and Traveller communities, it is important to consider that many will have experienced discrimination or stigmatisation from mainstream services. This may affect how they act or feel when accessing their GP practice.

Wiltshire's Health and Wellbeing Board should ensure Travellers are included as key stakeholders. The Board will be relying on the JSNA to inform their work. It is therefore critical that traveller's health assessments are conducted and that these communities are fully involved in the process.

Secondary Care

As already highlighted, NHS data monitoring does not sufficiently gather detail of Gypsy and Traveller ethnicity. Review of local Hospital Episode Statistics data by the Wiltshire Public Health Intelligence Team did not identify any markers to demonstrate service activity or use by patients from Gypsy or Traveller ethnicity backgrounds.

Secondary care for Wiltshire residents is provided by three acute Trusts: Great Western Hospitals NHS Foundation, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust. Community hospitals are situated in Chippenham, Devizes, Melksham, Savernake, Trowbridge and Warminster, with Minor Injury Units at Chippenham and Trowbridge hospital sites.

Drug & Alcohol Services

The Drug and Alcohol service for adults in Wiltshire is provided by Turning Point. Current data collation does not identify Traveller and Gypsy ethnicity, which will likely be grouped under White British or White Irish. Data from service activity during quarter 3 of 2018-19 showed the majority of service users identified as White British or White Irish (957 out of 1001 total), reflecting the ethnicity profile of Wiltshire.

Pharmacy

The Wiltshire Health and Wellbeing Board produces a Pharmaceutical Needs Assessment, and the current assessment is for the duration 2018-2021 (Wiltshire Council, 2018). This identified a total of 73 pharmacies of which 2 are registered as distance-selling pharmacies. This represents 14.5 pharmacies per 100,000 population. The assessment found the range of pharmacy provision in Wiltshire extends to meets the needs of various specific diseases, different populations and also lifestyle choices.

Health Visiting

Virgin Care deliver the Wiltshire Health Visitor service for children (0-5 years old) and family health. This provides ongoing additional services for vulnerable children and families and contribute to multidisciplinary services in safeguarding and protecting children.
Health visiting is separated into group localities, and the current service delivered throughout the county is summarised below:

Greenways West

- Covers Chippenham, Corsham and Malmesbury
- Includes the Local Authority run site Thingley Park in Corsham
- Further arrangements in place to visit private sites (Frampton Farm and Sutton Benger)

High Post North, West and South

- Covers Salisbury, Wilton, Amesbury, Larkhill, Bulford, Durrington and Downton
- The Local Authority sites covered are Dairy House Bridge caravan site; Oak Tree Field Caravan site; Lode Hill Caravan Site

Derby Court Central and South

- Covers Warminster, Westbury and Melksham
- There are no Local Authority sites in these areas.
- A private traveller site at Hawkeridge (Westbury), a private site (Bonnie Park) in Bratton and two sites at Semington are also covered

Table 2 highlights the available pitches in Local Authority, private and unauthorised sites.

Table 2: Local data from biannual caravan count for Wiltshire (July 2018)

Area of the county	**Number of Local Authority sites in each area**	**Numbers of pitches in each area**
North and West Wiltshire	1 Thingley Park 1 Fairhaven	31 7
East Wiltshire	0 sites	0
South Wiltshire	1 Lode Hill 1 Dairy House Bridge 1 Oak Tree Field	10 14 40
Total Local Authority sites	5	102
Area of the County	**Number of Private or Unauthorised Sites in each area**	**Number of pitches on each area**
North and West Wiltshire	44 Private sites 1 Travelling Show People site 3 Unauthorised Encampments (not tolerated) 3 Unauthorised sites without planning permission	155 5 [4 caravans counted] [3 caravans counted]
East Wiltshire	1 Private site 1 Travelling Show People Site, Unauthorised Tolerated 2 Unauthorised Encampment	1 10 caravans counted [2 caravans counted]
South Wiltshire	11 Private Sites 2 Travelling Show People sites 6 Unauthorised Encampments 7 Unauthorised sites without planning permission	8 2 [9 caravans counted] 14 caravans counted
Total Private or Unauthorised Sites	81	171 pitches 42 caravans counted

National Screening Programmes

There are several NHS national screening programmes which should be delivered to all eligible populations.

Antenatal screening programmes

- Infectious diseases in pregnancy (HIV, hepatitis B, syphilis)
- Foetal anomaly screening programme
- Screening for sickle cell and thalassaemia (inherited blood disorders)

Neonatal/newborn screening programmes

- Newborn and Infant Physical screening programme: within 72 hours of birth, and repeated at 6-8 weeks (congenital heart disease, developmental dysplasia of the hip, congenital cataracts, cryptorchidism)
- Newborn bloodspot testing – screening for 9 rare but serious condition, mostly metabolic conditions. Usually tested on day 5 of life, but can be up to 1 year old (except cystic fibrosis test)
- Newborn hearing screening programme – offered within 4-5 weeks of birth

NHS Health Checks

- NHS Health Checks programme is for adult aged 40-74, without a pre-existing condition, offered every 5 years

Cancer screening programmes

- Cervical screening – offered to women aged 25-49 every 3 years, women aged 50-64 every 5 years
- Breast screening – women aged 50-71 invited every 3 years
- Bowel screening – currently screening offered every 2 years to men and women aged 60-74 (additional testing schedule in development)

Other screening programmes

- Abdominal aortic aneurysms – all men aged 65 invited
- Diabetic retinopathy screening – offered to all with diabetes aged 12 or over

Uptake of screening services is difficult to ascertain, as ethnicity is not recorded with in the National Screening Programme data. A request to Primary Care could be made to establish participation data within these screening programmes, however, the absence of ethnic origin on registration status could make this difficult.

Screening uptake may be challenging for several reasons. Often, invitations are based through GP registered addresses. This requires registration with GPs, and regular access to the registered address. Furthermore, information is often provided in written format, which may present challenges for those with reduced literacy. Differences in health beliefs, and in particular a significant fear of cancer as a definite terminal diagnosis, hence avoidance of screening, may also contribute (Parry *et al*, 2007). This is all within the wider context of reluctance and mistrust with official services.

Immunisation Programmes

The routine immunisation schedule for the U.K can be considered to within four age groups:

- 8-16 weeks old
- 1 year to 3 years 4 months
- Early teenagers e.g. HPV, meningococcal groups ACWY
- Aged 65 and over e.g. Pneumococcal, annual Influenza, Shingles

In addition to these universal immunisation programmes, there is an annual influenza vaccination programme for those:

- Aged 65 and over
- Pregnant
- With certain long-term medical conditions
- Are main carers for elderly or disable person whose welfare may be at risk if their carer falls ill
- Children in reception class and school years 1-5

Further vaccinations are provided to pregnant women, namely whooping cough and hepatitis B vaccinations.

There is no reliable data to characterise vaccine uptake in the local Gypsy and Traveller community. This is reflected nationally, partly due to the challenges already described with regards to accurate recording of ethnicity. Evidence does suggest that there is low or variable uptake of childhood immunisations, and this mirrors several outbreaks of measles and whooping cough in Traveller communities (Jackson *et al*, 2016). HPV vaccination uptake, during secondary school, may be hampered by the reduced secondary school attendance already detailed. Data on adult vaccine uptake is more limited.

Evidence from a qualitative study published (Jackson *et al,* 2016), showed Travellers are less likely to access health services, including immunisation. The study aimed to understand what influences Travellers' immunisation behaviours and identified ideas for improving uptake.

- 174 people from different Traveller communities (Romanian/Slovakian Roma, English Gypsy, Irish Traveller, Scottish Show people)
- 39 service providers (e.g. health professionals) who work with Travellers.

The study identified what helps, and hinders, immunisation uptake, and developed ideas for programmes to help.
There was widespread acceptance of immunisation.

- A few English-speaking Travellers worried about multiple/combined childhood vaccines, adult flu and whooping cough. Concerns about vaccines offered during pregnancy and human papillomavirus vaccine were most obvious in the Bristol English Gypsy/Irish Traveller community.
- Language, problems with reading, discrimination, school attendance, poverty and housing were barriers for some Travellers.
- Trusting relationships with health professionals were valued.
- Some English-speaking Travellers described problems of booking and attending for immunisation.
- Service providers tailored their approach for Travellers. Funding cuts, NHS reforms and poor monitoring challenged their work.

Five programmes were identified as most important across the communities:
1. training for health professionals to understand Traveller ways of life
2. identification of Travellers in health records to tailor support and check uptake
3. provision of a named frontline person in general practitioner practices to provide respectful/supportive service
4. flexible systems for booking appointments, recall and reminders
5. protected funding for health visitors specialising in Traveller health.

A request for childhood immunisation status has been made to the Child Health Information Service, using the postcodes of known traveller sites. However, this excludes boaters.

Dental services

Community dental services is provided in Wiltshire by Great Western Hospitals NHS Foundation Trust. Dental Access Centres provide NHS dental treatment to residents who do not have a regular dentist and are in need of urgent care. These are based in Chippenham and Salisbury (as well as Central and West Swindon). There is also an Oral Health Promotion team who provide Oral health Improvement Programmes aimed at improving the dental health of the local population and reducing health inequalities.

Mental wellbeing and welfare

Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust provide community services within Wiltshire, including primary care liaison services along GPs.

Domestic abuse adult victim services cover a spectrum of risk. The Multi-Agency Risk Assessment Case Conference (MARAC) seeks to safeguard the highest risk victims and their families, through a coordinated partnership approach and targeted action plans to reduce immediate risk. Independent domestic violence advisors provide specialist high risk support and advice and through the provision of housing, including refuges, ensure victims and their families can live in a place of safety. Moving down the risk spectrum, domestic violence protection orders facilitate moving the perpetrator away from the victim, the domestic violence disclosure scheme allows partners to know of previous history of domestic violence and early sharing of information through the domestic abuse conference helps safeguard victims. In addition, a community-based 'outreach' support service for victims offers longer term interventions through domestic abuse support workers.

As of November 2018, data collation through domestic abuse support services did not have Gypsy or Traveller ethnicity as a defined category, and no addresses were listed at known Gypsy and Traveller sites. There was anecdotal evidence of support to victims from the GRT community who live outside of known sites, but this was not quantified.

Carer support is delivered by Carer Support Wiltshire. This service is commissioned by Wiltshire Council and Wiltshire CCG to deliver information, advice and support to

carers in Wiltshire. A search of the active carers database in May 2019 by Carer Support Wiltshire showed less than 5 individuals (out of 11,000 listed) who identified as Gypsy, Roma or Traveller background. Furthermore, no current staff members could identify any direct working with individuals who identified as Gypsy, Roma or Traveller backgrounds.

Education

Education plays a central role in the social inclusion and wellbeing of Travellers. National studies show Travellers have the highest proportion of people without qualifications of any ethnic group.

The Wiltshire Traveller Education Service (TES) aims to improve the capacity of schools to raise the attainment, achievement and engagement of Traveller pupils. The team consists of one Early Help Functional Lead, one Advisory Teacher, three Teaching Assistants and an Education Welfare Officer support

This service provides support to enhance educational provision for Traveller children, ensuring that they meet their full potential by providing bespoke in-school support packages catering to the individual need and abilities of these pupils. It also aims to improve school/home liaison and foster positive relationships between families, schools and the wider community.

Support is provided to families to help access Nursery, Pre-school and foundation stage learning, this may include work with other partner agencies. There is a provision to provide education for children who are visiting the county, such as Fairground and Circus families.

TES can provide training to external agencies, teachers, support staff, leadership teams and governors. Schools can refer an individual Traveller pupil to the service by using a Single Agency Referral Form (SARF).

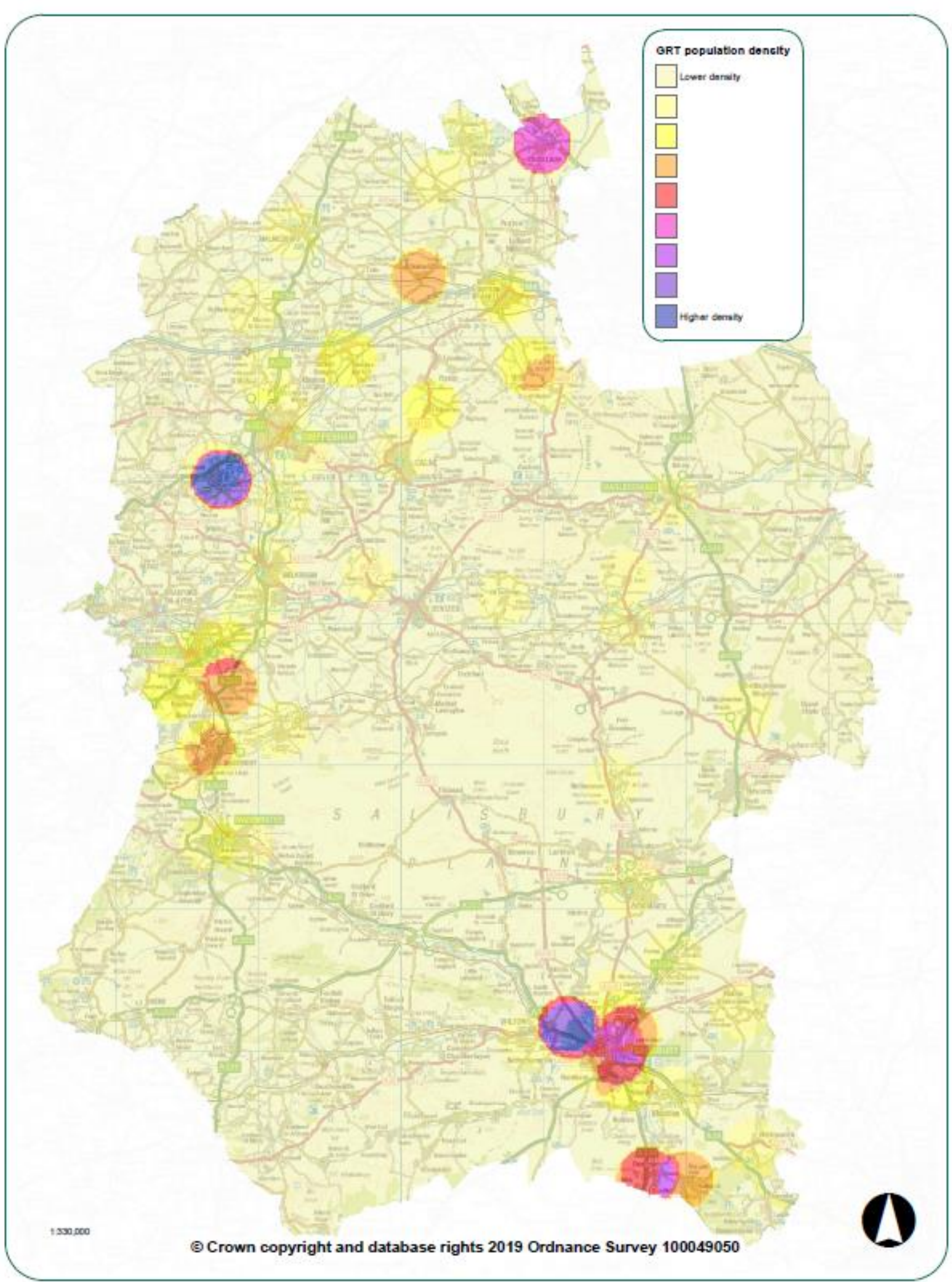
Attendance

Data from the January 2019 School Census which covers pupils in Wiltshire at our maintained or Academy status primary, secondary and special schools showed 250 pupils recorded with Gypsy Roma or Traveller of Irish Heritage which is 0.36% of the census caseload.

- 198 Primary School pupils which is 0.50% of all Primary School pupils
- 2 Special School pupils which is 0.29% of all Special School pupils
- 50 Secondary School pupils which is 0.17% of all Secondary School pupils

The geographical distribution of Gypsy, Roma and Traveller children is demonstrated in Figure 3. This shows clustering of higher numbers of GRT children in Cricklade, Corsham, Trowbridge and Salisbury areas.

Figure 3: Map demonstrating the distribution of Gypsy, Roma and Traveller children in schools, based on 2019 School census.



Number of pupils recorded with traveller ethnicity where their attendance rate at school is less than 90% i.e. they are a persistent absentee and as a percentage of the entire traveller caseload recorded in the census.

- 134 of the 250 pupils are classed as persistent absentees

Housing

Wiltshire Council currently own and/or operates 5 residential Gypsy and Traveller sites around the county. However, the ownership of two sites (Dairy House Bridge and Oak Tree Field) along with an adjacent transit site (Odstock transit site) will be transferred to a private purchaser, pending completion of legal transfer. Residential sites provide permanent accommodation in the form of 'family pitches' on which a building is provided to facilitate:

- Cooking
- Washing
- Bathing

The families occupy under licence conditions and are subject to pay:

- Rent
- Council tax
- Site service charge
- Water
- Electricity usage

They provide their own sleeping accommodation in the form of a caravan/mobile home.

Recent data is available through the national biannual traveller count (MHCLG, 2018). In July 2018, there were the following sites:

This current level of provision is: Area of the county	Number of local authority sites in each area	Numbers of pitches in each area
North Wiltshire (1 site)	Thingley	31
East Wiltshire (0 sites)	0	0
South Wiltshire (3 sites)	Lode Hill Dairy House Bridge Oak Tree Field	12 18 32
West Wiltshire (1 site)	Fairhaven	7
Total	5	100

No transit sites are currently available in Wiltshire.

Type of site	Number of caravans	Percentage of total caravan count
Authorise site (private or public)	473	94%
Unauthorised developments (on land that was owned by the Gypsies and Travellers)	12	2%
Tolerated unauthorised encampments (on sites where the land was not owned by the Gypsies and Travellers)	0	0%

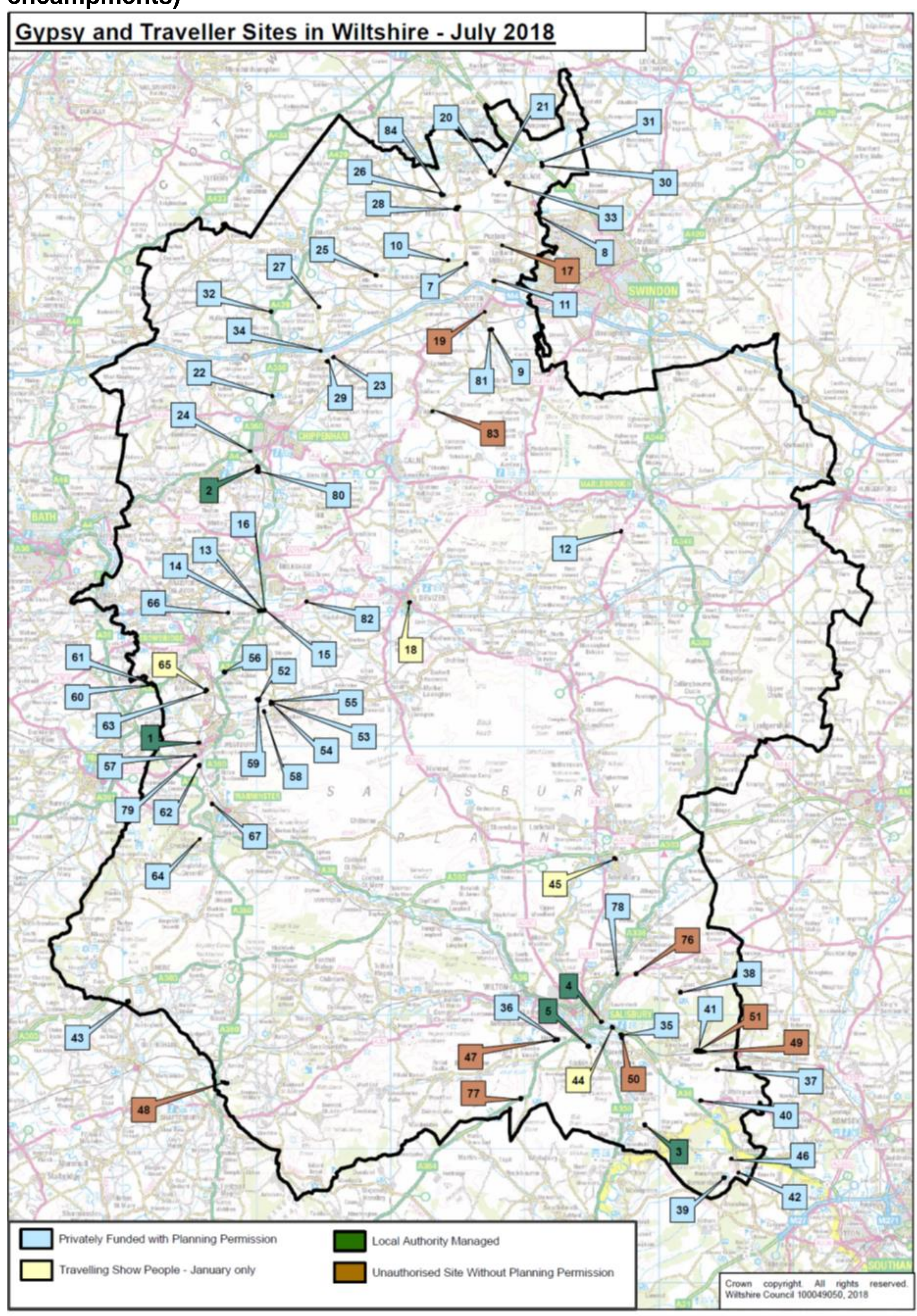
A map (Figure 4 below) displaying the current Gypsy and Traveller sites (July 2018) in Wiltshire demonstrates the geographical distribution of sites throughout the county. The colour-coding, detailed in the key, demonstrates the nature of these sites, showing the majority are privately funded sites.

An unauthorised encampment is when an individual or group of individuals move onto a piece of land that they don't own, without the permission of the landowner. People parking caravans on their own land without planning permission are not unauthorised encampments (in that they cannot trespass on their own land) - they are "Unauthorised Developments" and are always dealt with by enforcement of planning legislation by Wiltshire council.

Before commencing any action to evict an unauthorised encampment, local authorities have an obligation to carry out welfare assessments of the unauthorised campers. This may necessitate the involvement of local NHS bodies, where health issues are apparent.

It should be noted that, where the landowner is a local authority or other public body, the necessary welfare assessments should be carried out alongside the court procedures and should be completed before any eviction is carried out.

Figure 4: Map of July 2018 caravan count (excluding unauthorised encampments)



Other support agencies - national

Friend Families and Travellers (FFT)

FFT is a national charity that works on behalf of all gypsies and Travellers regardless of ethnicity, culture and background. FFT is working to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life.

FFT provide advice and consultancy, promote health and wellbeing, work on research and policy, deliver training and resources. They investigate and expose unfair treatment, advocate for equal rights and empower individuals to challenge inequality. Educate professionals to provide fair access to services.
FFT celebrate Gypsy, Roma and Travellers' rich history, culture and contributions to society and share this with the wider public.

At least half of FFT Trustees, staff, interns and volunteers are Gypsy, Roma and Travellers. The FFT website offers a policies, publications and information on issues affecting Gypsies and Travellers such as end of life care, healthcare on the water, and information for health service personnel to have a better cultural understanding of Travellers' attitudes to sexual relationships and sex education.

The Traveller Movement (TM)

TM is a national charity committed to the fulfilment of human rights for ethnic minority Gypsy, Roma and Traveller people. They have a proactive community advocacy strategy, help build capacity and act as a bridge between the Gypsy, Roma and Traveller sector, service providers, and policy makers.

Their members are predominantly composed of Gypsy Roma and Traveller people. The charity deliver work in research, policy and lobbying, campaigns on human rights, equality and justice, access to justice, community development and economic inclusion.

Other support – local

Traveller Reference Group

The Traveller Reference Group aims to improve the health and wellbeing of the traveller population of Wiltshire in line with the strategic objectives of Wiltshire Council to create stronger and more resilient communities and ensure those from traveller communities have healthy, high-quality lives.

The TRG oversees and supports the implementation of the Traveller Strategy and is made of a range of council and non-council partners.

Council departments represented include
- Housing
- Communications

- Commissioning
- Planning
- Early help
- Enforcement
- Public health
- Community engagement
- Councillor representation.

External partners include
- NHS and primary care
- Fire services
- Police service.

The Council's Traveller Reference Group has implemented a Traveller Strategy Action Plan to gain intelligence and develop a better understanding of the Traveller community. In conjunction with neighbouring Local Authorities data is being gathered to inform Council policy and develop referral pathways. To deliver on these actions and in response to the new legislative requirements the TSAP will inform the Council's work on the Local Plan and delivering its Traveller Strategy, and more specifically, planning for the needs of the Travelling community in its area.

There are emerging challenges and themes which include,
- lack of a postcode to register with at primary care
- unreliable communication such as lack of telephones and postal services /communication /access by emergency service such as ambulance crews is difficult as locations are often unknown.
- practitioners may be reluctant to make home visits due to many factors including perceived safety issues and physical barriers i.e. 2 miles down a towpath.
- a reluctance from this community, especially men, to acknowledge and seek treatment for ill health
- poor literacy and education i.e. invitation letter for cancer screening and or childhood immunisation may be unread or seen as not relevant.
- lack of trust with authority figures and a sense of being judged for example a traveller with a chronic respiratory condition may feel their lifestyle is judged if an observation is made about damp living conditions

Boaters

Difference in needs

Whilst there is a significant overlap with the needs of the boater population with that of the wider Traveller community and the general population overall, there are factors unique to the boater community which are important to consider.

Boats on the canal must be licensed by the navigation authority, the Canal and River Trust. There are currently 2 permanent moorings on the Canal in Wiltshire that have planning consent for residential mooring. Those without a home mooring must be registered as continuous cruisers. The law and boat licence conditions state that continuous cruisers must satisfy the navigation authority that they are being used for 'bona fide navigation'. It is unlikely that continuous cruisers will satisfy their licence conditions if they (Canal and River Trust, 2019):

- do not have a cruising range over a year of 20 miles or more
- do not move moorings after 14 days on regular (unsigned) stretches of the canal, or after the period detailed on short stay mooring signs without agreement from the Canal & River Trust.
- do not undertake navigation beyond a small area

There are up to approximately 500 permanent moorings mainly on the offside of the Canal or in marinas which although designated for leisure use have a significant percentage of residential occupation.

The geography of the Kennet and Avon Canal contributes important factors as well. The Canal is a single passageway running across Wiltshire (see Figure 4). It crosses into BaNES and Berkshire on the west and east side of the county respectively. This therefore means that those on continuous cruising licences are likely to travel between local authorities, and due to the single linear passage there may be challenges with increasing distances from places of work, school etc. This, in addition to the requirement to move every fortnight unless alternative agreements are made, could have significant effects in particular on education and access to healthcare which are particular to the boater community.

Survey data

Wiltshire Council snapshot survey

In the summer of 2017 Wiltshire Council undertook a snapshot survey of the boating community on the Kennet and Avon Canal with the aim to collect information about the communities' accommodation needs. The key findings are that additional residential moorings are needed on the Canal. In addition, the community would like to see infrastructure improvements to the Canal and its surroundings

The survey captured essential information on the need for additional moorings in Wiltshire. However, in addition it allowed for the return of general information on household demographics, type of boat used etc.

This report will also be used to inform further cooperation with neighbouring local authorities who share a section of the Kennet and Avon Canal, namely: Bristol City Council; Bath and North-East Somerset Council (BaNES), West Berkshire Council and Reading Borough Council. Planning for the accommodation needs of boaters will also require close cooperation with the Canal and Rivers Trust (CRT) who controls the immediate towpath along the Canal; stakeholders such as environmental agencies; local landowners, the boating community, and others through formal and informal consultation

In total, 137 responses were received. There are approximately 500 boats used for residential purpose in Wiltshire and in 2013/14, 559 people were estimated living on a boat in the county.

- 117 respondents stated that they use their boat as their primary home
- 94 stated that they are continuous cruisers who live aboard most of the year
- Out of the 137 respondents,
- 33 live on their boat with a home mooring.
- 97 respondents stated that they spend 365 nights on their boat and a further 20 stated that they spend approximately three quarters of the year (275 nights) on their boat.
- 65 respondents confirmed that they have been living over 5 years on their boat; and
- 39 stated between 2 and 5 years.
- Most people who live on their boat most of the time are over 16, with
- the biggest age groups being those aged 45-54 (37), followed by 35-44 (36), and 55-
- 64 (32). Only 24 people are 16 years old or younger.
- There were only two households who stated that 3 people lived on their boat, so the majority of households consist of only 1 or 2 people.

Given their transient way of life the Boaters survey sought to find out more about respondent’s local connection. More than one answer could be provided and the answers with the highest total were;

- 78 answered registered with a doctor in Wiltshire.
- 55 answered work in Wiltshire
- 53 registered to vote in the county
- 10 answered sending their children to school in Wiltshire, is roughly consistent with the low number of children who live on boats

The survey also provided useful information regarding improvements the community would like to see at or in the vicinity of the Canal. In land-use planning terms:

- provision of moorings
- road access and car parks
- points for water supply
- foul water disposal
- refuse disposal/recycling points

were listed as the most important improvements. Other requests for improvements are directed at the CRT who manages the waterway and immediate towpath;

- dredging and general maintenance of canal infrastructure.

Annual Canal and River Trust survey

The Canal and River Trust annual Boat Owners survey provides some further insight into the community living on the Kennet and Avon canal (Canal and River Trust, 2018). It is important to highlight that the regional detail is to the whole canal, not just to the section within Wiltshire.

Nationally, 37% of boat owners use their boat as a permanent or temporary place of residence. There is a greater proportion of those aged below 45 years, and females, who use boats as permanent or temporary residence compared to those who use it for leisure.

Amongst those who do most of their boating on the Kennet and Avon Canal, 44.8% use their boat for permanent or temporary residence. This region has one of the highest proportion of residence use, compared to 36.3% nationally. The motivation for living on a boat amongst those on the Kennet and Avon Canal is much more likely to be for a lower cost of living compared to other areas, and over two thirds of residential boats expressed an interested in permanent or long-term moorings.

Outreach worker

Bath and North-East Somerset (BaNES) CCG commission an Outreach worker to work with Boaters on health and welfare issues. This role has identified common health issues, such as depression and anxiety, and injuries from falls and machinery. Challenges and barriers to healthcare for boaters include GP registration, long distances to travel to appointments (particularly due to cruising requirements), and difficulty with access for emergency services.

The is currently no outreach worker working directly with Wiltshire Boaters and Travellers, however funding for a 2-year health inequality project has just been secured which will include support for the Wiltshire boater community.

The map below (Figure 5) shows the location of the Kennet and Avon canal within Wiltshire.

Figure 5: Map of the Kennet & Avon Canal in Wiltshire

Local Demands

Two interviews were undertaken to gain the local views from partners working in the local community.

Health Trainer feedback

Anecdotal information obtained from the Senior Health Trainer covering Thingley Park Traveller site.

Outreach services are provided by a Health Visitor, a Health Trainer, Children's centre outreach worker and a children's play worker visiting Thingley park traveller site once a month with the Blue Bus charity taking a professional team to the community.

Women living at the site are more likely to engage with Health Trainers than men. Topics which are covered include healthy eating, and practical emotional wellbeing support.

Key issues which have been identified:

- difficulty to gain trust of services
- literacy
- health literacy e.g.
    - when or when not to attend healthcare services
    - which services to attend e.g. A&E/Out of Hour services vs. GP
- health service use more acute or reactive, rather than engaging with preventative treatments
- similar pattern of behaviour with regards to oral health and dental services
- domestic abuse

The majority of residents at Thingley park are registered at The Porch Surgery in Corsham as the site is located within the Corsham boundary. There are a few registered patients at Rowden surgery in Chippenham.
Chippenham Community Hospital's Minor Injury Unit hospital is used by the residents, unfortunately the hospital admissions data for children cannot identify this community group.

Residents at Thingley Caravan Site refer to themselves as a mixture of Irish and Welsh Travellers. Each family has a day room for cooking, washing and bathing separately from their caravan. Residents pay council tax and rent.
33-35 plots.

Children living at Thingley Caravan site attend one of the three primary schools in Corsham.

Health Visitors feedback

Health issues reported by the Health Visiting team are that the lack of literacy is common. Heath Visitors will try to call parents to arrange appointments, but sometimes keeping a routine appointment or recognising a number is difficult. It is recognised that same day appointments work best. Issues highlighted by the health visitor team is as follows:

- Lack of adequate sanitation can be an issue with head lice and scabies common.
- Breast feeding rates are reported to be low.
- Domestic abuse is not uncommon.
- Immunisation uptake is variable dependent on the beliefs of the extended family.
- Observed maternal grandmothers have a great deal of influence in the family and this considered in health promotion.
- Dogs on site can cause issues with visiting, but for the most part are behind gates.
- Engagement at routine reviews is variable.
- Ages and Stages Questionnaires are completed with behaviour scores needing follow ups.
- Isolation is a concern to access appointments as if the mothers do not drive, the taxi firms decline to pick up from sites.

All teams report no current issues with vising Traveller sites.

Resident/service users feedback

Challenges in establishing communication for feedback between members of the GRT and Boater community and authorities is clearly recorded in the literature and already discussed. Nevertheless, it was important to gain input from community members where possible.

Several ways of gaining community feedback were attempted, via organisations or professional individuals who already had established working relationships. The Friends, Families and Travellers (FFT) charity was approached, but there was no current engagement work being undertaken by the charity in Wiltshire. Various local authority partner schemes (Health Visitors, Health Trainers, Children's Centre and the Traveller Education Service) were contacted to discuss ways of gaining community feedback for the health needs assessment. All services who worked with Gypsy and Traveller communities only worked at the Thingley site (near Chippenham). Feedback was gained from community members by service professionals visiting the site. This was a facilitated discussion using a pre-written information sheet, developed with service professional input to reflect the findings of the health needs assessment to date.

Community Feedback

As part of the development of this Health Needs Assessment we undertook a community engagement exercise with a traveller community based in one of the market towns in Wiltshire. Engagement with Gypsy and Traveller communities can be difficult. The community engagement relating to boaters specifically will be carried out as part of a wider project aimed at supporting the community (from September 2019). Feedback was obtained on the HNA conclusions by developing a briefing sheet for council officers to use when engaging with traveller communities. This briefing sheet provided a basic overview of the HNA findings and asked those from traveller backgrounds if they agreed or disagreed with the main points of the HNA, asked if there was anything missing in the HNA or not correct and what did the community think could be done in Wiltshire to improve the health in their community including what should be the main priorities. Responses were obtained from four female travellers below:

1. **Do you agree or disagree with these points? Which points sound familiar, and do any not sound like what you experience?**

Not breastfeeding was a common theme from the respondents, being seen as 'not compatible' with the traveller way of life due to lack of privacy and embarrassment. When asked 'what would you do if one of the women chose to breastfeed', the traveller responded, 'I'd tell her to cover herself up and go in the bedroom, it's not how we do things, it's embarrassing.'

Views on vaccination was mixed amongst the group, some recalling that their children had been vaccinated but showing concerns over the potential side-effects of vaccines. One traveller said 'Some people avoid vaccinations, they are afraid of the side-effects of vaccinations.'

Cardiovascular disease and cancer were highlighted as a common concern with the traveller population, which reflects the most common causes of mortality in the under 75s in the general Wilshire population.

Mental health was raised a concern, a traveller stating that 'more than half of the people on here feel depressed. There's lots of people on here feeling ill, in pain all the time. People are worried about money and there's not much to look forward to. We feel discriminated against. There's no access to a dentist. We don't always understand how things work.'

All respondents felt they had no issues with registering with a doctor and that their experience of accessing primary care services was generally good although getting access to dental services was difficult. Female travellers will often show preference to see a female doctor depending on the health issue.

Overall, services provided by GPs, midwifery and ambulance services were seen positively. Some concerns were raised over discrimination experienced when using pharmacy services and from the police.

One traveller's experience:
"Some people have poor attitudes towards travellers, and don't explain thigs to you clearly. You don't want to have to explain to people that you can't read, but I do. I've found people don't always explain things properly, not making an effort to help you. The doctors are good, this was in the pharmacy. I needed to buy something, and the woman wouldn't read out the instructions to me."

Many of the travellers who responded highlighted their roles as carer and the importance of caring within the community. One traveller said, 'I care for my mother, lots of people care for family. You should care for family.'

Support when accessing secondary care was not seen as positively, as one traveller mentioned, 'when I had to stay in hospital last year, my family didn't feel welcome. They were asked to leave the hospital and even the car park. This is when you need your family around you.'

Overall, the respondents believed they did not have any difficulty in accessing and navigating healthcare services. Although one traveller felt that know what is available and where to go can be sometimes challenging. The community highlighted internet was often not used.

2. **Is there anything missing from the HNA or not quite right?**

From those that engaged with us, no issues were raised as missing or not quite right from the HNA. Some of the concerns that were raised were linked specifically to the site that the travellers live and these concerns will be fed back to the appropriate council department.

One traveller commented, 'My community is positive. We all look after each other. This has a positive effect on my health.'

3. **What do you think could be done in Wiltshire to improve your health? What should be the main priorities?**

From those that engaged with us, the main concerns relating to health were related to site conditions where they live. These concerns will be fed back to the appropriate council department.

The concerns highlighted in the responses link to site conditions, access to support to remedy these conditions and reducing the stigma / discrimination linked to accessing services. This highlights the need for the Council to continue its role in supporting its offers to understand traveller culture and needs to be better placed to support them.

A few quotes below summarise the responses:

'If people talked to us in a proper manner. Some people talk to us like we're pigs or aliens.'

'This is in the community, not within healthcare. It takes longer to get what you need. You have to stand up for yourself to get what you need. People need to be more

understanding, it's difficult getting help if you can't read and people won't read things to you, for example in the pharmacy or at the council offices. This impacts on our health.'

'Getting things sorted on here. We've been told to ring the housing department if we need something fixed, but they don't understand what you're talking about when you tell them what the problem is.'

What works

The Marmot report, 'Fair Society Healthier Lives' (Marmot 2010), described that people with lower socioeconomic status have worse health outcomes and shorter life expectancy than those higher up the socioeconomic scale. Professor Sir Michael Marmot seeks to increase health equity through action on the social determinants of health.

This report assesses the potential and opportunities for new care models to drive a health system that focusses on population health, reduces health inequalities and takes action on the wider determinants of health. If new models of care can capitalise on the opportunities in the new system and deliver these approaches, then overall improvements to health, reductions in health inequalities and reductions in demand for health care services should result. However, currently there is only partial uptake of the available opportunities through existing mechanisms. As such there is scope to further develop action on health inequalities which the report intends to support.

In 2014 the Government published a report from the Data and Research Working Group of the National Inclusion Health Board (NIHB): Inclusion Health Board Report Hidden Needs: Identifying Key Vulnerable Groups in Data Collections. The report identified that the poor health experiences of some Gypsy and Traveller groups made them particularly vulnerable in terms of much higher rates of mortality and morbidity than the general population.

The health experiences of some Gypsy and Traveller groups are so much worse than their counterparts that (following the Inclusion Health Board's intent to focus on the worst outcomes) they should be designated as particularly vulnerable.

Male Irish travellers in Ireland have a suicide rate 6.6 times higher than the general population; Gypsy Travellers in the Thames Valley have a 100-fold excess risk of measles arising from low immunisation. The report of the Confidential Enquiry into Maternal Deaths in the UK, 1997-99, found that Travellers have 'possibly the highest maternal death rate among all ethnic groups.

These population health findings based on robust data are stark and require urgent public health focus, including targeted suicide prevention services, a robust system of reporting of infectious diseases in the Gypsy/Traveller population and of levels of immunisation (both currently absent), and a robust system for monitoring maternal mortality.

In September 2013, the Royal College of General Practitioners and the NIHB produced a toolkit on commissioning for socially excluded groups. This aimed at widening access to health services and improving the health outcomes of marginalised groups, specifically the homeless, Gypsies and Travellers and sex workers. It included the following "commissioning considerations" when planning services for Gypsies and Travellers:

- Information sharing between different agencies is a key factor in improving access for Gypsies and Travellers, especially given their high mobility and complex needs.
- Community engagement is important for professionals to establish a relationship with the wider network of people, and makes sure that a trusted relationship is gradually set up. This will also contribute to the design of a service that meets the community's perceived need and develop a sense of ownership.
- Mainstream services: Even though one of the most widely implemented strategies has been the 'dedicated health visitor', this should not necessarily be seen as an example of best practice. In fact, Travellers do not want dedicated services, but would much rather be able to access the same high quality services as everyone else, which will also reduce 'singling out' (PCC Framework, 2009).
- Poor living conditions and environmental factors are the single most influential contributing factor to the poor health status of Gypsies and Travellers, including stress. This makes partnership working between the different agencies, including the NHS, Local Authorities Social Services, Housing and Environmental Health, and voluntary sector organisations, even more important to provide a coordinated response to these inter-related issues.

A recent systematic review (McFadden *et al*, 2018) identified several types of engagement projects which could enhance or facilitate access to healthcare for those in Gypsy, Roma or Traveller communities:

1. Specialist roles to work with community members e.g. involvement of community members as links between healthcare and their respective communities
2. Outreach work – these projects highlighted the importance of positive relationships between communities and services, however there is a risk of increased disengagement from mainstream services due to access to outreach services
3. Dedicated healthcare services and staff for GRT communities
4. Raising health awareness within GRT communities. These initiatives showed increased knowledge and awareness of health issues from community members, and attracted positive feedback
5. Handheld or personal records - these interventions were of interest to health care professionals and community members, but challenges with efficacy and confidentiality were notable.
6. Cultural-awareness training of all professionals
7. Collaborative working between community members and professionals – this was a common theme in many engagement projects. There is a risk of disengagement however if there is lack of regular contact.

Literature review

A literature search was undertaken by the Royal United Hospital (Bath) Library service, to identify the available evidence for interventions to address Gypsy, Traveller and Boater health needs or reduce health inequalities.

Whilst there was some evidence available for GRT communities, there was very limited evidence with regards to Boater communities. There is a clear gap in the available evidence on this matter.

Key factors that were identified in the available literature (Greenfields 2017):

- Having local arrangements for effective monitoring of GRT health status through detailed data recording of ethnicity
- Improving cultural competence of people working with GRT communities, including health professionals
- 'In-reach' visits to large Gypsy and Traveller sites
- Leadership from CCGs in identifying and addressing the health needs of this vulnerable population
- Including members of the GRT community in developing join strategic needs assessments and joint health and well-being strategies.
- Activities aimed at subgroups of the GRT population
    - Social events for older people incorporating gentle physical activity
    - Healthy-eating initiatives that use Gypsy/Traveller recipes cooked in healthy ways
    - 'Drop in' sessions with healthcare professionals at accessible venues such as GTR sites and community centres
- 'Pop up' clinics at events such as horse fairs have increased uptake of immunisations and preventative screening services

A notable example in the primary care setting was a Doncaster-based GP practice which adopted several changes to better meet the needs of their GRT population. This has resulted in increased immunisation levels from 4% in 2003 to 70% in 2014, and increased cervical screening tests from no women to 55% of eligible patients. Measures included

- Opportunistic childhood immunisations (e.g. during any appointment)
- Sending welcome notes to visiting Gypsy and Traveller groups inviting them to visit the practice
- Offering longer and evening appointments
- Giving patient part of their medical records to allow patient-led information sharing between GP practices

In Leeds, tailored community maternity pathways were developed in partnership with members of the GRT community. This increased uptake of maternity services and engagement at an earlier, with improved maternal outcomes and the development of ongoing relationships between health professionals and wider family members.

The Royal College of General Practitioners (RCGP) Clinical Innovation and Research Centre produced an evidence-based commissioning guide for CCGs and Health and Wellbeing Boards to improve access to health care for Gypsies and Travellers (Gill *et*

al, 2013). They advised the following considerations for commissioning of services to improve inclusion of GRT communities:

- Information sharing between agencies: to improve access, particularly to address the highly mobile population with complex needs.
- Develop trusted relationships through community engagement, to facilitate co-design of services to meet the community's needs as well as develop a sense of ownership
- Ensure mainstream services are accessible and high quality, rather than creating specific but separate GRT-only services (e.g. dedicated health visitors)
- Partnership working is required between multiple agencies to address poor living conditions and environmental factor, one of the most influential contributing factors to poor health

Recruiting community health workers from within the GRT community has been effective in regards to health education around asthma (Brady and Keogh, 2016). This programme used a 'train-the-trainer' approach to help educate the wider community about asthma including secondary preventative education. This initiative helped increase capacity of specialist asthma knowledge, and importantly was well received by members of the community.

Examples of practice in other areas

'Virtual' headteacher model

In Cambridgeshire, a pilot project employed a 'virtual' headteacher for children in Gypsy, Roma and Traveller communities to have oversight and specifically support this group. The headteacher addressed issues around distance learning during travelling seasons, ensuring schools had books and resources reflecting GRT communities, and developing robust distance learning materials, as well as supporting pupils whose parents struggled to help them with homework. Results suggested the initiative increased awareness of issues faces by GRT communities, and some evidence of narrowing attainment gaps between GRT and non-GRT students (Children and Young People Now, 2014). However definitive conclusions were precluded due to the small numbers of individuals involved.

Local Area Co-ordinator, Leicestershire

Leicestershire County Council have adopted the Local Area Co-ordination model (currently in use in Wiltshire) with a specific countywide co-ordinator for all Traveller families in the area (approximately 2,800 individuals). Their role is to co-ordinate the multi-agency response for individual Traveller families, and work within both the Public Health team and the Multi-agency Travellers Unit (see below). Their objective is to assist community members to support each other, help guide them through the healthcare service, and also to increase awareness of the health needs and cultural practices of the Traveller community amongst professionals.

Multi-agency Travellers Unit, Leicestershire

Using the traditional model of a specialist Gypsy and Traveller officer was felt to be problematic, as the responsibilities for issues were passed from one person to the next without any consistency of service for both the Gypsy and Traveller population. By drawing up an agency agreement between all the local authorities and other services, such as the police, Travelling Families Health Service, Housing-related Support and the Traveller Education Service, the unit has been able to coordinate a consistent approach to delivering services across the whole of the county. The programme has been successful in training the Gypsy and Traveller community to give presentations and empowering them to get actively involved in promoting their culture. The community representatives act as a floating resource and are often invited to attend meetings of community forums and other specific events. They can also be used for training sessions for members in all tiers of local government.

The proactive engagement and consultations with the Gypsy and Traveller communities has resulted in some tangible outcomes, including Gypsy and Traveller communities attending community events and helping to bust myths commonly held by local residents. The projects have led to improved cohesion and better relationships between Gypsy residents and other local people[2].

Bath and North East Somerset (BaNES)

Local work with being done with Travellers who stop on Bath and North East Somerset (BaNES), this is called Unauthorised Encampment. This work has shown travellers passing through counties will have children under the age of 5 who have not received their full immunisations. BaNES Local Authority has developed a pathway to ensure the first response team to an unauthorised encampment site will ask families a short questionnaire on their Health Needs before processing with the enforcement policy. The local Health Visitor will be notified within the first 2 days so they can visit the families. The health information collected can then, with permission from the travelling family, be passed on to the next health visiting team in their travelling direction.

Brighton and Hove Clinical Commissioning Group and Brighton and Hove City Council – Health Engagement Project

Brighton and Hove CCG and Brighton and Hove City Council commissioned the FFT charity to provide health engagement workers, to identify any health needs and gaps in the Gypsy and Traveller community in the local area.

By working in co-production with community members, the engagement workers were able to form actionable recommendations for service design, and to provide health intelligence to commissioners. They were also able to inform community members of services that they are entitled to and help them to overcome barriers to accessing services.

[2] https://www.local.gov.uk/sites/default/files/documents/proactive-engagement-mult-0dc.pdf

Leeds CCG Gypsy and Traveller Health Improvement Project

This projected aimed to build bridges between the GRT community and health-related services in Leeds (Warwick-Booth *et al*, 2018). A Specialist Nurse was commissioned for the project, who helped provide health advice, sign-post community members to services, and also collected data for the project evaluation.

The role was successful in providing a 'bridge' to GP practices, by providing advocacy to community members and explanation of the processes involved (e.g. registration). Health advice and sign-posting was particularly used for mental health issues. A Help card scheme, indicating poor literacy requiring assistance from healthcare professionals, was well received as part of the project.

Identification of Health Gaps

1. Lack of local data

There is a paucity of data at a system level on the use and access of vital services by the Gypsy and Traveller community. This is particularly the case in healthcare, and creates challenges in accurately assessing need, informing commissioning decisions and evaluating the effects of any interventions.

2. No uniform approach or provision of specialised health interventions

There is no uniform approach to the provision of additional support to Gypsy and Traveller communities. Whilst some sites in the North of the region have a multi-agency approach with additional support through the charity sector, there is no evidence of such work in other areas of the county. This creates a further geographical inequality within a group with already marked health inequity in comparison to the general population.

3. School attendance and attainment

Attendance at school, in particularly secondary school education, is reduced in the Gypsy and Traveller community. Gypsy and Traveller children may require additional support to have access to education, and alternative models may be required to accommodate for frequent movement and cultural requirements.

4. Health inequalities across multiple indices

This has been identified in national data and in the literature base. Gypsy, Roma and Traveller communities experience the worst health outcomes of any ethnic minority. Multiple indices of health outcomes across the life course (from maternal health to end of life care) demonstrate this, including wider determinants of health. This gap in health outcomes is long-standing and significant.

5. Lack of accessing carer support

Almost no carers known to Carers Support Wiltshire self-identified as Gypsy, Roma or Traveller background. Whilst this may partly be due to not openly identifying as GRT background with the service, it is highly likely that a substantial number of carers in the GRT community are not accessing carer support.

Recommendations

There are five broad themes for recommendations.

1. Improve awareness and understanding of Gypsy, Roma, Traveller needs

A key area of need is the improvement in trust and understanding between GRT communities and the professional agencies required to promote and maintain better health. Improving cultural awareness amongst professionals should promote better working practices and could help reduced discrimination (actual or perceived) experienced by GRT community members. This should be undertaken in all agencies involved with the community (e.g. healthcare, housing, education). It should be aimed broadly (e.g. general cultural awareness e-training) and around specific issues highlighted as barriers or challenges (e.g. awareness of GP practice staff around registration requirements).

Such actions could help to reduce mistrust of professional services by GRT members, and therefore help with service use and access. It would also help to better understand the needs of the local community, improving commissioning decisions.

2. Support and promote close working relationship with the GRT and Boater community

A recurring theme has been the importance of close working relationship between trusted professionals and community members. There is already good examples of this working within the county (e.g. Health Trainers in North Wiltshire). Where such relationships already exist, they should be supported and promoted to maximise their use for GRT community members in reducing health inequality. When such relationships are not in place, these should be encouraged with sensitivity and appropriate communications. Close working with trusted third-party sectors (e.g. FFT) to establish working relationships could be undertaken.

These established and trusted relationships are a preferable way to help GRT community members improve health, in comparison to professional-driven or official agency actions.

There is evidence that maternal, perinatal and childhood health programmes are the most well-received and have best working relationships between healthcare professionals and GRT community members. These areas therefore could be used as

pathways to introducing broader general health advice (e.g. smoking cessation, healthy eating) into the dialogue between community members and professionals.

3. Promote community-driven enablement

In addition to closer working relationships with professionals, actions should be taken to promote GRT community self-enablement. Improving community representation in related groups, such as Wiltshire Council's Traveller Reference Group, would assist in ensuring the needs of the community are being addressed. Using the Local Area Co-ordination model, members of the GRT and Boater community members could be assisted and supported in helping other members of the community to access and navigate the local healthcare system.

Supporting carers should also be a key consideration, but with appropriate cultural sensitivity. Working with the community to ensure carers are appropriately supported with additional help as required, will help to meet needs for both those being cared and their carers.

4. Improve data collation and data sharing

There are challenges with assessing the current needs of the GRT and Boater community due to lack of specific data. This is an issue both at national level and with local data. The recent Parliament enquiry with regards to inequalities in GRT communities urged NHS England to code ethnicity including Gypsy, Roma or Traveller ethnicities. This will greatly assist in assessing the current service use by community members. Local data arrangements should explore including these categories at the soonest possible opportunity, as national data changes have been suggested for several years.

Locally, qualitative work should be undertaken (e.g. detailed health needs survey) to better describe the current needs of the GRT community and the Boater community. This would assist in the planning and commissioning of current services, and also in the future evaluation of any intervention.

Data sharing between health care services, particularly primary care services, Wiltshire CCG and Wiltshire Public Health should be improved to allow easier capture of sub-population need.

In particular, universal services (e.g. maternity, Health Visitors programmes, NHS Health Checks) should ensure a consistent and comprehensive approach to gathering data highlighting vulnerable and underserved groups, such as the Gypsy and Traveller community. This would help future assessments of unmet need, as well as assisting commissioners and service providers to address inequalities through targeting underserved groups.

The possibility of access to anonymised data based on protected characteristic should be explored, as tackling health inequalities is a key priority of the NHS Long Term plan.

5. Respond to national policy changes and local survey results

The publication of NHS England's toolkit on addressing health inequalities should provide useful evidence-based intervention to reduce health inequalities, such as those seen in GRT communities.

A key focus of the NHS Long Term plan is to address health inequalities, and CCGs which have evidence of significant inequalities may receive additional funding to address these inequalities. Such funding opportunities should be actively sought. There should also be strategic alignment in all healthcare-related organisations with the NHS Long Term plan to ensure continued work on reducing health inequalities across the healthcare economy.

The 2017 Boater survey in Wiltshire identified increasing numbers of residential moorings, and improved Canal-side infrastructure as key priorities. These contribute as wider determinants to health outcomes, and so organisations involved in these interventions should be encouraged to undertake these improvements.

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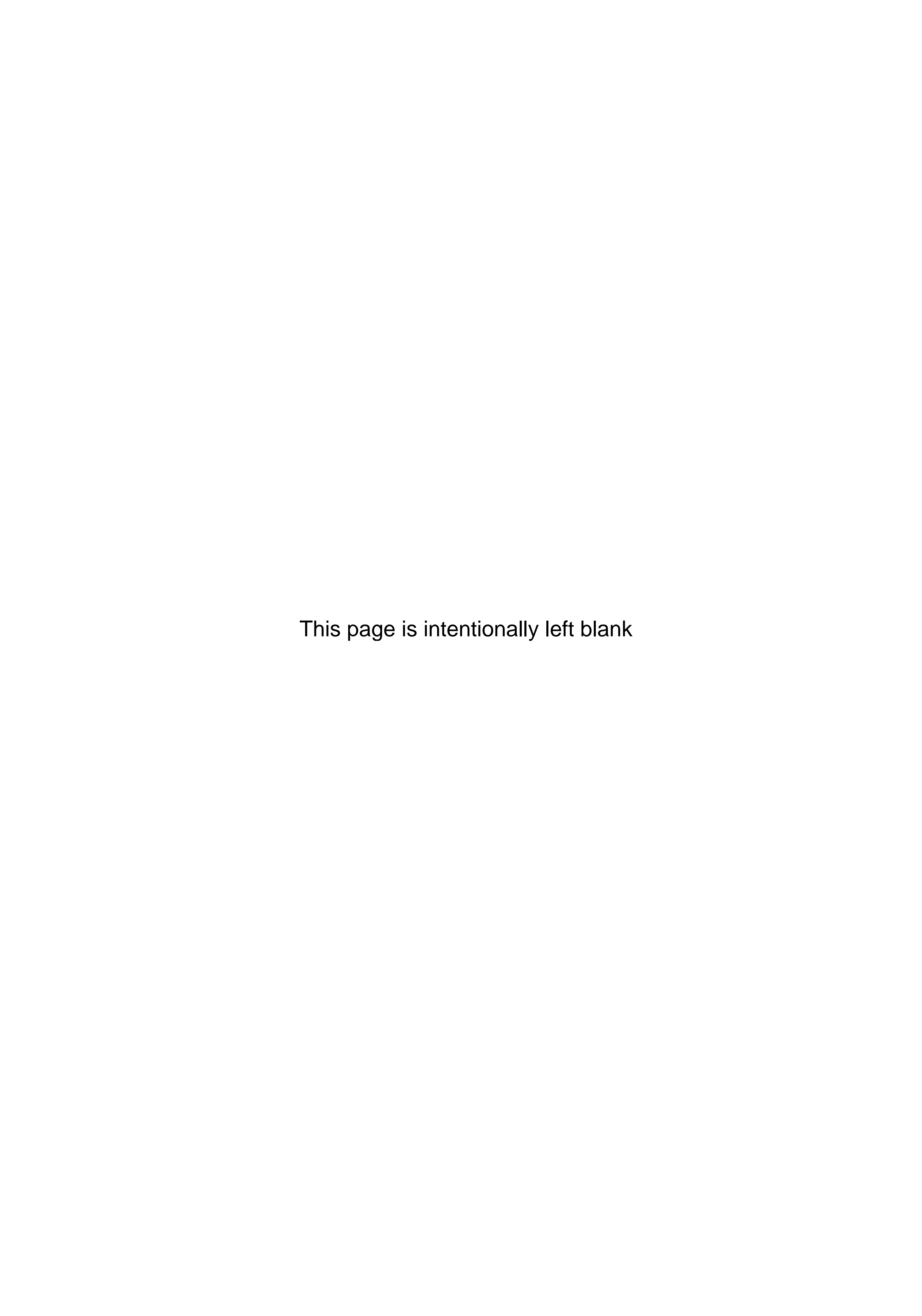
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HEALTH SELECT COMMITTEE PRESENTATION
Quality Priorities Update
12.01.20

OUR PEOPLE + OUR SERVICES = ALTOGETHER BETTER

NHS111

CLINICAL ASSESSMENT SERVICE

GP OUT OF HOURS

ACCESS TO CARE

URGENT CARE @HOME

WHAT ARE WE DOING?

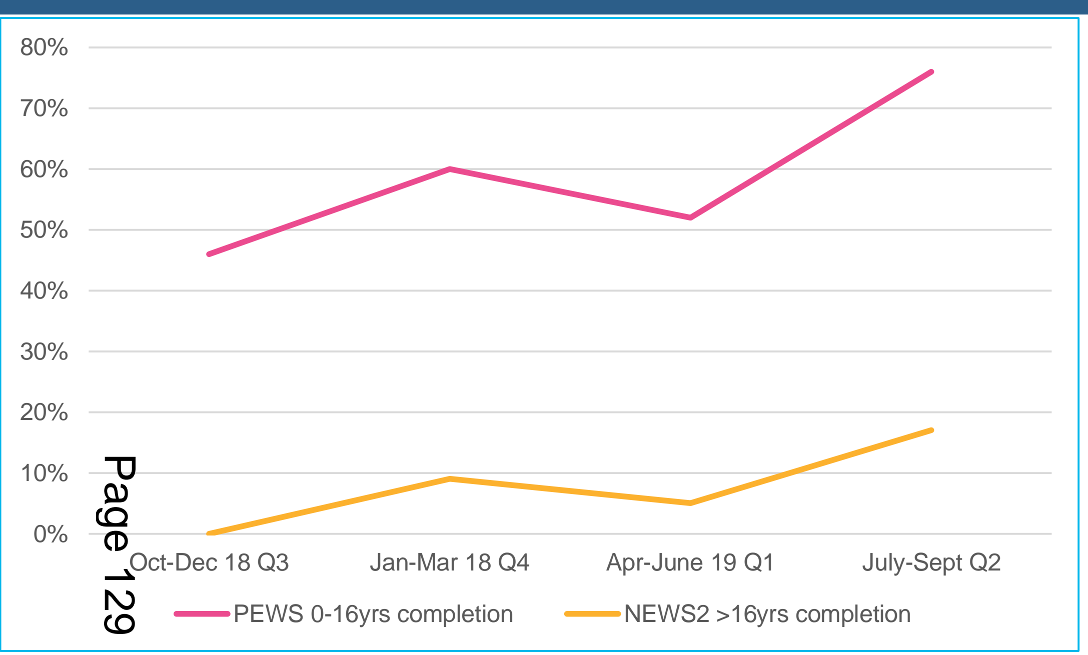
In **November 2019**, we:

- Answered **24,495** 111 calls
- Took **4,782** calls from Healthcare Professionals
- 999 Referrals – **11.57%** (<national average 14.2 %)
- Emergency department dispositions – **7.17%** (< national average 9.2%)
- Completed **2,088** Access to Care consultations
- Undertook **596** Urgent Care@Home visits

Quality Priorities 19/20 - Priority 1

Priority 1 - To Improve the management of adults with suspected sepsis when an ambulance is requested or a hospital assessment is arranged using the National Early Warning Score.

National Early Warning Score and Paediatric Early Warning Score compliance



The numbers audited have changed over these periods. We were initially auditing 50 consultations involving children <1yr old, plus 20 consultations of children age 1-16yrs each Quarter (May 2018-Mar 2019). From April 2019 onwards we audited 20 consultations of children aged 0-16yrs each Quarter.

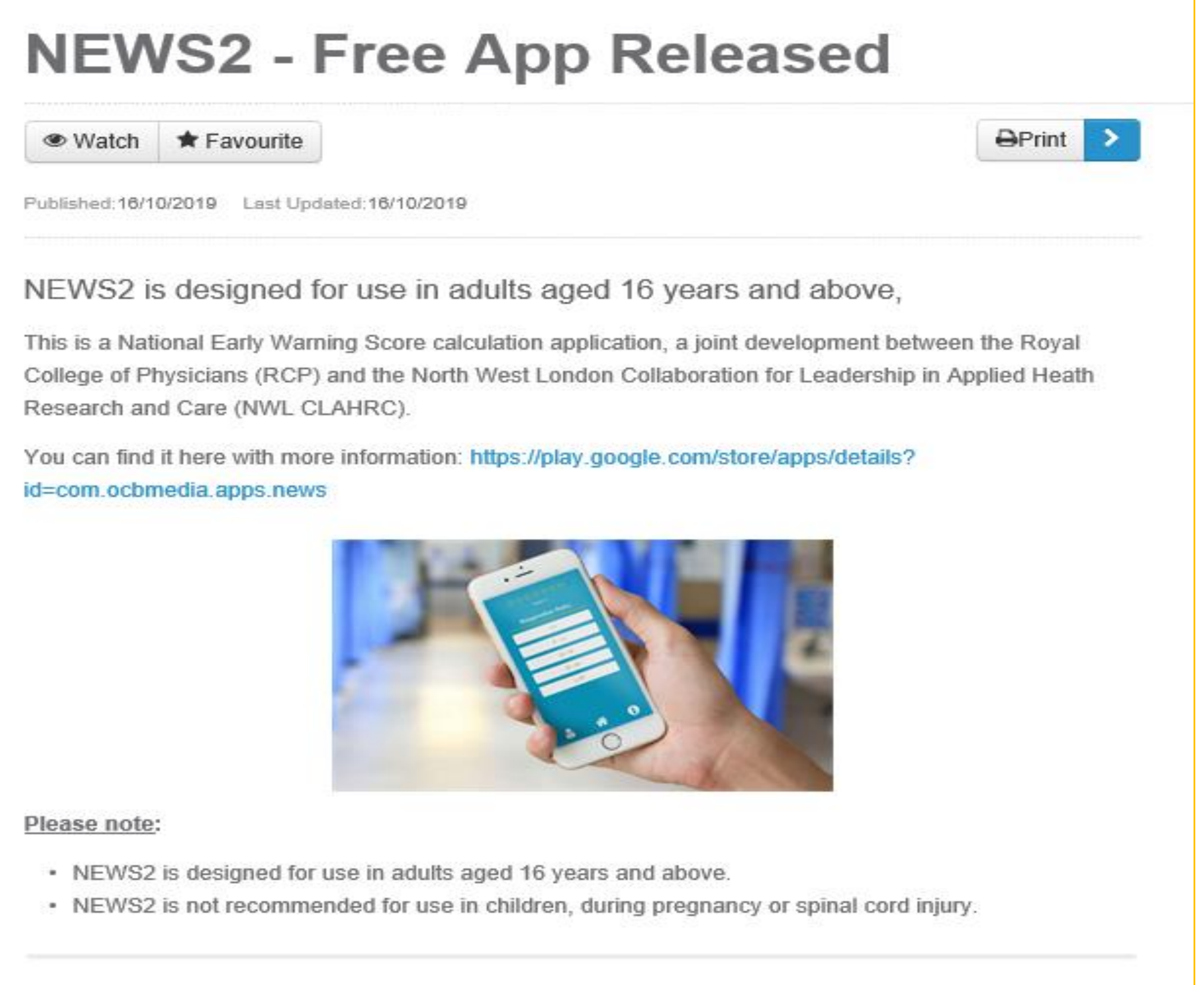
NEWS2 score audit numbers also changed. We audited 20 consultations involving adults >16yrs each Quarter from April 2018 until during Q1 when we received the revised Quality Schedule. Therefore, from July onwards (Q2) we began auditing 50 consultations each Quarter.

This chart illustrates an improvement in the use of PEWS and NEWS2 in patients who are admitted to hospital or who require an ambulance.

Previously we had planned to create a pop-up box within Adastra prompting clinicians to complete a score when the outcome of an admission or ambulance was selected. It was hoped that this would improve compliance. Unfortunately, Adastra is an inflexible system when it comes to templates, they have been unable to do this. We have to work with the Adastra Software as it is used by 111.

We are currently looking at what else we can do to promote its use further, but it does appear that our strategies of providing feedback via Clinical Guardian and promotion on the Staff Intranet have been having an effect.

NEWS and PEWS compliance



NEWS2 - Free App Released

Watch | Favourite | Print

Published: 16/10/2019 Last Updated: 16/10/2019

NEWS2 is designed for use in adults aged 16 years and above,

This is a National Early Warning Score calculation application, a joint development between the Royal College of Physicians (RCP) and the North West London Collaboration for Leadership in Applied Heath Research and Care (NWL CLAHRC).

You can find it here with more information: https://play.google.com/store/apps/details?id=com.ocbmedia.apps.news

Please note:

- NEWS2 is designed for use in adults aged 16 years and above.
- NEWS2 is not recommended for use in children, during pregnancy or spinal cord injury.

Clinical Guardian

We have invested in software (Clinical Guardian) that enables us to monitor consultations within the Adastra computer system used by clinicians against quality standards. Our audit processes are supported by this database. This provides us with a systematic approach to governance and is a paperless solution.

An audit group made up of GPs, Nurse Practitioners and Pharmacists monitors 2% of all consultations undertaken by our clinicians using the data supplied by Clinical Guardian.

Clinicians who receive feedback from the audit group are able to reply using the software and if a response is needed then this is composed during a Clinical Guardian Peer Review Session.

All cases which are deemed to require reflection from the clinician are tracked, so that responses can be followed up.

This two way dialogue between the auditing team and the clinicians is a really useful addition to the auditing process and so far has been well received and encouraged more detailed discussion of cases.

Quality Priorities 19/20 - Priority 2

Priority 2 - Improve our service user engagement and our understanding of the patient journey throughout integrated urgent care.

We are working with a range of quantitative, qualitative and experiential methodologies to capture, understand, improve and measure Service User experience including real time monitoring.

This work is the full time responsibility of Michelle Coleman, Patient Experience Coordinator.

Service User Survey Results

IPad Survey

Medvivo has installed iPads at some of our bases for patients to provide us with feedback about their welcome/reception, courtesy/helpfulness of clinician, overall care and the friends & family test survey. Patients & staff have been consistent at using the iPads in Swindon – for example during Apr-Jun 2019, 163 patients completed the survey and of these 96.5% rated their overall experience as high. The uptake of the survey at the other bases is much reduced, for example during the same time period 19 were completed in Warminster with 97% rating their overall experience as high. Comments include: "excellent treatment" and "fantastic support very clear explanation".

ACTION: We are in the process of reviewing iPads at the other bases. The receptionist at Warminster, who is mainly there, is able to set it up and will encourage more patients to complete it. Training has also been given so that more than one person knows how to download the data from the iPads (which is unable to be done remotely). For logistical reasons it is not possible to have an iPad at Trowbridge and there aren't enough onsite clinics to warrant having one at Paulton. The project continues**.**

Children's Feedback Survey

These surveys are available at reception for patients to fill in or take away. The number of surveys completed have increased from 28 during Jan-Mar 2019 to 139 during Jul-Sept 2019 (the most recent quarter). Results for Apr-Sept 2019 show 96% would recommend this service to family and friends. 59% of those who completed the survey were female. 90.25% of comments were positive. The constructive comments had one main theme, examples: "You could improve on having a bit more entertainment for children like crayons and books and a few toys" "It was boring" "Would like some toys to play with when waiting" "need toys in reception".

ACTION: The number of surveys completed by those who are 16 or over has increased from 1 person during Jan-Mar, to 3 in Apr-Jun and 8 during July-Sept. At a Reception Team meeting it was acknowledged that the survey's design is geared more to younger people and therefore over 16s will now be given the QR code cards so that they can provide their views online via their mobile phone if they wish. The topic of toys has been included in a working group and while we are unable to provide toys (due to Health and Safety concerns) we are keen to make the consultation rooms more child friendly and options have been costed.

OOH Feedback Cards

These surveys are given to patients by Clinicians following a home visit. During Apr-Jun 2019 we received 60 responses (6 more than Jan-Mar 2019). Then during July-Sept 2019 the numbers increased significantly to 206. The combined responses for Apr-Sept 2019 tell us 98% said they would recommend this service to friends & family (up from 89% in Jan-Mar 2019), 97% agreed they were treated with dignity and respect (up from 94% in Jan-Mar 2019). We received 145 handwritten comments, of these 96% were positive (up from 82% in Jan-Mar 2019). Of the 6 constructive comments, 3 related to length of wait but we did not have enough information in each case to look into them individually. One constructive comment related to a prescription concern which gave us enough information to investigate, see following slide for details.

ACTION: The increase in current satisfaction could be attributed to being out of the 'Winter Pressures' period or it may be that as we now have a larger sample we could be receiving a more accurate picture. It will be interesting to see how the next 6 months data compares. Also when we do the next print run for the feedback cards we will include additional questions which will provide us with more details. This will be especially helpful to investigate any constructive feedback. In the meantime, we have set up a working group to review all aspects of managing patients' expectations around timeframes, which includes disposition times given to patients for call backs & home visits and regarding any waiting times when being given an appointment. The first meeting has been held with a follow-up meeting to be scheduled.

In Hours Feedback Cards 'Success Clinic Swindon'

Following a Swindon Receptionists meeting, it was agreed from August 2019 to make feedback cards available to the 'in hours' patients for the Success Clinic at Swindon. This has meant we have received an additional 68 feedback cards in Aug-Sept 2019. The results show 97% were positive. Of the 2 which were constructive, one selected 'unsure' as their answer for two of the questions and they related to 'feeling involved in decisions' and 'understanding what would happen next'. The other one selected 'disagree' as their answer for the two questions relating to 'feeling involved in decisions' and 'being treated with dignity & respect'. Both cards were shared with the clinicians and their Clinical Lead to take forward.

ACTION: There has been a 250% increase overall in the number of surveys received in the last 6 months (of all types) compared to previously and while this is very much welcomed it has impacted our process time. For this reason we have reviewed the process and made some initial changes, with more on their way. Neither will directly affect the patient but will enables our in-house process to become manageable.

Constructive Comment Investigation Process - Example

We would really value your feedback about the GP Out of Hours Service.

Please tick the options below which you feel best reflect the experience of your appointment or home visit today.

I felt involved in decisions made surrounding my care:
☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree ☐ Unsure

I understand what will happen next:
☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree ☐ Unsure

The clinician explained my treatment clearly:
☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree ☐ Unsure

I received the support I required today:
☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Unsure

I was treated with dignity and respect:
☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Unsure

Would you recommend this service to your friends and family?
☑ Yes ☐ No

Comments & suggestions:
WAS A LITTLE CONCERNED THAT A PRESCRIPTION COULDN'T BE WRITTEN AS THEY HAD NO PRESCRIPTION PAD BUT WAS ASSURED THAT DIAMORPHINE WAS CARRIED.

"Was a little concerned that a prescription couldn't be written as they had no prescription pad but was assured that diamorphine was carried."

BACKGROUND:

- Home visit carried out on 1 September 2019 at 06.35hrs by GP.
- After consultation patient was asked to complete Feedback Card by GP which was returned to Medvivo in the pre-paid envelope provided.
- Feedback card received by Quality Team on Fri 6 September 2019
- GP had written his name on the card and date of the home visit which provided enough information to investigate.
- Case opened in the feedback section of Datix INC:3332.
- Constructive comment sent to two Clinical Leads (Tue 10 September 2019) and discussion took place.
- It was agreed for one of them to take the investigation forward
- Clinical Lead made contact with GP involved for feedback, but found he was on leave for two weeks.
- Feedback was received by Clinical Lead on 13 October 2019 from GP involved.

OUTCOME OF INVESTIGATION:

The initial concern was raised from the patient feedback in a compliment that morphine was carried. This raised concern internally that the clinician might have been carrying his own stock of medication. It turns out he was reassuring them that the car carried morphine if any more was needed for a palliative patient.
He had been unable to prescribe further supplies due to leaving the prescription pad at the base. This was a late visit and they had started unpacking the car. The Clinical Lead determined that the GP has given a satisfactory response and felt the case could be closed

ACTION:

The Clinical Lead stated in the case notes: No specific learning theme. It was unfortunate that the prescription pad was left at the base but this was an unusual incident due to unloading the car for the end of the shift then deciding to fit in another visit to avoid delay for a palliative patient, rather than waiting for the daytime GP to take over.

Urgent Care at Home

These surveys are given to Responders to hand to patients after a home visit. Apr-Sept 2019 we received 14 completed feedback cards. Interestingly 75% of the responses rated ALL areas on the card as 'strongly' agree. The areas measured are: I felt involved in decisions made surrounding my care. I felt the Responder considered their needs, responders explained their actions clearly, I received the support I required and and all patients felt they were treated with dignity & respect. 100% would recommend this service to friends and family.
ACTION: We recognise that in the last 9 months we have only received 20 completed feedback cards, therefore we have looked at other options to obtain feedback in addition to the cards. We are in the process of including satisfaction questions to our standard welfare check (which is usually carried out over the telephone)– results of this will be shown in the next report.

Complaints Process Feedback Survey

These surveys are sent in the post to all complainants 8-10 weeks following receipt of our final response letter. Complainants have the option to send it back in the post or complete the survey online following the link provided. During Jan-Jun 2019 we did not receive any responses. Therefore we revised the survey to a more succinct 7 questions across one page. We have since received one completed survey (in the new format) which told us they felt their concerns were taken seriously & the response was personal to them. At a recent Complaint Manager meeting (arranged by Wiltshire Health and Care), Great Western Hospital confirmed they send out similar surveys and in their experience if complainants are happy with the process they are much less likely to fill in the survey.
ACTION: The revised survey has only been running since July 2019. We look forward to reviewing it again in 3 months.

QR code on Poster and on 'how did we do' cards

The cards and posters are available at reception and display a QR code which enables patients to use their iPhone to provide us with feedback via a short survey held on our website. The poster is also in GP surgery waiting rooms. The questions are the same as those asked on the OOH Feedback Cards. We have received 7 responses during Apr-Sept 2019. 6 gave positive feedback and would recommend our service to family and friends. One patient offered to be part of future engagement opportunities and will be asked to join our 'Group of 50'. One of the comments was constructive but we were unable to act upon this feedback as we did not have enough meaningful information.
ACTION: We will look to amend the questions on the survey to make them specific for more meaningful data, especially when a comment is constructive. The QR codes are now being handed out to those who are 16 and over by reception – see Children's Feedback Survey section on a previous slide.

Vocare text messaging survey

Previously Vocare conducted a service user survey by asking all callers if they would be happy to take part in a survey at a future date, however the uptake from service users was minimal. Therefore Vocare implemented a text messaging service instead. During Apr-Jun 2019, 9300 text messages requesting feedback have been sent and of these Vocare have received 1132 responses (12.17%). The results are shown by disposition i.e.: Ambulance, Emergency Department, GP, Out of Hours Service and Self Care. Patients are asked to rate their satisfaction regarding Accessibility, Politeness, Reassurance, Listening, Explanation and Advice. So far the results tell us that patients, on average, are satisfied with all dispositions by rating them all 9 out of 10 or above. However, to make the information more meaningful Vocare has since included an additional comment section. The results for September have shown that adding the comment option is really valuable. They received 22 comments and 15 were positive. Of those that were constructive we could not identify a theme. One mentioned their challenges in obtaining a dental appointment and another described the lack of Mental Health services available to them.
ACTION: To ask Vocare to provide the comment feedback on a weekly basis to enable the 'compliments' to be part of Appreciative Inquiry at Risk Committee Meetings and enable us to take prompt action (wherever possible) on any 'constructive' comments.

Other methods

For comments, compliments & complaint, patients are able to send us feedback by letter, telephone, e-mail, website feedback form and via social media (Facebook & Twitter).

National Annual GP Patient Survey Results 2019

Previously we collected and reviewed the National GP Patient Survey results for 2017 & 2018 for each area: Wiltshire, BaNES and Swindon - specifically the questions relating to the GP Out of Hours Service. The results for Wiltshire gave more meaningful data as we did not provide the service for Swindon & BaNES for this period. The Wiltshire results show that for both years 38% of patients felt the service when their surgery was closed was 'very' good, compared to BaNES in 2018 of 32% and Swindon at just 22%.

We have now reviewed the comparable results for 2019:

WILTSHIRE: 79% of patients rated overall satisfaction as fairly or very good. We scored 2% higher at 40% for 'very good' compared to 2018
BaNES: 70% of patients rated overall satisfaction as fairly or very good. We scored 3% higher at 35% for 'very good compared to 2018
SWINDON: 63% of patients rated overall satisfaction as fairly or very good. We scored 7% higher at 29% for 'very' good compared to 2018

SUMMARY:

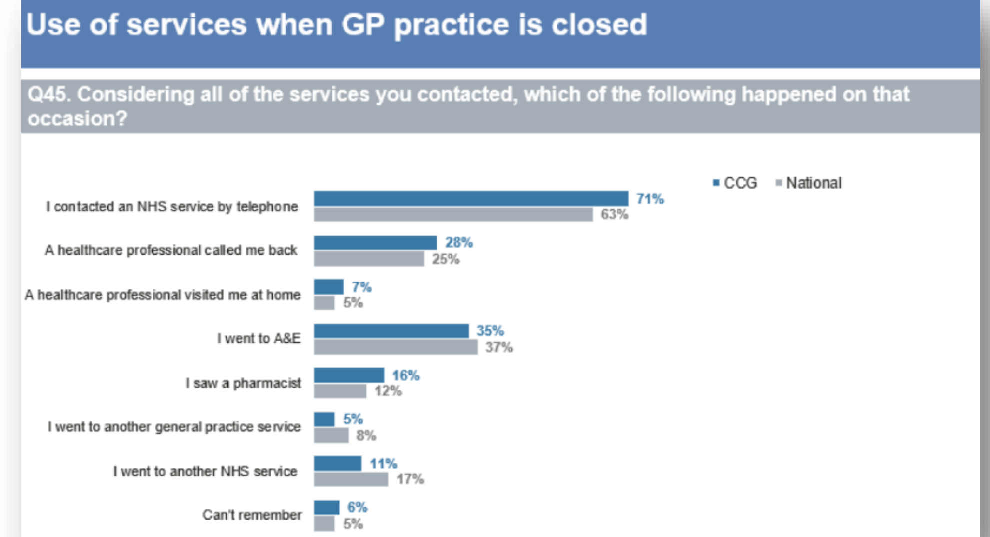
Whilst the survey is not specific to the NHS 111 and GP Out of Hours service, it does show that the majority of patients surveyed (on average 67% for our STP) had contacted the NHS service (during out of hours) *by telephone* which is our service (see BaNES chart below as an example).

The results show improvement across each commissioning area of the STP, with Wiltshire showing results that were 10% higher than the national average. We did not hold the contract for BaNES and Swindon which related to the 2018 results.

Regarding the time taken to receive care or advice when the practice is closed, in BaNES 72% & Wiltshire 74% of patients felt the length of time was 'about right' – which is higher than the national average of 66%. Swindon patients rated this at 63% - could their answer have been influenced by the challenging factors of the 'in hours provision in Swindon?

When asked if they had confidence and trust in the people they saw, 95% in Wiltshire said yes, which is higher than the national average of 91%

Finally, we have compared the Wiltshire results with Bristol, North Somerset and South Gloucestershire CCG (covered by Brisdoc) and the satisfaction results are higher for Medvivo in each area



Tedvivo supporting the project

Karen Graham (left) meeting Donna Bayliss (CCG)

LAUNCH OF WILTSHIRE RED BAG INITIATIVE

Wiltshire Clinical Commissioning Group launched a new innovative 'red bag' scheme on 1st August 2019 at Braemar Lodge in Salisbury via a Garden Party. Attended by our Access to Care Service Leads, Lynn Cook and Lynn Organ, GP Relationship Manager (Karen Graham) and Corporate Communications Coordinator (Karen Manning), we joined representatives from SWASFT, nursing/care homes, GWH and SFT to celebrate the launch of this initiative in Wiltshire.

The red bag enables a smooth handover from the care home to the ambulance and then to the hospital staff. The bag holds all of the patient's information and personal belongings together in one place, thereby ensuing all people providing care have access to appropriate information in a timely manner, reducing the risk for any loss of belongings.
There is also a "this is me" document which provides information about the patient's needs, interests, like and dislikes, helping those who are providing care to do so on a more personalised level.

It's important our clinical and response teams are aware of this initiative, particularly as they are regularly supporting patients who move between care homes and hospitals, and back again. It has been a pleasure to be involved in the project as it has developed. We have shared more details about the event on Webvivo, our staff intranet, for others to read.

SUPPORTED LIVING AT HIGHER GREEN FARM

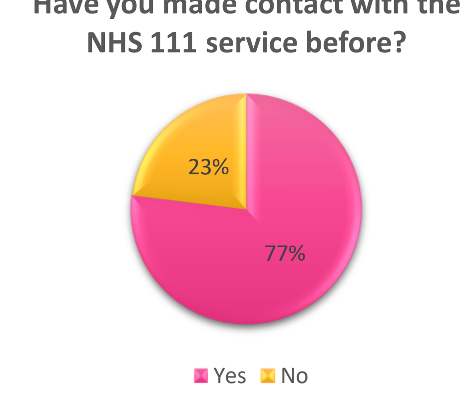
Based in Wiltshire, Higher Green Farm provides a supported living environment for young adults with special needs. Through Wiltshire Council we have been supporting their residents with our Telecare and Responder services. Recently four residents who have autism and learning disabilities moved to a shared house away from the farm, although the 24 hour support continued.

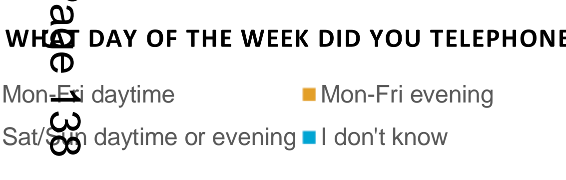
On 23 April 2019 we invited two more of their residents (also with autism and learning disabilities) to join us for tea and cake at Fox Talbot House (Chippenham) to celebrate their move into a bungalow. They will continue to receive Telecare & Responder support to help them retain their independence and to help this transition. Because they were not confident talking on the telephone, regular 'test' calls have been made by Nicky Kinge, Telecare Private Pay Service Lead (top left of first photo) so that they may gain trust in the service and feel confident to use the equipment when needed.

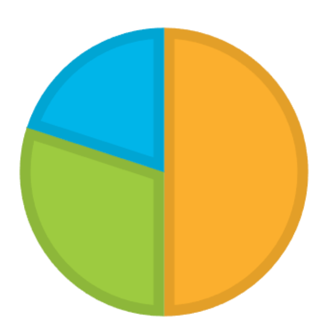
As the Responder team will be on hand to help out should the need arise, we also introduced them to members of the team.

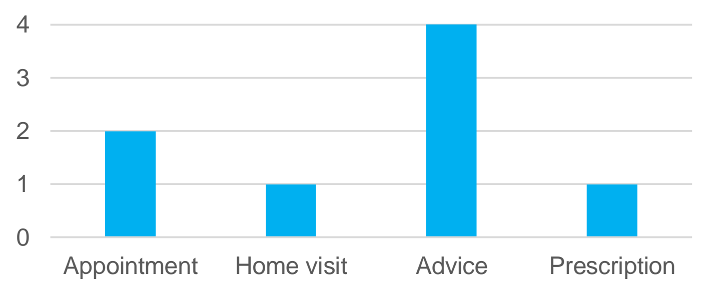
Presentation in Warminster – 16 April 2019
The Avenue Surgery Patient Participation Group Meeting

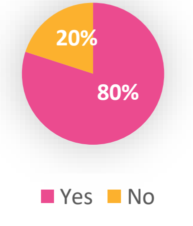
Medvivo Urgent Care Service Lead arranged for us to attend their next PPG meeting. To give an overview of Medvivo services, including NHS 111. The surgery's Practice Manager and one of the Partners was also in attendance. After answering their questions they completed a patient survey, the results are shown here.

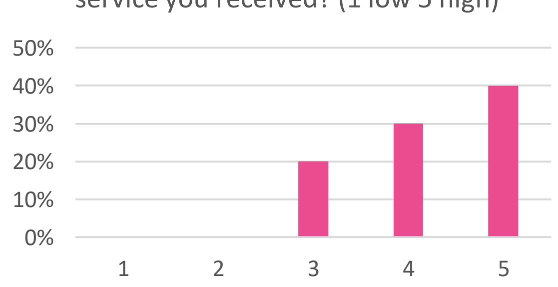


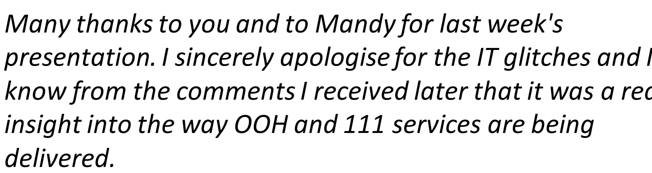












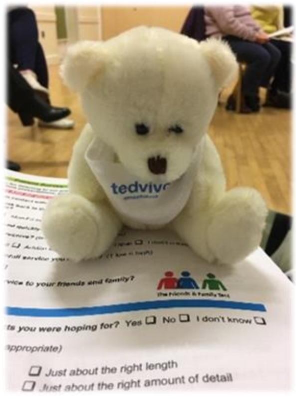
Hi Michelle

Many thanks to you and to Mandy for last week's presentation. I sincerely apologise for the IT glitches and I know from the comments I received later that it was a real insight into the way OOH and 111 services are being delivered.

Kind regards
David Reeves (24.4.19)

Avenue Surgery Patient Group (ASPG)

Dave Reeves, Chairman of the PPG with Clinical Manager (Vocare) and Patient Engagement Coordinator (Medvivo)



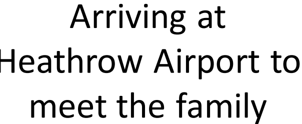
Tedvivo came along to show his support & hand out the surveys

Refugee pick up from Heathrow Airport Wiltshire Council – 19 June 2019

Medvivo is contracted to provide clinical support to Wiltshire Council as part of their resettlement scheme.

Driver (white shirt), Wiltshire Council Resettlement Scheme team member (red top), Krystle Hillier, Medvivo Nurse Practitioner/ Safeguarding Lead (closest to camera) & Michelle Coleman, Patient Engagement Coordinator (behind the camera).

16 seater Bus to take us to Heathrow to pick up a Refugee family and return them to their new home in Calne.



Arriving at Heathrow Airport to meet the family

The family: Mum & Dad, 8 year old son & 4 year old daughter. Been living in a one room apartment with their mother in law. Displaced for 60 months, moved between Syria & Lebanon. Dad experienced kidnap and torture. Once we arrived at their new home we were served Ma'moul walnut cookies (made by mother in law who they had to leave behind). Dad said: "I have not been able to provide toys for my children or allow them to go outside because it was not safe – but I have been able to give them a lot of love".

Wiltshire Council photo (Dec 2018).
Since 2015 Wiltshire has welcomed more than 100 individuals and families since the first group of Syrian refugees arrived in December 2015 and 11 babies have now been born in the county.

20.6.19

Good morning all,

I wanted this to be my first email of the day. Thank you Krystle and Michelle for joining us yesterday. Your efficiency and professionalism was tempered with such compassion, great cultural awareness and helpfulness and as always your presence added to the family's arrival in such a lovely way. Thank you for being there and we look forward to seeing you again soon.

Thanks and kind regards.

Wiltshire Council
Where everybody matters

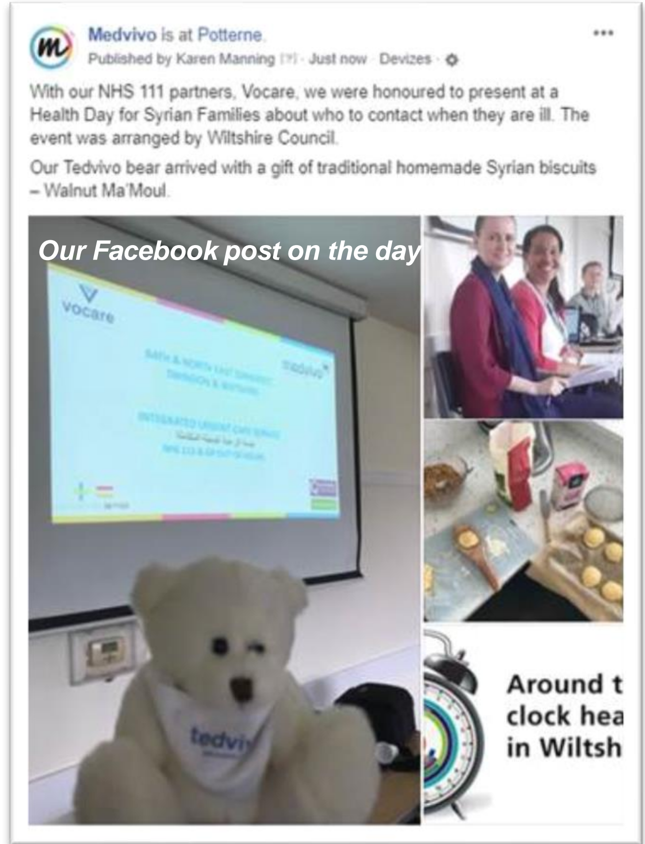
Maysun Butros
Senior Corporate Support Officer
Vulnerable Persons Resettlement Scheme

Syrian Refugee Event – Pottern, Devizes Wiltshire Council 8 July 2019

Presentation given by Krystal Hillier (Nurse Practitioner/Safeguarding Lead, Matthew Selby (Team Leader, Vocare) and Michelle Coleman, Patient Engagement Coordinator.

We were invited to attend this event by Wiltshire Council to give a presentation on what services to access and when. The Council arranged a full day of talks (with Q&A) on health related topics for the relocated families. Our objective was to make the families aware of how and where they can get healthcare services, as well as the differences between them.

We used google translate for our slides in an attempt to ease the language difficulties that would be there for some members of the audience. Maysun from the Council's Resettlement Programme was on hand to translate during the presentation. We also took with us some traditional homemade Ma'Moul Syrian cookies made by our Patient Engagement Coordinator.



After the presentation was concluded, there was a chance for questions to be asked by the families in attendance. The majority of questions asked were around the 999 service and ambulance response times. There was one query about whether an ambulance call from NHS111 would generate a quicker response from 999, but it was reassured that this was not the case and that 999 prioritise calls based on symptoms, not on who the caller was. There was also some questions regarding translation and how they would request this from the NHS111 service. It was explained that they would need to state the language required and a translation service could be provided via language line.

Leaflets were handed out towards the end on Language Line , Complaints and the Out of Hours service, so that the families (and those supporting them) had information to take away

"Thank you so much for attending…. I know the presentation (and biscuits!) went down extremely well and several attendees have told me how informative it was. ….It was also lovely to see you again which I know some of the audience really appreciated. I know your professionalism combined with cultural awareness is a huge comfort to the families above all in that all-important initial landing which is so crucial."

From Tim Burns
Commissions Manager, Wiltshire CCG

Other Engagement Activities

Swindon

SWINDON CCG PATIENT & PUBLIC INVOLVEMENT FORUM

On 25 April 2019 we attended this meeting at the Pierre Simonet Building in Swindon. The group was set up to improve patient access, experience and outcomes by ensuring members of the public play an active part in its decision making process. Current members of the group include those from mental health, carers, diabetes, older peoples health, accessibility (eye health & hearing), prevention (public health) and homelessness. At this meeting, the topics discussed were Primary Care Networks, changes in non-emergency transport provider and preparations the CCG is making for a no deal EU exit. The CCG also shared the outcome of their engagement visit to students at New College. In the future there is an opportunity for Medvivo to join the CCG on another visit to share with the students the services provided by Medvivo. We were also given information about changes to the Walk in Centre which included that Medvivo would be providing this service. This was incorrect and steps were taken after the meeting to promptly resolve this.

BaNES

AGE UK

On 3 May 2019 our Nursing Director and Patient Engagement Coordinator met Julian Kirby From Age UK, Wiltshire & Swindon who is also on the Wiltshire CCG Governing Body. During the meeting, we gave Julian an update on the services provided by Medvivo (including our Acute Liaison staff from Access to Care who go into the 3 acute hospitals, 7 days a week), together with any changes which had taken place since our last discussion with Age UK. Julian shared that Salisbury Hospital commissioned last year a 'Home from Hospital' Service from Age UK. This service has been successfully implemented by BaNES Age UK at RUH Bath and Julian is keen to replicate this at Great Western Hospital in Swindon. While it was agreed the meeting was successful it was agreed that at this moment in time there were not any joint working opportunities available but that we would meet again.
However we did agree two actions 1) Identify who our High Intensity Users were for Bath and ensure they have Age UK phone number 2) Review if we have any patients at RUH who are High Intensity Users, if so, inform Age UK. This information has been shared with those leading on our new High Intensity User contract.

Wiltshire

WILTSHIRE CARE PARTNERSHIP

On 2 May 2019 Krystle Hillier (Nurse Practitioner & Safeguarding Lead) gave a presentation with Mandy Bowpitt (Vocare Clinical Services Manager). The purpose of the talk was to inform members of residential and nursing homes the role of Integrated Urgent Care Service with NHS 111. The audience asked questions regarding our Health Professional Line (when could they use it) and asked advice about specific cases. We were also asked to elaborate on the different categories of ambulance. Following this meeting, where there wasn't time to hand out the presentation feedback form, we decided to make the survey into an online version so that for future engagement events we would be able to e-mail the survey for attendees to complete. This will also be a good option for those who prefer to think about their answers beforehand filling in the survey.

Swindon

SWINDON HEALTHWATCH

On 21 May 2019 our Patient Engagement Coordinator attended a meeting with Carol Willis, Team Manager, at Sanford House in Swindon to discuss any joint working opportunities. Carol shared the work they are doing regarding 'enter & view' visits (9 in total) and their NHS Long Term Plan Survey. Carol said they had received 643 survey responses, 230 of these were from Swindon. Comments were made about the NHS 111 service and Carol agreed to share these with us once the analysis has been done. Healthwatch is keen to work with Medvivo (for a fee) and gave the example of the client survey and report they worked on with Threshold in Swindon regarding the Homeless. Carol agreed to send their core offer costs and I would discuss it further with a member of the Executive Management Team. This has been done and we do not currently have the budget to support this.

CQUIN updates

Our Commissioners have incorporated three areas into CQUINs. More information can be found in the separate methodologies shared during Q1 submission. Here is a brief summary for each so far. Final developments will be shared in the end of year report.

Always Event®

"Always Events® are defined as "those aspects of the patient and family experience that should ***always occur*** *when patients interact with healthcare professionals and the healthcare delivery system".*

We have created a survey based on the NHS England Toolkit to find out from our service users, who arrive for an appointment at 3 of our 10 bases, what matters to them most (one base for each commissioning area).

The survey has been created in conjunction with our reception staff and has been tested by two (real) patients to ensure the questions were understandable, appropriate and not too onerous. It has also been tested by members of the Reception Team. The questions in the survey are:

Q1 - What was most important to you during the appointment booking process?
Q2 - What is important to you while you wait for your appointment to be seen?
Q3 - What is most important to you that happens during the consultation?
Q4 - What is most important to you after the consultation?
Q5 - Of all the things you have shared with us today - **What Matters to You Most?**".

We have also included demographic questions to ensure we are able to demonstrate asking a wide range of patients, with the aim for it to represent our service population. Since 31 October 2019, we have service user demographic data from Power BI which will help inform our survey reach.

The survey has been designed to fit on an iPad which the service user (carer/family member) can independently fill in themselves or by a member of staff. We have completed a DPIA, which has now been signed off by our Compliance Team to ensure GDPR data risks are removed or significantly reduced.

ACTION PLAN:

GANTT CHART 2019/2020

Project: 'Always Event'	Nov	Dec	Jan	Feb	Mar	Apr	May
Carry out the Survey	Survey	Survey					
Analyse the results		Analyse					
Compare results to the existing feedback		Analyse					
Identify common themes		Other					
Create 3 proposals which could 'always happen'		Other					
Share proposals with Medvivo wider team for their feedback			Survey				
Share proposals with our Group of 50 ask for their feedback via a survey			Survey				
Analyse the results			Analyse				
Identify what the one 'always event' will be			Other				
Choose one area of the service to test the 'always event'			Other				
Provide guidance/training and implement				Other			
Obtain their feedback				Survey			
Analyse the results					Analyse		
Amend the 'always event'					Survey		
Full implementation of the 'always event'					Survey		
Write end of year report							Other
Key	Survey	Analyse	Other				

Group of 50

The roots of the Group of 50 concept grew from a discussion with NAPP (National Association of Patient Participation), who provide support to primary care patient participation groups. The survey can be about satisfaction with the service, or to ask for views on proposed service changes. Medvivo took this idea, expanded on it, and agreed to set up its own 'Group of 50' across the three commissioning areas.

At Engagement Events, service users have started to be asked if they would like to join the group. This question is also included at the bottom of our online patient satisfaction survey. When we need to reprint our Feedback Survey cards, this question will also be included.

We have set up an area in 'Huddle' for members of the Group to access, once the group goes 'Live'. We have reviewed the name of the group and have decided to keep the name simply as Medvivo Group of 50. Logo options for the group have been created. We have started to compile contact details from those who have already expressed an interest in joining the group. We have discussed the format of a patient newsletter we will create and send to members of the group on a quarterly basis.

We have been provided with new service user demographic data from Power BI which will help inform the 'types' of patients who will be needed for the group to ensure it matches our patient population spread.

ACTION PLAN:

GANTT CHART 2019/2020

Project: Group of 50	Nov	Dec	Jan	Feb	Mar	Apr	May
Complete and sign off DPIA							
Write Terms of Reference for the group							
Create simple joining forms (with demographic information)							
Make Group of 50 information available on Website							
Share Group of 50 on Webvivo for the wider Medvivo Team							
Send introduction e-mail to current contacts to formally invite them							
Send 'Always Event' survey to current members							
Up-date all feedback cards to include joining option to Group of 50							
Up-date members the outcome of 'Always Event' survey							
Review demographics of current members identify what is missing							
Actively target 'missing' groups of patients to ask to join the group							
Ask members what they would like to see included in a patient newsletter							
Produce first quarterly patient newsletter 1.4.20							
Write end of year report							
Key	Member contact	Prior to going Live	Going live	Other			

Appreciative Inquiry

Appreciative Inquiry (AI) is a change management approach which focuses on identifying what has gone well, analysing why it is working well and then making changes to build on this success. Medvivo have introduced Appreciative Enquiry in two ways:

Quality Committee Meetings

A case study which describes something that has gone well is prepared for each meeting (via power point presentation).

After discussing the case we agree as a group a) what went well and b) what can we do to build on this good work.

During Apr-Sept 2019, 4 cases have been discussed. The topics have been:

- Access to Care supporting a Vulnerable Adult
- OOH GP resolving medication concerns for End of Life patient
- Complaints process (case was not upheld)
- Supportive measures for a member of staff with dyslexia while completing the Care Certificate

We have encouraged cases to be presented by different departments to spread the learning and understanding of Appreciative Inquiry throughout Medvivo. At the end of each meeting actions are agreed, recorded and reviewed at the next meeting.

More detail will be shared in the year end report.

Risk Committee Meetings

Compliments received the previous week from service users, via prompted methods (feedback cards & survey's) and unprompted methods (thank you cards, phone calls & other messages) are collated and the totals are presented via a pie chart to the Risk Committee and discussed as part of Appreciative Inquiry, which is placed on the agenda at the end of the weekly meeting.

For each service, the most noteworthy compliments are individually presented and during the meeting we discuss if there is anything we could do to build on this good work. Some compliments do not provide enough specific information to enable us to 'build upon' but they do demonstrate occasions where the patient was very satisfied, which the team very much appreciate.

All actions are noted during the meeting and the Patient Engagement Coordinator, outside of the meeting, ensures they are completed.

Since 12 September 2019 we have also introduced a weekly Risk Committee Award so that each week the Risk Committee chose the most impressive compliment (voted by show of hands) and the person/team are awarded a certificate from the Risk Committee (see example on the left). A photo of them receiving the award is shared on Webvivo (intranet) and the certificate is put on display in reception at FTH. Since 1 November 2019, it was decided the award would become monthly, with the best compliments from each week being put to the monthly vote.

Staff have received the introduction of the award really well and it has promoted more general discussion around 'good work'.

More information will be shared about Appreciative Inquiry at Risk Committee in the year end report.

Thematic End to End Review

Thematic End to End Reviews were first introduced at Medvivo in October 2018. A methodology paper explains the process.
The key purpose of Thematic Review:

"Identify, investigate, share learning and respond to issues raised within the Integrated Urgent Care Service. This is with the inclusion of external partners across the system. The process takes into account the whole service user journey from the first to last contact, including all contacts and involvement by each healthcare provider organisation."

Topics are chosen in response to themes or specific cases identified through the Medvivo Feedback reporting process and issues raised by partners and stakeholders. Cases are often complex and are multi factorial. The meetings are held for 2 hours, 4 times per year and 1 or 2 cases are discussed at each. Attendees are provided with an Information pack and call recordings are listened to during the meeting.

On average 10 people attend the meeting from Medvivo (multi-disiplinary) and 2 from our Vocare our NHS 111 Partners. Relevant external organisations have been invited to attend and in the last year these have included:

- **Commissioners - Wiltshire CCG Quality**
- **Chief Officer Community Pharmacy**
- **Ladymead Care Home**
- **Paramedics from SWAST (Ambulance Service)**
- **Avon & Wiltshire Mental Health Partnership**
- **Senior Community Nurse**

An example of key learning/action points from the meetings have included

- MDT meeting held with a patients own GP
- Further understanding of Mental Health Crisis Team and Mental Health service information provided to Medvivo staff
- Further exploration of case with clinician involved after the meeting (Medvivo & external organisation staff)
- Commissioners reviewing with Primary Care Networks regarding handling of abnormal blood results after 18.30 hrs
- Medvivo prioritising abnormal lab results earlier in the evening, wherever possible
- Medvivo Paravan to now carry an Oysta for personal safety
- Medvivo flu break out in Care Home process enhanced & feedback shared with Public Health
- Directory of Service incorrect for Swindon for which pharmacies can provide emergency supply of medication
- NHS 111 changed phrase used when talking with patients about 'emergency supply' of medication
- Medvivo staff provided with clarity on Frasier and Gillick competencies when dealing with emergency contraception requests.
- Commissioners ensuring Care Homes have the direct number for our Health Professional Line, rather calling NHS 111.
- NHS 111 to review mapping process for District Nurse requests

In summary - we have found it a challenge to encourage other organisations to engage but once they do they have provided excellent feedback. An extra benefit of talking through a case with external organisations is the better understanding of process and systems we all gain, which ultimately improves the patients journey going forwards in all partner organisations.

Our Quality Priorities 19/20 - Priority 3

Priority 3 -Develop and continually review our Antimicrobial Stewardship and prescribing to improve patient outcomes

Appropriate prescribing of broad spectrum antibiotics in out of hours urgent care

Broad-spectrum antibiotics are invaluable in the control of modern healthcare-associated infections (HAIs); however, limiting their overuse represents an equally important means of preventing **healthcare associated infections** that are increasingly caused by multidrug-resistant organisms.

We receive data from the CCG about the Broad Spectrum Antibiotic prescribing that we undertake.

The CCG data indicates that about 12% of the antibiotics prescribed OOH are Broad Spectrum.

More than 40% of the prescriptions during OOH are antibacterial agent related, this is due to the nature of the work we provide.

We constantly monitor our prescribing of broad spectrum antibiotics as part of an annual programme using Clinical Guardian.

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Broad Spectrum Antibiotics - Priority 3

Broad Spectrum Antibiotic audits during Q1 & Q2.

These include auditing 30 consultations where patients were prescribed:

- **Ciprofloxacin** (May) 55% matched best practice: Educational intervention and repeat audit in 3 months
- **Co-amoxiclav** (June) 77% matched best practice: Results published on intranet, to re-audit as per schedule
- Repeat of **Ciprofloxacin** (August) 60% matched best practice: To target intervention with highest prescribers and repeat in 3 months
- **Trimethoprim** (Aug) 57% matched best practice: Educational intervention and repeat audit in 3 months
- **Cefalexin** (Sept) 80% matched best practice: Results published on intranet, to re-audit as per schedule

We audited 2,769 consultations during Q1 & Q2 and provided feedback to clinicians if not prescribing as per the formulary.

To Dip or Not to Dip – Priority 3

‘To Dip or Not to Dip’

The dip or not to dip is a programme linked to the NICE Quality Standard on diagnosing infections in the elderly. This is particular important for managing patients living in care homes. Its key recommendation is to improve antibiotic use in frail older people by:

- Recognising sepsis
- Increasing understanding about asymptomatic bacteriuria
- Reduction of dipstick use in over 65s

To Dip or Not to Dip - Priority 3

- In Quarter 1 we developed an audit tool to measure compliance with guidance
- In Quarter 2 we audited 10 cases. Going forward we will audit 15 each quarter and this will form part of the CQUIN and LIS data
- We are working with our Informatics Team and with Microsoft Software called Power BI and should soon be able to measure compliance with ‘To Dip or Not to Dip’ for all those over 65yrs with a diagnosis of UTI.
- We are working with the CCG to provide clinicians and scenarios at an event aimed at Nursing Home Education. Planned for 12/02/20. Our sepsis Champion Dr Step Ansel will be spending the day talking with care home staff and ensuring they understand what happens if they dip urine and give a result to a GP working in urgent care.
- We recommend to our clinicians to avoid the use of antibiotics if a care home staff member calls with a positive dipstick but the person is asymptomatic.
- Other reasons for confusion in older frail patients are considered by using:
  - **PINCH ME**
  - (**P**ain, other **I**nfection, poor **N**utrition, **C**onstipation, poor **H**ydration, other **M**edication, **E**nvironment change.)
- All of this information is made available to our staff through induction, AMS e-learning, staff intranet and weekly Clinical Digest

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Priority 3

To support the work for priority 3 our Antimicrobial Stewardship Committee has been crucial in supporting the following initiatives:

Education

We have just updated our Antimicrobial Stewardship e-learning which now includes scenarios and case studies from the TARGET Toolkit.

During Q1 & Q2 we audited 2769 consultations via our auditing software Clinical Guardian. Auditors provide feedback in relation to Antimicrobial Stewardship on cases where it is needed.

We have provided articles as resources for our clinicians which have been published on the staff intranet and sent to them in our 'Clinical Digest' communication.

Future developments

We are currently working with our Informatics team to create AI audits of acute sore throat consultations against NICE Guidance with Power BI. This will allow us to see live data on for instance: how many consultations resulted in a prescription? How many consultations features a FeverPain score? And what was prescribed? We will also be using Power BI in our audits for 'To Dip or Not to Dip', and to monitor the use of NEWS2 and PEWS scoring.

We have also been asked to participate in Antimicrobial Stewardship OOH research by Imperial College and have agreed and are awaiting further information.

What next?

Planned audits:

- Amoxicillin in under 12yrs (Nov)
- Repeat Ciprofloxacin (Dec)
- NG84 NICE Guidance on acute sore throats via Power BI (Jan)

Evidence of Antimicrobial Stewardship Activity

Ciprofloxacin Audit - April 2019

Watch | Favourite | Print

Published:07/08/2019 Last Updated:07/08/2019

Supporting report following the audit on ciprofloxacin prescribing.

The audit on ciprofloxacin prescribing carried out in April this year identified 14 cases which failed to adhere to best practice guidance, 8 of which related to the treatment of acute pyelonephritis. NICE guidance on the treatment of acute pyelonephritis does not specify a first line antibiotic for this condition but lists the following as first choices for men and non-pregnant women aged 16 years and over; cefalexin, co-amoxiclav, trimethoprim and ciprofloxacin. NICE advise to use co-amoxiclav and trimethoprim only if culture results are available and confirm susceptibility to these agents. NICE further advise to consider safety issues when using ciprofloxacin. It is therefore reasonable to conclude that the most appropriate first line agent for acute pyelonephritis in the out-of-hours setting is cefalexin (provided there are no contraindications or history of penicillin sensitivity).

The committee discussion on the choice of antibiotic cites E.coli resistance to the 4 antibiotics recommended as first choices. Responsible for 60-80% of cases, E.coli is the main causative organism of acute pyelonephritis. The national E.coli resistance based on urine specimens are; 9.9% for cefalexin, 10.6% for ciprofloxacin, 19.8% for co-amoxiclav and 30.3% for trimethoprim. This data further supports the use of cefalexin as the first choice antibiotic where clinically appropriate.

Ciprofloxacin remains a valuable option for the treatment of acute pyelonephritis and the committee agreed that it should remain a first-choice option to cover what can be a complex infection given that resistant gram-negative organisms are of particular concern in this condition.

It is important to note however that fluoroquinolones such as ciprofloxacin have safety concerns which need to be considered when prescribing. Following an EU-wide review of the safety of fluoroquinolones, new restrictions and precautions were implemented for their use. In March this year the MHRA highlighted these in its Drug Safety Update.

Trimethoprim and UTIs

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Published:Today Last Updated:Today

Authored By Lubna Ali
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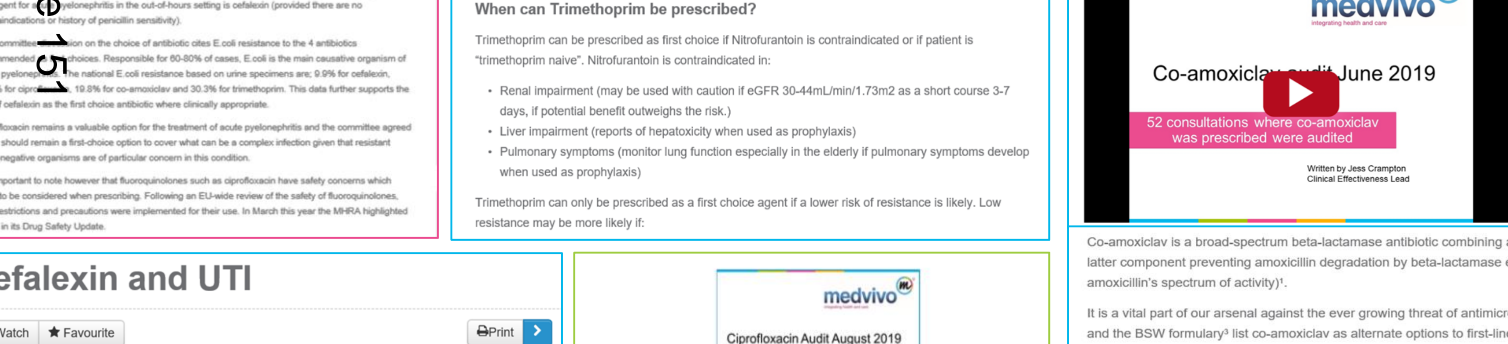
Trimethoprim Audit - August 2019

Why Trimethoprim should NOT be routinely prescribed for UTIs.

Currently, Trimethoprim has high rate of resistance and therefore should not routinely be prescribed as first choice for the treatment of UTI. The NICE committee discusses that based on evidence there are no major differences in clinical effectiveness between classes of antibiotics, however they have agreed that minimising the risk of resistance should largely drive the choice of antibiotic.

Resistant bacteria in UTIs is most concerning and therefore, best practice includes: checking any previous urine culture and susceptibility results; antibiotic prescribing should always be checked and antibiotics chosen accordingly. In the OOHs, instant access to MSU may prove to be difficult and therefore option to call microbiology to check previous sample can help with appropriateness of the antibiotic. Generally, a narrow spectrum antibiotic should be used as a first choice and broad-spectrum antibiotic reserved for second choice when narrow spectrum antibiotics are ineffective. Broad-spectrum antibiotics (e.g. co-amoxiclav, quinolones and cephalosporins) should be avoided as they increase the risk of *clostridium difficile* infection, MRSA and resistant UTIs.

The following table shows *E. Coli* NOT susceptible to antibiotics in South West Q1 2019.



E. Coli not susceptible to Antibiotics E Coli (Urinary)	E Coli (Urinary)	
	SW	England
Nitrofurantoin	2.8%	2.5%
Trimethoprim	27.8%	29.3%
Pivmecillinam	5.9%	7.0%
Cefalexin	7.8%	9.8%

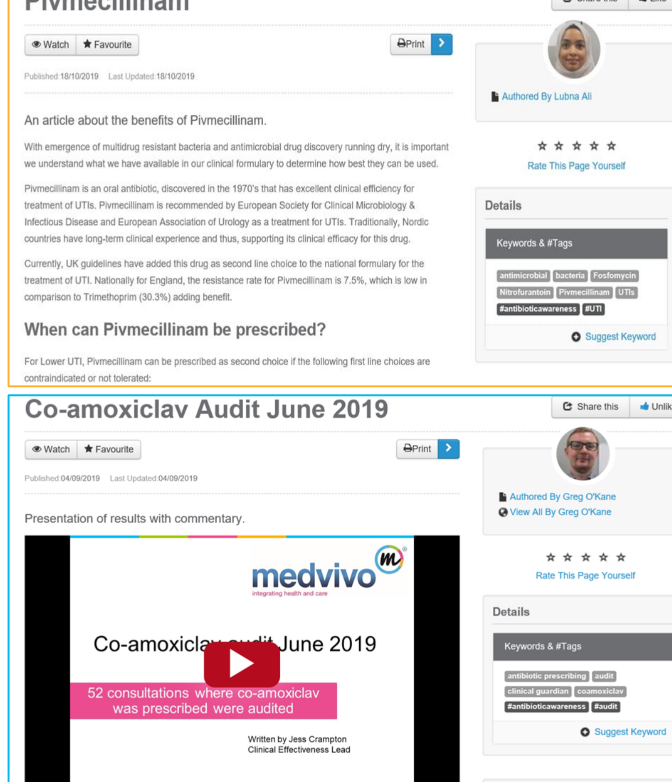
Currently, Trimethoprim has a significant higher resistant rate in comparison to other antibiotics in the local formulary for UTIs. Prescribers should be aware of local resistance data as it varies from area to area. Using local resistance data is a good tool when making prescribing decisions for empirical treatment and observing resistance trends in each area that are likely to change again in the future.

When can Trimethoprim be prescribed?

Trimethoprim can be prescribed as first choice if Nitrofurantoin is contraindicated or if patient is "trimethoprim naive". Nitrofurantoin is contraindicated in:

- Renal impairment (may be used with caution if eGFR 30-44mL/min/1.73m2 as a short course 3-7 days, if potential benefit outweighs the risk.)
- Liver impairment (reports of hepatoxicity when used as prophylaxis)
- Pulmonary symptoms (monitor lung function especially in the elderly if pulmonary symptoms develop when used as prophylaxis)

Trimethoprim can only be prescribed as a first choice agent if a lower risk of resistance is likely. Low resistance may be more likely if:



Pivmecillinam

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Published:18/10/2019 Last Updated:18/10/2019

Authored By Lubna Ali

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Keywords & #Tags

antimicrobial | bacteria | Fosfomycin | Nitrofurantoin | Pivmecillinam | UTIs | #antibioticawareness | #UTI

Suggest Keyword

An article about the benefits of Pivmecillinam.

With emergence of multidrug resistant bacteria and antimicrobial drug discovery running dry, it is important we understand what we have available in our clinical formulary to determine how best they can be used.

Pivmecillinam is an oral antibiotic, discovered in the 1970's that has excellent clinical efficiency for treatment of UTIs. Pivmecillinam is recommended by European Society for Clinical Microbiology & Infectious Disease and European Association of Urology as a treatment for UTIs. Traditionally, Nordic countries have long-term clinical experience and thus, supporting its clinical efficacy for this drug.

Currently, UK guidelines have added this drug as second line choice to the national formulary for the treatment of UTI. Nationally for England, the resistance rate for Pivmecillinam is 7.5%, which is low in comparison to Trimethoprim (30.3%) adding benefit.

When can Pivmecillinam be prescribed?

For Lower UTI, Pivmecillinam can be prescribed as second choice if the following first line choices are contraindicated or not tolerated:

Co-amoxiclav Audit June 2019

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Published:04/09/2019 Last Updated:04/09/2019

Authored By Greg O'Kane
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Details

Keywords & #Tags

antibiotic prescribing | audit | clinical guardian | coamoxiclav | #antibioticawareness | #audit

Suggest Keyword

Presentation of results with commentary.

Co-amoxiclav is a broad-spectrum beta-lactamase antibiotic combining amoxicillin and clavulanic acid (the latter component preventing amoxicillin degradation by beta-lactamase enzymes thereby extending amoxicillin's spectrum of activity)[1].

It is a vital part of our arsenal against the ever growing threat of antimicrobial resistance. NICE guidance[2] and the BSW formulary[3] list co-amoxiclav as alternate options to first-line agents for several infections, usually recommended when narrow-spectrum agents have proved ineffective or are inappropriate (due to allergy, contraindication or sensitivity analysis). The exception to this is for the treatment of facial cellulitis and animal/human bites where co-amoxiclav is recommended first line. Guidance issued on the management of infections in primary care advises to avoid the use of broad spectrum agents such as co-amoxiclav as they increase the risk of MRSA, resistant UTIs and *Clostridium difficile*[3].

In June this year there were 139 consultations across Medvivo which resulted in a prescription for co-amoxiclav. Of these, 52 were randomly selected from Clinical Guardian and audited. Of the audited cases, 40 (76%) resulted in the most appropriate antibiotic being prescribed while in the remaining 12 cases (24%) an alternative antibiotic would have been more appropriate.

This is reassuring and confirms that in the majority of cases we are prescribing co-amoxiclav appropriately. Interestingly, formulary guidance was only adhered to in 33% of cases but on further examination by the Audit team it was concluded that overall 76% of cases resulted in appropriate prescribing. This demonstrates the importance of clear documentation and rationale when deviating from recommended guidance.

Cefalexin and UTI

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Published:Yesterday Last Updated:Yesterday

Result of the Cefalexin Audit carried out in September 2019.

We completed an audit of 30 cases where Cefalexin was prescribed during September.

The single biggest finding was that it was prescribed 5 times for a straightforward UTI when Nitrofurantoin or Pivmecillinam would have been a more appropriate choice.

You can find the local antibiotic guidelines here: https://prescribing.wiltshireccg.nhs.uk/prescribing-guidance-by-bnf-chapter/infections

Below is a presentation which describes the audit results in more detail.

It is however important to note that Ciprofloxacin was prescribed only 35 times in August, during this time Medvivo provided 15,229 consultations, which is still a low prescribing rate. Due to the poor results of the audit in August, we will be repeating it in December 2019 after our interventions, and we hope to see an improvement.

One of our OOH Pharmacists Greg O'Kane produced an informative article about Ciprofloxacin following the last audit: Ciprofloxacin Audit - April 2019.

And here are the latest local antibiotic guidelines: Management of Infection Guidance

Please let me know if you have any queries.

New Audit to Replace Asthma

Our Quality Account states that Medvivo would continue to audit Asthma throughout 19/20.

However, during the negotiations with the CCG for new CQUINs in Year 2 it was agreed that the topic of acute back pain was a more appropriate piece of work in urgent care.

Going forward we will therefore audit against best practice guidance as follows:

"Service users over 16, with new acute lower back pain and sciatica will be assessed, symptoms explored and managed in line with current national standards and guidelines"

Quality Priorities 19/20 - Priority 4

Priority 4 - Improve the health and wellbeing of our staff and continue to develop them with the right skills for the right people in the right place at the right time

Medvivo last surveyed its employees in June 2018. Employees told us they wanted:

1. Improved line management
2. Improving patient engagement
3. Improvements to our working environments

In response Medvivo has:

- Invested in a bespoke Leading Together programme delivered by True North for all team leaders and line managers
- Developed the Medvivo Manager Competencies Framework which is supported with 15 bite-sized courses to increase line managers skill set
- Introduced mandatory one to one meetings for all staff to improve communication and encourage open two-way conversations about work, development and wellbeing
- Employed a Patient Engagement Coordinator, Michelle Coleman, who started in November 2018. Michelle's sole focus is improving our engagement with our service users
- Installed noise absorption panels placed within the telecare area at FTH
- Secured the use of the top car park at FTH
- Completed remedial build work at the Dorchester office
- Set up a new responder base in Amesbury
- Sourced a new fleet of vehicles

Staff Survey Results- Priority 4

Medvivo undertook the 2019 staff survey in June 2019.

We have seen an increase in positive responses to 20 of our questions this year including 3 of the 4 line manager questions.

The response rate has also increased this year from 47% to 55% showing further engagement with the survey and its actions.

Survey Results			**% Positive** **Medvivo 2019**
Say	01	I would recommend my organisation as a great place to work?	79%
	02	I feel committed to the organisations goals	86%
Stay	03	I feel a strong sense of belonging to my organisation	68%
	07	I am proud to work for this organisation	81%
Strive	04	Working for my organisation makes make me want to do the best job I can	85%
	06	My organisation motivates me to go beyond what I would in a similar role elsewhere	57%
Employee Engagement Index			**76%**

Staff Survey Results- Priority 4

Survey Questions			% Positive
Say	01	I would recommend my organisation as a great place to work?	79%
	02	I feel committed to the organisations goals	86%
Stay	03	I feel a strong sense of belonging to my organisation	68%
	07	I am proud to work for this organisation	81%
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	06	My organisation motivates me to go beyond what I would in a similar role elsewhere	57%
Employee Engagement Index			**76%**

The number who responded positively to all 6 of these questions (and therefore can be seen as "fully engaged" respondents) was 106, representing 47% of the total number of respondents. No staff responded negatively to all questions and therefore can be seen as "fully disengaged".

82 14 4

Staff Survey Results- Priority 4

Personal Development

Section Average:

61% positive

		% Positive	% Neutral	% Negative	% Positive 2019	% Positive 2018
16	Have you had received any training, learning or development in the last 12 months aside from Mandatory training?	54	3	43	54%	76%
17	The training I received; helps me to do my job more effectively	69	25	7	69%	85%
18	It helps me stay up to date with professional requirements	69	26	4	69%	83%
19	It helps me deliver a better patient / service user experience	67	27	6	67%	87%
20	My line manager is receptive to training opportunities	64	32	4	64%	73%
21	There are sufficient opportunities for training and development	55	26	18	55%	62%
22	I have sufficient time to undertake the training I require	47	31	22	47%	n/a

82 14 4

Staff Survey Results- Priority 4

Communication

Q	Statement	% Positive / % Neutral / % Negative	% Positive 2019	% Positive 2018
13	I feel supported by my line manager and senior staff	78 / 13 / 9	78% ↑	70%
43	Immediate line managers encourage you to work as a team	75 / 19 / 7	75% ↑	73%
44	Regular and clear feedback about your work is provided	64 / 18 / 18	64% ↑	58%
45	Line managers are supportive in a personal crisis	82 / 14 / 4	82% ↑	67%

Section Average:

66% positive

Health & Wellbeing

Q	Statement	% Positive / % Neutral / % Negative	% Positive 2019	% Positive 2018
55	My line manager recognises and acknowledges when I have done my job well	73 / 23 / 5	73%	n/a
56	I feel valued and recognised for the work I do	65 / 20 / 15	65%	n/a
57	Considering my duties and responsibilities, I am satisfied with the total reward package I receive	49 / 22 / 29	49%	n/a

Section Average:

62% positive

Happiest Workplace Winners 2019

We are proud to be
Happiest Workplace Winners 2019 as awarded by Laughology

THANK YOU

CONTACT

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Wiltshire Safeguarding Adults Board

Annual Report 2018 – 2019

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Appendix 2. Multi-agency dashboard 2018-2019 and key data

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.

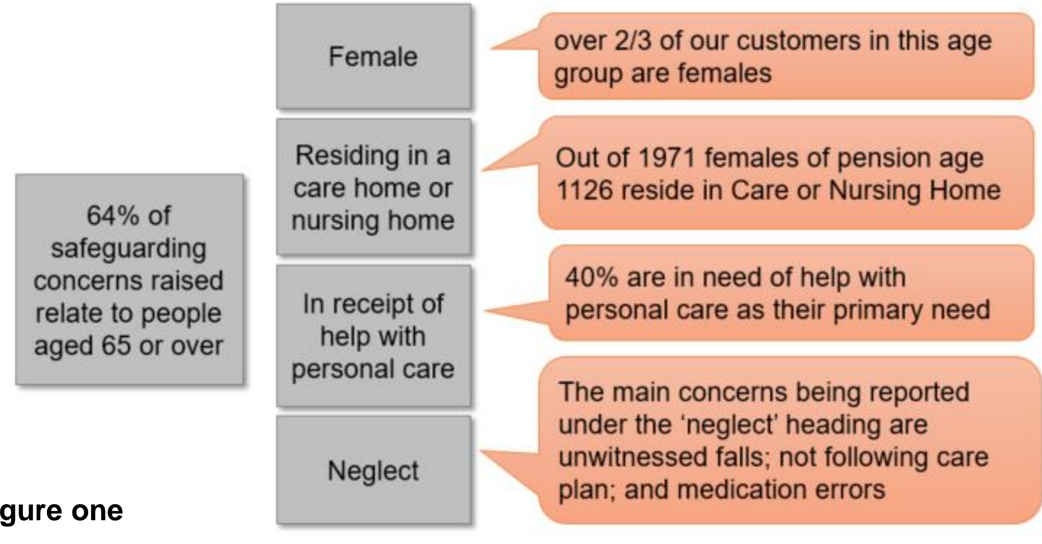


Figure one

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

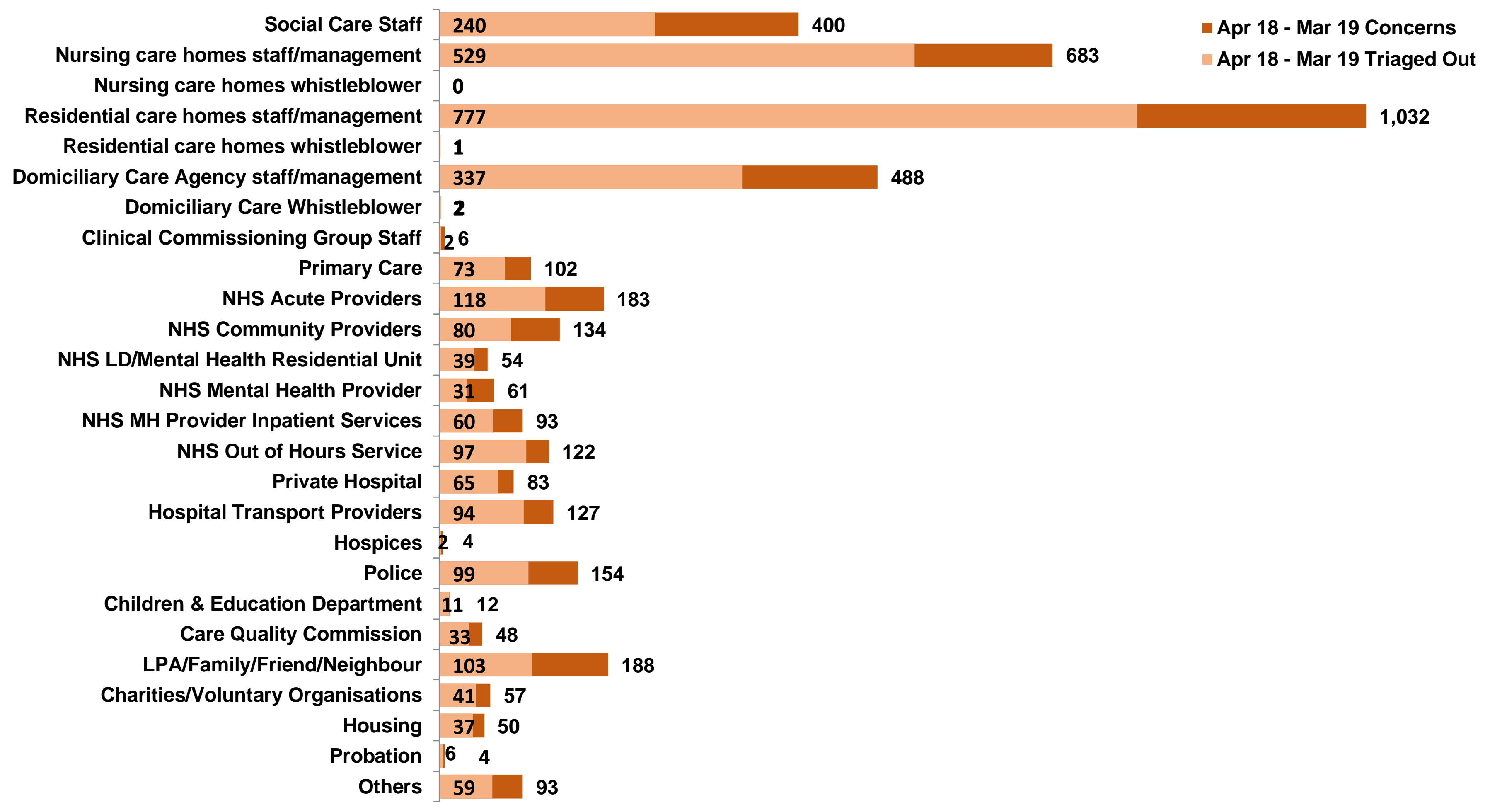
(Sources: Wiltshire Police, Wiltshire Council Safeguarding Adults Team, Public Protection and Public Health)

	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)

Sources of Concerns

Concerns raised (figure C)

Type of abuse by setting (at the Concern stage)

April 2017 - March 2018

0 500 1000 1500 2000 2500

At home

Nurs Home

Res Home

Other

Hospital

Discriminatory
Domestic Abuse
Financial
Modern Slavery
Neglect/ Omission
Organisational
Physical
Pschyological/ Emotional
Sexual
Sexual Exploitation
Self Neglect

April 2018 - March 2019

0 500 1000 1500 2000 2500

At home

Nurs Home

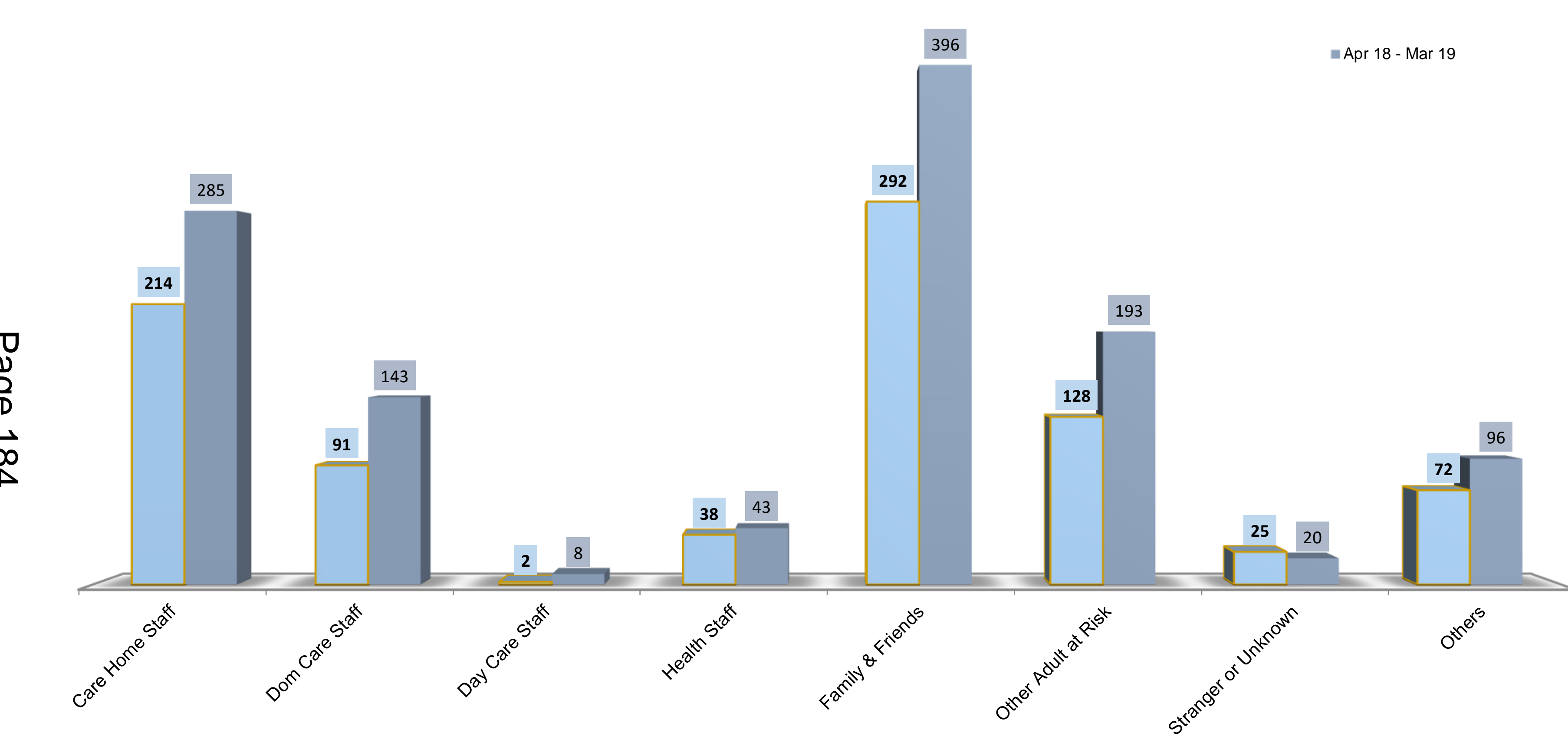
Res Home

Other

Hospital

Discriminatory
Domestic Abuse
Financial
Modern Slavery
Neglect/ Omission
Organisational
Physical
Pschyological/ Emotional
Sexual
Sexual Exploitation
Self Neglect

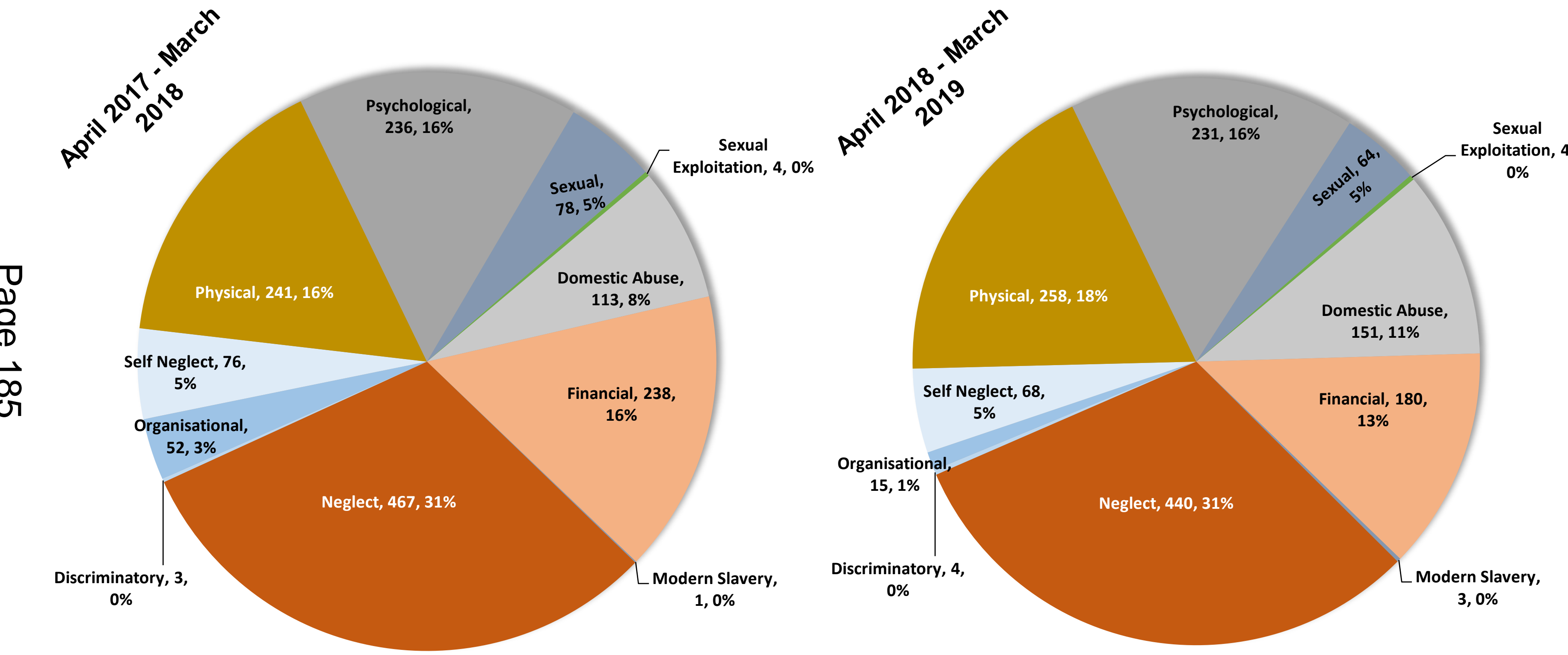
Enquiries (figure D)



Enquiries

Type of alleged abuse (figure E)

Type of abuse



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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 Council

Health Select Committee

14 January 2020

Task Group Update

Purpose

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

1. Child and Adolescent Mental Health (CAMHS) Task Group

Membership:

Cllr Phil Alford (Chairman)
Cllr Clare Cape
Cllr Gordon King
Cllr Fred Westmoreland

Supporting Officer: Natalie Heritage

Terms of Reference:

That the CAMHS Task Group:

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

Recent Activity

The CAMHS Task Group met on 10 December to look at governance arrangements, the CAMHS Improvement Plan and the NHS's Benchmarking report.

The Task Group learnt of and discussed the various levels and layers of scrutiny provided within the CAMHS model. The local level arrangements relate to the monthly CAMHS contract review meetings. Alongside this, Oxford Health (the CAMH service provider) also have their own governance structures; one of these being Task and Finish groups, who focus on specific areas of service delivery, for example, the work of psychiatrists. The Oxford Health Trust also has a Project Board and all the local areas where Oxford Health delivers CAMHS, report into this Board.

As CAMHS in Wiltshire also spreads across BANES and Swindon, the members discussed the importance of sustaining place-based scrutiny of services for Wiltshire. The CCG's interim Director of Community and Joint Commissioning attended December's meeting and assured that her role was to help maintain scrutiny of place-based services.

Additionally, the members discussed CAMHS' new Case Management Tool, although still in its early days, this system is partly intended to ensure that children/young people across BANES, Swindon and Wiltshire receive parity of care.

In regard to the Improvement Plan, this document sets out how CAMHS is working on enhancing the service that it delivers. Regular updates on the plan's progress are required to be submitted to both the monthly contract review meetings, as well as to the Project Board.

When considering national statistics from the NHS, Wiltshire's progress was evident. For example, the average waiting time from referral to assessment is nine weeks, whereas in Wiltshire this figure is five weeks (or seven weeks according to year-to-date data). The NHS have highlighted that demand is outstripping supply and in response, have committed to expanding the workforce.

The Task Group are next due to meet in February, where they will discuss outcomes-based commissioning and whether waiting times have improved, since the re-commissioned CAMHS model has been implemented.

Proposal

1. **To note the task group updates provided.**

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