Wiltshire Council
Where everybody matters

AGENDA

Meeting:	**HEALTH AND WELLBEING BOARD**
Place:	Kennet Room, County Hall
Date:	Thursday 9 February 2016
Time:	**10am – 12 Noon**

Please direct any enquiries on this Agenda to.

Press enquiries to Communications on direct line (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

Voting:
Cllr Jane Scott – (Leader of the Council) - **Chairman**
Dr Peter Jenkins – (CCG Chairman) - **Vice Chairman**
Dr Simon Burrell (CCG – Chair of NEW Group)
Dr Toby Davies (CCG – Chair of SARUM Group)
Debra Elliott (NHS England)
Christine Graves (Healthwatch)
Cllr Jerry Wickham (Cabinet Member Public Health, Adult Care and Housing)
Angus Macpherson (Police & Crime Commissioner)
Cllr Laura Mayes (Cabinet Member for Childrens Services)
Dr Richard Sandford-Hill (CCG – Chair of WWYKD Group)
Cllr Ian Thorn (Opposition Group representative)

Non-Voting:
Dr Gareth Bryant (Wessex Local Medical Committee)
Mike Veale (Wiltshire Police Chief Constable)
Carolyn Godfrey (Wiltshire Council Corporate Director with statutory responsibility for Children's Services)
Chief Executive or Chairman representative Salisbury Hospital FT (Peter Hill)
Cllr (Portfolio Holder for Adult Care and Public Health)
Chief Executive or Chairman representative Bath RUH (James Scott)
Tracey Cox (Chief Officer or Chief Finance Officer, Wiltshire CCG)
Dr Toby Sutcliffe (Avon and Wiltshire Mental Health Partnership (AWP))
Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)
Ken Wenman (South West Ambulance Service Trust)

Recording and Broadcasting Information

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

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

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

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

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

Parking

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

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

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

Public Participation

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

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

The full constitution can be found at this link.

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

AGENDA

1 **Chairman's Welcome and Introduction**

2 **Apologies for Absence**

3 **Minutes** *(Pages 7 - 14)*

To confirm the minutes of the meeting held on 15 December 2016.

4 **Declarations of Interest**

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

5 **Chairman's Announcements** *(Pages 15 - 16)*

- Outcomes Based Commissioning Peer Challenge
- Shingles Vaccination rates

6 **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 **Thursday 2 February 2017** in order to be guaranteed of a written response**.** In order to receive a verbal response questions must be submitted no later than 5pm on **Monday 6 February 2017**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

7 **Wiltshire Safeguarding Adults Board Annual Report** *(Pages 17 - 84)*

To outline to commissioners and providers the annual report of the Wiltshire Safeguarding Adults Board; with emerging priorities for 2017.

Responsible Officers: Richard Crompton, Independent Chair

8 **Domestic Abuse** *(Pages 85 - 88)*

To provide an update on the findings of the recent Joint Targeted Area Inspection on domestic abuse, together with proposals for procurement of the service and the future development of strategy in this area.

Responsible Officers: Carolyn Godfrey
Report author: Hayley Mortimer, Lucy Townsend

9 **Mental Health Crisis Care**

a) A verbal update from the chair of the new Wiltshire and Swindon Mental Health Crisis Care Action Group, Ted Wilson.

b) A presentation outlining work to date on a review of AWP s136 pathways. Keith Pople, Alexander Group

10 **Wiltshire CCG Operational Plans 17/18** *(Pages 89 - 236)*

The CCG's proposed Operational Plan for 17/18 in the context of the emerging Sustainability and Transformation Plan.

Responsible Officers: Tracey Cox
Report Author: David Noyes

11 **Better Care Plan**

An update, to follow, on scheme implementation and consideration of the findings of the BCP task group.

Responsible Officers: Tracey Cox, Carolyn Godfrey
Report author: James Roach

12 **The Changing Ambulance Service**

A verbal update on the changing ambulance service and the Ambulance Response Programme.

Responsible Officers: Andy Smith, Executive Medical Director, SWAST

13 **Healthwatch Wiltshire Report on Pathways to Making a Complaint** *(Pages 237 - 244)*

An update on the latest improvements to complaints processes within Wiltshire as part of Healthwatch Wiltshire's work.

Responsible Officers: Christine Graves
Report Author: Sara Nelson

14 **Public Health Annual Report** *(Pages 245 - 274)*

The annual report deferred from the last meeting.
Responsible Officers: Frances Chinemana

15 **Date of Next Meeting**

The next meeting will be 18 May 2017.

16 **Urgent Items**

This page is intentionally left blank

Wiltshire Council
Where everybody matters

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 15 DECEMBER 2016 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chairman), Dr Peter Jenkins (Vice Chairman), Dr Anna Collings, Dr Toby Davies, Christine Graves, Angus Macpherson, Cllr Jerry Wickham, Dr Gareth Bryant, Carolyn Godfrey, James Scott and Tracey Cox

63 **Chairman's Welcome and Introduction**

The Chairman welcomed everyone to the meeting.

64 **Apologies for Absence**

Apologies were received from Chief Constable Mike Veale; Peter Hill from Salisbury, represented by Dr Nick Marsden; Ken Wenman from SWAST, represented by Nick Wilson; Cllr Laura Mayes; Dr Richard Sandford-Hill and Dr Toby Sutcliffe.

65 **Minutes**

The minutes of the meeting held on the 24 September 2015, previously circulated, were considered.

Resolved

To approve and sign the minutes of the previous meeting held on 24 September 2015.

66 **Declarations of Interest**

There were no declarations of interest made.

67 **Chairman's Announcements**

Baroness Scott drew the meeting's attentions to the following information set out in the agenda:

- Letters from the Home Secretary and Secretary of State for Health regarding health and police collaboration.
- Letter from David Mowat MP, Department of Health on Primary Care
- Letter from DH/ DCLG regarding Winter Planning

68 **Public Participation**

There were no questions or statements under this item.

69 **Wiltshire Children Safeguarding Board Annual Report**

Mark Gurrey, Independent Chair, attended the meeting to present the annual report of the Wiltshire Children Safeguarding Board.

Issues highlighted in the course of the presentation and discussion included: the activities of the board; the results of recent Ofsted inspections; the recent change to the Chair and the governance arrangements; the priorities for the Board; the upcoming results from review into domestic violence; the Wood review, commissioned by the DfE, that reviewed all Boards nationally and serious case reviews, and the recommendations arising; the implications for the existing Board and how regulations will allow greater flexibility to set up a system and governance arrangement that better suit local needs; that whatever arrangement is put in place, the culture has to be effective to protect vulnerable children.

Baroness Scott thanked Mr Gurrey for attending the meeting to present the report.

Resolved

To note the report and give the content consideration when commissioning or providing services for children and young people across the partnership.

Reason for Decision:

It is the requirement of all Safeguarding Children Boards to produce an Annual Report on the effectiveness of safeguarding in their local area. The Board will submit a copy of this report to the Health and Wellbeing Board, who will be expected to respond by giving consideration when commissioning or providing services for children and young people across the partnership.

70 **Sustainability and Transformation Plan and NHS Planning Guidance**

The meeting received a report which provided an update on the Sustainability and Transformation Plan (STP) for Bath and NE Somerset, Swindon and Wiltshire including the implications for partners in Wiltshire in light of the latest

NHS Planning Guidance. The report outlines the progress made since the last update to the Board in September 2016. It provided an overview of the key elements within the emerging STP for Bath & North East Somerset, Swindon and Wiltshire areas. It was noted that the full plan was published and circulated to Board members on the 14th December. The plan set out the key early priorities within the STP but also identified that significant public and workforce engagement would take place over the next 5 months to finalise the future design of our health and social care services.

Issues highlighted in the course of the presentation and discussion included: that a broader coalition of partners had been working together to work on the emerging plan; that the intention was to start working with partners and the public on co-designing services in response to the plan; that the financial gap would be around £217m if no changes were to be made; how the plan had focused on areas that need action and to which the plan can effect change; the opportunities to share property, personnel and back office issues; how a small minority of complex cases take up a large amount of resources; the implications of the geography in the area; how certain specialisms can work better across the STP area; how the STP board will move to become a partnership responsible for implementing plan; the opportunities for joining up digital programmes particularly the Single View of the customer which is piloting in the a Bradford-on-Avon GP surgery; the positive attitudes between partners; the involvement of AWP and the prominence of mental health in the STP; and the key to making sure communication is clear.

Recommendation:

To note the update on the emerging STP.

Reason for Decision:

To allow Health & Wellbeing stakeholders the opportunity to comment on the emerging plan and for members to identify gaps and overlaps with the Board's H&WB programme

71 **GP Five Year Forward View and Primary Care in Wiltshire**

The meeting received a presentation, circulated on the 14 December, which outlined the future opportunities for primary care in Wiltshire and the potential for close working including preventative and proactive working.

Issues highlighted in the course of the presentation and discussion included: the issues of recruitment in a number of practices; the contribution of primary care to support the whole system; how integration with other teams can be prioritised, and the impact that it can make on patients; the vision for improving access to care; the engagement work with patients and the public; how the examples of successful pilots can be expanded into other areas; the work to link

the management of property and technology across practices; and the support given to vulnerable practices.

Baroness Scott thanked officers for the report and asked that further updates, focusing on specific areas, be brought to future meetings of the Board. She also asked officers to consider what extra support Wiltshire Council could give to address any issues e.g. recruitment.

Resolved

To note the update.

72 **Wiltshire Mental Health and Wellbeing Strategy**

The meeting received the report which provided an update on the delivery of Wiltshire's Joint Mental Health Strategy in the context of the Mental Health Five Year Forward View and latest NHS Planning Guidance. Following approval of the Wiltshire Mental Health and Wellbeing Strategy in 2015 and its implementation plan in 2016, it was agreed at the Health and Wellbeing Board that an annual report on progress would be provided to highlight some of the achievements across the priority areas for the first year.

Issues highlighted in the course of the presentation and discussion included: That Wiltshire CCG and Wiltshire Council Public Health teams co-chaired the board that managed the strategy; that progress reports had also been provided to the CCG Board and the Health Select Committee; that a key priority had been to build a partnership approach across the first year; that there was an intention to improve user involvement on the Board; that improvements to data and information gathering may lead to changes in the strategy; the links to other plans; that some projects had had successful funding bids approved; and the improvements that had been made already, and the priorities for improvement.

Baroness Scott thanked officers for the report and asked that further update report, focusing on performance, be brought back to the Board in 6 months.

Resolved

To note the information and recommendations within the annual report.

Reason for Decision:

The Wiltshire Mental Health and Wellbeing Strategy and implementation plan aims to create environments and communities by 2021 that will keep people well across their lifetime. This annual report on progress gives an update on action towards this aim

73 **Child and Adolescent Mental Health Services**

The meeting received a report which provided an update on the Child and Adolescent Mental Health Services Transformation Plan in the context of the latest NHS funding and procurement plans.

Issues highlighted in the course of the presentation and discussion included: the national increase in demand for mental health services for children and young people; the additional resources that have been identified; the actions achieved and priorities for improvement in the plan; how the health messages are communicated accessibly for children and young people; the hope that helping young people now will prevent future mental health problems in the future; that young people, themselves, see mental health as a key issue; the plans to hold a youth summit, along with key partners, to discuss mental health issues; and how the young listeners project has included services users.

Dr Gareth Bryant stated that he felt that activities around the plan were a good example of were partners joining together to help take pressure off GPs.

Resolved

1. **To note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;**

2. **To endorse the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals for 2016/17 and 2017/18.**

Reason for Decision:

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

74 **Wiltshire Mental Health Crisis Care Concordat**

The meeting considered the report which asked the Board to consider progress on the Action Plan for the Concordat and provided an update on the latest performance information against key indicators. The report followed a previous update report received in September.

Issues highlighted in the course of the presentation and discussion included: that report follows a discussion hosted at the police offices; that street triage services is not currently operating around the clock, but that there is an agreement to move forward with this; the continued need to get timely assessment of cases; the impact of the Police and Crime Bill, especially

regarding longer-term solutions; and the issue of prioritising resources for Wiltshire residents in a larger, more regional system.

Baroness Scott thanked the Police and Crime Commissioner for hosting the conference, and encouraged Board Members to visit the street triage team to see it in operation.

Resolved

1. **To note the outcomes of the mental health summit in October;**

2. **To agree to receive an updated and combined action plan for the new Wiltshire and Swindon Mental Health Crisis Care Concordat Action Group in the new year; and**

3. **To considers the latest available data against key indicators at Appendix 1, and agrees to a further update in the New Year.**

Reason for Decision:

At the last meeting the Board agreed to receive a further update on the delivery of the Mental Health Crisis Care Concordat Action Plan, following a meeting of lead chief executives, together with an update on the delivery of the Mental Health and Wellbeing Strategy.
It also considered appropriate indicators for monitoring the implementation of the Action Plan and an update is provided against these.

75 **Public Health Annual Report**

The meeting received the Annual Report for Public Health which informed the Health and Wellbeing Board members of activity on public health in Wiltshire during 2015-16. It was noted that the report could be brought back to the Board if there were any substantive questions raised by the members of the Board.

Resolved

To note the publication of the Annual Report

Reason for decision:
Work on Public Health has implications for all health care providers and commissioners.

76 **Better Care Plan Update**

The meeting received presentation, circulated on the 14 December, which provided a mid-year review of the Better Care Plan delivery together with information on our approach to winter planning.

Issues highlighted in the course of the presentation and discussion included: the demographic growth and the impact on demand; that there had been a reduction in admissions compared to projections, and the impact on the length of stay; the increase in the level of complexity of cases presenting to acute hospital services; the change in performance of Delayed Transfers of Care (DTOC), and that the average number of days had reduced; how to address the over-prescription of care; that there had been a reduction in permanent care replacements; the impact of Brexit on workforce planning, and whether this could be reported to a future meeting; that this had not resulted in a financial saving, but outcomes for residents is better; and that the 2017/18 commissioning plan would be brought to the February meeting of the Health & Wellbeing Board.

Resolved

That the update be noted.

77 **Date of Next Meeting**

The meeting noted that the next meeting would take place at 10am on the February 2017.

78 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.10 pm)

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

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

This page is intentionally left blank

Chairman's announcement

Commissioning for Better Outcomes Peer Challenge

A Commissioning for Better Outcomes Peer Challenge took place in Wiltshire Council between 17th & 20th January 2017. One of the three key priorities set out in the Council's 2013-2017 Business Plan is: "To Protect Those Who Are Most Vulnerable". In addition, one of the key actions the Council is taking to deliver these priorities is to continue to improve our safeguarding services to protect the most vulnerable in our Communities. One of the outcomes the Council is delivering is "People in Wiltshire have healthy, active and high-quality lives". Better commissioning on outcomes will mean more vulnerable people with long-term conditions can choose to stay independent and keep living in their own homes.

Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. The focus of high quality commissioning is on local people, health and wellbeing: achieving good outcomes with people using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as is possible, the need for health and social care.

Peer review is a constructive, collaborative and supportive process which has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category. The peer challenge team included experts from other councils, providers and CCGs and looked at our work to ensure commissioning is:

- Person-centred and outcome focused
- Well led
- Promotes a sustainable and diverse market

The team interviewed a wide range of partners (including many Health and Wellbeing Board members) and Wiltshire Council is very grateful for everyone's input. Initial findings have been broadly positive with constructive suggestions for improvement and the full report of the peer team will come to the next Health and Wellbeing Board.

Shingles Vaccination

NHS England will provide a brief update on the latest position on uptake of the shingles vaccination by those over 70 years old in Wiltshire.

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Subject: Wiltshire Safeguarding Adults Board Annual Report

Executive Summary

The Care Act 2014 set out a legal framework for how Wiltshire Council and its partners should protect adults at risk of abuse or neglect. Under this framework Safeguarding Adults Boards (SABs) were established to bring together the local authority, NHS and police, to develop, share and implement a joint safeguarding strategy.

Continuing to improve safeguarding services to protect the most vulnerable in our communities is a priority in Wiltshire and a local Safeguarding Adults Board has existed since 2009. Wiltshire's SAB leads adult safeguarding arrangements across the area and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies.

Safeguarding Adult's Boards have a statutory duty to publish annual reports and the Board's annual report for 2015-2016 reflects the first year in post for a new independent Chairman, Richard Crompton. The report also reflects the progress the Board made in 2015/16 to bring together wider partners and align priorities and action across those organisations to ensure the best possible outcomes for vulnerable adults.

During 2015/16 arrangements were put in place to increase the effectiveness of the Board which allowed 2016-2017 to mark a new phase of activity in line with the Board's new statutory role. As the Board develops plans for 2017/18 this annual report provides a summary of the Board's work and an opportunity for the Chairman to update the HWB on more recent progress and plans for the year ahead.

Proposal(s)

It is recommended that the Board:

i) Notes the publication of the Wiltshire Safeguarding Adults Board Annual Report
ii) Agrees to support the work of the Wiltshire Safeguarding Adults Board
iii) Advises the Chairman of the Board how members would like to be kept informed and involved in the work of the Board and, in particular, on the development and delivery on plans for 2017/18

Reason for Proposal
The work of Wiltshire's Safeguarding Adults' Board is directly related to improving health and wellbeing outcomes for vulnerable adults across the county

Richard Crompton
Independent Chair
Wiltshire Safeguarding Adults Board

Wiltshire Safeguarding Adults Board

Annual Report 2015 – 2016

Table of Contents

Foreword

I am pleased to present the Annual Report of Wiltshire's Safeguarding Adults Board for 2015/16. The report is published on behalf of the multi-agency board and provides partners with an opportunity to reflect upon achievements over the past year and to formally identify priorities for the year ahead.

It also provides the opportunity to demonstrate the Board's fulfilment of its role and ongoing commitment to safeguarding adults at risk in Wiltshire. As the independent chair of the Board it is my role to provide leadership and constructive challenge to all partners to ensure that the Board delivers on that commitment.

I took up the role of independent chair in September 2015, half way through the year this report covers, and I am grateful for the sound foundations built by my predecessor Margaret Sheather. As a result of Margaret's leadership the Board has a good working structure and excellent consultative arrangements which have proved to be effective and which I have chosen to retain and develop. The work of the sub committees and the users and carers groups during 2015/16 is set out in the body of this report.

The Board is now a statutory partnership with a legal responsibility to consult and to produce a long term strategic plan setting out how it will better coordinate and improve adults safeguarding within Wiltshire. During the second half of the year we worked productively together and agreed that we would concentrate on three key strategic areas:

- Making Safeguarding Personal
- Prevention
- Improving Board Effectiveness

I look forward to working with the Board and to reporting on progress in each of those areas next year.

Richard Crompton
Independent Chair, Wiltshire Safeguarding Adults Board

September 2016

Safeguarding in our communities

Wiltshire Police are a core member of Wiltshire's Safeguarding Adults Board and play an essential role in safeguarding adults from abuse. The work they do to protect vulnerable adults helped to keep residents at a local care home safe from harm.

In February 2016 a former care manager was sentenced to two years imprisonment for offences of fraud by abuse of position of trust, fraud by false representation and theft from multiple victims.

Whilst a manager at a Wiltshire Care home and in position of trust the individual financially abused residents by using their cheque books and bank accounts for her own benefit. The total value of fraud for the main victim was £18,000. This offence was classed as a Category A offence and had the highest culpability. The individual was sentenced to two years imprisonment and another two offenders both received community orders for the offence of money laundering.

Our Safeguarding Adults Board brings together professional expertise and commitment from across Wiltshire Police, Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other partners to help and protect adults with care and support needs in Wiltshire.

1. Introduction

Under the Care Act 2014 a new legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect was introduced. Local authorities were given new safeguarding duties including a duty to establish a Safeguarding Adults Board to bring together the local authority, NHS and police, to develop, share and implement a joint safeguarding strategy.

The overarching purpose of Wiltshire's Safeguarding Adults Board (SAB) is to help and protect adults with care and support needs in Wiltshire. We do this by:

- Providing vital assurance that local safeguarding arrangements are in place and that local safeguarding practice is person-centered and outcome-focused
- Working collaboratively to prevent abuse and neglect where ever possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- continuously improving and enhancing the quality of life of adults in Wiltshire.

Wiltshire SAB leads adult safeguarding arrangements across the county and oversees and coordinates the effectiveness of the work of its member and partner agencies. This requires us to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in **'Making Safeguarding Personal'**. The Board also has a wider duty to consider issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse.

Under the Care Act 2014 our Board has three core duties. We must:

- develop and publish a **strategic plan** setting out how we will meet our objectives and how our member and partner agencies will contribute
- publish an **annual report** detailing how effective our work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria

At the heart of all we do are the six safeguarding principles:

Empowerment - people being supported and encouraged to make their own decisions and give informed consent
Prevention - it is better to take action before harm occurs
Proportionality - the least intrusive response appropriate to the risk presented
Protection - support and representation for those in greatest need
Partnership - local solutions through services working with their communities and recognising that communities have a part to play in preventing, detecting and reporting neglect and abuse
Accountability and transparency - in safeguarding practice

2. The National and Local Context

Nationally and locally the number of safeguarding concerns that are being raised on an annual basis continues to increase. However we are seeing a smaller proportion of those concerns raised resulting in a full safeguarding investigation under section 42 of the Care Act. We are now able to effectively deal with the majority of the concerns raised by reviewing and improving local care management.

More broadly the introduction of the Care Act and further guidance on the implementation of the Act has led to increased expectations and responsibilities arising from the arrival of new duties on public bodies relating to modern slavery and the Prevent agenda on addressing risks of radicalisation in Wiltshire.

Locally as well as nationally there is challenge to the working of the board as a result of:

- Significant reduction in national Government funding and the impact on public bodies and the voluntary sector making the 'business as usual' work and prevention more difficult
- As a result of changes to funding there has been significant organisational change within the NHS and local authority. Plans to integrate the work of public agencies continue to impact on the ability of agencies to plan effectively for the future
- Changing demographics and the increase in the over 75 and 85 population and the impact of associated long term health conditions
- The reduction in the care agencies available to deliver the increased volume and complex level of care required by an older, frailer population and the current resilience of community support services
- The challenge of social isolation and loneliness
- Relationships with the voluntary sector and lack of resources to support training of its workforce.

During the year this report covers there was further change to demand on local systems following a Supreme Court Judgement on 19 March 2014 related to Deprivation of Liberty Safeguards (DoLS). The referral rate for authorisations has been very high throughout the period covered by this annual report. There will be a review of the DoLS process completed by the law society in December 2016. It is hoped this review will consider how to streamline the DoLS process ensuring it is administratively less burdensome on local authorities and the courts while making sure it remains a robust process which ensures the human rights of very vulnerable people in residential or nursing homes or on hospital wards.

3. Key achievements

To **promote effective policy** across agencies and reduce incidence of neglect and abuse the Board:

- Published safeguarding adults staff guidance
- Agreed an information sharing protocol across agencies which will allow agencies to more effectively work together to protect vulnerable adults and improve safeguarding whilst protecting personal data
- Developed a High Risk Behaviour Policy - a multi-agency strategy for working with people who self neglect or have high risk behaviours that put themselves and potentially others at risk
- Updated the multi-agency safeguarding adults policy in line with the Care Act and to ensure the policy fits local needs

To **develop and share learning** to support and protect vulnerable adults the Board:

- Agreed to focus on enhancing learning across Wiltshire and Swindon to enable improvements across local geographies
- Started work to refresh the Strategy for Competence Development which will help ensure staff across agencies understand their role to improve safeguarding

To **improve the quality** and assurance of safeguarding practices the Board:

- Carried out two case files audits and shared findings and learning across agencies
- Undertook an audit of the previous year's self-assessment process showing that all agencies had improved their performance
- Surveyed Wiltshire Care Partnership members to allow agencies to learn from their experiences and to ensure their needs remained central to the work being done to improve safeguarding processes

The most important function of the Board is to provide a catalyst for work to improve safeguarding across the partner agencies it brings together, particularly the three statutory partners. In 2015/16 we saw work done by all of these agencies to improve the systems they have in place:

- Wiltshire Council - There has been a large increase in incidents arising in services, particularly care homes where we are concerned about institutional abuse or neglect. In response the council developed more effective processes for quality assurance and now takes part in county-wide and regional emerging concerns meetings to triangulate concerns and spot emerging issues as they arise. The council's quality assurance team has been successful in working with a number of providers to assist them to address issues. The yearly data return for safeguarding investigations has evidenced that there has been a 50% reduction in the number of large scale investigations undertaken over the last year.

- NHS Wiltshire Clinical Commissioning Group - Work to align NHS Wiltshire Serious Incident processes has been undertaken during 2015/16 ensuring that the most appropriate health professionals are contributing to safeguarding investigations. The CCG also attends the regional NHS England Quality Surveillance Group where all providers of concern are discussed and appropriate actions identified, implemented and reviewed.

- Wiltshire Police - The police have a dedicated Safeguarding Adults Investigation Team, which is made up of a Detective Inspector, Detective Sergeant and six investigators. This team covers the

whole of Swindon and Wiltshire and investigates any significant abuse or risk of harm by carers, family, people in position of trust, or fellow service users. Neighbourhood Policing Teams also now work closely with Care Providers and privately funded individuals receiving care within the community. They provide a valuable link with people that may not be known to Local Authority services.

However there have been far more wide reaching changes across the broader family of agencies that Wiltshire Safeguarding Board brings together. This report gives those organisations the chance to set out how they have and how they plan to change things for the better and continue to put safeguarding at the heart of all they do to and to make our essential systems more effective.

4. Safeguarding in Wiltshire - understanding the local picture

In 2015/16:

- The number of enquiries (formerly known as alerts) was 4,566 for 2015/16. This is a 43% increase from the same period last year
- 993 (22%) went forward to Early Strategy Action (ESA)
- The number of enquiries (formerly known as investigations) went up from 871 to 972

Abuse enquiries

There has been a 43% increase in the number of enquiries. In the previous year we received an average of 267 enquiries per month; in 2015/16 this increased to 381. This has been caused primarily by the rise in enquiries made by care agencies (care homes and domiciliary agencies). Primary care (GPs) enquiries also increased markedly (up 47%); concerns are wider than just medical issues and not all enquiries related to safeguarding. CQC visits to GP surgeries may have increased awareness.

Of the 4,566 enquiries made in 2015/16, almost 4 out of 5 (3,546) were 'screened out' (deemed as not needing further action) at the triage stage.

Sources of enquiries

Enquiries relating to care homes more than doubled (up by 109% to 1,047) and domiciliary care agency enquiries rose 25% from 314 to 390. Anecdotal evidence from care homes is that a large number of enquiries are the result of a 'belt and braces ' approach which assumes that it is better to raise a concern and record having done so than not. A number of these concerns are screened out at the initial triage stage and were not appropriate for a safeguarding investigation.

Type of abuse by setting (at the enquiry stage)

The patterns of the type of abuse in the various settings are broadly similar across the last two years. There are very few reported cases of discrimination (just 10 across the two years under report). Many of these occurred in people's own homes including supported accommodation where there are several occupants. These small numbers could indicate a tolerant, understanding county or that discrimination is not being reported as it should.

Many cases where neglect or acts of omission were reported occurred in own home situations (49% in the previous year and 34% in 2015/16). Care homes saw 39% of such cases in 2014/15 and 58% in 2015/16. These tend to be missed medication, not supporting transfers appropriately or failing to prevent customers falling when mobilising. Hospitals averaged 6% of neglect cases for the years under report.

Emotional or psychological abuse is mainly experienced by people living in their own homes by family member(s) applying pressure on adults at risk (AARs) – bullying or threatening them with physical violence. For 2014/15, own home setting accounted for 59% of emotional/psychological abuse and 57% for the following 12 months. Psychological abuse is often reported when sexual abuse is also said to have occurred. This latter abuse type is also prevalent in people's own homes – 39% and 36% for the two years reported here.

Care homes are also where the most physical abuse is reported (51% in 2014/16 and 63% the following year). Financial abuse accounts for 16% of abuse at home in 2015 (17% the previous year) and this is where most abuse of this type takes place (70% of financial abuse cases were in people's own home in 2014/15 and 68% in 2015/16).

Enquiries (formerly known as Investigations)
Enquiries are up 12% on the previous year, yet enquiries are up 43%. This reflects the relatively minor nature of some enquiries which are being triaged out, many are more appropriately managed under care management than safeguarding

Relationship of the alleged perpetrator to the adult at risk
Alleged perpetrators are broadly the same pattern as in the previous year. During 2015/16, in 25% of cases investigated the alleged perpetrator (AP) was a relative, friend or neighbour. This was a slight decrease in the previous year's rate (27%), although the numbers increased in 2015/16 to 242 cases (out of 969 concluded Enquiries) from 221 out of 820 the previous year.

Domiciliary care and self-directed support staff comprised 26% (212) of APs in 2014/15 falling to 18% (171) the following year. The proportion of care home staff having accusations brought against them rose during this reporting period to 265 (27% of all concluded cases) from 192 (23%) previously.

Location of the alleged abuse
Care homes and the adult at risk's own home dominate where abuse is said to have taken place, with own home averaging 45% across the 2 years and care homes averaging 40%. All other locations are similar in their proportions over the 2 year period.

Type of abuse
The numbers of types of abuse have broadly similar ratios over the 2 years. From 2015/2016 there are new categories of abuse being recorded and reported: Domestic Abuse, Modern Slavery, Self Neglect and Sexual Exploitation. Financial abuse has dropped as a percentage of types of abuse. The percentage of Neglect has decreased and Organisational (formerly institutional) abuse has also fallen as a proportion.

The following numbers will exceed the total number of Enquiries as adults at risk can experience multiple types of abuse at a time. Each number will be the total number of times in which that type of abuse occurred and the percentage will indicate the ratio of the total number of abuse types (not Enquiries):

- Discriminatory 3 (0%)
- Domestic Abuse 108 (8%)
- Financial 157 (12%)
- Modern Slavery 0
- Neglect/Omission 448 (33%)
- Organisational 63 (5%)
- Physical 268 (20%)
- Psychological/Emotional 220 (16%)
- Sexual 61 (5%)
- Sexual Exploitation 0
- Self Neglect 15 (1%)

Abuse by type of enquiry conclusion
In 2014/15, 820 enquiries were completed; with the increased numbers of enquiries and enquiries in this latter reporting period, this number increased to 969. The numbers of concluded cases by the type of abuse are shown below. With many cases involving multiple types of abuse, these numbers will not equate to the total the number of concluded cases. These years are rolling 12 months periods (in this case for the 2014/15 and 2015/16 financial years).

- 497 cases were found to be fully substantiated, compared with 422 the previous year
- 287 cases were found to be part-substantiated (267 previous year)

- 147 cases were found to be inconclusive (97 previous year)
- 440 cases were found to be unsubstantiated (261 previous year)

Outcomes
Outcomes will depend on the circumstances surrounding the case, the needs of the adult at risk, what action should take place to ensure that risk of harm or neglect is removed - or at least reduced. The personalization agenda means that the Department of Health will require more statutory reporting of people's desired outcomes and whether these are met.

- 1,350 cases were found to be full substantiated (1,103 previous year)
- 700 cases were found to be part-substantiated (704 previous year)
- 291 cases were found to be inconclusive (147 previous year)
- 791 cases were found to be unsubstantiated (580 previous year)

Agencies involved in investigations (completed enquiries only)
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. In 2015/16, agencies were involved in the following numbers of investigations:

> Acute hospitals 99; Advocacy service 115; AWP 78; Care homes 533; CQC 366; Community health service 38; Court of Protection 40; Adult social care 744; Housing (associations, schemes, Dept) 28; Other local authorities 67; Others (adult at risk or their representatives 152; CCG 158; Police 526; Provider agencies (day care, domiciliary agencies etc) 451

Large Scale Investigations (LSI)
Wiltshire Council is aware of the number of customers for whom it commissions services but Domiciliary Care agencies also assist people who are self-funding, funded by the local Clinical Commissioning Groups (CCGs) or other local authorities bordering Wiltshire. It is therefore not possible to know how many customers these agencies have on their books as this is commercially sensitive. Additionally, the numbers may vary day-by-day.

Three of the 6 LSIs instigated by the Safeguarding Adults Team (SAT) during 2015/2016 looked at care homes and as the number of beds in these homes is known we can say with confidence that the 3 LSIs involved 77 residents, where the type of alleged abuse tends to be more a case of lack of training or where procedures are either lacking or need updating. We are unable to include figures for the remaining 3 investigations as the agencies involved means it is not possible to quantify the number of customers.

5. Monitoring and Quality Assurance Activity

Learning and Development Subgroup

The Learning and Development (L&D) subgroup met four times in 2015-2016 (May, July, November, and January). The group was chaired by the Chief Executive of Healthwatch Wiltshire who also sits on the Board. The group brings together:

- Wiltshire Council (WC)
- The Academy - Great Western Hospital (representing the three local acute hospitals),
- NHS Wiltshire CCG
- Wiltshire Police
- Wiltshire and Swindon Care Skills Partnership
- Sequol, Swindon Borough Council
- Avon & Wiltshire Mental Health Partnership NHS Trust
- National Probation Service

The subgroup exists to support both the Wiltshire and Swindon Safeguarding Boards and to broaden best practice in safeguarding adults through monitoring the design and delivery of good quality learning and development. During 2015/16 the group:

- Agreed to broaden its scope so that is serving both the Wiltshire and the Swindon Safeguarding Adults Boards.
- Considered the impact of the Care Act 2014 on learning and development activity
- Commenced a refresh of the Strategy for Competence Development

In 2016/17 the group plans to:

- Complete the refresh of the Strategy for Competence Development
- Deliver on the actions in the Board's strategic plan for learning and development
- Continue to provide a valued forum for multi-agency learning and development staff to share information and good practice.

Policy and Procedures Subgroup

The Policy and Procedures subgroup (P&P) met five times in 2015-2016 (May June September February May). The core membership of the Policy Sub Group is:

- Manager from Safeguarding Adults and Mental Capacity Act Team in Wiltshire Council
- D/Sgt from the Safeguarding Adults Investigations Team (Wiltshire Police)
- Head of Service Adult Care Operations, Wiltshire Council
- Safeguarding Lead, Wiltshire Clinical Commissioning Group
- Safeguarding Lead for AWP
- Safeguarding Facilitator for Great Western Hospital, Acute rep
- Safeguarding Facilitator for Great Western Hospital, Community rep
- Independent Provider representatives
- Medvivo

The P&P 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 the diverse communities of Wiltshire.

In the past year there have been two events that have directly fed into the work of the P&P group. Firstly the Care Act came into force in April 2015 which extended the categories of abuse that would indicate a safeguarding investigation was needed and changed the focus of those investigations away from being process led to a person centred approach called Making Safeguarding Personal. As well as the changes brought in by the Care Act at the December meeting the Board took the decision to separate from a joint multi-agency policy with Swindon and to have a Wiltshire stand-alone policy.

During 2015/16:

- With the advent of the Care Act the previous guidance on safeguarding adults for providers called No Secrets Guidance became obsolete. The P&P group has updated this guidance in line with the changes and published Safeguarding Adults Staff Guidance. A copy of the updated guidance can be found on the council website and copies have also been distributed to partner agencies.
- The subgroup has drafted and had agreed an Information Sharing Protocol which details the responsibilities of all board members to share information within a safeguarding setting as fully and sensitively as possible.
- The sub group convened a task and finish group to draft a High Risk Behaviour Policy which is a multi-agency strategy for working with people who self neglect or have high risk behaviours that put themselves and potentially others at risk. This policy will be trialled with some cases in the near future.
- The P&P group have updated the multi-agency safeguarding adult's policy in line with the Care Act and the departure of Swindon from the policy.

In 2016/17 the group plans to:

- Continue to update the multi-agency safeguarding adult's policy guidance section for practitioners use
- Produce a policy for the management of Safeguarding Adults Reviews which have replaced the serious case review process in place prior to the Care Act
- Forge closer working links with colleagues on the Wiltshire Safeguarding Children's Board (WSCB)
- To review and complete the High Risk Behaviour Policy once the trial has taken place
- To review and update the Large Scale Investigation process for safeguarding investigations relating to providers and situations of potential institutional harm

Quality Assurance Subgroup

The Quality Assurance (QA) subgroup met six times in 2015-2016 (May, July, August, October, February and March and is attended by:

- Wiltshire Council (WC)
- Great Western Hospital FT community division
- Wiltshire Care Partnership, Royal United Hospital (representing the three local acute hospitals)
- Wiltshire Police
- Probation Service
- CCG NHS Wiltshire
- Healthwatch Wiltshire

The WC Safeguarding Team is represented at all meetings and the WC Senior Business Information Analyst attends to present the quarterly performance report.

In previous years the subgroup has focused on an analysis of the data report published by the SAT/WC. In 2015-16 the function of the group has extended to include Case File audits of service users who had been subject to the safeguarding process. An audit tool was assessed and then amended following discussion in the group. The tool was used twice and each time a report of the audit findings was shared with the board.

The findings of Case File audits were used at a workshop for the WC safeguarding triage team to enhance their understanding of the process, the need to closely manage the process and how the process impacts on agencies involved.

During 2015/16 the group successfully undertook:

- Two case files audits and shared a summary of findings and learning
- An audit of the previous year's self-assessment process showing that all agencies had improved their RAG ratings
- A review of the Wiltshire Care Partnership members survey of their experience of involvement in the safeguarding process

In 2016/17 the group plan to:

- Continue to develop the role of case file audit and review of ad hoc surveys
- Agree threshold guidance in relation to making safeguarding enquiries
- Lead a process of organizational self assessment using a new tool

6. Partner Reports

Wiltshire Council

- The Associate Director for Adult Care Commissioning, Safeguarding and Housing has senior level responsibility for safeguarding at Wiltshire Council and attends the board meetings
- The Head of Adult Safeguarding attends the board meetings and chairs the Board's Policies and Procedures Sub Group. This sub group has led on the drafting of a number of policies and procedures following the introduction of the Care Act
- The manager of the central Safeguarding Adults Team SAT attends three sub groups of the board
- The Council provided a quarterly Performance Report for Wiltshire Safeguarding Adults Board and also compiles and submits the annual data return to the Department of Health
- The Council has agreed to fund a new post of Safeguarding Adults Board Manager to further the work of the board
- The Council also funds a Business Support Officer (whose role is primarily to support the Safeguarding Adults Board)
- Currently the Council is the sole funder for the Safeguarding Adults Board and its sub groups

Safeguarding Adults at Wiltshire Council:

- During 2015/16 Maggie Rae, Corporate Director, was the Safeguarding Lead for Adults. On a day to day basis the Associate Director for Adult Care Commissioning, Safeguarding and Housing provided strategic direction and the Head of Adult Safeguarding and Quality Assurance takes on both operational responsibility for safeguarding functions and supports the Board's work.
- In addition, Councillor Jerry Wickham, in his role as Cabinet Member for Adult Social Care and Housing is the lead Member for adult safeguarding and a member of the Board.
- In Wiltshire's Business Plan 2013-17, one of the Council's three priorities is to 'protect those who are most vulnerable' and one of the 12 key actions for the coming four years is to continue to improve safeguarding services to protect the most vulnerable in our communities.
- Wiltshire Council wants to ensure that there are good links between Adult and Children Safeguarding. The Associate Director, Adult Care Commissioning, Safeguarding and Housing is a member of both Boards and we have adult service representation on the Prevention of Harm Sub Group, in addition to having a joint Communications and Publicity Task and Finish Group. The Chairs of the Safeguarding Adults Board, Safeguarding Children's Board, Children and Young Peoples Trust Board and Community Safety Partnership meet on a six monthly basis.

The Council's specialist Safeguarding Adults Team (SAT) currently has a team manager, one professional lead, three Level 4 Social Workers, four minute takers, a DoLS Co-ordinator and a Business Support Officer (whose role is primarily to support the Safeguarding Adults Board).

SAT has four principle functions:

- To 'triage' all new alerts coming into the Council, this being the route by which most safeguarding alerts are made
- To maintain a log of safeguarding investigations relating to providers so that any emerging concerns can be identified.
- To undertake individual investigations in circumstances where these cannot be carried out by operational teams
- To undertake large scale investigations, most of which relate to whole services such as care homes
- To offer advice and information on any matter pertaining to safeguarding to the third sector and in some circumstances members of the public.

The bulk of individual safeguarding investigations are carried out by our social work teams working in the fields of older people, disabled adults, learning disabilities and mental health.

2015/16

- There has been a large increase in incidents arising in services, particularly care homes where we are concerned about institutional abuse or neglect. The Council has implemented an internal quality assurance meeting and also takes part in county-wide and regional emerging concerns meetings to triangulate concerns and spot emerging concerns as they arise. The council's Quality Assurance Team has been successful in working with a number of providers to assist them to address issues around for example: inadequate polices; lack of person centered care; poor understanding of the use of the MCA and the process of raising and recording a safeguarding situation. In a recent audit of the service positive feedback from providers has evidenced that the support from this team has led to a prevention of situations escalating to the level where a Large Scale Investigation may be needed. The yearly data return for safeguarding investigations has evidenced that there has been a 50% reduction in the number of large scale investigations undertaken over the last 12 months.
- The Council has successfully implemented a robust system of case file audit internally for safeguarding investigations. This has evidenced some learning needs but has also highlighted that customers have felt supported throughout the safeguarding process and that this process has met their desired outcomes.
- The Council has trained a further 12 Best Interest Assessors under the Deprivation of Liberty Safeguard DoLS process and has engaged support from the operational teams with tackling the back log of request for authorizations.

Training

Breakdown of figures for safeguarding adults staff training within the year

Social care - taught induction programme Principles of safeguarding in health and social care (1 x day taught course)	New operational social care workers in Wiltshire Council (does not include support staff roles/ provider services)	3 courses	**Total 48**
Safeguarding awareness – e learning package; meets requirements of National Capability Framework for Safeguarding Adults (NCF) for staff group A – 'responsibility to contribute to safeguarding adults'	Any role in public services in Wiltshire; also available to service users, carers & volunteers – more in depth and specific to adult social care than below package		**62 completions**
Children and Adults Safeguarding awareness e-learning package (in house developed version)	All staff working for Wiltshire Council	Mandatory e-learning to **all new starts** across the whole council	**1913** completions (so far 36% of WC staff)
Safeguarding adults training (taught 1 x day) Staff group A (NCF) – responsibility to contribute to safeguarding adults	Direct care staff in registered or regulated services – independent sector	Course has been reworked – just starting to roll out updated course	5
Care certificate (taught 1 x day) Staff group A (NCF) – responsibility to contribute to safeguarding adults	Direct care staff in registered or regulated services – council or independent (care certificate)	2 x courses cancelled - expect numbers to be significantly higher next year	13
Staff group B (NCF) – Considerable professional & organisational responsibility for	Managers and senior workers in registered/regulated services – independent	-	36

safeguarding adults (taught ½ day)	sector & council		
Investigating Officer (1 x taught day) 1 day Foundation course to get Investigating Officers up and running in the role	New Investigating Officers	-	26
Full Investigating Officers course (taught x 3 day) covering adult protection legislation, procedures and processes	Investigating Officers	-	18
Best Interest Assessor Full award	Experienced Social Workers	2 courses	12
Best interest assessor Refresher training 1 x day taught training	Best Interest Assessor		45
Investigating Officer updates 2 hour regular update & CPD sessions – led by SAT	Experienced Assessor Investigating Officers/ Investigating Managers	Sessional attendance	324
Investigating Manager training (taught 1½ days)	New Investigating Managers		30
AMHP update – MCA/legal updates		2 courses	37

Plans for 2016/17:

- Further embed the Making Safeguarding Personal agenda in the work of the safeguarding processes followed within the council.
- Undertake a review of the central safeguarding teams triage service to ensure that a comprehensive approach to all alerts is further embedded in practice throughout the council.
- Further extend the training within the Council on Safeguarding Adults and through the provision of some extra resources extend this to include regular peer supervision sessions.
- Continue to work towards managing the back log of assessments under DoLS by training additional best interest assessors in the operational teams and increasing the capacity of the DoLS service.
- Forge closer working relationships between the safeguarding adults and safeguarding children's services within the council
- Recruit to the newly created post of Safeguarding Adults Board Manager

Wiltshire DoLS Service

DoLS applies to individuals aged 18 + in care homes or hospitals registered under Health & Social Care Act 2008 (Pathway 1) or in supported living / live in care / Shared Lives arrangements (Pathway 2) identified as lacking capacity to consent to remain and at risk of being deprived of their liberty in order to protect them from harm.

Application is made by the Managing Authority (hospital or care home manager) to Supervisory Body (local authority).

The Local Authority must provide a Best Interest Assessor (BIA) to decide whether

- a deprivation of liberty is taking place
- it is in the person's best interests
- It is in order to protect the person from harm and
- It is a proportionate response

Acid Test
Supreme Court case of Chester & Cheshire West (2014) lowered the threshold for deprivation of liberty. There are now three questions to consider:

- Does the person have capacity to make their own decisions about where they should be accommodated for the purpose of care and treatment? If not, then consider the 'acid test' set out in 2. and 3:
- Are they subject to continuous supervision and control AND
- Are they free to leave

This change in the law broadened the eligibility criteria for people being deprived of their liberty in a residential setting. Due to this broadening of the eligibility criteria the DoLS service has received a 10 fold increase in referrals and has had great difficulty in keeping up with the influx. As a direct result of this there are now a high number of assessments waiting to be completed.

How has the DoLS Service been strengthened to cope with the increase in requests for authorisations?

Over the last 18 months the DoLS service has grown in capacity by the addition of a professional lead and 2 fulltime Best Interest Assessors (BIAs) as well as two additional staff assisting with the complex admin process required for each authorisation. Over the last year there have been secondments to the team of BIAs from operational teams in order to reduce the waiting list. Those secondments have now come to an end.

In addition to this, 20 social workers in operational teams have been trained as BIAs and a rota has been put in place to enable them to complete 6 assessments a year. Unfortunately due to the pressures in the operational teams the BIAs are not always able to fulfil their commitment to assess. The waiting list has increased and the Council has agreed to fund a further 2 permanent BIAs and 3 seconded posts to the DoLS service to tackle the back log of assessments.

A process of prioritising assessments from the waiting list has been put in place. Priority is given to requests where the person is objecting to their care and placement; where there are current safeguarding concerns; where there is an absence of someone with whom to consult, as part of the assessment process and if the person is being accommodated in hospital AND subject to any of the above.

Ongoing, due to the high number of referrals and the waiting list for those already needing assessment, the service will struggle to reduce the number of unallocated assessments. This is very much a national problem with all Local Authorities facing the same difficulties. The board is aware of a report expected later this year from the Law Society advising on possible changes to the DoLS process which will better streamline the process. It is hoped this will enable all vulnerable adults in situations where they have potentially been deprived of their liberty to have those arrangements assessed and an authorisation granted in a timely way.

Wiltshire Community Safety Partnership – Domestic Abuse

The overarching governance for Domestic Abuse (DA) reduction is cited within the Wiltshire Community Safety Partnership. Domestic Abuse has been identified as a priority within the Community Safety Strategic Assessment linked to (the JSA).

The responsibility for delivery and implementation of the current Pan County Domestic Abuse Strategy sits with the Joint WCSP and WSCB DA reduction sub group. This sub group is chaired by the Public Health Consultant lead for DA. Additionally, this area of business overviews the safeguarding arrangements for the Wiltshire Multi-Agency Risk Assessment Conference (MARAC), supports the commissioning of specialist support services for victims of DA, as well as monitor the implementation and compliance against the actions identified from the commissioned Domestic Homicide Reviews in Wiltshire.

Wiltshire adopted MARACs in July 2007, although not on a statutory footing they are recommended by the Home Office as good practice to facilitate a multi-agency response to high risk domestic abuse. It provides a forum for sharing information and taking action that will reduce harm. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will make links to other fora to safeguard children, as well as manage the behaviour of the perpetrator. MARACs are outcome focused. Attendance is by key agencies from the statutory and voluntary sector to produce co-ordinated action plans.

In 2015-16, the Wiltshire MARAC has continued to witness an increase in the volume of referrals being received into its safeguarding arrangements to support victims and their families at greatest risk of DA in the county. There were 496 high risk referrals received during 2015-16, which is a further 10% (+72) increase on 2014-15; of which 23% were repeat victims. 624 children were recorded in the household at the time of a high risk referral to MARAC. Wiltshire has continued to record higher than the national average for Partner Agency referrals, with 40% recorded in 2015-16, this is reflective of the multi-agency rolling training programme for MARAC, risk assessment and referral pathways.

2014-15	North/West Wiltshire	East/South Wiltshire	WILTSHIRE
Referrals received	299	197	496
Repeat Victims	59 (20%)	39 (20%)	99 (20%)
Children in household	371	271	624

Anti Social Behaviour Update

The anti-social behaviour risk assessment conference (ASBRAC) is a multi-agency meeting that reviews ASB cases in a holistic approach. ASBRAC utilises a wide range of partners including Police, Housing Providers, Schools, YOT, Victim Support, Children & Families, Adult Social Care and Mental Health to name a few. The outcomes of the conference include supporting victims through emotional and practical assistance. As well as offering to perpetrators supportive interventions, informal enforcement measures and in the most extreme of cases court based action to prevent their ASB.

April 15-March 16

	North	South	Total
Cases	62	68	130
Victims	60	106	166
Offenders	82	97	179

Multi-Agency Public Protection Arrangements (MAPPA)

There are three categories of offenders who will be subject to MAPPA:

- Registerable sexual offenders, regardless of the sentence they received (Category 1)
- People convicted of a violent or other sexual offence (even if nobody was actually hurt), who are not registerable sexual offenders, with a 12 month or more prison sentence or hospital order, for a schedule 15 offence (Category 2)
- Offenders who do not fall into either of the above categories, but are considered by the authorities to pose an on-going risk of serious harm to the public based on their past behaviour (Category 3).

Some of the cases referred from duty to cooperate agencies such as health, adult care and children's services would include Category 3 offenders.

The operation of MAPPA relies on component bodies working through an agreed process with MAPPA eligible offenders, making provision as needed for particular groups, subject to regulation and review. Offenders are managed at one of 3 levels depending on the extent of agency involvement needed and the number of different agencies involved.

During the period of 1/4/15-31/3/16, the number of Level 2 MAPPA meetings held was 134. There were 4 Level 3 meetings held. Some of the meetings will have related to the same individual by way of reviewing risk management plans and ensuring all actions were completed by agencies involved in the overall management of the case. The average number of cases subject to MAPPA at any one time during this period was 31.

Snapshot on 1/7/16 for MAPPA eligible cases

MAPPA Category	In the community	In HMP	Totals:
Category 1	565	173	738
Category 2	149	186 HMP/ 59 MHA	394
Category 3	4	4	8
TOTALS:	718	422	1140

Prevent

The threat we face from terrorism is real, and the Prevent strategy recognises that we can't arrest our way out of the problem. The Prevent Strategy therefore aims to stop people becoming terrorists or supporting terrorism.

The focus of Prevent is on the significant threat posed by international terrorism and those in the UK who are inspired by it. But it is also concerned with reducing threats, risks and vulnerabilities posed by domestic extremists such as those from the far right and far left, extreme animal rights activists and those involved in Northern Irish related terrorism. Prevent is supported by three objectives:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it (ideology).
- Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support (individuals).
- Working with sectors and institutions where there are risks of radicalisation which we need to address (institutions).

Prevent is not a Police programme. It needs the involvement of local authorities and a wide range of other organisations.

Safeguarding Children and Vulnerable Adults from Radicalisation and Involvement in Terrorism
Vulnerable people, including children, young people and vulnerable adults can be exploited by people who seek to involve them in terrorism or activity in support of terrorism.

There is agreement across the Wiltshire Community Safety partnership and wider partners that this is a safeguarding issue. There is a multi-agency approach to protect people at risk from radicalisation which is called 'Channel'. This approach uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children and youth services and offender management services), the police and the local community to:

- Identify individuals at risk of radicalisation or involvement in terrorism.
- Assess the nature and extent of that risk.
- Develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into involvement in terrorism. It is about early intervention to address vulnerabilities, and divert people from harm.

Alcohol
Alcohol problems are widespread across the UK. Whilst it is difficult to accurately record levels of alcohol consumption and drinking behaviours; it is estimated there are 18,000 drinkers showing signs of dependence (aged over 16 years) in Wiltshire. Further estimates suggest there are over 106,000 people in Wiltshire classified as drinking at 'increasing' or 'higher' risk levels. The Wiltshire Alcohol Strategy 2014-2018 sets out an approach for tackling alcohol consumption through four themes:

- Prevent adults and young people from harming themselves and others by improving knowledge about the risks of hazardous drinking.
- Intervene by providing better services to help people who have problems as a result of alcohol misuse, as well as their families or carers.
- Take enforcement action against those committing alcohol related crime and anti-social behaviour.
- Provide effective rehabilitation programmes for those within the criminal justice system.

Avon and Wiltshire Mental Health NHS Partnership Trust (AWP)

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) has been a member and regular attender to the Wiltshire Safeguarding Adult Board through 2015/2016. It has also supported the WSAB sub-committees during the year

AWP provides mental health services, including talking therapies, to adults of all ages in the Wiltshire area who have mental illness. These include inpatient services, community services and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

The Trust has an Executive Director lead (Director of Nursing and Quality) and a Head of Safeguarding with responsibility for both adult and children's safeguarding. The Wiltshire Clinical Director is the senior manager holding responsibility for delivering and developing safeguarding practice within the locality.

Localities provide a report to the Trust on a rolling monthly 9 monthly basis on safeguarding, including assurance and performance reporting, and referencing any service and action plans in regard to safeguarding, as well as setting out challenges to safeguarding in the locality.

An annual safeguarding report from the Head of Safeguarding and Executive Lead is made to the Board, which incorporates an annual report from all localities, including from the Wiltshire Clinical Director on local actions and delivery of adult safeguarding in practice.

2015/2016
This year has seen a significant amount of activity to improve adult safeguarding practice in the Trust. This has included:

- Introducing modular guidance on adult safeguarding, incorporating the impact of the Care Act 2014 and Think Family principles.
- Delivering and recording regular supervision to all staff, including safeguarding supervision
- Developing and extending access to Health Places of Safety
- Delivery of a Trust wide action plan delivering the Lampard Report recommendations
- Improving training rates, and delivering extended safeguarding training on domestic abuse and Prevent to practitioners
- Reviewing the Trust policies to reflect DBS and Care Act 2014 changes in relation to allegations management
- Actively supporting the support effective information sharing and access to Caldicott Guardian advice
- Undertaking a staff survey of adult safeguarding and MCA/DoLS
- Launching of the Trust wide Safeguarding Supervision Tool.

This year has seen the high level of staff trained to safeguard adults maintained, with 92% of staff trained at levels 1 and 2 (as of the 31/3/2016).

2016/17
The key Trust objectives for 2016/17 are:

- To further amend RiO electronic report to ensure effective safeguarding recording and reporting, and management oversight
- To develop and implement a strategy for personalisation of adult safeguarding
- To develop guidance and support on sexual exploitation and modern day slavery
- To introduce an extended adult safeguarding and MCA service in the Trust, with locally focused Named Professionals
- To manage continuing increased demand for safeguarding activity, including safeguarding cases management and enhanced safeguarding governance activity with safeguarding partnerships and commissioners
- To introduce a system for regular case audit of safeguarding adult cases to ensure compliance with regulatory, commissioning and WSAB policy and procedural standards

Carers Reference Group

The Carers Reference Group was established in order to identify the real-life situations carers associate with daily. There are 15 members each of who look after either children, parents, spouses, other family members and neighbours and bring immense experience to the group. Currently there are two group members attending the quarterly board meeting of the WSAB.

These daily real-life situations and experiences often become areas of concern and are therefore discussed, usually resulting in ideas on how to help a Carer cope with or resolve that particular issue easier and safer. The group receives talks from other relevant groups and agencies receiving advice and latest news, which is both interesting and informative. In 2015/16 talks were given by Healthwatch Wiltshire, Safeguarding Adults Team and the New Carer Strategy Team at Wiltshire Council.

Current hot topics and on-going projects:

- Communication; letters received from the council, agencies, hospitals and legal documents.
- Assistance upon being discharged from hospital.
- Help for those who are self funded.
- The opportunity for a separate reference group to help edit the Carers Handbook.
- Several group members have been invited to talk to medical staff and students about life as a Carer. Feedback on these talks has been very positive with more invites received for the coming months.

Clinical Commissioning Group - NHS Wiltshire

NHS Wiltshire Director of Quality represents the CCG at Wiltshire Safeguarding Adults Boards (WSAB) and the Associate Director of Continuing Healthcare and Adult Safeguarding also attends WSAB.

NHS Wiltshire CCG's Head of Safeguarding Adults is a member of several WSAB sub-groups including the Policy and Procedures; Learning and Development and Quality Assurance subgroups as well as participating in a number of Task and Finish groups.

Wiltshire CCG is accountable to NHS England (NHSE) and the "Safeguarding Vulnerable People in the NHS – Accountability and Assurance" July 2015 sets out the safeguarding roles, duties and responsibilities of organizations commissioning NHS healthcare, in accordance with responsibilities set out in the Care Act 2014.

In accordance with this framework, NHS Wiltshire CCG has developed clear governance and accountability arrangements which comply with the expectations within the National Framework.

- The CCG Board is responsible for the overall safeguarding of vulnerable people for whom they commission services.
- The Chief Officer is accountable and responsible for ensuring that the CCG's responsibilities to safeguard and promote the welfare of adults with care and support needs are effectively discharged.
- The Director of Quality, as executive lead for safeguarding, shares this responsibility.
- The Associate Director Continuing Healthcare and Adult Safeguarding has strategic responsibility for Safeguarding Adults.
- The Head of Safeguarding Adults and Mental Capacity Act lead is the CCG's operational lead and is responsible for working with commissioned services to ensure they are meeting their contractual and statutory Safeguarding Adults responsibilities. The Head of Safeguarding Adults also supports safeguarding investigations where the abuse is alleged to have occurred in relation to NHS funded care.
- Safeguarding Adults is a standing agenda item on the NHS Wiltshire CCG Quality and Clinical Governance Committee. Quarterly reports to this committee provide detailed updates.
- The CCG carries out a programme of announced and unannounced Quality Assurance visits throughout the year which include Adult Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Safeguarding Adults activity is an agenda item at each quarterly Clinical Quality Review Meeting (CQRM) between the CCG and commissioned health providers and any outstanding concerns are addressed via the contract and performance meetings.
- NHS Wiltshire CCG has a Commissioning Policy for Safeguarding Adults which sets out roles and responsibilities across the organisation. This includes responsibilities related to commissioning and contract management.

- The CCG has robust schedules which accompany the NHS Standard Contract for all commissioned services. The Adult Safeguarding Schedule clearly identifies expected standards for Providers and these are closely monitored through quality and performance meetings. Work has continued throughout 2015/16 on the Adult Safeguarding Schedules in preparation for 2016/17. This has involved updating and revising the schedules in line with the latest guidance and national reports. A set of key performance indicators are included in this Schedule.
- Providers are expected to provide quarterly reports in relation to adult safeguarding to support this monitoring. This may include updates on national reports such as the Lampard report. Reporting was monitored via the quarterly Clinical Quality Review meetings.

2015/16

- The process to align NHS Wiltshire Serious Incident processes has been embedded during 2015/16. This has led to the most appropriate health professionals contributing to safeguarding investigations.
- The Head of Safeguarding Adults met with, and provided supervision to, adult safeguarding and MCA Leads within provider organizations. The purpose of these meetings is to develop practice and share learning.
- The CCG has undertaken a project to scope the number of NHS funded patients who are potentially being deprived of their liberty within domestic settings. This work will inform the management plan which is in development for 2016/17.
- The CCG attends the regional NHS England Quality Surveillance Group and embedded a local QSG during 2014/15. This group meets bi-monthly and has representation from CQC, Wiltshire Council and Healthwatch. All providers of concern are discussed at the meeting and appropriate actions identified, implemented and reviewed.

Staff training

No. of CCG staff who have completed Safeguarding Adults Level 1	83
No. of CCG staff who have completed Safeguarding Adults Level 2	10

NHS Wiltshire CCG also monitors provider compliance against expected training targets particularly in regard to Adult safeguarding, Mental Capacity Act, Deprivation of Liberty and Prevent.

2016/17

- A key objective in will be to establish a smooth transition of governance arrangements for Primary Care in preparation for fully delegated responsibility in 2017/18.
- To gain assurance and support providers to further develop and embed the NHS Intercollegiate document which identifies key knowledge and skills in relation to adult safeguarding.
- To review the CCG web page and internal staff intranet to ensure that up-to-date and appropriate Safeguarding Adults information and resources are provided
- Review Adult Safeguarding training for CCG staff in line with the intercollegiate guidance and incorporate WRAP3 e-learning package to all identified CCG staff.
- Complete and embed the CCG Prevent policy.
- Continue to work with the Children's Commissioner to ensure that young people approaching transition are identified at an early stage and that the principles of the MCA and DoLS are appropriately applied.

Community Rehabilitation Company (Bristol Gloucestershire Somerset & Wiltshire)

Bristol Gloucestershire Somerset & Wiltshire Community Rehabilitation Company (BGSW) works with low and medium risk of harm offenders in prison and the community. As such our work involves working with perpetrators of harm, especially domestic violence, to protect vulnerable victims. Many of our service users are vulnerable because of mental health, learning disability and substance abuse issues. It is important that as an organisation we support them as vulnerable adults, whilst also challenging their attitudes and encouraging law abiding and prosocial behaviour.

The Head of Wiltshire Local Delivery Unit has responsibility for all Safeguarding and represents the CRC on the WSAB. Two middle managers have operational responsibility to ensure the needs of all vulnerable service users are assessed and individualised support offered.

2015/16
BGSW's joint project with Sequol to ensure Service users with autism receive the assessment and service delivery they need continues to attract national attention; staff involved received a commendation from the Butler Trust and attended a ceremony with HRH Princess Anne in 2016.

Training
In Wiltshire, 11 staff have attended a full day of our tailor made training for working with vulnerable adults in a criminal justice setting.

2016/17
Our organisation continues to evolve rapidly; new ways of deploying staff and delivering core operational services will roll out in 2016/2017. Amid these changes, we will continue to ensure that our staff is appropriately trained and that the needs of the vulnerable people with whom we work are fully recognised and relevant support is offered.

Dorset & Wiltshire Fire and Rescue Service

Wiltshire and Dorset Fire Services combined on 1st April this year to form 'Dorset and Wiltshire Fire & Rescue Service' and we remain committed WSAB partners. Our new Service Safeguarding policy and procedures have now been put into effect following our combination.

Key points to note are:

- We now have a designated Safeguarding role within the Service:
  Jo McGowan, Safeguarding Co-ordinator
  Tel: 01722 691267 Mob: 07990 950391 Jo.mcgowan@dwfire.org.uk

- We also now have a dedicated team of Designated Safeguarding Officers spread throughout the new Service. These are a cadre of people from different departments who have received enhanced safeguarding training. They will act as advisors when a safeguarding/vulnerability issue is identified. We are now in the process of developing further bespoke training for all our Safeguarding Officers and other Key staff within the organisation such as Safe and Well advisors.

With regards to Partnership, we now have a new Head of Prevention and a significant part of their role will be around further developing our Partnership working across both counties and also developing other community engagement projects such as SAIL (Safe and Independent Living) which is operating in the Swindon Borough and our Warm & Safe programme, our partnership with

Wiltshire's Public Protection, which includes teams of advisors identifying vulnerable adults in our community and providing advice, support and signposting.

Additionally, which may be of interest, organisationally, we are mindful of the risk of PTSD to our Operational Staff. We have now embarked on a programme called TRiM (Trauma Risk Management) which is an early intervention process that identifies employees at risk of or showing early signs of PTSD, then signposts them to professional support.

Great Western Hospitals Foundation Trust

GWHFT has attended all board meetings during the year as well as the development session in December. GWH has contributed at all these events including chairing part of the September meeting, whilst the new chair was in his induction period.

GWHFT also chair the Quality Assurance sub-group and provided update reports for each board meeting. The sub-group is now well attended and has carried out two case file audits on behalf of the board.

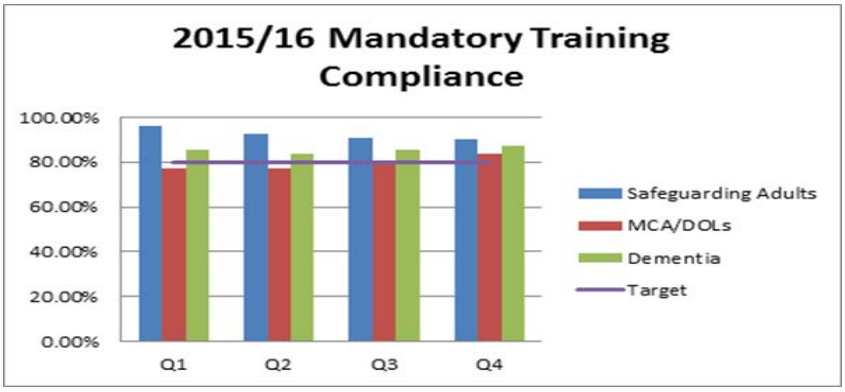
The safeguarding structure at GWHFT has developed over the year with clear accountability to the Chief Nurse. There are now two safeguarding teams, one for the acute site and services and one for community sites and services. Each is led by a senior clinician who works with a safeguarding lead who provides subject specialist advice and leadership to the trust as well as to staff.

2015/16

- The appointment of a senior matron to lead the acute based safeguarding team.
- The approval of a trust wide training strategy for safeguarding – 'The Golden Thread'
- Development of a Safeguarding database giving the Trust the ability to operate one system for the recording, reporting and analysis of Safeguarding data
- Three audits led by the safeguarding teams on safeguarding, MCA and DoLS. These audits are informing the 16-17 audit plans and the Trust safeguarding work plan.
- The community services have developed a structure of Practice Influencers in all teams. This model adds resilience in terms of safeguarding specialist knowledge and guidance available to staff

Training

The chart below identifies the Trust wide level of training compliance in 2015/16. The generic Trust Mandatory training compliance threshold is 80%. GWH is currently compliant against this threshold.



2016/17

Acute site and services

- Further build on a culture where Safeguarding is seen as 'everyone's business'
- Further development of processes and procedures to ensure that all patient facing contact actions are underpinned by the principles of the MCA (2005)
- To continue implementation of the Trust Safeguarding adults at risk training strategy
- To further develop internal assurance in relation to Trust processes. The Trust safeguarding audit schedule will provide the evidence to drive forward any changes required
- Full utilisation of the Safeguarding reporting system (Ulysses system)
- Explore the use of technology to promote and educate in relation to raising awareness and staff practices
- Increase opportunities for partnership working
- Undertake service improvement projects relevant to the Safeguarding agenda
- Development of Safeguarding operational group to influence care delivery at ward and department level

Community sites and services

Community services key plans relate to 1st July when community services will be delivered by a new joint venture between GWH, SFT and RUH. The new organisation will be called Wiltshire Health and Care (WHC). The plans include

- Amend all policies and procedures related to safeguarding.
- Agree an adult safeguarding team for WHC, to include how this team also supports those community services delivering care to Children.
- To fully implement the Golden Thread training Strategy
- To work with Virgin Health Care, providers of children's services across Wiltshire, in order to develop pathways of care to support transition.
- To develop systems, documentation and processes to support staff to deliver care in the appropriate legal framework and to record this so that reporting is accurate and detailed, so that reports are available for the board of WHC.

Healthwatch Wiltshire

Healthwatch Wiltshire is the statutory patient and public champion for health and social care. We have a place on the WSAB and use this place effectively to challenge and support the WSAB to engage with service users and consider the real life experiences of vulnerable adults. During the year our contribution has included:

- Worked with the chair on a proposal for the Board on how to consult with the local community on its strategic plan
- Participation in the selection process for the new independent chair of the WSAB
- Preparation of an accessible version of the WSAB's strategic plan
- Engagement with service user and carer reference groups on the draft accessible version of the strategic plan
- Engagement with service user and carer reference groups on our work about 'carers in crisis' – particularly considering any safeguarding implications
- Chairing of the WSAB's learning and development subgroup which has included working alongside partners on the refreshed learning and development plan for Wiltshire
- Contributed to the task and finish group on 'high risk behaviours'

As an organisation Healthwatch Wiltshire has an important role in respect to safeguarding. Local Healthwatch was created through the Health and Social Care Act 2012 to provide a stronger voice for patients, service users, and the wider community. In its vision for Adult Social Care, the Government said that it wants to encourage local communities to be 'the eyes and ears of

safeguarding, speaking up for people who may not be able to protect themselves'. Healthwatch can play an important part in all this.

Through our engagement work in local communities we talk to people who are using health and care services. We also work closely with local charities and voluntary sector organisations to learn about the experiences of their members and service users. This information helps us to understand the experience of local people using health and care services both good and bad and we reflect this back to commissioners, providers, and the Care Quality Commission. Whenever there are safeguarding (or potential safeguarding) concerns then these are immediately referred.

In addition to our engagement activity, Healthwatch Wiltshire takes a proactive role in monitoring the quality of local services. This includes keeping abreast of all quality reports produced by the Acute Trusts, other providers, and the Care Quality Commission. Further, we regularly review the issues raised to us by local people to see if there are any trends or areas for concern. We have a relationship with the local provider for NHS Complaints Advocacy so that anonymised information can be shared. We call this 'quality surveillance' and it helps us to fulfil our statutory role.

2015/16
Our annual report for 2015/16 is published on our website http://www.healthwatchwiltshire.co.uk/ . Highlights have included:

- Working with voluntary sector partners to understand real life experiences of living with dementia and reflecting this back to commissioners
- Engaging with patients and service users in health settings to find out about their experiences
- Working with partners on NHS complaints handling so that local people have a better experience
- Participating in the NHS England and also the Wiltshire Quality Surveillance Group which gives us an opportunity to raise concerns
- Working with Wiltshire Council on the launch and development of a new health and care information website called Your Care Your Support Wiltshire

Training
During 2015 the staff team (8 staff) had a development day which included a session on safeguarding which was delivered by a Safeguarding Manager at Wiltshire Council. Refresher training on safeguarding is planned for all volunteers, directors, and staff in 2016 (approximately 50 people).

2016/17
Healthwatch Wiltshire intends to continue to contribute to the work of the WSAB particularly in respect to understanding the real life experiences of vulnerable adults in the context of 'making safeguarding personal' and people's right to choice and control over their own lives.

NHS England (South Central)

NHS England (NHSE), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

The key challenge for the NHSE South Central Nursing team is satisfactorily servicing our geographical area with a limited resource of personnel. The South Central Area consists of 14 CCGs from Gloucestershire to Buckinghamshire. This effectively equates to eight SABs (and twelve LSCBs) to meaningfully engage with. This is currently done via an informed risk approach based on regulatory ratings and CCG/Health representation, alongside any location specific issues such as CSE or FGM concerns.

The NHSE Safeguarding function for both adults and children is placed within the Nursing Directorate which holds an oversight role for Safeguarding, Quality and Safety and for Patient Experience across the South Central Clinical Commissioning Group (CCG) NHS System.

During 2015/16 the team faced capacity restrictions due to an organisational restructure and delays in recruiting into key posts. In December 2015 a new assistant director of nursing responsible for safeguarding was appointed and with the safeguarding lead gives increased capacity to deliver the required organisational functions.

2015/16
NHSE has during 2015, updated and published a new edition of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and updated guidance on Managing Allegations against Staff.

Our work contributes to public assurance that safeguarding services within the health system are subject to due oversight and direction. The dissemination of key learning, best practice directives and the benefits of professional networking and support contribute to the quality of health service safeguarding within the region.

Training
NHS England is not a patient facing organisation but has introduced a mandatory training requirement for all staff to complete a basic awareness course in safeguarding both adults and children. Safeguarding staff have trained at the appropriate level according to guidance which includes safeguarding adults, MCA and Prevent training.

2016/17

National Priorities:
- FGM
- Embedding MCA
- PREVENT
- Care Act 2014
- Modern Slavery
- Care in Care homes
- Quality and Safety of learning disability services

Local Priorities:
- Learning from SCRs & DHRs
- Safeguarding Boards presence
- Learning from the Primary Care Safeguarding Assurance audit

Royal United Hospitals Bath NHS Foundation Trust (RUH)

The RUH contributes to the Wiltshire Safeguarding Adults Board (WSAB) with Executive representation from either the Director of Nursing and Midwifery or the Deputy Director of Nursing, Quality and Patient Safety. There is RUH representation at the Quality Assurance sub group, which is attended by the Senior Nurse, Adult Safeguarding and the Trust Lead for Quality Assurance. The Senior Nurse Adult Safeguarding has also participated in the development of some policies.

The Director of Nursing and Midwifery is the Executive Lead for Adult Safeguarding within the Royal United Hospitals Bath NHS Foundation Trust (RUH), supported by the Deputy Director of Nursing, Quality and Patient Safety. The adult safeguarding team has continued to develop the support for clinical staff raising concerns.

Assurance relating to adult safeguarding, Mental Capacity and Deprivation of Liberty Safeguards is provided to the Trust Board by the Safeguarding Adults Committee via the Operational Governance route. The Safeguarding Adults Committee is a multi-agency Committee chaired by the Deputy Director of Nursing, Quality and Patient Safety.

Safeguarding Adults Team
The Safeguarding Adult team consists of 1.8 WTE registered nurses with the support of a 0.8 WTE administrator. When the team receives a concern they review the patient and/or their medical records on the ward and gather the initial information as requested by the Local Authority safeguarding teams. The RUH team provide an immediate response for advice and support to all staff by being available via the bleep system. Each operational safeguarding lead maintains a patient caseload. The Safeguarding Adult team regularly undertake case reviews to support safeguarding processes that have been convened in the community following an episode of care in the RUH, providing the Chair with background information to supplement the process. The team represent the RUH at safeguarding strategy and planning meetings held at the RUH and on occasions at external meetings.

Safeguarding Adults Network
The network was established in January 2015; the key objectives of the network are to support practitioners by ensuring lessons learnt from Safeguarding Adult Reviews (SARs), and Serious Incidents shared, discussed and learning disseminated by the Practitioner members. The safeguarding leads identify and discuss cases to disseminate examples of good practice. Provide membership with consistent information related to organisational priorities related to safeguarding adults.

2015-16

Safeguarding
- Adults and children's safeguarding teams are now co-located and provide a single point of contact for all safeguarding enquiries.
- Developed support material for clinical staff in preparation for CQC inspection.
- Implementation of feedback form to the wards following a safeguarding concern being raised by the ward.
- Stop Adult Abuse Week – team had information stand for staff with the theme being domestic violence and abuse.

IDVA

- Supported the Independent Domestic Abuse Advisor (IDVA) project within Trust.
- Domestic Violence Awareness Week – supported IDVA with information stand for staff and visitors.

Mental Health Co-ordinator

- Supported the Mental Health Co-Ordinator project within the Trust. Key objectives of this project are to support the wards managing patients with challenging behaviour and developing training programmes for RUH staff.

Prevent

- Established and launched 'PREVENT' training programme in conjunction with Prevent with information published "In the Week" and information stand in the hospital.

Policies

- Developed and published the following policies/guidelines:
    - Covert Medication (incorporated into Non Concordance with Treatment and Care Policy)
    - PREVENT Policy
- Revised and published:
    - Safeguarding Adults Policy in line with Care Act Guidance

Electronic Forms & Documentation

- Developed and implemented electronic version of Deprivation of Liberty Safeguards authorisation forms.
- Refreshed Trust safeguarding adult's webpage.
- Introduced a Specific Needs document for patients with a learning disability.

Training

- Achieved 90% compliance for Level 1 training.
- Increased Level 2 training compliance to 84%, on target to achieve 90% trajectory target by August 2016.
- Achieved 100% compliance for Level 3 training.
- Developed Level 1 and Level 2 eLearning safeguarding adult programmes.
- Developed Safeguarding Induction and update training day to include Safeguarding Adults and Children's Level 2, Mental Health Awareness, Learning Disabilities Awareness, Domestic Violence Awareness and PREVENT for clinical staff who have face to face contact with patients.
- Provided ward based training for Deprivation of Liberty Safeguards Process.

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %
Level 1 Safeguarding Adults	90	88.22	87.49	87.60	90.01
Level 2 Safeguarding Adults	90	67.38	72.02	78.01	84.34
Level 3 Safeguarding Adults	90	100	100	100	100
MCA & DoLS Awareness	90	71.69	74.69	78.48	84.16

Objectives for 2016-2017:

- To meet training targets for level 2 Safeguarding Adults as per our agreed trajectory.
- To review and build evidence for Care Quality Commission Fundamental Standards Outcome 13.
- Work with Trust Head of Security in regards to restrictive practices Trust wide ongoing NICE Guidance.

- Working closer with Named Nurse for Children and Named Midwife particularly in relation to Domestic Violence and Abuse.
- Map current position against recently published NHS England Intercollegiate Document (competency framework for healthcare staff).
- Make recommendations following above mapping process.
- Establish flagging system on Millennium for identifying patients with high risk associated with safeguarding eg. on a safeguarding adult protection plan
- Develop electronic version for Independent Mental Capacity Advocate (IMCA) referral.
- Develop electronic version for staff to raise Safeguarding Adults concerns.
- Share learning from Domestic Homicide Reviews.
- Develop and publish allegations against Staff Policy.
- Provide training to support above policy for managers & HR business partners
- Further development of the Safeguarding Adults Practitioner Network.
- Implement learning from Learning Disabilities Quality Check programme.

Salisbury NHS Foundation Trust

- The Director of Nursing is the Trust's Executive Lead for both Safeguarding Adults at Risk and Children. The Deputy Director of Nursing has operational responsibility for Safeguarding Adults, and represents the Trust on the WSAB.
- The Safeguarding Adults at Risk/ MCA Lead Nurse is a member of the Learning and Development Sub-Group. The Safeguarding Adults at Risk Lead Nurse is responsible for supporting staff to practice in line with Safeguarding Policies & Procedures and for increasing awareness about making safeguarding personal within the Trust and for promoting multi-agency working. The Named Nurse for Safeguarding Children and Safeguarding Adult Lead Nurse share attendance at the bi-monthly Wiltshire Multi Agency Risk Assessment Conferences (MARAC).
- Safeguarding Assurance is managed via the Integrated Safeguarding Committee, Clinical Risk Group and Clinical Governance Committee and reported quarterly to commissioners in line with the safeguarding contract schedule.

2015/16

- Identified Safeguarding Champions in all clinical areas and bi-monthly training workshops in progress
- CQC Inspection: "*Consent and knowledge of the Mental Capacity Act was good, however the recording of this needed improvement. There was a good understanding amongst staff of the Deprivation of Liberty Safeguards and when to apply them. Training and guidance was available and staff were aware of who to contact if they needed any advice for support*. **"**
- Safeguarding - "*There were systems, processes and practices in place that kept patients safe which were understood and implemented by staff. The trust had a safeguarding policy which identified the roles of key, senior personnel and their responsibilities in ensuring the hospital complied with relevant legal and statutory requirements."*

Training

At the end of March 2016 85% of staff had received Safeguarding Adults training, and 70% of identified staff had completed MCA training

Objectives for 2016/17

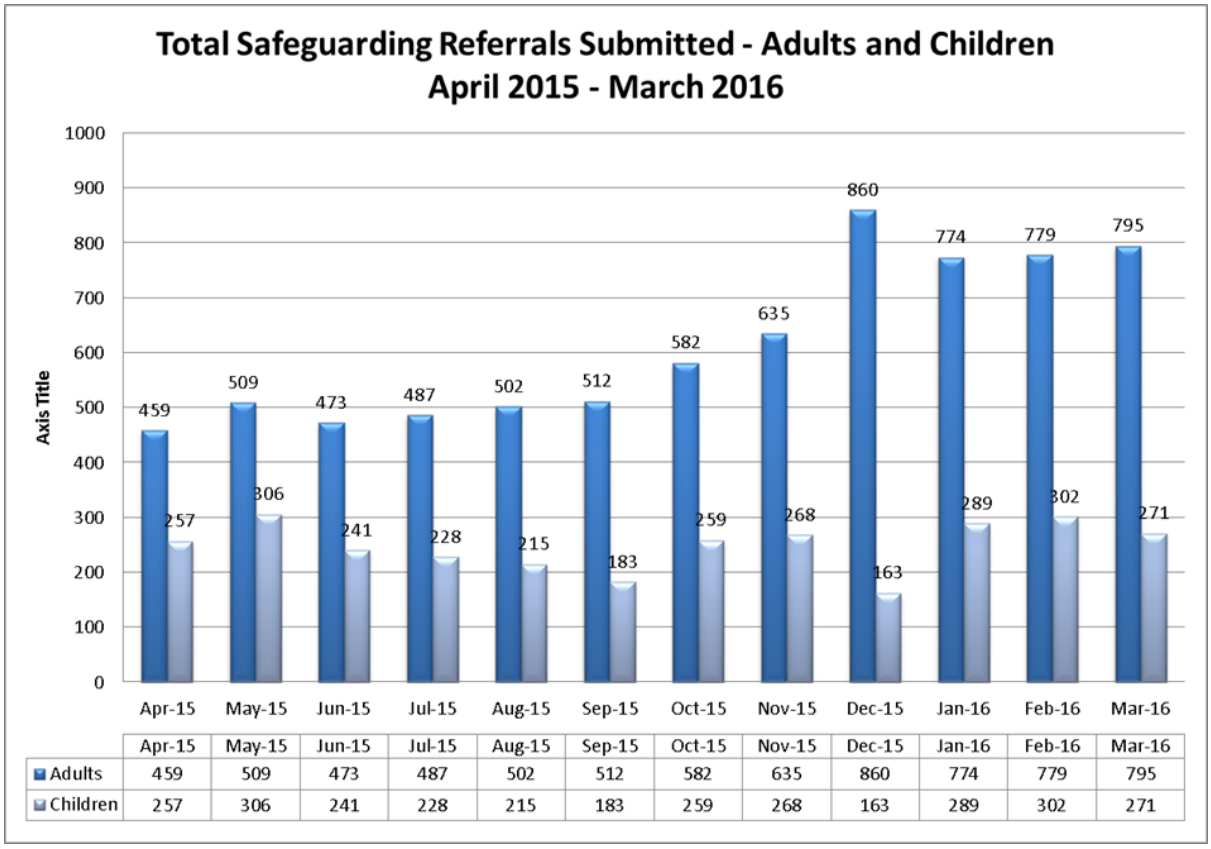
- Continue with developing the Safeguarding Champions
- Implementation of new Safeguarding Adult and MCA eLearning packages
- Closer working between Safeguarding Adults, Children and Maternity Leads
- Regular Domestic Abuse training

South West Ambulance Service NHS Foundation Trust

SWAST continue to work under the agreed Memorandum of Understanding which in real terms means that Simon Hester, SWAST Named Professional North continues to:

- Attend the Child Death Overview Panel (CDOP) meetings in each LSCB
- co-operate with the Serious Case Reviews (SCR), Domestic Homicide Reviews (DHR) or Safeguarding Adult Reviews (SAR) as they arise either by providing a chronology, information of contact or a full individual management review, (IMR), depending on the involvement of the Ambulance Service
- Attend or provide information, as appropriate to adult/child case conferences
- Attend or supply information to Strategy meetings after a child/adult has died or is seriously injured
- Co-operate with audits as appropriate e.g. the section 11 audit requests or as part of a research group
- In addition, the trust may be represented on task and finish groups which directly affect the workings of the ambulance service e.g. trigger groups, drug and alcohol forums and conveyance of mental health patients

The SWAST Safeguarding Team provide advice, training, ad hoc supervision and support to all frontline and support staff across the trust area. There are 3 Named Professionals that individually cover each of the 3 trust localities. They each directly report to the Head of Safeguarding - Sarah Thompson. To give an idea of the number of referrals submitted across the trust area see the chart below:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Adults	459	509	473	487	502	512	582	635	860	774	779	795
Children	257	306	241	228	215	183	259	268	163	289	302	271

2015/16

- Analysis and Review of Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 40 randomised cases.
- Risk assessment of the referral process.
- Delegation of whole team to triage role due to long term absence of the Triager.
- Positive letter of support from Safeguarding Board for 111 CQC inspection
- Positive verbal feedback from 111 CQC inspection.
- IMR/SAR/DHR completed despite capacity issues.
- Recruitment to the administration position – referral triage processor to commence May 1 2016.
- First module of the NHS England Safeguarding Leadership course at Taunton completed by Named Professional North.
- TOR and Workplan for NASG (National Ambulance Safeguarding Group) agreed March 2016.
- Managing Allegations Policy updated and agreed at SOG.
- Prevent Policy agreed at SOG (Safeguarding Operational Group).
- PTS training quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training
- Positive action from North CDOP meetings including facilitating SWASFT Macmillan Nurses under the Palliative Care Response Times
- Facilitated OO abstraction to join Glos Safeguarding Fire Subgroup to look at joint working on hoarding
- Named Professional East achieved The Award in Education & Training enhancing the Service Training portfolio
- All team members received half day Emotional Resilience Training
- Quality Audit of Referrals with the 111 Service
- Production of an 'OO pack' for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Launch of trust wide Welfare Service for staff – The Staying Well Service – 400 staff seen in first 5 months.

Training

Breakdown of figures for safeguarding adults staff training within the year:

Site	Reporting Line	Module	Staff group	Target	Actual	Whole Number	Percentage
A&E Service	North Division	Safeguarding Level 2	Clinical Staff	95%	98%	1075	98%
A&E Service	North Division	Safeguarding Level 1	Support staff – no patient contact	95%	67%	15	67%

The above chart shows that 1075 were trained to level 2 in the North Division (Covering Wiltshire). This was part of the SME training to all frontline staff. This year's safeguarding topic was Prevent .It was delivered face to face. Level 1 for non-clinical staff is via a workbook.

Objectives for 2016/17
Five Annual Report Priorities have been highlighted and are pivotal in the coming years work. These are:

Priority 1 – Response to SW Audit
Priority 2 – Supervision Strategy
Priority 3 – Regional Differences
Priority 4 - Local Area safeguarding Strategy for Operational Staff
Priority 5 – Importance of Feedback.

These will inform the work plan for the coming year. The additional priorities for the Safeguarding Service were decided at the team meeting in March 2016 in response to feedback in 1 to 1 meetings. These are:

- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Further Business case to secure the secondment positions
- Work plan to be guided by forthcoming CQC inspection
- Consider a more resilient team by integrating more with the Governance Structure
- Agree a Supervision Strategy for the trust
- Escalation Policy to be approved
- Strengthen the CSE agenda

Wiltshire Care Partnership

Wiltshire Care Partnership (WCP) represents the voice of independent care providers on the WSAB. WCP's place on the WSAB ensures the practicalities of Safeguarding are considered alongside the legislation and policies, giving providers a sense of how to interpret the guidance on a day-to-day basis. WCP acts as a conduit between the WSAB and its wider membership.

WCP is a member-led organisation, and comprises residential and nursing home, domiciliary and learning disabilities care providers. WCP includes nominated representatives of the Wiltshire Care Homes Association, the Wiltshire branch of the Registered Nursing Homes Association, the Wiltshire Domiciliary Care Providers Association and the Learning Disabilities Provider Forum.

WCP itself does not have direct responsibility for individuals who may be involved in Safeguarding, but it does have a responsibility to work on behalf of its membership to share information, raise issues and to contribute to, and disseminate guidance and policy.

2015/16
WCP has increased its membership; jointly delivered, with Wiltshire & Swindon Care Skills Partnership, an extremely successful conference for members, where there was a workshop on Safeguarding; surveyed members about Safeguarding experiences and presented the findings to WSAB, resulting in agreement to include the points raised in training; raised and tackled, with commissioners, issues that have impacted on Safeguarding, including continence services, falls, end of life and Funded Nursing Care; worked with sponsors Quality Solicitors Burroughs Day to enable members to gain better understanding of their responsibilities and rights when subject to a Safeguarding investigation.

Objectives for 2016/17
WCP members continue to raise queries and concerns about how Safeguarding works, and about related issues such as DoLS and the Mental Capacity Act, so WCP will continue to work in partnership with Wiltshire Council and other organisations to create opportunities to share knowledge, understanding and training for independent providers.

Wiltshire Police

As part of our commitment to protecting Vulnerable Adults, Wiltshire Police form part of the core of the Safeguarding Adults Board for both Wiltshire and Swindon.

Wiltshire Police have a dedicated Safeguarding Adults Investigation Team, which is made up of Detective Inspector, Detective Sergeant and 6 investigators. This team covers the whole of Swindon and Wiltshire and investigates any significant abuse/risk of harm by carers, family, people in position of trust, or fellow service users. In addition we have a triage team based at County Hall, who is responsible for the receipt, review and allocation of all referrals, the strategy discussions held and are the single point of contact prior to investigation.

Since its implementation, Wiltshire Police have fully embraced Making Safeguarding Personal. Our investigations are victim led, and their wishes are ascertained at the earliest opportunity with the assistance of our partner agencies.

All the decisions that are made regarding criminal investigations have to be proportionate and lawful. The information and risk is continuously assessed in line with the National Decision Making Model. Our partner agencies form an integral part of the decisions made and all rationale is fully documented within meeting minutes, and Police investigation logs.

Training
Training is always ongoing within Wiltshire Police. We have a number of ways in which this is done, which have all been adopted in the past year.

- SAIT officers provide regular training internally and externally in relation to the Care Act 2014 and the Criminal Justice and Courts Act 2015. Presentations are tailored to the recipient and have been provided to Wiltshire Police Officers and Staff. Adult Social Care, Mental Health teams and Health Care Providers in the past year.
- Neighbourhood Policing Teams have been working closely with Care Providers and also privately funded individuals within the community. They provide a valuable link with people that may not be known to Local Authority services.
- Any changes to law/policy/updates etc are included in the Force's weekly e-brief which is sent by email and also accessible through Firstpoint.
- SAIT staff attend all Investigating Officer and Investigating Manager workshops. This is to ensure training/updates/cases are shared between both.
- We attend outside seminars, presentations, training where possible.

WSUN Service User Reference Group

WSUN has a Service User Reference Group which provides a unique opportunity for service users voices and experiences regarding safeguarding to be heard. The Reference Group feeds into the WSAB members who sit on both groups and give updates about the work of the WSAB to the Reference group. This puts the experience of service users at the heart of Safeguarding and enables real life experiences to inform the work of the Board.

The group has been involved in consultation on the new carer strategy. Karen Walters, Carers Programme Lead at Wiltshire Council, attended the Reference Group to give a briefing and a lively debate followed. "I really enjoyed the debate at the meeting and it was particularly gratifying to note that we seem to be focused on the right things to improve on, not just for carers but for service users too" (Karen Walters)

Hot topics the group has addressed during the past year include:

- Correct assessment and process of administering 'covert' medication by (e.g.) crushing tablets. This was flagged up to Wiltshire Care Partnership to include in their bulletin to raise awareness of the subject
- Discussion about an individual's right to take risk and clarification of the Making Safeguarding Personal (MSP)approach which social services and other agencies follow
- Gathering experiences of the recording of DNR (Do Not Resuscitate) on hospital records to bring to attention of WSAB representative for Great Western Hospital
- Giving feedback to the WSAB on their strategic plan and how it is communicated to the community

Appendix 1 - Board Membership & Attendance

Organization	Designated Member	June 2015	Sept 2015	Dec 2015	Dec 2015 Dev Day	Mar 2016
Independent Chair	Margaret Sheather (to June 2015) Richard Crompton (from Sept 2015)	✓	✓	✓	✓	✓
Wiltshire Council DCS	James Cawley	A	✓	A	A	A
Wiltshire Council Safer Communities	Tracy Daszkiewicz	✓	A	✓	✓	A
Wiltshire Council Commissioning	Heather Alleyne	✓	✓	✓	✓	✓
Wiltshire Council Cabinet Member	Cllr Keith Humphries (to June 2015) Cllr Sheila Parker (from Sept 2015)	✓	A	✓	✓	A
Wiltshire Care Partnership	Matthew Airey	✓	✓	✓	✓	AP-R
Wiltshire Police	D/Supt Craig Holden	✓	✓	✓	✓	✓
CCG Wiltshire	Karen Littlewood (to June 2015) Dina McAlpine (from Sept 2015)	AP-R	AP-R	AP-R	AP-R	✓
NHS England	No rep (to Sept 2015) Sarah Warne (from Dec 2015)	n/a	n/a	✓	✓	✓
Great Western Ambulance Service	Sarah Thompson	✓	A	AP-R	Ap-R	A
Great Western Hospital	Maddy Ferrari	✓	✓	✓	✓	Ap-R
RUH Bath	Mary Lewis	✓	✓	✓	✓	Ap-R
Salisbury NHS Foundation Trust	Gill Cobham (to June 2015 Karen Littlewood (from Sept 2015)	Ap-R	✓	Ap-R	A	✓
AWP	Dr Toby Sutcliffe	✓	Ap-R	✓	✓	Ap-R
National Probation Service	Mark Scully		Ap-R			
Community Rehabilitation Company (Wiltshire)	Liz Hickey	✓	A	✓	A	A
Wiltshire Fire & Rescue Service	Damien Bence	A	A			
Healthwatch Wiltshire	Emma Cooper	✓	✓	✓	✓	✓
Domiciliary Care Providers Assn	Darren Fowler	✓	✓	✓	✓	✓
Learning Disability Providers	Richard Smith (Sept 2015 only) No rep (from Dec 2015)	n/a	✓			
Carer Reference Group	As nominated by Carer Support Wiltshire	✓	✓	✓	✓	A
User Reference Group (from Sept 2015)	As nominated by Wiltshire & Swindon User Network	✓	✓	✓	✓	✓
CQC (annual only)	Justine Button	A				

✓: Attended A: Sent apologies Ap-R: Sent apologies & replacement attended

Performance Report for
Wiltshire Safeguarding Adults Board

Quality Assurance Sub-Group

2015 - 2016

INFORMATION REPORT FOR THE PERIOD APRIL 2015 – MARCH 2016

Previous year totals and comparative data, rolling year

	2014/15 Wiltshire total	Outturn				2015/ 2016	2014/15 Averages		2014/15 Rate per 100,000 population (aged 18 & over)			Comments
		15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4		England	South West	England	South West	Wiltshire	
Number of enquiries (Concerns)	3,201	1,064	1,201	1,156	1,145	4,566	Comparative data no longer available as Concerns are not reported nationally or regionally					
Number of enquiries triaged within 2 days	3,140	1.052	1,183	1,131	1,123	4,491	Comparative data not available as this is not reported nationally or regionally					
Service Standard: *Number of enquiries triaged within 2 days* **Target: 97%**	*98%*	*99%*	*98%*	*98%*	*98%*	*98%*	*Operational timescales are not reported nationally or regionally*					
Number of Early Strategy Actions (ESA)	912	270	246	251	226	993	This is not reported nationally or regionally therefore comparative data is not available					
Percentage of enquiries leading to ESAs	*28%*	*25%*	*20%*	*22%*	*20%*	*22%*	Data regarding Early Strategy Actions is not available at a national or regional level					
Number of Enquiries started *(This excludes large scale investigations)*	871	255	227	263	227	972	691	679	242.4	234.2	263.2	Wiltshire was above average nationally and regionally in 2014/15 both in numbers and per 100,000 population.

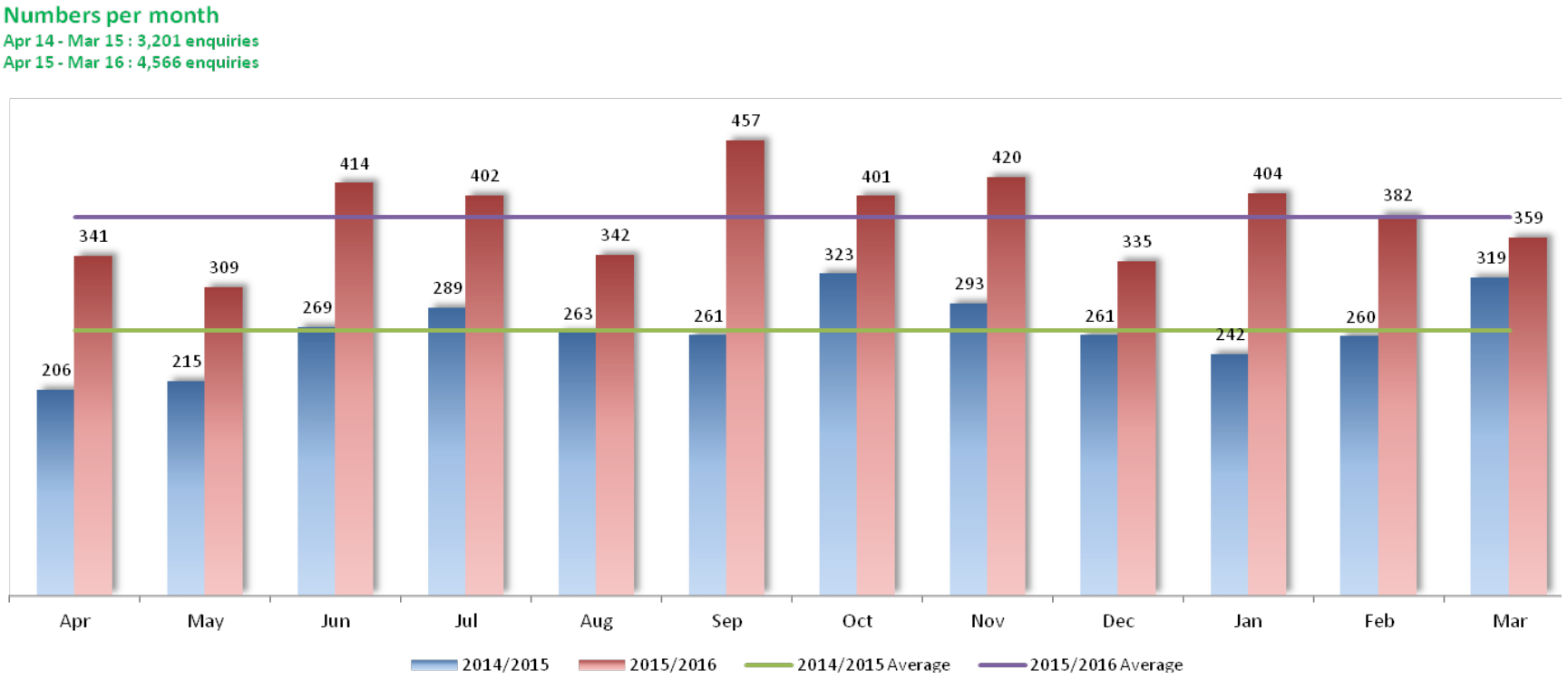
	2014/15 Wiltshire total	Outturn				2015/ 2016	2014/15 Averages		2014/15 Rate per 100,000 population (aged 18 & over)			Comments
		15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4		England	South West	England	South West	Wiltshire	
Percentage of adults at close of Enquiry who felt that their outcomes had been achieved	*95%*	*97%*	*99%*	*100%*	*97%*	*99%*	This is not reported nationally or regionally therefore comparative data is not available					
Percentage of adults at close of Enquiry who said they felt safer	N/A	N/A	N/A	N/A	N/A	N/A	This data is not yet collected by Wiltshire Council					

Note :

An enquiry (with a lower case 'e') used to be known as an 'alert' and is now also known by the Department of Health as a 'Concern'. An Enquiry (with a capital 'E') used to be known as an 'investigation'.

SINGLE SAFEGUARDING CASES[1] *Abuse enquiries*

Two-year enquiry comparison, month-by-month:

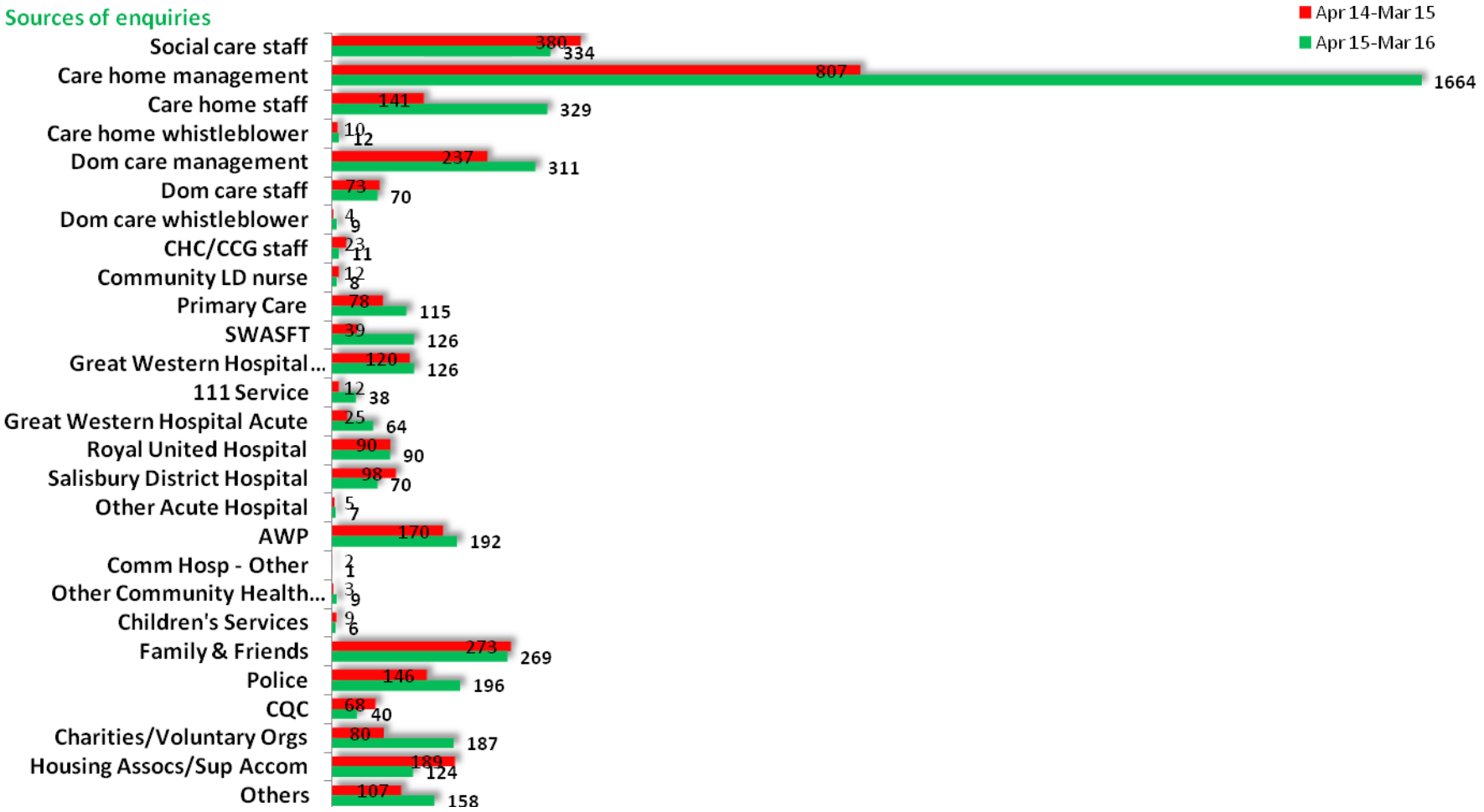


There has been a 43% increase in the number of enquiries. In the previous year we received an average of 267 enquiries per month; in 2015/16 this increased to 381. This has been caused primarily by the rise in cases by care agencies (care homes and domiciliary agencies). Of the 4,566 enquiries in 2015/16, almost 4 out of 5 (3,546) were 'screened out' (deemed as not needing further action) at the triage stage.

[1] Single safeguarding cases are those *not* involving Large Scale Investigations

Sources of enquiries:

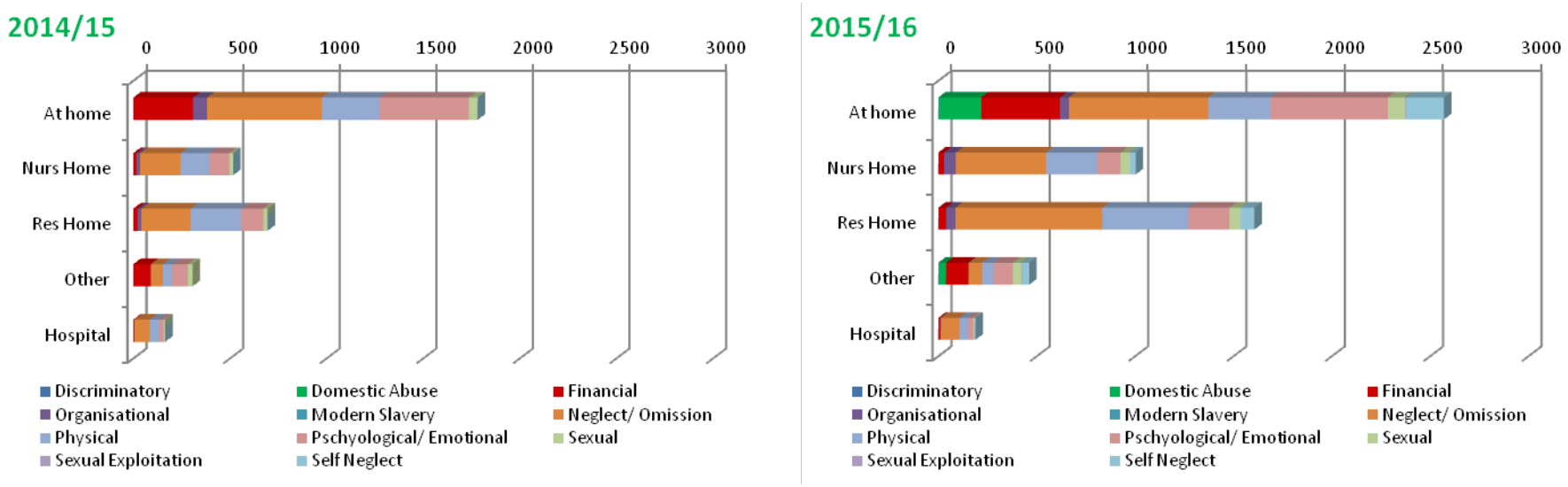
As can be seen in the chart below, sources of enquiries come from a wide spectrum of professionals and society. Enquires relating to Care Homes more than doubled (up by 109% - 1,047) and domiciliary care agencies enquiries rose over 24% from the previous year from 314 to 390. Anecdotal evidence from care homes is that large number of enquiries made by them because "it's safer to say" than not.



Type of abuse by setting (at the enquiry stage)

The patterns of the type of abuse in the various settings are broadly similar across both years. There are very few reported cases of discrimination (just 10 across the 2 years under report). Many of these occurred in people's own homes but this includes supported accommodation where there are several occupants. These small numbers could indicate a tolerant, understanding county or discrimination is not being reported as it should. Information received from Wiltshire Police also indicates that the amount of cases recorded as discriminatory are statistically low. Analysis of this information is ongoing to ensure this remains an accurate reflection and training and education for those who obtain such detail is continuous. Ongoing, the accuracy of recording incidents of discriminatory abuse may require updating.

Many cases where neglect or acts of omission were reported occurred in own home situations (49% in the previous year and 34% in 2015/16). Care homes saw 39% of such cases in 2014/15 and 58% of late. These tend to be missed medication, not supporting transfers appropriately or failing to prevent customers falling when mobilising. Hospitals averaged 6% of neglect cases for the years under report.



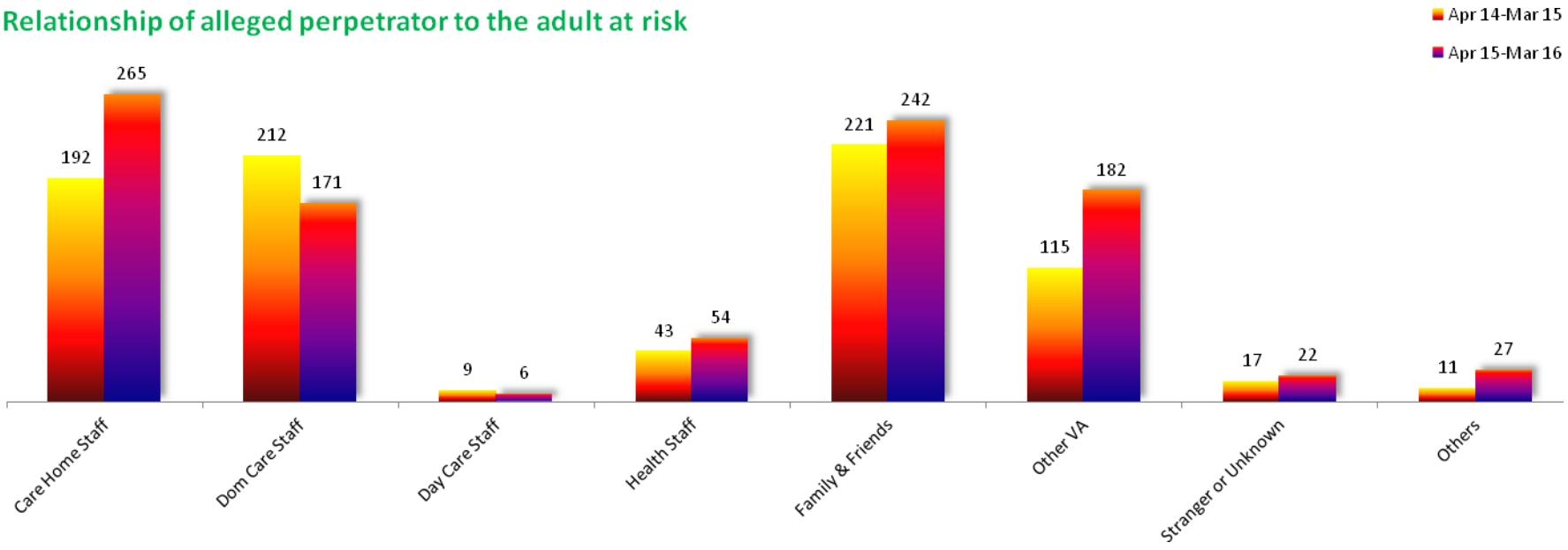
Care homes are also where the most physical abuse is reported (51% in 2014/16 and 63% the following year). This ranges from one resident lightly striking another, to residents fighting. Financial abuse accounts for 16% of abuse at home in 2015 (17% the previous year) and this is where most abuse of this type takes place (70% of financial abuse cases were in people's own home in 2014/15 and 68% in 2015/16).

Section 42 Enquiries

Relationship of the alleged perpetrator to the adult at risk

During 2015/16, in 25% of cases investigated the alleged perpetrator (AP) was a relative, friend or neighbour. This was a slight decrease in the previous year's rate (27%), although the numbers increased in 2015/16 to 242 cases (out of 969 concluded Enquiries) from 221 out of 820 the previous year.

Domiciliary care and self-directed support staff comprised 26% (212) of APs in 2014/15 falling to 18% (171) the following year. The proportion of Care home staff having accusations brought against them rose during this reporting period to 265 (27% of all concluded cases) from 192 (23%) previously.

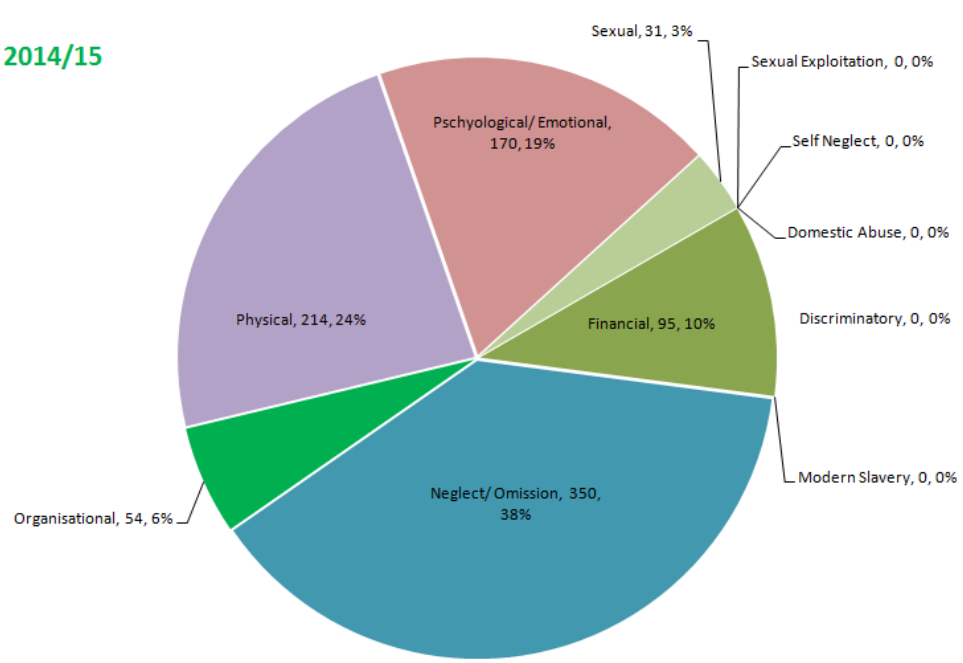


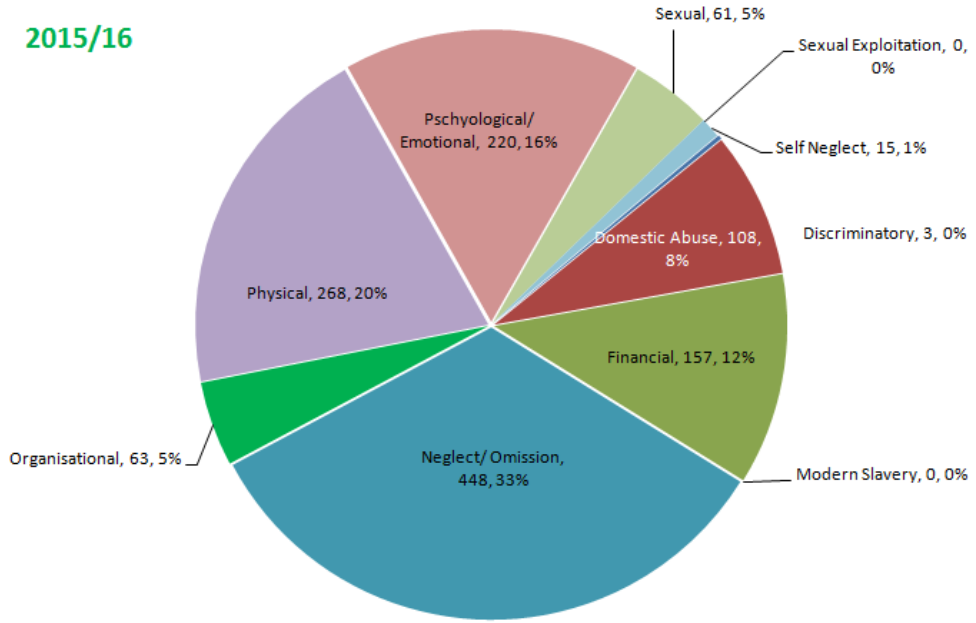
Location of the alleged abuse

Care homes and the adult at risk's own home dominate where abuse is said to have taken place, with own home averaging 45% across the 2 years and care homes averaging 40%. All other locations are similar in their proportions over the 2 year period.

Type of abuse

The numbers of types of abuse are broadly similar ratios across the 2 time periods as shown below. Note that from 2015/2016 there are new categories of abuse being recorded and reported: Domestic Abuse, Modern Slavery, Self Neglect and Sexual Exploitation. Financial abuse has dropped as a percentage of types of abuse. The percentage of Neglect has decreased and Organisational (formerly Institutional) abuse has also fallen as a proportion:





Type of abuse by Enquiry conclusion

In 2014/15, 820 Enquiries were completed; with the increased numbers of enquiries and Enquiries in this latter reporting period, this number increased to 969. The numbers of concluded cases by the type of abuse are shown in the table below (those in red font are for the previous year). With many cases involving multiple types of abuse, these numbers will not equate to the total the number of concluded cases. These years are rolling 12 months periods (in this case for the 2014/15 and 2015/16 financial years). Percentages show the ratio of abuse types by total cases concluded:

	Discriminatory	Domestic Abuse	Financial / Material	Modern Slavery	Neglect / Acts of Omission	Organisational	Physical	Psychological / Emotional	Sexual	Sexual Exploitation	Self Neglect	Totals
Fully Substantiated	1	46	39	0	144	19	126	100	17	0	5	497
	0%	13%	11%	0%	42%	5%	36%	29%	5%	0%	1%	
	0	0	39	0	167	24	102	76	14	0	0	422
	0%	0%	13%	0%	54%	8%	33%	24%	4%	0%	0%	
Partially Substantiated	1	28	26	0	100	12	56	48	14	0	2	287
	1%	14%	13%	0%	51%	6%	28%	24%	7%	0%	1%	
	0	0	31	0	91	13	64	57	11	0	0	267
	0%	0%	17%	0%	51%	7%	36%	32%	6%	0%	0%	
Inconclusive	0	19	24	0	55	3	17	19	7	0	3	147
	0%	19%	24%	0%	56%	3%	17%	19%	7%	0%	3%	
	0	0	17	0	33	5	20	19	3	0	0	97
	0%	0%	24%	0%	47%	7%	29%	27%	4%	0%	0%	
Unsubstantiated	1	43	68	0	149	29	69	53	23	0	5	440
	0%	15%	24%	0%	53%	10%	25%	19%	8%	0%	2%	
	0	0	38	0	105	14	55	39	10	0	0	261
	0%	0%	18%	0%	49%	7%	26%	18%	5%	0%	0%	

Outcomes

Below are cases with further action or outcomes; these are shown by the Enquiries' findings. Adults at risk can have more than one outcome, therefore these numbers will not equate to the number of cases concluded:

	Adjust Protection Plan	Alternative Services	AP Removed	Change to Risk	Civil Action	Complaints	Criminal Action	Emergency Services Notified	Family Informed	Primary Health Notified	New Risk Identified	No Further Action	Other	Police Informed	Protection Plan Completed	Regulator Informed	Risk Removed	Service Suspended	Training	Adult at Risk Removed	Grand Totals
Fully Substantiated	35	33	51	11	1	11	17	4	228	101	7	14	92	152	217	115	178	3	53	27	1,350
	10%	10%	15%	3%	0%	3%	5%	1%	66%	29%	2%	4%	27%	44%	63%	33%	51%	1%	15%	8%	
	25	46	30	7	0	13	9	4	162	82	5	9	87	121	163	92	148	11	71	18	1,103
	8%	15%	10%	2%	0%	4%	3%	1%	52%	26%	2%	3%	28%	39%	52%	29%	47%	4%	23%	6%	
Partially Substantiated	8	24	12	9	2	6	3	2	134	75	7	13	56	77	102	58	75	1	24	12	700
	4%	12%	6%	5%	1%	3%	2%	1%	68%	38%	4%	7%	28%	39%	52%	29%	38%	1%	12%	6%	
	16	19	23	5	0	8	8	4	113	63	4	9	52	91	97	45	94	3	38	12	704
	9%	11%	13%	3%	0%	4%	4%	2%	63%	35%	2%	5%	29%	51%	54%	25%	53%	2%	21%	7%	
Inconclusive	1	7	5	1	2	3	4	3	55	27	2	8	24	43	30	24	32	3	6	11	291
	1%	7%	5%	1%	2%	3%	4%	3%	56%	28%	2%	8%	24%	44%	31%	24%	33%	3%	6%	11%	
	2	5	2	2	0	1	2	0	23	14	0	11	10	20	18	7	20	0	4	6	147
	3%	7%	3%	3%	0%	1%	3%	0%	33%	20%	0%	16%	14%	29%	26%	10%	29%	0%	6%	9%	
Unsubstantiated	5	27	23	5	1	3	5	2	138	76	5	32	73	120	90	60	85	2	28	11	791
	2%	10%	8%	2%	0%	1%	2%	1%	49%	27%	2%	11%	26%	43%	32%	22%	30%	1%	10%	4%	
	7	17	18	2	3	8	2	2	104	43	1	33	39	84	60	48	74	5	19	11	580
	3%	8%	8%	1%	1%	4%	1%	1%	48%	20%	0%	15%	18%	39%	28%	22%	34%	2%	9%	5%	

Outcomes will depend on the circumstances surrounding the case, the needs of the adult at risk, what action should take place to ensure that risk of harm or neglect is removed - or at least, reduced. The personalization agenda means that the Department of Health now require more statutory reporting of people's desired outcomes and, whether these are met.

Agencies involved in investigations (concluded Enquiries only)

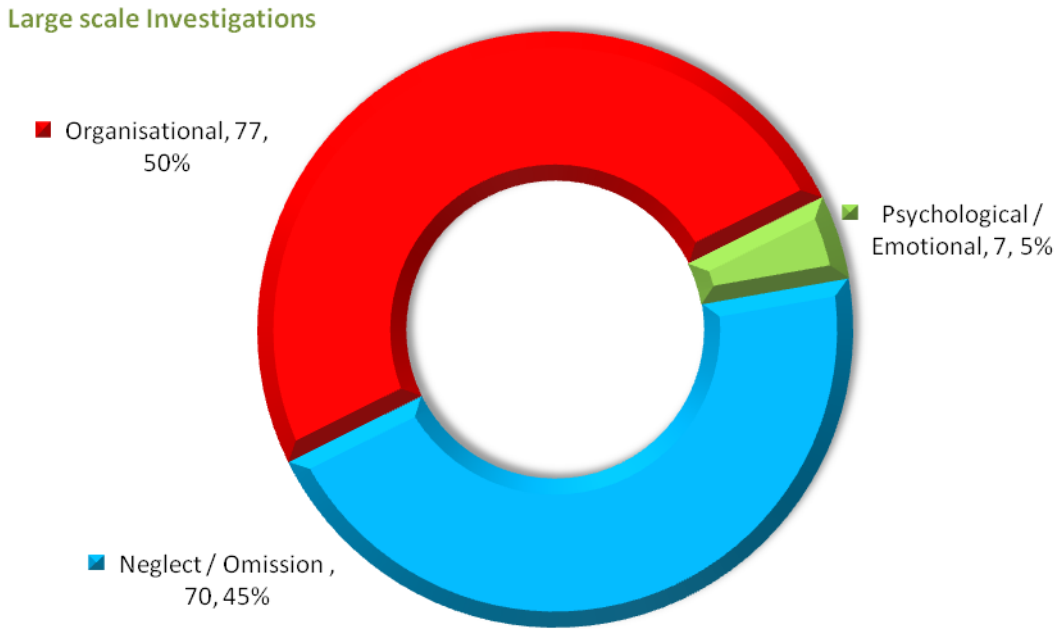
Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Agency	2014/2015		2015/2016	
	No.	%	No.	%
Acute Hospitals	85	10%	99	10%
Advocacy Service	96	12%	115	12%
AWP	70	9%	78	8%
Care Home	468	57%	533	55%
Care Quality Commission	326	40%	366	38%
Community Health Services	32	4%	38	4%
Court of Protection	36	4%	40	4%
Adult Social Care	659	80%	744	77%
Housing (Associations, Schemes, Dept)	24	3%	28	3%
Other Local Authorities	60	7%	67	7%
Others (Adult or their Representative)	136	17%	152	16%
Clinical Commissioning Group	144	18%	158	16%
Police	452	55%	526	54%
Provider Agencies (Day, Dom Care, etc)	391	48%	451	47%
Totals	**820**		**969**	

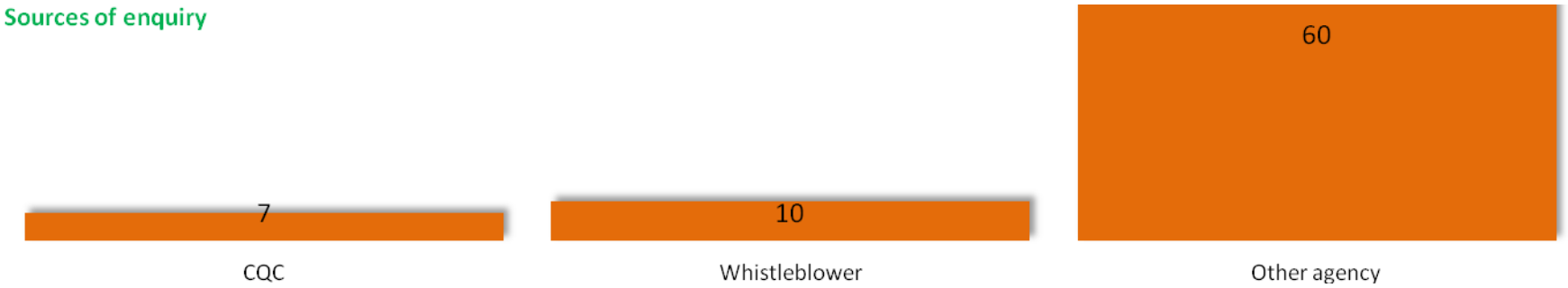
LARGE SCALE INVESTIGATIONS (available on an annual basis only)

Large Scale Investigations (LSIs) are in addition to the individual case enquires above. There is an issue with accurately reporting LSI figures for Help to Live at Home agencies (also known as Domiciliary Care agencies) as they assist people who are self-funding, funded by the local Clinical Commissioning Groups (CCGs) or other local authorities other than Wiltshire, as well as those whose services are commissioned by Wiltshire Council. We therefore do not know how many customers these agencies have on their books as this is commercially sensitive and hence we are unable to include Help to Live at Home agencies LSI figures here.

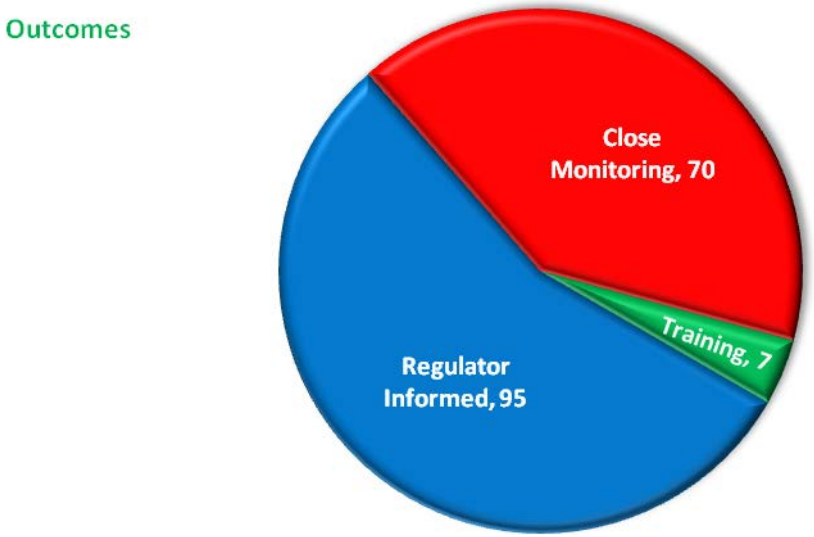
Three of the 6 LSIs instigated by the Safeguarding Adults Team (SAT) during 2015/2016 looked at care homes and as the number of beds in these homes is known we can say with confidence that the 3 LSIs involved 77 residents, where the type of alleged abuse tends to be more a case of lack of training or where procedures are either lacking or need updating. We are unable to include figures for the remaining 3 investigations as the agencies involved means it is not possible to quantify the number of customers:



As with individual enquiries, LSI information sources are various:



All 3 Investigations started above were concluded during the same period along with one other already open at the beginning of 2015/16. These concluded LSIs involved 95 residents; all were partially substantiated. Outcomes are likely to be similar to those involving individual perpetrators:



The procedure guidelines, "*POLICY AND PROCEDURES FOR SAFEGUARDING ADULTS AT RISK IN SWINDON AND WILTSHIRE*" updated March 2013 is available at: http://www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/adultcare/safeguardingadults/safeguardingadultspublicinformation.htm

Compiled by: Paul Lipinski, Senior Business Information Analyst, Adult Care, Wiltshire Council, Trowbridge, BA14 8JN : Tel: 01225 713975 : Email: paul.lipinski@wiltshire.gov.uk

Wiltshire Safeguarding Adults Board

Strategic Plan 2015-17

Wiltshire Safeguarding Adults Board

The Wiltshire Safeguarding Adults Board (WSAB) is a statutory body established by the Care Act 2014. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. The WSAB aims to fulfil its purpose by:

- Co-ordinating the work of its member agencies to determine shared policy, facilitate joint training, raise public awareness and monitor and review the quality of services relating to safeguarding adults in Wiltshire
- ensuring that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower those people effectively when abuse has occurred or may have occurred

The Strategic Plan

The WSAB is required to publish a strategic plan each financial year that sets out how it will meet the main objective described above and what its members will do to achieve this. Our plan is focussed on 5 main outcomes that we think will enable us to meet that objective and they are shown below.

Outcome 1	**Prevention & Early Intervention: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.**
Outcome 2	**Responsibility & Accountability: There is a multi-agency approach for people who need safeguarding support**
Outcome 3	**Access & Involvement: People are aware of what to do if they suspect or experience abuse; Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process**
Outcome 4	**Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented**
Outcome 5	**Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm**

Our Objectives

Each main outcome is supported by several objectives and linked actions. The objectives may be:

- Responses to new developments, whether in legislation, policy or local circumstances
- Focused on maintaining and improving our existing work

All of the actions should contribute to the Board's overall effectiveness in its main statutory task and many will also contribute to our priorities for this year which are:

- The implementation and monitoring of the practice changes required by the Care Act 2014 with its focus on Making Safeguarding Personal
- Renewing the training programme to reflect changed expectations in safeguarding and work with partners to enable all the required training, both generic and specialist (e.g. Prevent, Modern Slavery) to take place with a manageable impact on work patterns
- Refresh the performance reporting arrangements to include a focus on outcomes for the people about whom safeguarding concerns are raised
- Implement the agreed communications strategy to support awareness raising and good information sharing across all Wiltshire's communities, including updated web-based information
- Develop the Board's preventative strategy through a task and finish group
- Continue to manage and respond to the greatly increased Deprivation of Liberty Safeguards (DoLS) work

Outcome 1. Prevention & Early Intervention: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
1.1 Develop preventative strategies that aim to reduce instances of abuse and neglect in Wiltshire: • **have an overview of how prevention is taking place** • **how this work ties in with the HWB, QSG, CSP and CQC's stated approach and practice**	Establish a task and finish group to review current relevant prevention activities and develop proposals for the Board's role in preventative strategies. Scoping report to Board from task group Final report including proposals for monitoring impact	**March '15** **September '15** **March '16**	**Heather Alleyne**
Outcome	**Activities are in place to reduce instances of abuse and neglect**		
1.2 Safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse	Monitor this through the follow up on the self-assessment audit.	Autumn '15	QA Sub-group/ Head of Service
Outcome	**Assurance that commissioning arrangements are effectively promoting safe, good quality care and identifying risk.**		

1.3 Performance Management systems are effective and include indication of the potential for vulnerability and intervention	Consolidate the Board's performance and Quality Assurance framework as a whole, and in relation to prevention: i) Confirm how learning events (our own and other SABs') are applied more systematically and inform Board discussions; avoiding duplication but ensure shared knowledge ii) Establish whether/ how people who may be at risk of harm can be identified and appropriate intervention offered. Integrate this work with the action in 1.1 above.	Quarterly reports By December '15 As 1.1	WSAB/QA Sub-group Report from QA sub-group
Outcome	**The Board's QA and Performance discussions address prevention as well as responses to harm**		
1.4 Policies and procedures are in place to prevent unsuitable people from working with adults at risk	Monitor this through the self-assessment audit and follow up.	Autumn annually.	QA sub-group
Outcome	**Risks are reduced by strong recruitment practice**		
1.5 Steps are taken to prevent or reduce risk of abuse within service settings	i) Distribute new awareness raising materials to all service settings and follow up their use of them (See also 2.4.i) ii) Promote relevant training available to staff within service settings and any new guidance available through SCIE iii) Monitor this through the self-assessment audit and follow up		WSAB L & D Sub-group QA sub-group
Outcome	**Organisations' ability to prevent or reduce risk is improved.**		

Outcome 2. Responsibility & Accountability: There is a multi-agency approach for people who need safeguarding support			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
2.1 There is a multi-agency Safeguarding Adults Board (SAB) of senior level officers who provide strategic leadership and address - **prevention of abuse and neglect** - **promotion of wellbeing and safety** - **effective response to instances of abuse & neglect when they occur**	i) Confirm membership of the Safeguarding Adults Board and its Sub-Groups in line with the requirements of the Care Act. ii) Consider the use of the Memorandum of Understanding to strengthen partners' shared accountability iii) Annual report on attendance at the SAB by its members iv) Confirm role, responsibility, authority and accountability for each agency is clear across all Board documents including review of sub-group Terms of Reference; address transitions; maintain clarity about decision-making. • Preparatory work • Board confirmation v) Finalise arrangements for shared resourcing of the SAB, including a shared budget	April '15 April '15 September '15 Mar – June '15 June '15	WSAB WSAB Chair Chair WSAB
Outcome	**Safeguarding Board is fit for purpose and effective, meeting statutory requirements and sharing responsibilities for its range of work**		
2.2 There are robust and current Local Multi-Agency Policies & Procedures for safeguarding adults that	i) Update the joint Wiltshire and Swindon Safeguarding Policy and Procedures to ensure they are compliant with the Care Act 2014. • Signed off by WSAB	March '15 Sept '15	WSAB WSAB

are in accordance with statutory requirements	ii) Receive proposals for establishing a Multi-agency Safeguarding Hub (MASH) for adults	Sept '15	HA/JC
	iii) Consider how Care Act expectations about self-neglect will be addressed	TBC	P & P sub-group
	iv) Review thresholds framework guidance tool to strengthen early stage procedure for both triage and providers	March '16	WSAB/WCP
	v) Promote any new guidance and/or training for providers on responding to potential safeguarding incidents, including addressing employment issues		WSAB based on report from P & P sub-group
	vi) Review implementation and effectiveness of new policy and procedures		
Outcome	**Policy and procedures are compliant with the Care Act and Statutory Guidance and provide an accurate and effective tool for all who need to use them**		
2.3 Clear leadership and accountability structures are in place and visible throughout the relevant organisations	i) Relationships between WSAB, WSCB and HWB clarified	April '15	Partnership Chairs' meeting
	ii) Present WSAB annual report to Health and Wellbeing Board and Wiltshire Council Cabinet	Autumn	Chair
	iii) Annual Report presented to partner Boards	December '15	Board members
	iv) Include partner organisation's safeguarding adults accountability arrangements in self-assessment audit	September-November '16	All

Outcome	**Organisational accountability across the partnership is clear and reporting lines effective**		
2.4 Professionals who in the course of their work come into contact with adults at risk and their carers are aware of their safeguarding responsibilities	i) Distribute new awareness raising materials to all relevant organisations and follow up their use of them. ii) Promote the National Capabilities Framework, training available and the Board's strategy for training and competence development iii) Alert organisations to national information resources e.g. Social Care Institute for Excellence (SCIE)	When available. By end of 2015	WSAB Learning and Development Sub-group
Outcome	**Wider awareness of safeguarding adults across a wide range of employees**		
2.5 Strategic Plan	Develop the WSAB strategic plan for 2016/17in consultation with Healthwatch Wiltshire including putting in place a plan to involve the community and including links with other relevant strategies. i) Develop proposals ii) Agreed by WSAB	 June – Sept Sept 2015	 Task Group WSAB
Outcome	**Strategic Plan firmly based in consultation and widely disseminated**		
2.6 Effective links with other networks	Review current links and discuss how to ensure they are effective and mutual Implement agreed actions	June 2015 TBC	WSAB

Outcome	**Safeguarding activity is well-co-ordinated across the network and strong communications in place**		
Outcome 3. Access & Involvement: People are aware of what to do if they suspect or experience abuse; Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
3.1 There is a comprehensive accessible public information and advice about keeping safe and what constitutes abuse of adults at risk	Implement Communications Strategy as agreed in September 2014 i) Develop website content ii) Confirm media protocol iii) Develop and maintain good quality public information	 Sept '15 June '15 Dec '15	 Chair/ CM/ Comms WSAB Chair/CM/ Comms
Outcome	**Improved awareness for communities and adults at risk about safeguarding services and issues.**		
3.2 The involvement and feedback from patients, people using services and their carers is an integral part of the design, commissioning and delivery of safe services	Maintain and develop the service user reference group and carer reference group so that they can contribute effectively to these activities. Review service user and carer outcomes and involvement across the Board membership.	Ongoing December '15	Chair / CM WSAB Agenda
Outcome	**Two-way communication well-established between the Board and services users and carers.**		
3.3 The subject of the alleged abuse is the main focus of all actions and proceedings that arise	Implement next stage of the Making Safeguarding Personal project and the changed approach to making enquiries about safeguarding concerns set out in the Care Act Statutory Guidance.	In place	WSAB

during the course of any enquiries and/or investigations.	Receive a report on the audit of safeguarding cases to demonstrate that MSP is being applied in all safeguarding investigations. Review training requirements resulting from Making Safeguarding Personal (and duty of candour)		Head of Service / QA Sub-group L & D sub-group
3.4 Reports of service user involvement and outcomes are a routine part of the Board's Quality Assurance arrangements	Through this and other means ensure that service user outcomes are routinely identified, monitored and reported, including service user or carer stories directly communicated with the consent of the person concerned and whatever level of involvement they wish. Make case studies available from the perspective of people who have experience of the safeguarding process in order to support training, learning and development	6 monthly By end of 2015	Chair/ Reference Groups Learning and development sub-group
Outcome	**Safeguarding services are identifying and responding to service user wishes, and the WSAB can monitor this.**		

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
4.1 Prompt action is taken involving the person at risk throughout, in line with the principles and requirements of the Care Act 2014.	Discussion at Development Session to establish ways in which the impact of the changed approach of the Care Act can be monitored and evaluated so that the WSAB can receive appropriate QA reports on this key development.	September '15	Chair

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Outcome	**Successes and problems in quality of safeguarding response are identified and acted on.**		
4.2 If the mental capacity to make a specific decision relating to the safeguarding process cannot be assumed a Mental Capacity Assessment is undertaken as required by the Mental Capacity Act (MCA) 2005	Receive regular reports on MCA/ DoLS activity including: • briefing on national policy and case law • the continuing impact of the Supreme Court judgement • how capacity assessments are used to support people's involvement in safeguarding enquiries Carry out planned audit of MCA assessments in the context of safeguarding. • Agree timing and report of audit	Quarterly TBC	Julie Blick/HA
Outcome	**Service users are supported effectively to give their views when involved in safeguarding processes**		
4.4 Adult Safeguarding Investigations are appropriately resourced and supported	i) Monitor the engagement and compliance of all partner agencies with the agreed safeguarding processes – method to be agreed. ii) Respond to service user proposal that further follow up is needed after safeguarding investigation and action	September Development Session	Chair
Outcome	**Resource problems identified promptly and addressed appropriately.**		
4.5 Learn from	i) Monitor delivery of the Action Plan from the 2014 SCR	Quarterly	HA/ WSAB

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Safeguarding Adults Review (SAR) findings and other relevant reviews	ii) Continue to monitor local actions in response to the SCR of Winterbourne View Hospital iii) Receive reports on relevant reviews: see 1.3 (a) above	reports Six monthly As agreed	QA sub-group
Outcome	**Agreed plans are completed in service user interests and further learning implemented promptly**		

Outcome 5. Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
5.1 All staff and volunteers working with adults at risk have been appropriately trained according to their role	i) Prepare a 'prospectus' of training available in Wiltshire ii) Promote information about the National Capabilities Framework and 'minimum standards' for training iii) Report on training available and uptake for the WSAB annual report iv) Keep WSAB's own training needs under review v) Identify training requirements resulting from the Care Act and Making Safeguarding Personal vi) Ensure safeguarding is a part of the induction for elected members		L & D Sub-group L & D Sub-group L & D Sub-group L & D Sub-group L & D Sub-group Chair/ JC

Outcome 5. Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Outcome	**All staff and volunteers can respond appropriately to adults at risk**		
5.2. All staff and volunteers have the appropriate knowledge and competencies in relation to safeguarding adults	Refresh the WSAB's Strategy for Competence Development: a) Safeguarding adults training is competency based, in line with the National Capability Framework for Safeguarding Adults (2012) b) Safeguarding adults training links to professional development and appraisal systems. c) Safeguarding adults training is informed by local and national lessons learned	Ongoing Ongoing Ongoing	L & D sub-group L & D sub-group L & D sub-group
Outcome	**Training is kept current and linked to awareness raising about safeguarding adults and the Care Act**		
5.3 Staff know how to make people aware of their vulnerability to safeguarding risks (prevention) and understand how to signpost them to effective support	Learning and development subgroup to consider and recommend actions to the WSAB	By end of 2015	L & D sub-group

Appendix 4

Glossary of Terms

ADASS	Association of Directors of Adult Social Services
APC / ASC	Adult Protection Conference / Adult Safeguarding Conference
APR / ASR	Adult Protection Review / Adult Safeguarding Review
ASBRAC	Anti-Social Behaviour Risk Assessment Conference
AWP	Avon Wiltshire Partnership
BIA	Best Interest Assessor
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DBS	Disclosure & Barring Service
DoLS	Deprivation of Liberty Safeguards
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
ESM / ESA	Early Strategy Meeting / early Strategy Action
IMCA	Independent Mental Capacity Advocate
IMR	Investigating Managers Report
LSAB	Local Safeguarding Adults Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MSP	Making Safeguarding Personal
SAB	Safeguarding Adults Board
SAIT	Safeguarding Adults Investigating Team (Police)
SAT (previously SAMCAT)	Safeguarding Adults Team (Previously Safeguarding Adults and Mental Capacity Act Team)
SAR previously SCR)	Safeguarding Adults Review (Previously Serious Case Review)
WSUN	Wiltshire & Swindon Users Network

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Subject: Domestic Abuse

Executive Summary

This report provides an overview of the domestic abuse reduction agenda in Wiltshire and the current developments.

Proposal(s)

It is recommended that the Board notes the report and the implications for partners in the delivery of their services.

Reason for Proposal

A domestic abuse needs assessment is close to completion and there is the opportunity to develop a new domestic abuse service model that offers an integrated service approach to tackling domestic abuse, focusing on earlier intervention and prevention, to include targeted support for adults and children living with the effects of domestic abuse and address service user needs for supported accommodation. Formal consultation on a new domestic abuse strategy will commence in spring 2017.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Subject: Domestic Abuse

Purpose of report

1. This report provides a brief overview of the domestic abuse reduction agenda in Wiltshire and the current developments.

Background

2. Domestic abuse is a complex issue that presents a major public health issue, cross cutting geographic and cultural groups. Rarely an isolated incident, domestic abuse is a pattern of sustained behaviours that violate human rights, significantly impacting on population's health and well-being. The impact on those living with its effects are long lasting and devastating. To effectively tackle this agenda requires a sensitive, multi-disciplinary approach. The current response to domestic abuse in Wiltshire is governed within a multi-agency context (figure 1).

Figure 1

Prevalence of domestic abuse in Wiltshire

3. The levels of both domestic abuse incidents and crimes have continue to increase across Wiltshire, with reports (to police) in excess of 3,300 incidences in 2015-16 and increases recorded in all community areas (except Pewsey and Westbury), as well as across all Wiltshire DA support services. Wiltshire recorded a rate of 17.7 incidences of DA per 1000 population, compared against a south west range of 20.9 (high) to 13 (low). In 2015-16, there were 652 children identified and recorded in the

household of the highest risk domestic abuse cases discussed in the multi-agency risk assessment conference (MARAC).

Joint Targeted Area Inspection (JTAI)

4. Between 31 October and 4 November 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Probation) undertook a joint inspection of the multi-agency response to abuse and neglect in Wiltshire. This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

5. The overall findings were positive with inspectorates reporting that "organisations across Wiltshire have worked together well to overcome issues that have been raised in inspections conducted by the different inspectorates over the last few years. Significant progress has been made in all areas to ensure that children and families receive a well-coordinated and helpful response when difficulties are identified. This is clearly evident in the work undertaken to support children who are experiencing domestic abuse.

6. Key multi-agency strengths identified included:
    - A strong and committed partnership dedicated to improving outcomes for vulnerable children, including those experiencing domestic abuse
    - Multi-Agency Safeguarding Hub (MASH) arrangements
    - Management oversight in agencies and challenge between partners
    - Wiltshire Safeguarding Children Board and the domestic abuse sub-group promote, coordinate and prioritise the work of statutory partners effectively in relation to domestic abuse.
    - Partners remain committed to drive the agenda forward and implement actions identified to ensure continuous learning and improvement is achieved in the safeguarding of Wiltshire's vulnerable populations.

Wiltshire Domestic Abuse Needs Assessment

7. To support Wiltshire's understanding of the current prevalence of domestic abuse, the Wiltshire Community Safety Partnership commissioned a needs assessment, aiming to enhance knowledge of the volume and demand for local services, as well as identify gaps and emerging best practice. The needs assessment has been developed through a multi-agency task and finish group of the Wiltshire DA sub group and the report will be completed by March 2017.

Domestic Abuse Strategy 2017-20

8. The current strategy expires March 2017; the domestic abuse needs assessment will inform future local strategic priorities, shaping the next strategy document. This will be governed through the Wiltshire DA Sub group. There will be a consultation period, which will provide opportunity for comment and participation in early spring 2017.

Domestic Abuse Service Procurement

9. The contracts for DA support services expire 30 September 2017; current commissioned provision includes a focus on 'crisis intervention' including outreach and high risk victims (16yrs+), as well as support for children living with the effects of DA (level 3-4 - CiN/CP).

10. There is now a timely opportunity to re-commission services and re-align into a single contract, to go out for competitive tender.

11. The proposed new domestic abuse service model will offer an integrated service approach to tackling domestic abuse, focusing on earlier intervention and prevention, to include targeted support for adults and children living with the effects of domestic abuse and address service user needs for supported accommodation

12. The proposed new procurement model has been shaped and informed by the emerging findings of the DA needs assessment. The commissioning activity is being led by a multi-agency task and finish group of the Wiltshire DA sub group. This work will commence early Spring 2017, with the intention to award the contract by the end of May 2017, to manage the transition stage and ensure continuity of service.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Report Author:
Hayley Mortimer
Wiltshire Domestic Abuse Reduction Lead, Public Health, Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Subject: Wiltshire CCG Operational Plan 2017-19

Executive Summary

This Operational Plan for 2017 to 2019 sets out how Wiltshire CCG will work with its partners in Wiltshire Council and the wider care system across Bath & NE Somerset and Swindon to transform care for people in Wiltshire and beyond.

Proposal(s)

It is recommended that the Board notes the strong alignment with the objectives of Wiltshire's Joint Health and Wellbeing Strategy as well as the objectives of the emergent Sustainability and Transformation Plan and those of NHS planning guidance.

Reason for Proposal

Health and Wellbeing Boards have a statutory duty to encourage integration and ensure the alignment of commissioning strategies. The STP, HWB and CCG plans are aligned because they all reflect six common approaches:

- Integrating services at the point of need
- Progressing the home first discharge model and improving system flow
- Implementing admission avoidance and case management
- Maximising independence of the service user and reducing demand on statutory services
- Integrating Information
- Enhancing the impact of public health and prevention

The full plan is attached as **Appendix 1**.

Tracey Cox
Interim Accountable Officer
NHS Wiltshire CCG

This page is intentionally left blank

Wiltshire CCG

Operational Plan: 2017 - 2019

FINAL VERSION – 23 December 2016

Contents

Executive Summary

The objective of this plan

This Operational Plan for 2017 to 2019 sets out how Wiltshire CCG with our partners in Wiltshire Council and the wider care system across BaNES and Swindon, progress on our journey to transform care for people in Wiltshire and beyond. This was originally set out in our strategy of February 2014 and now augmented by our participation in the BSW STP.

Our strategic objectives

In that strategy, our vision was that Health and Social Care services in Wiltshire should support and sustain independent healthy living.

Wiltshire CCGs three key strategic objectives

- Increased investment and support into developing and maintaining personal responsibility - focus on education, prevention and support to develop and maintain healthy and independent living
- Enhanced and integrated community care with a broader range of services provided in a local setting
- Improved productivity and effectiveness of care with a reduced reliance on bed-based solutions

Working with our partners in the STP

In early 2016, we joined with our care partners across the health and social care system in BaNES and Swindon on this journey.

We are now all working together through the Sustainability and Transformation Plan (STP) process to implement transformational change across the health and care system that will achieve our joint strategic priorities, which are aligned with Wiltshire's local priorities.

BSW joint strategic priorities

- Create locally integrated teams supporting primary care
- Shift the focus of care from treatment to prevention and proactive care
- Redefine the ways we work together to deliver better patient care
- Establish a flexible and collaborative approach to workforce
- Design our strategy to further enable collaboration and sustainability

Meeting the nine "must do's" – in Wiltshire and the wider care system

At the heart of this Operational Plan is our response to NHS England's requirement for us to meet the nine "must do's" set out in the planning guidance.

The summary below shows how we successfully address the nine "must do's" from the Wiltshire CCG perspective by delivering CCG level objectives and targets through our CCG level plans, as well as highlighting areas where our plans support the STP to deliver our wider system level priorities.

How our plan successfully addresses the nine "Must Do's"

Must Do	How addressed in our Operational Plan
1 STPs	▪ Our strategic objectives are closely aligned with the STPs strategic priorities, so the direction of travel for developing and transforming services is the same between the CCG and STP ▪ We have been working at the heart of the BSW STP since its inception and in some areas, for example in Planned Care, leading the development of initiatives across the STP ▪ Our approach is to be an active partner in the BSW STP, whether we lead or contribute to the change that the BSW STP will deliver by 2021
2 Finance	▪ We will meet the business rules for CCGs in 2017/18 and 2018/19, achieving £14.5m of QIPP which will support the BSW system to achieve the control total for the STP ▪ We plan to achieve constitutional standards, working proactively with providers to identify likely pressure points and put in place plans to address issues identified ▪ We have also formulated plans to reduce demand in both elective and non elective care at CCG level which support STP plans to manage demand at a system level
3 Primary Care	▪ We recognise the central role that Primary Care plays in access to and the delivery of high quality care. Our Primary Care Offer (PCO) is designed to move away from providing care through a transactional activity driven model based on individual practices towards place based commissioning and development of locality working to deliver Primary Care at scale. ▪ The PCO therefore directly supports the development of new integrated care models centred on accountable care, through alignment and integration of Primary Care with expanded Out of Hospital care. ▪ We are also developing a detailed plan for the implementation of the GP Forward View, which will include a range of investment such as from the Estates and Technology Transformation Fund ▪ Our local investment for enhanced services and Transforming Care for Older People (TCOP) is £9.44m in 2016/17. Alongside this we have set up a series of workforce projects to address workforce and workload issues in Primary Care. ▪ We are also improving access to Primary Care by linking together with broader initiatives designed to improve patient flow through the care system, for example through single point of access.
4 Urgent & Emergency Care	▪ Our providers are currently not planning to achieve the A&E standard. We will continue to challenge and support them to develop and put in place remedial action to improve performance. ▪ Wiltshire CCG are working in partnership with the wider system that has adopted a highly structured programme approach to bring together plans for Urgent and Emergency care that include the four hour standard, the four elements of the A&E improvement plan, the four priority standards for seven day hospital services for urgent network specialist services. ▪ Our focus in Urgent and Emergency care covers both physical and mental health. We already co-commission mental health liaison services across the STP with our three principal providers and have received pump priming funds to expand the opening hours for mental health liaison services and to progress towards the 24 hour core standards. ▪ Our procurement of an Integrated Urgent Care service for Wiltshire will deliver a more functionally integrated service, which will bring further improvements in care from April 2018, when the new service is planned to go live ▪ We continue to build on our well established partnership with Wiltshire Council through the Better Care Plan, which already delivers a range of successful outcomes including reducing avoidable admissions, reducing longer term placements in nursing and residential homes and a high level of patient and carer satisfaction.

Must Do	How addressed in our Operational Plan
5 Referral to Treatment Times and Elective Care	▪ We are committed to meeting constitutional standards for Referral to Treatment times and proactively monitor provider performance to identify areas where their performance is deteriorating and standards may not be met. We then work with providers to develop remedial action plans and hold them to account for the timely and complete delivery of those plans. ▪ Wiltshire CCG is leading system wide redesign of planned care for the BSW STP, concentrating on selected specialties where there is scope to streamline care pathways. We are also rolling out Patient Initiated Follow Ups to avoid unnecessary follow ups.
6 Cancer	▪ Wiltshire CCG are already actively working to develop and implement the cancer services transformation planning requirements both within the CCG and across the wider care system, which includes: ▫ Implementing the national taskforce report ▫ Promoting early diagnosis to improve survival rates ▫ Implementing follow up pathways for breast cancer patients ▪ These developments are being implemented through the Cancer Alliance and the STP cancer group (Bath, Wiltshire & Swindon Cancer Group), which means that our transformation work improves the quality of patient care in the wider system, not just for Wiltshire's patients ▪ We will also work with providers to successfully meet the NHS constitution 62 day cancer standard
7 Mental Health	▪ Mental Health service development is a key priority areas for Wiltshire CCG. We plan to deliver in full the implementation plan for the Mental Health Five Year Forward View for all age groups alongside access and quality standards so there is genuine parity of esteem within our services. ▪ We expect to achieve the 50% IAPT recovery target in 2017/18 and 2018/19 ▪ We will increase baseline mental health spend to facilitate delivery of the Mental Health Investment Standard. ▪ Our Local Transformation Plan for Children and Young People's Mental Health and Wellbeing has put in place a range of investments in community services that will reduce demand for costly hospital admissions for self harm and mental health conditions for 11 to 18 year olds, with a planned reduction of 3.5% in 2017/18 increasing to 6.5% by 2020/21. ▪ We are working closely with our partners in the STP so that our developments are tied into the workstreams and project plan being developed through the STP. This will ensure that mental health services operate at scale across the STP to deliver system wide pathways of care. ▪ From December 2016, Operational leads from each CCG, Public Health and Local Authorities will be working together to operationalise the plans agreed by all parties in the STP.
8 People with Learning Disabilities	▪ We continue to work through our partners in health and Local Government in both Swindon and Wiltshire to develop and improve services for people with Learning Disabilities. ▪ The key themes of this cross sector working include: ▫ Enhancing community provision by building on our track record of community solutions, which includes the rollout of Care Programme Approach by June 2017 and the implementation of the Blue Light Protocol by April 2018 ▫ Reducing the number of people in long term inpatient placements from 10 to 4 before the target date of March 2019 ▫ Continuing to improve access, so by 2020, 75% of people with LD and/or Autism on a GP register are receiving an annual health check

Must Do	How addressed in our Operational Plan
9 Improving quality in organisations	▪ Improving quality remains a fundamental priority for Wiltshire CCG and is an integral element of the services we commission. Our Quality Schedules for 2017/18 and 2018/19 set out our expectations for quality improvements including: ▫ Improvements in early warning by providers ▫ Practical learning from incidents in both inpatient and community settings ▫ Improvements in stroke performance so the service is at least a "B" level ▪ We work with providers to improve quality through a consistent focus on continuous improvement and learning, to embed change and improve patient outcomes, holding them to account for the implementation of these plans ▪ Wiltshire CCG actively promotes and monitor providers' improvement in the efficient use of staffing resources to ensure safe sustainable and productive services ▪ We also continue to actively participate in system wide groups including the Wiltshire Workforce Action Group, the Community Education Provider Network and the Academic Health Science Network to promote system wide learning, action and quality improvement

Section 1 - STPs

Summary

1. This section of the Operational Plan sets out our approach to working with the STP, which is designed to ensure our Operational Plan is integrated with and delivers the STP within BSW. Wiltshire CCGs strategic objectives are closely aligned with the STPs strategic priorities, so the direction of travel for developing and transforming services is very similar between the CCG and STP

2. We also discuss how we will achieve the STP requirements set out in NHS planning guidance in these areas:

   - Implementing agreed STP milestones
   - Achieving agreed trajectories against the STP core metrics

Our approach to working with the STP

3. We have been working at the heart of the BSW STP since its inception and in some areas, for example in Planned Care, leading the development of initiatives across the STP. Our approach is to be an active partner in the BSW STP, whether we lead or contribute to the change that the BSW STP will deliver by 2021.

How our governance supports system level working (C6)

Key Line of Enquiry C6

How do governance processes ensure clarity as to how the CCG contributes to an agreed system way of working, how progress will be tracked, and how they will work with other organisations to manage transformational activity?

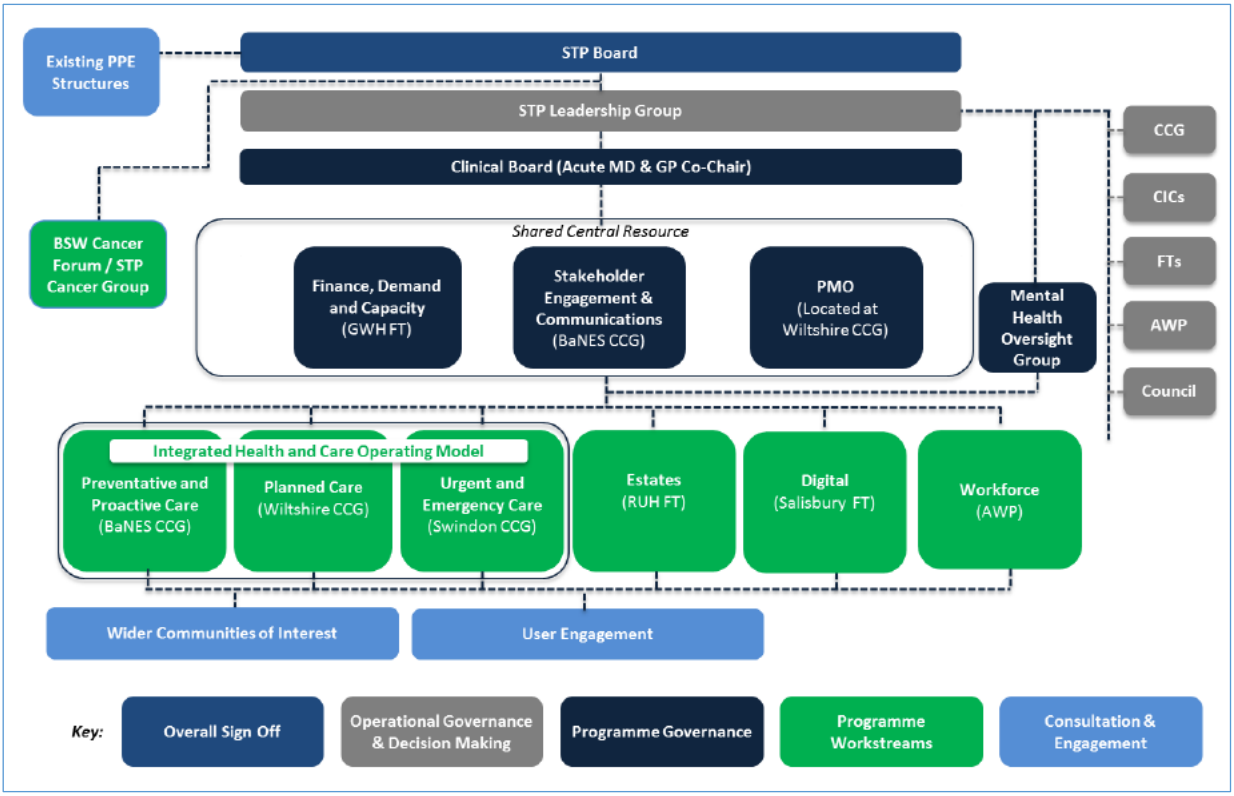
4. The BSW STP has an established governance framework so all stakeholders are represented and can participate through a series of working groups. The diagram below shows:

   - The STP Board supported by a Leadership Group and a Clinical Board to provide both clinical and organisational leadership to the STP
   - Six workstreams that are delivering the detailed projects that underpin transformational change across the STP
   - A shared central resource to provide the support needed for each workstream and project

5. Organisations across BSW work through this governance framework, with the workstreams and project groups providing a team based focus to manage and deliver the various elements of transformational change within the STP in an open and collaborative way. Naturally, via internal governance, our Governing Body are regularly engaged, briefed and invited to endorse the direction of travel (See KLOE C7 and for more details of clinical engagement within Wiltshire CCG).

6. This governance structure therefore provides clarity around the part each organisation plays in the STP and is developing an effective system way of working, so all partners work together in an agreed way to achieve the objectives set out in the BSW STP. We are an active partner in this collective way of working, which helps us achieve our objectives that are aligned with the developing STP.

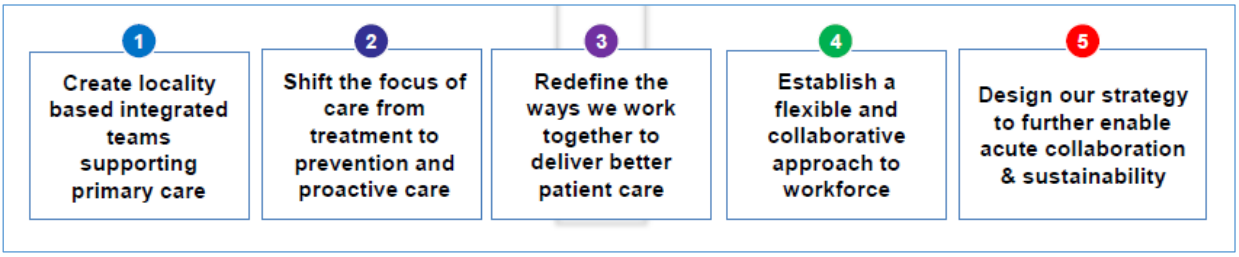
BSW STP governance framework



The STPs strategic priorities and how they link to Wiltshire CCGs strategic direction

7. The governance framework shown above provides the structure for Wiltshire CCG and the other stakeholders in the BSW system to work together. BSW have also agreed that what the STP will do will be structured around achieving five strategic priorities.

Five strategic priorities identified in June's STP



8. These priorities are reflected in the seven initiatives that will be pursued by the STP and its partners in 2017/18 and 2018/19.

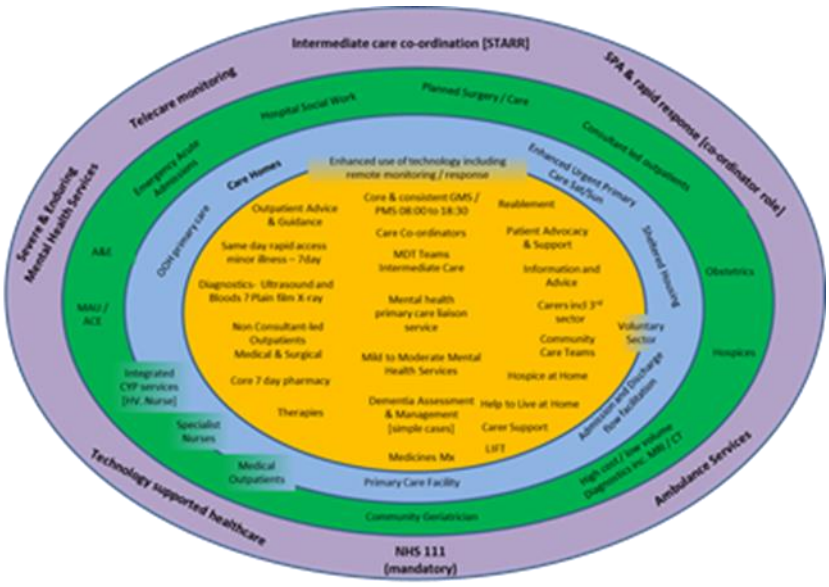
Seven STP initiatives for 2017 – 2019

1. Confirm the new models of care that support the sustainability of primary care.
2. Redesign the initial access points for urgent care – tailoring to each CCG / Council locality to ensure best fit with the population based care models.
3. Standardise elective care pathways to reduce variation in quality for patients.
4. Develop the organisational capacity to deliver systems change – particularly for engagement and capacity planning.
5. Agree and implement solutions to the workforce capacity constraints, particularly in social care support provision and within identified acute specialties.
6. Improve the inter-operability between clinical IT systems so clinicians from different organisations can access and share patient information.
7. Develop a single Estates strategy for the footprint.

9. The STPs strategic priorities which were agreed earlier this year are also strongly aligned to the three strategic objectives set out in Wiltshire CCGs Strategy developed in 2014:

- Increased investment and support into developing and maintaining personal responsibility - focus on education, prevention and support to develop and maintain healthy and independent living
- Enhanced and integrated community care with a broader range of services provided in a local setting
- Improved productivity and effectiveness of care with a reduced reliance on bed-based solutions

Wiltshire CCGs strategic approach – delivering a range of care services, tailored to people's individual needs



10. This means that the objectives we are pursuing as a CCG are aligned with those agreed by the BSW STP, so as we deliver our CCG objectives, we also deliver the STP objectives.

STP and CCG strategic alignment with the HWB

11. The STPs approach to health and social care integration, is to continue with the agreed direction of travel of working through the mechanisms of the Better Care Plan. This is already in place across the STP, with a joint plan and pooled budget in place between CCGs and the Council. These arrangements drive the strategy of integrating services at the point of need.

12. Whilst we currently have three statutory plans in this regard, there is much commonality in terms of approach and potential for complete health and social care integration across the STP.

13. The three CCGs within BSW are all pursuing integration although aspects of that integration are at different levels of development. Wiltshire has a well established Better Care Plan, nationally acclaimed and led by a jointly appointed Director of Integration, which already delivers good outcomes.

14. The STP, HWB and CCG plans themselves are aligned because they all reflect six common approaches:

- Integrating services at the point of need
- Progressing the home first discharge model and improving system flow
- Implementing admission avoidance and case management
- Maximising Independence of the service user and reducing demand on statutory services
- Integrating Information
- Enhancing the impact of public health and prevention

How we are jointly developing our plans

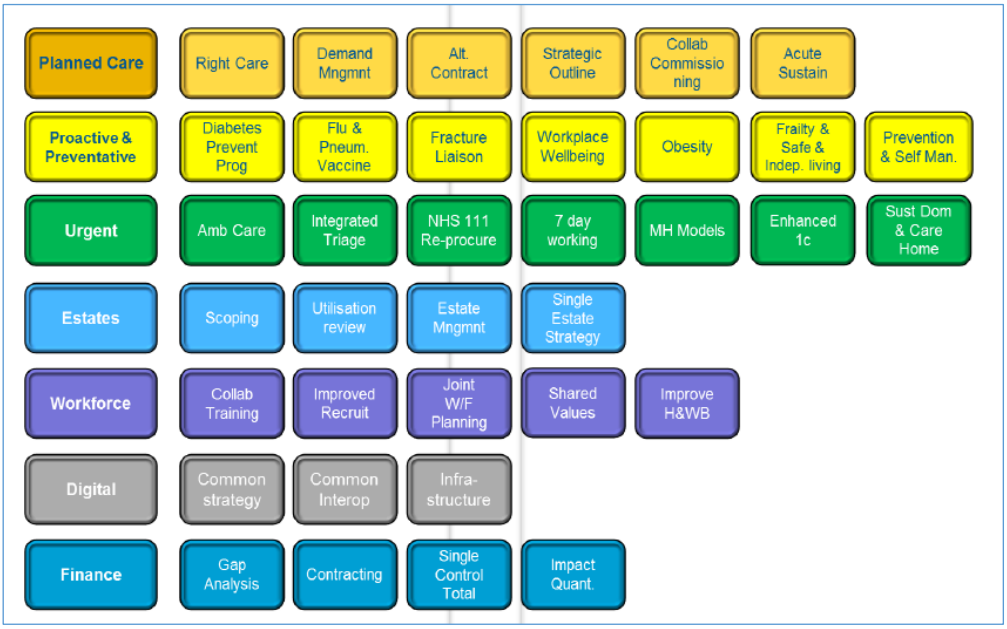
Developing our plans on an open book basis (C1)

Key Line of Enquiry C1

What is the evidence of the plan being based on a shared, open-book process to deliver performance and improvement?

15. The Programme and project structure shown below sets out the seven functional programmes and the projects that support each theme. Each of the partners within the BSW STP is participating in transformational work to deliver performance improvement through this structure, and all work is undertaken collaboratively on an open book basis to design and deliver the change projects.

BSW STPs Programme and project structure



16. The Finance, Demand and Capacity Group, which includes representatives from all STP organisations, provides a mechanism for making sure that:

- The impact of the Programmes and Projects are identified
- The quantification is robust and includes activity as well as finance
- The impacts by Programme/Project/Organisation are brought together so there is a consistent system wide appreciation of the impact of transformation

Governance arrangements to support effective delivery

17. Governance arrangements are also being strengthened as the STP moves into delivery mode. Arrangements are in place to manage the delivery of a broad range of projects across stakeholder organisations. Business cases and requests for investment will need to be approved by:

- The STP Leadership Group
- The STP Clinical Board (if clinical)
- Individual Organisation Boards

18. Once all approvals are in place, they will be reported to the STP Board for information. This is part of a planning and monitoring mechanism that has been put in place to facilitate and support effective delivery at all stages of the project lifecycle, which includes

- A business case sign off process, so all projects are supported by a robust business case that identifies amongst others, clear objectives and benefits, which must support the direction of travel for the STP. This means that at initiation and approval, projects are robust and are aligned with the STPs strategic objectives
- A planning group that meets monthly where project managers report in detail on progress. This mechanism helps to ensure that there is effective detailed management of projects and that potential synergies across projects are identified and exploited, whilst potential clashes are avoided
- A leadership group, comprising SROs that meets fortnightly to provide oversight across projects and programmes, to ensure projects and programmes are on track. The group also provides a higher level forum for effectively resolving system "blockages" that are slowing down progress

19. The approach is therefore completely open book, with analysis and quantification for each project shared across organisations, for example through the Planned Care Programme Board and included within the financial model that gives a whole system perspective for the BSW STP.

Making sure the Operational Plan and STP align (C2)

Key Line of Enquiry C2

How does the operational plan align with STP objectives and planning assumptions? Do they share the same 'direction of travel'? What is the CCGs contribution to achieving the STPs overall reduction in activity?

20. Wiltshire CCGs Operational Plan aligns with the BSW STP because:

- The STP and Wiltshire CCG share the same direction of travel as our strategic objectives summarised in the diagram shown above for KLOE C6, are aligned with the five key priorities defined by the STP
- We have used the same planning assumptions as the STP, which is confirmed in the sections on finance and activity, KLOE A1 below.

- The transformational initiatives developed at STP and Wiltshire CCG level are rooted in the same approach of using an evidence base (notably Right Care and best practice across England) to identify the scope for increased efficiency and reduction in activity growth

21. The contribution to the overall STPs activity reduction for planned and unplanned care is set out in detail in Appendices A and B, demonstrating how Wiltshire CCGs plans contribute to the overall reduction in activity in BSW STP.

The nature of our transformation and efficiency plans (C5) and enablers

Key Line of Enquiry C5

How do transformation and efficiency plans in the operational plan, including activity growth moderation plans, relate to the STP? Does the contribution of each organisation deliver the STP?

22. Transformation and efficiency measures in the Operational Plan relate directly to the STP. The table below shows key highlights of the STP and our CCG plans, which are focused on reducing activity across both planned and unplanned care through specific plans as well as our broader programme of transformational work within the CCG, that draws on RightCare and a range of best practice. This comparison shows:

- **In Planned Care**, plans are completely aligned, with our actions in Wiltshire a direct subset of STP plans of which demand management is a primary focus
- **In Unplanned Care**, we are already making good progress in several areas identified by the STP. Wiltshire CCG are ahead of other partners in the system, with a very successful Better Care Fund. Further, our Transforming Care for Older People Programme and Primary Care Offer provides support for older people in the community to reduce unnecessary non-elective admissions and extension of ambulatory care. We are also pursuing initiatives that align with the STP such as improved ED triage and further extension of ambulatory care pathways. The focus for 2017/18 will continue to be on curtailing growth, where we have achieved success over the past two years.

23. The activity and financial impact of transformation and efficiency plans has been quantified and discussed with providers during the contracting round. These plans have not yet been completely finalised, so there are likely to be some changes in the coming weeks.

24. For Wiltshire CCGs three principal providers, QIPP/Transformation risk will rest with the CCG, although we have agreed contract mechanisms with providers so successful implementation of transformational plans will be reflected in lower contract payments at the end of the financial year. This approach will also help providers manage their cash flow through the financial year.

25. Once all plans have been finalised, they will be aggregated by the STP to understand the extent to which the sum of partners' plans achieves the STP planned outcomes.

How key transformation and efficiency plans are linked

Area	STP highlights	WCCG highlights
Planned Care **(WCCG Impact £3m)**	▪ Standardised clinical policies to reduce referrals and procedures ▪ Demand management to reduce referrals for planned care ▪ MSK – reduction in first outpatients and surgical interventions ▪ Cardiology – reduction in first and follow up outpatient attendances ▪ Rheumatology – reduction in first outpatients	We have developed action plans at a CCG level for: ▪ Clinical policies ▪ Demand management ▪ A mix of advice and guidance, referral reduction, alternative community provision and self care in MSK, Cardiology, Ophthalmology, Pain, Gastroenterology and Rheumatology ▪ Using Patient Initiated Follow ups in most specialties as a default

Area	STP highlights	WCCG highlights
Unplanned Care **(WCCG Impact £3m)**	▪ Integrated Emergency and Urgent Care/Triage ▪ Extension of ambulatory care ▪ Seven Day Working – delivery of clinical standards ▪ Development of models of care – MH Liaison and Crisis Services ▪ Care home and domiciliary care provision ▪ Enhanced primary care model	We are already making progress on: ▪ TCOP and PCO (augmented by the Care Home LES) focusing on older people to increase admissions avoidance ▪ Extension of ambulatory care ▪ Seven Day Working ▪ MH Liaison and Crisis Services The focus of CCG plans will be on: ▪ Continuing with TCOP initiatives ▪ Extending BCF initiatives ▪ Focusing on Community based initiatives such as high intensity care at home and older people's assessment hubs

Workforce and estates as enablers for transformational plans and their links to clinical models

26. Workforce and estates are key enablers for transformation and efficiency plans. The approach to the development of transformation plans includes:

- Periodic workshops with representatives for all workstreams across the system to update on progress and development, including clinical models
- Clinicians embedded into project teams to provide clinical and service expertise on development of plans to deliver clinical models
- A Clinical Reference Group to provide clinical oversight of the whole service transformation programme

27. This will be part of an ongoing cycle of development, with actions at each stage followed by a process of bringing the system together to understand the workforce and estates implications of plans and to develop these enablers. Although this process is still at a relatively early stage, the main steps are:

- As clinical models develop for individual projects, the service changes are understood, which highlights the estates and workforce changes required to implement the transformation proposals
- The estates and workforce groups are being developed to offer advice and support to each clinical/service group to understand the implications of the transformational change and develop plans to address the workforce and estates impact of plans
- These individual elements will then be brought together into overall STP level workforce and estates plans, that will be managed at scale

How the STP interoperability solution interacts with these plans and how the risks are managed

28. These plans will be supported by the STPs interoperability solution, which means that different information technology systems and software applications deployed by STP partners will be able to communicate, exchange data, and then use the information that has been exchanged. In practical terms:

- The system wide digital solutions that support transformation are set out in the Digital High Level Programme Plan
- The Universal Capabilities are a subset of the STP Plan, which are embedded in Wiltshire's Local Digital Roadmap (LDR)

- The LDR directly supports the QIPP/Transformation plans within this Operational Plan – this is shown in more detail in section 10 of this plan under KLOE K2 (table - ***How UCs support this Operational plan***)

29. The Wiltshire Interoperability Programme will deliver:

- Jan 2016 to Mar 2018 –Basic information exchange across stakeholder systems
- Apr 2016 to Mar 2019 – Enablement of shared care planning
- Apr 2017 to Mar 2020 – Development of interactive patient access to shared care records

30. Projects underway include:

- Implementation of TPP Viewer for social care supports the extension of ambulatory care
- Implementation of the TPP Care Home module supports care home and domiciliary care provision
- Network infrastructure enhancements, for which funding has been approved, will support seven day working and enhanced primary care models

31. Planning for Phase 2 and 3 of the Wiltshire Interoperability Programme includes submitted applications for funding for:

- Single Sign On solutions in GP practices
- Implementation of TPP Hubs to support federated working
- Patient Wi-Fi services
- Integration software solution(s) to mitigate the risk of a heavy reliance on a single system supplier.

32. These proposals support the five strategic priorities included in the BSW STP June submission. If these bids are not successful, the STP may apply for other funding offered by NHS England in 2017, for example, the Digital Maturity Fund, GP Forward View Fund, and the Urgent and Emergency Care Fund.

33. Membership of the Wiltshire Interoperability Programme Board includes key providers serving the BSW STP footprint, and the SRO is also a member of the BSW STP Digital work stream. The Board has proposed that it could reasonably become the BSW STP Interoperability Delivery Board, building on well established collaboration between partners, some additional membership, and revised terms of reference. This proposal is currently under consideration by the BSW STP Digital work stream.

34. This demonstrates that Wiltshire developments are meshed into the STPs Digital High Level Programme Plan (October 2016 STP, page 18) and will facilitate implementation of the system wide transformation plans described above, through digital solutions.

35. We have identified a number of risks relating to Wiltshire's digital plans, however, we have also identified appropriate mitigations to address these risks:

Risks and mitigations for Wiltshire's digital developments

Potential risk	Proposed mitigation
Failure to attract funding	A number of bids have recently been submitted to attract ETTF funding from NHS England e.g. £120K has been bid for purchase of an integration engine, but if this bid is not successful other funding sources are being offered by NHS England in 2017, such as the GP Forward View Fund, the Digital Maturity Fund and the Urgent and Emergency Care Fund
Heavy reliance on a single system supplier (TPP)	Pursuing interoperability solutions delivered by other suppliers e.g. other suppliers' integration engine solutions; national solutions such as Summary Care Record and GP Connect; pursuing opportunities for leveraging TPP and other system suppliers in the locality to enable sharing between systems

Potential risk	Proposed mitigation
Insufficient collaboration between multiple STP partners	Manage through Interoperability Board and development of champions across organisations supported by STP leadership
Insufficient staff resources to support successful delivery of projects	Maintain close links between WCCG IM&T leads and STP work streams to identify opportunities for using shared resources and rationalising delivery across the BSW footprint; funding bids to include cost of staff resources where permissible
Compatibility of information sharing protocols across the three CCGs	Project resource has been allocated to develop an approach to information sharing which is fit for Wiltshire and may be offered for adoption by key stakeholders in BaNES and Swindon
Resistance by patients and clinicians to wider sharing of patient information which would support improved care	Heavy emphasis placed on stakeholder engagement within the information sharing protocols work stream

Other transformational programmes

36. As well as the initiatives in planned and unplanned care we have other transformational change programmes in train. These also align to the STP through the aim of delivering more services in the community; at or close to home, relying less on services being delivered in a hospital setting.

37. We have already made major strides in setting the conditions for success in this area, most notably with the effective procurement and award of new long term contracts for both Adults' and Children's Community Health Services. These are both fundamental to the successful implementation of our strategic vision, and working with the new providers in the future offers us a genuine opportunity to deliver our aspirations.

38. Our Adult Community Services are now delivered by Wiltshire Health and Care, a new Limited Liability Partnership formed by a strategic alliance between our three major Acute care providers, who plan to recruit three local GPs to the Board. This is extremely helpful in terms of sharing strategic aspirations and the long-term sustainability of health planning. One of the key elements which we seek from Wiltshire Health and Care is for them to act as an integrator of services across our system.

39. There are several examples of other local transformational initiatives which are already delivering well in very local settings.

Examples of other local transformational initiatives

- We have established 20 Multidisciplinary teams across the county. These fully integrated patient centred local multi-disciplinary teams (comprising community nursing staff, therapists, mental health workers and often social workers) based in our communities are a fundamental building block of our strategy. They build on the existing strength of primary care across the county, with the teams designed to wrap around primary care practices, being led and co-ordinated by our GPs. We have also worked up and agreed a high level concept paper of how these teams should operate and guide their outputs to provide a level of consistency of offer.
- We have also successfully recruited and established Care Co-ordinators county wide, delivering one of the CCG's very early aspirations. The coordinators, based in GP practices, help to reduce unnecessary admissions into hospital or care home. They act as a point of contact to bring together the medical and social care services that may be available to someone who needs just that little extra support to stay at home.
- We are seeing good progress arising from our initiatives to implement integrated discharge across the system, and have recently agreed significant additional investment in a Rehabilitation Support Worker embedded in the community teams to support early discharge and augment the service delivery to patients in their first 7-10 days post discharge; this will also help improve their ability to sustain independent living shortly after discharge. This should impact favourably on the DTOC target in the early part of 2017/18.
- Wiltshire Health and Care have migrated their IT support solution by rolling out the community module of TPP system One, which greatly helps with interoperability with primary care, and they are investing in mobile technology and scheduling to help improve the productivity and effectiveness of their services.

40. To implement our vision of delivering better integrated out of hospital services, we have also formulated a ground breaking Primary Care Offer. This three year programme which began in 2016/17 is designed to transform the commissioning, delivery and monitoring of enhanced services from our GP practices; it supports the development of locality working, and should support the sustainability of primary care at the same time as enhancing the quality of the services delivered from primary care.

41. Active discussions are underway regarding the opportunities for federation of primary care, and we are also exploring the opportunities for primary care to operate and work at scale across the county. We are working closely with our LMC to formulate achievable milestones on the path to implementing the GP Forward View.

42. We have utilised the funding provided under the Transforming Care of Older People (TCOP) programme to encourage local innovation to improve support to the frail and elderly cohort of our population, and have a scheme live under this programme in every part of the county. Using this, we are encouraging empowerment of non GP clinicians to free up GP capacity, extended hours and provision of locally tailored support targeted to meet the specific needs of our largely rural communities, and are delivering localised plans, tailored to the specific needs of communities to achieve this. We also have an aspiration to enhance primary care provision to include greater access to urgent care services without recourse to Accident & Emergency units by enhancing care at the interface with our high intensity care programme being launched in the community.

43. We have also worked with our Council colleagues to reinvigorate the commissioner relationship with the voluntary sector in the county, and aspire to ensure that this important and valuable resource is integrated into our care model. Included in this is a project to further develop and integrate a referral management service for voluntary sector services

Improving operational productivity (C7)

Key Line of Enquiry C7

Is there evidence that improvements in operational productivity are being accelerated at an individual organisational level to reduce unwarranted variation in quality and costs?

Using RightCare to address unwarranted variation

44. We are committed to commissioning and delivery of high quality care. As we commission service from three principal providers, we have an ongoing focus to ensure that we address unwarranted variation in both quality and costs.

45. We have used Right Care information for several years to help us identify aspects of care where there is unwarranted variation and used this to focus on aspects of care where there is scope for improvement. In last year's operational plan (see paragraph 80 and Appendix B of 2016/17 plan) we highlighted the use of Right Care and in our current plans Right Care has also helped us identify areas of focus. We will actively participate in Wave 2 of RightCare, which starts in November 2016, to continue so we can, where possible, both extend and accelerate our use of Right Care.

46. Our plans for 2017/18 and 2018/19 that are built on the opportunities identified through Right Care, drawing on examples of best practice across England include:

- Specialty specific projects in planned care such as MSK and Cardiology
- Cross specialty initiatives such as Patient Initiated Follow Ups and referral reduction measures
- Avoidable admissions in Unplanned Care

47. We have also followed up the Right Care analysis for each provider so that the action plans we generated are focused on the particular circumstances facing each provider and actions tailored to maximise improvement at provider level, rather than a generic target across providers.

How RightCare links to the STP

48. Our work to improve operational productivity is also linked to the STPs work on acute sustainability that is part of the suite of projects under the planned care workstream. The STP will provide additional impetus for cross provider work to address unwarranted variation in quality and costs through systems based solutions.

49. The Planned Care clinically led specialty focused workstreams, set out in Appendix A1, are identifying unwarranted variation to improve access and quality for our patients.

Clinical Engagement

50. Wiltshire clinicians are deeply involved in the development and implementation of QIPP/Transformation initiatives:

- Wiltshire CCGs Chair and the three locality chairs all sit of the STPs Clinical Reference Group
- The Governing Body is clinically led and each meeting includes an STP briefing so there is ownership and buy in to the Transformation plans being developed and executed
- The Governing body is also updated with the development and implementation of our Operational Plan. As QIPP/Transformation initiatives are operationalised, the GPS involved in the various initiatives also report back on progress to the Governing Body

Implementing agreed STP milestones (KLOE C3)

NHS England planning requirement 1.1

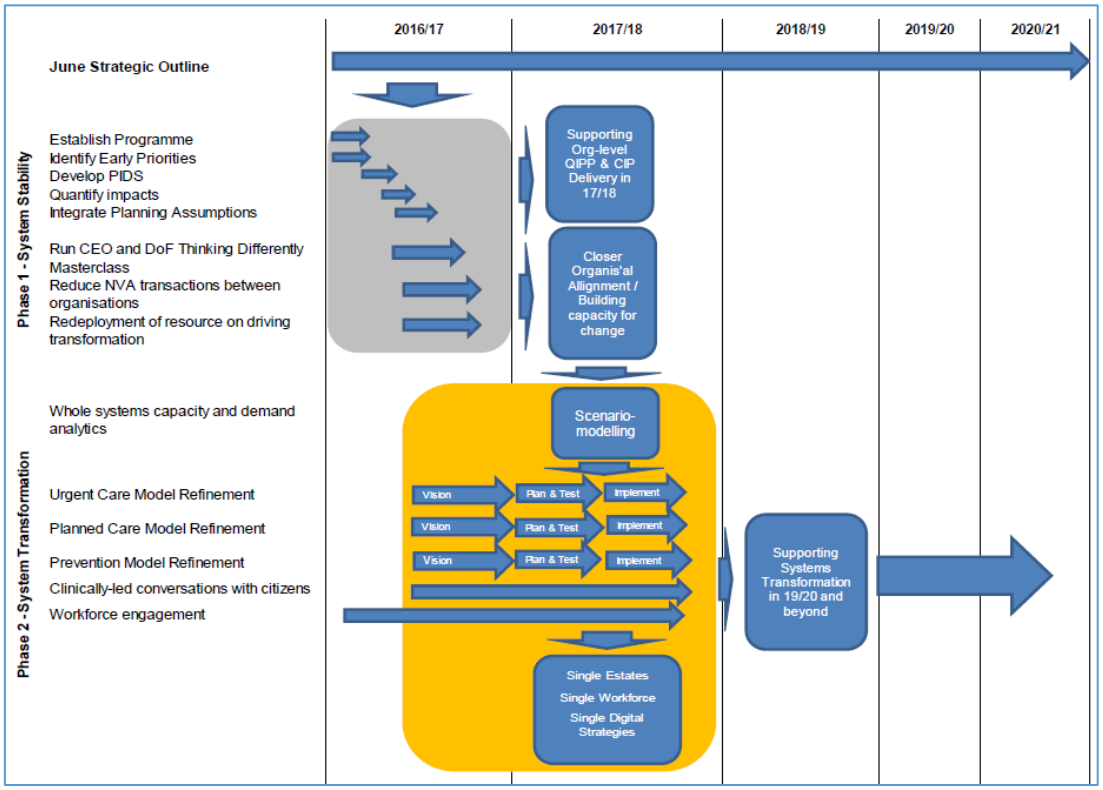
Implement agreed STP milestones, so that we are on track for full achievement by 2020/21

Key Line of Enquiry C3

Has the plan clearly articulated how the CCG will support delivery of their STP, including clear and credible milestones?

51. The STP has set out high level milestones for core work around transformation.

High level timeline for system transformation within the STP



52. We actively support these programme areas, which are broadly on track to meet the milestones set out above. The principal transformational areas from the STP are:

- **Planned care –** Wiltshire CCG are leading the STPs Planned Care workstream, working collaboratively with our partners - CCGs and providers. There are now project plans in place with quantified target benefits at CCG and STP level, so these areas should be on track
- **Unplanned care** – we are participating in this workstream and have also formulated our CCG level plans to support CCG QIPP delivery in 2017/18, so we should be on track to meet the STP milestones.
- **Preventative and proactive care** – we are participating in this workstream, building on our track record of collaborative working with Wiltshire Council's Public Health function and the BCP Prevention Programme Board

53. Work is also progressing on collaborative projects to ensure acute services are clinically sustainable through the Acute Sustainability Workstream, which also has links with the Planned Care Workstream, which is led by Wiltshire CCG. Two projects, Pain and Gastro, have already been transferred into the

Planned Care Workstream for implementation and there is an assessment planned to confirm whether the Care of the Elderly project should also now move into the Planned Care Workstream.

54. The Acute Sustainability Workstream is also examining referral patterns to assess the scope for creating sustainable services within the STP as an alternative to Out Of Area referrals. This will also cover the use of clinical support services such as diagnostics.

55. The STP is also examining flows across STPs for example though BNSSG, looking at flows into AWP.

Achieving agreed trajectories against the STP core metrics (KLOE C4)

NHS England planning requirement 1.2
Achieve agreed trajectories against the STP core metrics set for 2017-19
Key Line of Enquiry C4
Does the plan identify the CCGs contribution to achieving the agreed trajectories against the STP core metrics set for 2017-19?

56. The September 2016 planning guidance sets out the nine core baseline metrics that will, at a minimum, be the baseline STP metrics, however, no guidance has yet been issued that finalises the metrics.

57. It is also not clear what role BSW should take in performance managing the areas suggested in the draft metrics, because:

- There has not been system wide sign up to an STP level plan for each of the nine draft metrics
- It is not clear whether it is appropriate for the STP to manage and be accountable for performance for each of the nine metrics on a system wide basis

58. The table below sets out the current position on each of the draft indicators. This will evolve over the coming year as there is more certainty over the indicators themselves and the role of the STP is clarified. Once this has been done, partners will need to develop and agree appropriate monitoring/performance management mechanisms for each indicator.

Our current approach to the draft STP core metrics

STP area	Core Metric	Approach
Finance	*Performance against organisation-specific and system control totals*	▪ Wiltshire CCG is committed to meeting its financial control totals. The actions set out in Section 2 of this plan are designed to facilitate this ▪ There is currently no formal agreement on working to a single system control total. There are ongoing discussions between partners within BSW to explore the options and benefits around working to a single system control total and the mechanisms for managing this, but there is currently no agreed position on this within the system
Quality	*A&E performance*	▪ Each CCG is working with individual providers to agree trajectories for A&E performance – see Section 2 of this plan ▪ An STP aggregate trajectory has been developed and system 4 hour performance is reviewed at STP level however the focus remains on CCG-level 4 hour performance through the 4 Hour Delivery Board.
	RTT performance	▪ Each CCG is working with individual providers to agree trajectories for RTT performance – see Sections 2 and 5 of this plan ▪ CCG trajectories have been aggregated to STP level however in-year monitoring and performance management focus is likely to remain at CCG for 2017/18.

STP area	Core Metric	Approach
Health outcomes and care redesign	*Progress against cancer taskforce implementation plan*	▪ The metrics are likely to include % of cancers diagnosed at stage 1 or 2; 62 day waits; one year cancer survival rates; and overall patient experience ▪ The Cancer Taskforce implementation plan is managed through system wide groups including three Cancer Alliances; the STP Cancer Group and the Living With and Beyond Cancer Board – see Section 6 and Appendix E of this plan ▪ These groups are at a relatively early stage of development, still formulating their plans and have not yet begun the process of bidding for funds to support those plans ▪ Once the groups and plans have matured, there should be scope for the STP Cancer Group to work as a forum for reporting progress across BSW, but this has yet to be discussed and agreed by partners
	Progress against Mental Health Five Year Forward View implementation plan	▪ The metrics are likely to include IAPT recovery rate; EIP two week waits; and Out of Area Placements ▪ Section 7 and Appendix F of this plan set out how we are managing the Mental Health Five Year Forward View implementation plan ▪ We are also working closely with our partners in the STP so that our developments are tied into the workstreams and project plan being developed through the STP. This will ensure that mental health services operate at scale across the STP to deliver system wide pathways of care ▪ From December 2016, Operational leads from each CCG, Public Health and Local Authorities will be working together to operationalise the plans agreed by all parties in the STP ▪ At this stage, there is not enough detailed co-ordination to make it practical for the STP to report overall system level progress, but this is likely to be developed during 2017/18
	Progress against the General Practice Forward View	▪ The metrics are likely to include access to extended access appointments; time to 3rd next available appointment; and patient satisfaction with opening times ▪ Each of the CCG partners in BSW faces different challenges in Primary Care within their geographies. Whilst the partners have agreed common principles for developing Primary Care, the implementation plans will be different for each area. ▪ Wiltshire's plan for the GPFV is set out in Section 3 and Appendix D of this document. As the plans for the GPFV have only just been completed, there has been no work done to see if there is scope for the STP to report on progress at system level ▪ This will be discussed further and is likely to be simply some form of aggregation of the current position within each CCG across standard agreed metrics
	Hospital total bed days per 1,000 population	▪ This could be a useful metric to help understand differences in utilisation of both planned and unplanned care across the system and be used to support some of the transformation plans being developed for both planned and unplanned care ▪ Although this has not been agreed as a standard metric within BSW, we will explore how this could be used within our transformation programmes and how we could report this at a system level

STP area	Core Metric	Approach
	Emergency hospital admissions per 1,000 population	▪ This could be a useful metric to help understand differences in utilisation of emergency care across the system and be used to support some of the transformation plans being developed for urgent and emergency care ▪ Although this has not been agreed as a standard metric within BSW, we will explore how this could be used within our transformation programmes and how we could report this at a system level

Communication and engagement

59. Effective communication end engagement is a key enabler of the effective development and delivery of change that is included in both the STP and this operational plan. This section of the Operational Plan discusses:

- The STPs principles and engagement messages
- The two phases of communication and engagement.

Principles and messages

60. All communication and engagement through the BSW STP, as well as around the change programmes within this operational plan are underpinned by three messages:

61. The three messages set out and explain the context of the change that will happen in the system by 2020 to develop and deliver new models of care that are sustainable, affordable and improve people's health and wellbeing. The emphasis is on integration, prevention and personal responsibility as well as involvement and co-production – people and organisations working together to find the best solutions to the challenges the system faces.

62. The development and implementation of change will be in line with six principles agreed by the Five Year Forward View People and Communities Board. These common principles will be used across the system as well as within Wiltshire, for communication and engagement.

Common messages and principles we will use in communication and engagement

Three key messages	Six common principles
1) All health and care partners are working together across organisational boundaries to improve everyone's health and wellbeing, to improve service quality and to deliver financial stability 2) For services to be sustainable, we need to get better at preventing disease, not just treating it, and encourage everyone to take responsibility to manage their own care 3) Together we can identify the common challenges and opportunities for innovation across our footprint and adopt a joint approach to remove variation in care and treatment	1) Care and support is personalised, coordinated and empowering 2) Services are created in partnership with citizens and communities 3) Focus on equity and narrowing health inequalities 4) Carers are identified, supported and involved 5) Voluntary, community, social enterprise and house sectors are key partners 6) Volunteering and social action are recognised as key enablers

The first phase of communication and engagement – promoting the STP and the need for change

63. The first phase of communication and engagement is underway. It began in August 2016, designed to promote the messages of the emerging STP by setting out the context for change and promoting the need for change, highlighting that to do nothing is not a viable option and that the process of change needs to start now.

64. This phase of engagement has three main elements, encompassing a wide spectrum of stakeholders, including patients, the public, organisations and staff involved in care.

Promoting the STP as the vehicle for change across Wiltshire

Who we engaged with	What we did
Patients and the public	Between September and December 2016, we engaged with patients and the public through: • **Sessions with Healthwatch Wiltshire** who provided us with useful feedback on the emerging messages from the STP, which helped us shape our public facing engagement • **Engagement sessions with 55 Patient Participation Groups (PPG),** using joint briefing sessions with a number of groups at once to help us develop a common understanding of the key messages and to get useful feedback and reaction of participants. Our experience of working with PPGs has been positive because of their dual role of "critical friend" to GP practices and advocates for our strategy for change • **Public facing sessions** – across the Wiltshire geography, including Devizes, Melksham, Trowbridge and Warminster, reflecting the range of geographies and care needs across the CCG, to set out the challenges we are facing – especially those in primary care - and the concept of the STP as the vehicle to deliver system wide change
Voluntary and Private sector providers	In September 2016, we held a series of briefing sessions for both Voluntary and Private sector providers in Wiltshire, briefing them on the challenges as well as the opportunities that new models of care would open up
Staff across primary and acute care	In August 2016, Wiltshire CCGs Communication and Engagement staff participated in an STP wide series of briefings for people, involved in care delivery, which included: • CCG staff • GPs involved in the CCG • Clinical staff in acute settings • Primary Care staff These sessions will evolve into an ongoing programme of communication and engagement that will roll into the second phase of communication and engagement that is discussed below

65. To support this programme of work, we have held media briefings with Wiltshire press and radio, reiterating the context and setting out the common messages that are being promoted across the whole of the BSW STP. This ensures that whilst we acknowledge the specific care needs of people in Wiltshire, all our communication is consistent with and promotes the common and agreed STP messages and principles.

The second phase of communication and engagement – helping develop and deliver the change

66. The second phase of communication and engagement is designed to help develop and deliver the change planned through the STP, with a series of the service changes being led by Wiltshire CCG staff, for example through their participation in the Urgent Care and Planned Care workstreams, and are included in this operational plan.

67. KLOE C6 above sets out the five strategic priorities of the STP, with the details of the programmes and projects supporting the five priorities shown in KLOE C1, which gives the structure for the changes to the structure and delivery of care between now and 2020.

68. Because the programmes and projects are still at a relatively early stage of development, the STP is not yet able to show the milestones for implementation including public-facing communications, engagement and consultation needed ahead of delivery timeline for projects that represent specific pathways or services.

69. However, we do have clarity on the approach we will adopt from the start of 2017 to make sure that communication and engagement is developed for our change programme. This includes:

- **Developing in more detail the approach we will use** for communication and engagement depending on the nature of the change being proposed
- **Formulating communication and engagement priorities** by identifying the sequence of pathway and service projects being rolled out so we can develop a timetable. We will also look to group projects where there is commonality or a dependency between projects and identify where statutory public consultation might be required
- **Setting up broader stakeholder engagement** that is not linked to specific changes, but still needed to continue promoting the STP and the need for change

70. The December issue of the STP shows how communication and engagement is woven into all five priority areas. There is also a clear commitment to co-production – involving patients, the public and other stakeholders in the design process, rather than simply engaging with stakeholders to ask for approval once detailed plans have been completed.

71. This programme of activity will be delivered by the communications leads for each partner organisation in the STP with Wiltshire taking an active part in this process. The programme will be assured by CCG PPI lay members, Healthwatch, and where applicable, patient and public forums and committees. Our communications representatives and Healthwatch will work closely with STP workstream leads to identify where formal public consultation will be required on major service change and ensure there are realistic timescales and resources for this to happen.

72. Healthwatch will play an important part in the process, connecting us with patients whose care needs are most relevant to the specific piece of engagement that is being undertaken.

73. We will work through the existing STP governance structure, particularly:

- **The STP Communication and engagement workstream**, so all activities mesh into a single overarching plan for the system
- **The Leadership Group**, to ensure that SROs for programmes and projects are sighted on and actively support and promote communication and engagement for there are of responsibility
- **The Planning Group**, to ensure that communication and engagement activity for a particular project is correctly aligned to the project plan and confirm which partner organisation is leading the communication and engagement for that project

74. This second phase of communication and engagement will therefore be:

- **Structured and aligned to the programme of work** being developed and rolled out by the STP
- **Comprehensive** by including a wide range of stakeholders particularly patients and the public
- **Effective in support the change process**, with the emphasis on involving stakeholders in designing new services, not just asking for approval once plans are completed

Making it happen

75. The BSW STP has developed quickly. We are now working through established governance structures in the STP and relationships are deepening across NHS organisations as well as with social care partners, which is helping to accelerate system wide change.

76. The October STP submission demonstrated that we are making real progress in BSW, not simply in articulating our problems, but by developing common, agreed solutions to those problems.

77. Our CCGs plans clearly support the delivery of STP objectives in a range of areas and our experience in areas such as Right Care has helped to develop STP level plans as well as our own CCG plans.

78. We have signed up to common STP objectives, approaches and plans with our BSW partners, which will deliver real change in our care system. We will work to continue to deepen relationships in BSW as well as practical joint working to make the planned transformational improvements happen both within Wiltshire and across BSW.

Section 2 – Finance and activity

Summary

79. This section of the Operational Plan sets out how we will achieve the key finance related requirements set out in NHS planning guidance:

- Deliver financial control totals
- Undertake robust activity planning
- Implement local STP plans
- Implement demand reduction measures
- Increase provider efficiency

Delivering financial control totals

NHS England planning requirement 2.1

Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19

80. Our financial and activity process is designed to develop a plan for Wiltshire CCG to achieve its financial duties. Our plan also is aligned with the financial analysis set out in the STP.

Current financial position

81. NHS England requires CCGs to:

- Deliver a cumulative 1% surplus, with CCGs also needing to deliver an in year surplus position
- Hold a 1% uncommitted headroom (which may only be released in conjunction with NHS England/Treasury approval) - 50% of this is to be held as system risk reserve with other 50% available for investment

82. During 2016/17 we faced financial pressures, principally from acute services growing faster than plan, plus an overspend on Funded Nursing Care (FNC) due to a 40% increase in FNC rates payable backdated to the start of April 2016.

83. Our forecast for the end of 2016/17 includes other risks, which have been set against a series of identified mitigations.

84. Overall, our projection is that we will comply with NHS England's business rules for CCGs.

Our projections show we will meet the business rules for CCGs in 2017/18 and 2018/19

Business rule	Meeting the rules in 2017/18	Meeting the rules in 2018/19
Achieve a 1% surplus	Our planned surplus is £5.9m which is 1% of £591.5m of allocated resources for 2017/18	Our planned surplus is £6.1m which is 1% of £605.4m of allocated resources for 2018/9
Minimum contingency of 0.5%	£3.0m = 0.5%	£3.0m = 0.5%
Non-recurrent spend of 1% of programme baseline allocation	£5.8m = 1%	£6.0m = 1%
No overspend on running costs	Running costs not overspent	Running costs not overspent

Approach to financial planning for 2017/18 and 2018/19

85. Our approach to financial planning is aligned with the STP. We are actively participating in the STP finance group to share information, confirm assumptions and report on the results of financial planning. This will provide transparency for partners within the STP and produce a consolidated system level position that all partners are signed up to.

86. In Wiltshire CCG, our planning is based on our Medium Term Financial Plan (MTFP), which projects forward five years to give us a longer term perspective of finance and activity than that from one or two year plans. The details shown in this section of the Operational Plan are drawn from years 2017/18 and 2018/19 within the latest MTFP.

87. In our financial planning, we continue to comply with the business rules for CCGs for 2017/18 and 2018/19, in line with broader system wide themes established in 2016/17:

- **The system is overtrading** - we are spending more money than is or will be available; the cost of the system is greater than the income available
- **We need to reduce demand** - the system delivers care which is not always appropriate or necessary so we need to focus our resources on care that delivers good outcomes for patients
- **All parts of the system should change the care they deliver** - care at home or the community is an affordable, safe and effective alternative to inpatient care in hospital
- **Overall costs need to fall** - this means that fewer people will be employed to deliver care in the future; in the acute sector this means fewer beds and fewer heads

88. Although our CCG has received an increase in resources of for 2017/18 and 2018/19, there is a financial shortfall across the STP system estimated at some for £100 to £200m between 2017/18 and 2018/19, which is shown in the table below

Change in CCG resources compared to STP system level shortfall in resources

	2017/18	2018/19
CCG increase in resources	£13.9m (2.4%)	£14m (2.37%)
STP system shortfall (do nothing)	£100m	£200m

89. Financial modelling within the STP is based on the aspiration that all STP partners achieve all their QIPP, CIP and transformation plans for the STP to achieve its system control totals in 2017/18 (£19.4m surplus) and 2018/19 (£28m surplus).

Headlines of the financial plan for 2017/18 and 2018/19

90. We are planning to meet the NHS business rules between 2017 and 2019.

Our projections show we will meet the business rules for CCGs in 2017/18 and 2018/19

Area	Description	£m	
		2017/18	2018/19
Sources	Baseline	-577.5	-591.4
	Growth	-13.9	-14.0
	Surplus b/f	-5.9	-5.9
	Total	-597.3	-611.4
Applications	Baseline	573.4	584.2
	Net inflation	1.2	1.2
	Demographic and non-demographic growth	16.2	19.9
	Investments	15.1	15.1
	QIPP	-14.5	-15.0
	Total	591.4	605.3
(Surplus) / Deficit position per annum		**-5.9**	**-6.1**
(Surplus) / Deficit position per annum as a % of resources		**1%**	**1%**

91. Our financial plan for 2017/18 and 2018/19 has been developed by working with providers to formulate a financial settlement that gives an equitable and practical balance between:

- Providing additional funding
- Incentivising providers to reduce both activity and costs

92. The headlines of the plan are:

- A provider baseline that reflects the full recurrent outturn for 2016/17 with any fines and reduced CQUIN delivery added back into the position. This position will include adjustments to take account of HRG4+, the 30% marginal rate adjustment for non-elective activity and readmissions adjustments with both being based on 2016/17 values. Modelling is ongoing to prove whether the national assumptions around cost neutrality of HRG4+ are valid for Wiltshire CCG
- Inflation increases of 2.1% for acute and non-acute NHS activity, 2% for other non acute activity and 2% for prescribing, all offset by a 2% efficiency requirement
- A 0.6% increase to the recurrent outturn position to reflect demographic growth. We have used IHAMS assumptions for non demographic growth (recognising the application of the growth across patient types and specialties will vary).
- The RTT backlog is assumed to be funded over and above this offer, after taking into account any current elements of non recurrent funding to deal with the backlog

93. We will therefore be making significant investments in services outside the acute sector, particularly investment in mental health services that will be 2.4% in 2017/18 and 2.4% in 2018/19, which meets the Parity of Esteem requirement of growth in Mental Health funding being at least the value of annual growth in CCG allocations

94. If extra activity is required over and above contracted activity levels, this will need to be delivered by improved efficiency in line with the NHS transformational challenge. Work will also be focused on achieving a sustainable level of supply and demand which is affordable and delivers the constitutional access targets. We will undertake additional activity and capacity modelling with providers to ascertain whether demand growth can be managed within existing NHS capacity. If not, we will continue to use Independent Sector capacity to make up any shortfall.

95. During the contracting round, we have worked with providers to identify the RTT backlog. The CCG is assuming that the backlog will either be covered from within existing capacity that will be funded from additional QIPP savings or contingency funding. If both assumptions cannot be delivered, then this will represent a significant risk to the CCG and its financial plans

96. This approach is underpinned by activity planning which is discussed below so that:

- The QIPP requirement for unplanned and planned care of £6m is accounted for within activity plans and then into agreed financial plans
- Parity of Esteem investments and any additional activity required to meet NHS Constitution targets are include within the overall quantum of planned activity for 2017/18

Assessment of financial risks in 2017/18 and 2018/19

97. The financial plan has identified financial risks that have been assessed as the following:

- RTT backlog - the CCG has funded a total of £0.6m non recurrently in the last quarter of 2016/17 across the three principal acute providers to target RTT backlogs by March 2017. Therefore, by April 2017, principal providers are expected to start the year with and to maintain a manageable RTT “tail”
- Assessment of the current QIPP schemes – we will undertake risk monitoring of our QIPP schemes each month to confirm the level of risk. Currently, we do not have an estimate of the level of risk because of the relative maturity of our QIPP plans
- There are issues around the growth in the number of births at the RUH. Therefore, there is risk around the Maternity pathway that could result in a financial risk as the current modelling is only able to forecast on 4 months’ data (£0.1m)
- Should the national policy position contained in the NHS contract for readmissions be renegotiated then the CCG would lose an income stream for funding reablement services which is embedded into the BCF (£1.7m)
- At this point, there are no material issues on start points and contract proposals, however, the major risk to the system is on QIPP and being able to take costs identified in QIPP out of the system.

98. Our ongoing monitoring and evaluation of risks through analysis of prior year trends and emerging issues mean that we have identified high level risks. Contingency plans are in place to offset these, and we will develop additional options and actions if our analysis indicates that risks outweigh mitigations.

QIPP

99. Our MTFP has identified a £12.6m QIPP gap in 2016/17, which will be addressed through:

- Planned Care - £3m
- Unplanned Care - £3m
- Prescribing - £1.8m
- Other including running costs, slippage, quality premium and additional measures - £2.3m
- Unidentified QIPP - £2.5m

100. We will review the overall QIPP position after all contracts have been agreed and expect that the unidentified QIPP will reduce. We will then work to identify additional measures to address the remaining QIPP gap.

101. The breakdown of QIPP plans for Planned Care, Unplanned Care and Prescribing are set out in Appendices A, B and C plus accompanying slides

Undertaking robust activity planning

102. We have sound processes to produce robust activity plans. Our activity planning uses common tools and assumptions across the STP footprint. There is an aggregation process in place to bring together activity baselines, growth and changes arising from transformation and QIPP to produce an aggregate system level position.

103. This means there is a clear trail from modelling and planning at CCG level through to the STP, with changes and the overall system level position expressed as both activity and finance.

How our activity plans link to the STP (A1)

Key Line of Enquiry A1

Does the activity submitted with the operational plans directly reflect years 2 and 3 of the relevant STP?

104. Wiltshire CCG and BSW STP use IHAM as a common planning tool and adopt common assumptions for IHAM, as set out in the table below.

Common IHAM planning assumptions used across BSW STP

		2016/17	2017/18	2018/19	2019/20	2020/21
Wiltshire	Outpatient attendances	4.1%	4.0%	4.1%	4.1%	3.9%
	Elective admissions	2.3%	2.3%	2.4%	2.3%	2.1%
	Non elective admissions	2.4%	2.3%	2.6%	2.6%	2.4%
	A&E attendances	2.2%	2.2%	2.4%	2.3%	2.3%
BaNES	Outpatient attendances	3.3%	3.4%	3.7%	3.6%	3.1%
	Elective admissions	1.5%	1.6%	1.8%	1.7%	1.3%
	Non elective admissions	1.6%	1.6%	2.2%	2.0%	1.2%
	A&E attendances	2.0%	1.8%	2.2%	2.1%	1.6%
Swindon	Outpatient attendances	4.3%	4.3%	4.3%	4.5%	4.1%
	Elective admissions	2.5%	2.6%	2.5%	2.7%	2.3%
	Non elective admissions	2.6%	2.4%	2.6%	2.5%	2.3%
	A&E attendances	2.8%	2.5%	2.8%	2.6%	2.5%
England	Outpatient attendances	3.8%	3.9%	3.9%	3.8%	3.8%
	Elective admissions	2.0%	2.1%	2.1%	2.0%	1.9%
	Non elective admissions	2.1%	2.2%	2.2%	2.2%	2.1%
	A&E attendances	2.3%	2.3%	2.3%	2.3%	2.3%

105. Our approach is to:

- Confirm the baseline using month 4 year to date, measured at month 5
- Flex the baseline forward to develop a forecast outturn
- Adjust the forecast to take account of requirements for 2017/18 and 2018/19 such as winter pressures, RTT requirements and the impact of Transformation/QIPP schemes

106. The IHAMS modelling was applied across the BSW footprint. There was also be local flexibility for Transformation/QIPP schemes to reflect:

- The part year effect of Transformation/QIPP schemes at a system level – starting times
- The impact at CCG level – differential impact

107. This approach is designed to ensure that CCG and STP level plans reflect realistically the impact of Transformation/QIPP across the whole system as we aim to achieve financial balance and the financial system control total.

Activity modelling (A5)

Key Line of Enquiry A5

Is there clear evidence of activity modelling that supports the plan?

108. The activity modelling discussed above is reflected in:

- A common commissioner plan model created by the CSU, which is used across the BSW footprint
- Analysis reviewed by the STP finance group to understand the commissioning position across the STP footprint

109. This reflects an open book approach to contract plans and activity projections, with:

- Commissioner level contract plans discussed and shared openly with commissioners across the footprint
- Plans shared with Providers through the contract process. Our plans were shared before 4 November in line with the national contracting timetable, making the contracting process open and transparent at an early stage. Going forward, details will be included within the national contract tracker which will provide a point of reference on the plans.

110. We also comply with the NHS England planning requirements by submitting the templates pre-populated with SUS activity data provided by NHS England.

Key planning assumptions (A2 and A3)

Key Line of Enquiry A2

Does the plan set out clear and reasonable growth assumptions, using IHAM as a default starting point?

111. The starting growth assumptions used are the IHAMS assumptions, which are used at point of Delivery (POD) level for each provider to give the granular accuracy the IHAMS model is designed for. The detailed assumptions at POD level are set out in table shown in paragraph 104 above.

112. For local contract planning we have made a series of local adjustments, which are reflected in the waterfall chart in NHS England's Plan Submission Template. These adjustments take account of:

- Population changes
- Known data recording issues in SUS
- Transformation/QIPP schemes
- Policies such as Seven Day Working

Key Line of Enquiry A3

Does the plan clearly describe the evidence and assumptions that enable activity to be reduced from the 'do nothing' scenario and the impact of transformational change (e.g. BCF, vanguard, local contractual changes)?

113. During the third quarter of 2016/17 we worked with providers to agree the 2016/17 outturn to facilitate a focus on redesign, which was agreed with two of our three principal providers and we continue to engage with our third principal provider on this.

114. The Planned and Unplanned Care service redesign plans, developed at both CCG and STP level form the basis of QIPP values embedded into contract and are the principal means to reduce activity from the do nothing scenario.

115. We have also implemented specific actions in 2016/17 to prepare for the planned reduction of activity in 2017/18 and 2018/19. One example is the work with Wiltshire Health and Care where we have agreed to implement the Rehab Support Worker model, which will facilitate earlier discharge from acute care into community or home based settings. This model of care will be in place from January 2017.

116. The Transformation/QIPP initiatives included in this Operational Plan and incorporated into our activity plans are evidenced in Appendices A and B plus accompanying slides. The detailed plans include the following information for each initiative:

- Projections of the financial and activity impact for 2017/18 and 2108/19
- Evidence that was used to make the projections
- Timing so that part year effect is accounted for

How planned activity relates to performance (A4)

Key Line of Enquiry A4

How will planned activity enable performance to be delivered and how are risks related to deviating from the activity plan mitigated? Does planned activity enable achievement of constitutional standards and reflect agreed trajectories?

117. Our planning worked through stages so that our plans are set up to achieve constitutional standards, and we are confident that we are planning to commission sufficient activity across our system:

- We have reviewed RTT backlogs with providers to confirm the extent of non-recurrent activity that was needed in plans to achieve constitutional standards. This included both additional activity as well as reductions in activity, where we have commissioned activity in non-acute settings (for example community hernia services)
- We assessed our ongoing analysis of "hotspots" to identify here additional activity might be needed in areas where we know there are breaches of standards and where we have been working with providers to address them. Examples of where we know there have been performance issues and are working with providers to monitor plans to address "hotspots" include:

- Gastroenterology and Dermatology
- RTT incomplete pathways at RUH and tertiary providers
- A&E standards – RUH (now being monitored through a weekly commissioner meeting; SFT (have submitted a trajectory that is non compliant, so remedial plans are being developed)
- Cancer 2 week wait – a deep dive investigation to understand the disproportionate growth in referrals at RUH will continue in 2017/18

- We identified specific areas within IAF that indicated where there might be additional activity/action needed. The most significant example of this was IAPT recovery rates
- We also undertook activity modelling to identify areas where IHAMS understates population pressures unique to Wiltshire

118. All these aspects were included in our planning and discussions with providers so that agreed contract plans contained sufficient activity to meet demand and meet constitutional standards. These plans were reflected in agreed trajectories to meet standards in cases where standards were not being met.

119. Our approach to managing risks in these areas is to:

- Monitor closely trajectories to ensure constitutional standards are met. This is undertaken as part of our BAU, where we already have a good understanding of existing and developing risks and pressures
- Where standards are not met or there is deviation from trajectories, work closely with providers to develop and monitor the implementation of recovery plans

How we align our plans with provider plans (A6)

Key Line of Enquiry A6

What is the evidence that activity has been jointly mapped with commissioner and provider and that capacity is available?

120. Commissioner and Provider plans are aligned by comparing demand and supply through the contracting process where:

- We as the Commissioner set out our demand plans to main NHS and Independent Sector providers through our contract offers. As part of this process we highlighted areas where we expect activity reductions through Transformation/QIPP plans so that these initiatives are understood and taken account of in the contract process
- Providers responded with their capacity plans and highlights of capacity “hotspots”
- Discussions to confirm proactive focus areas where:
  - We have agreed to use IS or other NHS capacity to meet demand pressures
  - Providers have agreed to address capacity constraints through internal measures

121. This approach has confirmed that capacity is either available or will be made available through shifting activity to alternative providers or through provider efficiency measures.

122. We have contracted with our providers on the basis that they will have sufficient capacity available to meet current levels of demand plus agreed growth. Provider capacity will be proactively monitored and where providers have insufficient capacity, we will address this through contract variations to facilitate changing referrals to different providers where there is capacity available.

Capacity needed to meet constitutional standards (A7)

Key Line of Enquiry A7

Where capacity in the NHS cannot meet demand, what actions are in place to source additional capacity?

123. We continually monitor demand and capacity so we can ensure there is sufficient capacity available to meet demand. Alongside this we have put in place a standard pre-referral process which helps us identify scope for using IS acute providers, where there is pressure on NHS capacity – see also KLOE B5 below.

124. There is now a single point of access for a series of pathways which involves community based triage, that directs patients to community based alternatives to acute care – for example in podiatry and for hernias. If there is no community alternative, then patients are directed straight to an acute IS provider, where clinically appropriate and improve both patient access and experience.

125. Our Referral Management service also supports this process by directing patients, where possible and respecting patient choice, to the provider with the shortest waiting times. This helps to match demand and capacity, to make better use of NHS capacity by reducing some of the pressure on NHS providers.

126. See KLOE A4 above for further details.

How we manage activity risks (A8)

Key Line of Enquiry A8

What is the evidence to show that risks in relation to activity been jointly identified (commissioner and provider) and mitigated through agreed contingency plan and show consistency between activity, workforce and finance plans?

127. Key activity risks were identified during contracting discussions to match commissioner offers and provider capacity projections. Examples of risk areas identified and addressed included some Providers have raising coding and accounting issues that impact upon the initial baseline. These are currently being discussed as part of the contracting process and should be addressed by checkpoint 2 in the national contracting timetable.

128. We also identified specific workforce issues through contract discussions with providers, for example in challenged specialties such as Dermatology where staff shortages have resulted in capacity restrictions that have impacted on ability to meet demand and achieve constitutional targets. This has been managed through a mix of provider actions to address staff shortages and proactive management of referrals to use alternative capacity in both the NHS and IS.

How we integrate our activity and finance plans (A9)

Key Line of Enquiry A9

Is there a clear link between finance and activity plans, is planned activity budgeted for and affordable?

129. We adopted an iterative process to make sure finance and activity are aligned:

- We confirmed the envelope of available resources, which is £597.3m for 2017/18 and £611.4m for 2018/19
- We identified the initial gap between resources and cost of services of £14.5m in 2017/18
- We also identified target cost reductions in care areas, principally in planned and unplanned care that would be incorporated into initial contract offers

- Through activity planning we identified the level of demand for each provider, and incorporated our target cost reduction areas through Transformation/QIPP which formed the initial contract offers
- We priced service offers at the beginning of November before discussions with providers so we understood the resource implications of contract offers
- We iterated our contract offers to produce the final agreed contract position, which were expressed in both activity and finance

130. This approach meant that we:

- Identified the cost of our activity proposals early in the process, linking activity and finance
- Related the cost of contract proposals back to our resource envelope, so activity was all budgeted
- Developed additional QIPP plans to produce a balanced position, so our contracted activity is shown to be affordable

131. The approach for Ambulance and mental health services was different because these services are not based on PBR but contracted through a block arrangement:

- For Ambulance services, we triangulated activity and finance by agreeing the outturn position and anticipated growth using reported activity trends as the evidence base for future activity
- For the past two years, our mental health provider has shared information mapping that breaks out expenditure and activity by commissioner, relating this to income received. This resource mapping was the basis of contracts in 2016/17 and was planned to be used for future contracts. Unfortunately, AWP have refused to use this mechanism to set contract values, which would have ensured an equitable and correct match between income and activity across the system. Despite this we believe that this approach will be helpful in future as we develop contracts that are based on mental health tariffs

132. KLOE C5 above discusses how we are holding the risk on QIPP/Transformation, with contract mechanisms in place to reduce contract payments for successful QIPP/Transformation delivery.

Meeting constitutional standards

133. We continue with our commitment to meet constitutional standards. The 2016/17 position reflects a range of pressures being experienced across England, which have impacted on organisations' ability achieve the constitutional standards.

134. In 2017/18 and 2018/19 we will continue to work closely with providers to manage instances where constitutional standards are not being met through support and monitoring of actions plans where remedial action is needed.

Trajectories to meet constitutional standards (B1 and B2)

Key Line of Enquiry B1

From current baseline does the CCG have a trajectory agreed with providers to meet all constitution standards in 2017/18?

135. We have agreed actions and trajectories with all providers to meet constitution standards in 2017/18 and are developing a system wide approach to meeting constitutional standards as part of our system level management.

Areas for remedial action to meet constitutional standards

Standard	Current position	2017/18 Plan Target	Action for 2017/18
Diagnostics (≥99% under 6 Weeks)	Sleep studies: being managed through STP wide workstream for GWH and RUH	Achieve ≥99% under 6 Weeks	Focus on commissioning alternatives for historic sleep study services Review increasing risk around Cardiology diagnostics linked to a known workforce issue
RTT incomplete pathways (≥92% under 18 Weeks)	RUH – position improved from August to September, but still not achieving the standard Virgin Care – breached due to legacy patients – recovery trajectory in place Tertiary providers – expect these to be cleared in 2016/17	Achieve ≥92% under 18 Weeks)	The CCG is planning monthly 92% achievement. However, there is a risk because RUH will not be planning achievement but the CCG hopes to make up the shortfall from the Independent Sector, as they continue to over achieve their plans For Wiltshire, the RUH backlog will be dealt with by RMS referral transfers to alternative providers. It is unlikely the STP-wide trajectory will achieve because of the RUH materiality on the BaNES plans
RTT >52 Week waits	GWH – assurance around remedial action on breaches obtained at RTT steering Board NBT – part of larger ongoing recovery plan for spinal patients, expected to be completed in 2016/17	Zero >52 week waits	Continue to monitor performance through established mechanism of monthly RTT delivery meetings to ensure recovery to achieve the standard is made and sustained
A&E standards (≥95% under 4 Hours)	RUH have not achieved this standard in 2016/17, although performance improved from 79% in August to 91% in October GWH have also not achieved the target in 2016/17, showing performance of 89% in August falling to 84% in Octobers SFT's position in August was 93%, which fell to 92% in October These figures are based on average weekly totals	Achieve ≥95% under 4 Hours	SFTs trajectory shows that the Trust will not achieve the target in 2017/18. RUHs trajectory shows that the Trust will not achieve the target in 2017/18. GWH will only achieve the standard during two summer months in 2017/18 We will continue to work with all providers to develop and implement appropriate remedial action to recover the position through demand management and service improvement and where possible achieve the standard

Standard	Current position	2017/18 Plan Target	Action for 2017/18
Cancer 2 week wait (≥93%)	RUH – Deep dive underway to identify cause of 21% increase in 2ww attendances, with review at November RTT delivery group. GWH - Dermatology recovery plan being developed - recovery is expected to be achieved within a matter of weeks and maintained thereafter	Achieve 2 week wait (≥93%)	Expect all issues identified in 2016/17 to be resolved by the end of March 2017. Ongoing monitoring to ensure the standard is achieved and maintained
DToC (3.5% of population cohort)	Excess DToCs at all principal providers in August 2016. Improved performance in September and October. Rollout of Integrated Discharge Scheme expected to improve the position further.	Achieve <3.5% of population cohort	Plans have been agreed to reduce the DTOC rate to 3.5% by March 2017. The actions below are designed to maintain this position from April 2017: a) 70 cohorted ICT beds across 9 locations, providing active rehabilitation and support for patients between hospital and home b) Urgent care at home programme to support patients flow through the system 24/7 c) Integrated discharge programme and strategy - integrated discharge teams in each of the three acute hospitals. d) Launch rehab support workers programme in partnership with Wiltshire Health and Care to increase care resource in the community e) Relaunch of the DART programme at GWH f) Enhanced discharge support through the 72 hour pathway for patients who are palliative or end or end of life
Dementia diagnosis (66.67%)	September actual is 65.2%, improvement from August. The recently submitted a revised plan trajectory that is expecting the 66.67% standard to be achieved by Feb 2017	Meet the 66.67% standard in 2017/18	Dementia diagnosis performance will slip back in the 1st 4 months of each year because of the annual revised denominator, which means we need to identify newly diagnosed patients on top of the normal attrition rates Support is being offered to practices where there is still a significant gap in terms of numbers between the target and the numbers with a diagnosis or where diagnosis rates have declined. The Dementia LES is specifically designed to improve the rate of diagnosis by providing the most appropriate incentives, support and management of dementia diagnosis. ***See Section 7 Planning Requirement 7.4 for detail***

Standard	Current position	2017/18 Plan Target	Action for 2017/18
MSA	GWH – reported breaches in September	Zero breaches	Ongoing monitoring and remedial plans where required

Key Line of Enquiry B2

Are trajectories realistic, reflecting past performance, seasonality and planned changes?

136. We assess the position on constitutional standards as part of our ongoing monitoring with specific pressures and issues identified through "hotspot reporting".

137. Our trajectories and action plans use information from our monitoring so that we understand patterns of past performance and the impact of seasonality or non recurrent factors, therefore trajectories and plans agreed with providers are as robust as possible. The CCG trajectories reflect the timing of Easter and the reduced number of elective days in 2017/18.

Managing risks around constitutional standards (B3)

Key Line of Enquiry B3

What is the level of risk that they will not be delivered and how will this risk be mitigated?

138. Risks have been identified through action plans agreed with providers. Mitigations include:

- Deep dive into underlying reasons for increases in referrals for cancer, to identify any opportunities for clinically appropriate demand management. This will be balanced in relation to the national drive to increase 2ww for cancer to improve early diagnosis rates
- Internal actions by providers to increase capacity to reduce historic backlogs
- Referrals to other NHS providers through proactive outsourcing at pre referral stage (see KLOE A7 above)
- Using IS capacity as an alternative to NHS provision
- STP workstreams to drive operational efficiency and pathway improvements to support improvements in demand management

Using independent sector capacity (B5)

Key Line of Enquiry B5

What independent sector capacity has been identified to support delivery of constitutional standards?

139. The CCG has encouraged a plural independent market which is used to proactively redirect clinically appropriate cases. Areas of growth in demand have been supported by commissioning additional community surgical services and pre referral demand management schemes so available IS capacity is utilised fully.

140. We commission services from a range of IS providers which means that our approach to capacity is flexible and we are not tied to one IS provider or are only able to access limited IS capacity

141. We work collaboratively with neighbouring CCGs, acute NHS providers and the IS to maximise our capacity as a system and improve access for patients. This another example of how system wider working in BSW is developing in practice.

142. Our use of IS capacity will continue to be reviewed strategically via the STPs RTT Group which meets bi monthly and operationally via the established RTT steering and delivery groups. IS usage is viewed

monthly and we proactive refer at source to the IS, in collaboration with NHS providers and neighbouring CCGS.

143. The STP work streams, particularly the demand management and clinical policy work stream, include planning of non-NHS capacity. Speciality level work streams also include service redesign strategies to transition clinically appropriate services from acute NHS to IS and community provision – this includes pain and dermatology within the first phase.

144. The STP planned care work streams link across all providers, so there is a strategic STP wide view of IS use on an ongoing basis.

Collecting performance data (B4)

Key Line of Enquiry B4

Does the CCG have in place monitoring system to collect the necessary performance data for current and new standards?

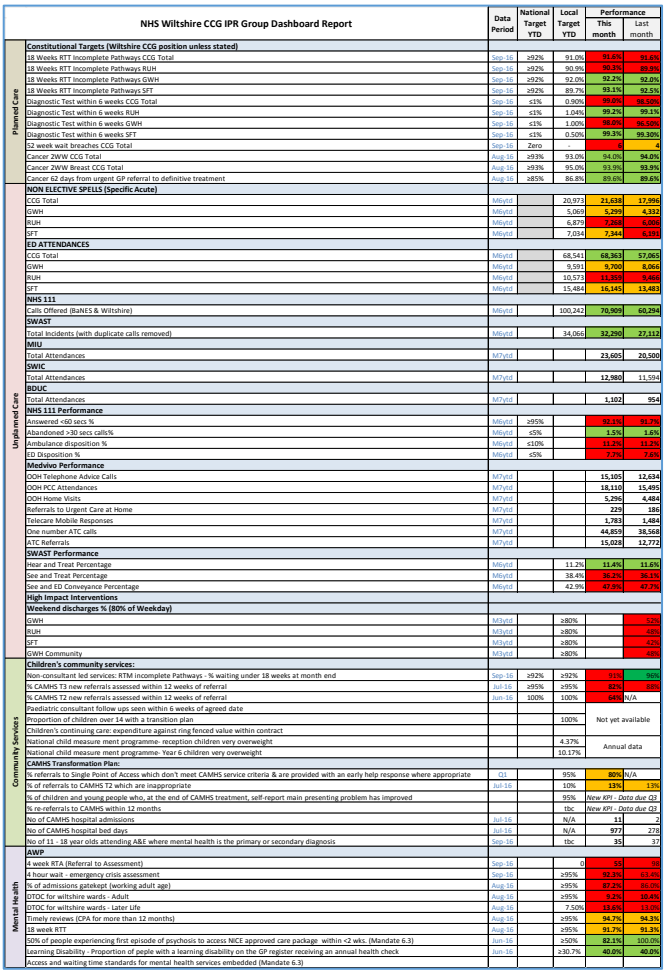
145. We have robust systems and processes in place to collect, report on and monitor performance data for current standards. These have been shown to be effective and we have no known issues around data reporting and monitoring for current standards.

146. We use dashboards for regular monitoring, that show:

- The Organisation level position in Planned Care, Unplanned Care, Community Services and Mental Health, including aggregate and provider level status
- The Group level position, showing key performance risks; performance against finance, QIPP, activity and constitutional targets; provider level performance and status of key developments projects.

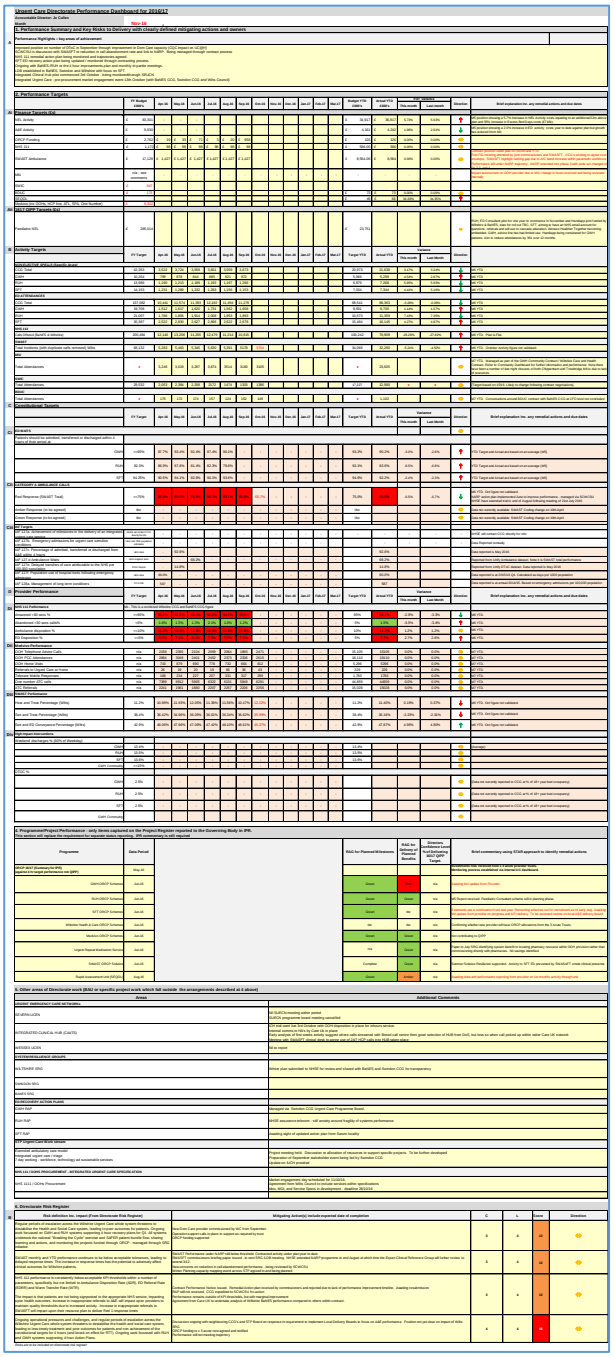
Examples of our dashboards

Organisation level dashboard



NHS Wiltshire CCG IPR Group Dashboard Report		Data Period	National Target YTD	Local Target YTD	Performance This month	Performance Last month
Planned Care	**Constitutional Targets (Wiltshire CCG position unless stated)**					
	18 Weeks RTT Incomplete Pathways CCG Total	Sep-16	≥92%	91.0%	91.6%	91.6%
	18 Weeks RTT Incomplete Pathways RUH	Sep-16	≥92%	90.9%	90.3%	89.9%
	18 Weeks RTT Incomplete Pathways GWH	Sep-16	≥92%	92.0%	92.2%	92.0%
	18 Weeks RTT Incomplete Pathways SFT	Sep-16	≥92%	89.7%	93.1%	92.5%
	Diagnostic Test within 6 weeks CCG Total	Sep-16	≤1%	0.90%	99.6%	98.50%
	Diagnostic Test within 6 weeks RUH	Sep-16	≤1%	1.04%	99.2%	99.1%
	Diagnostic Test within 6 weeks GWH	Sep-16	≤1%	1.00%	98.6%	96.50%
	Diagnostic Test within 6 weeks SFT	Sep-16	≤1%	0.50%	99.3%	99.30%
	52 week wait breaches CCG Total	Sep-16	Zero	-	0	0
	Cancer 2WW CCG Total	Aug-16	≥93%	93.0%	94.0%	94.0%
	Cancer 2WW Breast CCG Total	Aug-16	≥93%	95.0%	93.9%	93.9%
	Cancer 62 days from urgent GP referral to definitive treatment	Aug-16	≥85%	86.8%	89.6%	89.6%
Unplanned Care	**NON ELECTIVE SPELLS (Specific Acute)**					
	CCG Total	M6ytd		20,973	21,638	17,996
	GWH	M6ytd		5,069	5,290	4,332
	RUH	M6ytd		6,879	7,268	6,008
	SFT	M6ytd		7,034	7,344	6,191
	ED ATTENDANCES					
	CCG Total	M6ytd		68,541	68,363	57,065
	GWH	M6ytd		9,591	9,700	8,066
	RUH	M6ytd		10,573	11,359	9,466
	SFT	M6ytd		15,484	16,145	13,483
	NHS 111					
	Calls Offered (BaNES & Wiltshire)	M6ytd		100,242	70,909	60,294
	SWAST					
	Total Incidents (with duplicate calls removed)	M6ytd		34,066	32,290	27,112
	MIU					
	Total Attendances	M7ytd			23,605	20,500
	SWIC					
	Total Attendances	M7ytd			12,980	11,594
	BDUC					
	Total Attendances	M7ytd			1,102	954
	NHS 111 Performance					
	Answered <60 secs %	M6ytd	≥95%		92.1%	91.7%
	Abandoned >30 secs calls%	M6ytd	≤5%		1.5%	1.6%
	Ambulance disposition %	M6ytd	≤10%		11.2%	11.2%
	ED Disposition %	M6ytd	≤5%		7.7%	7.6%
	Medvivo Performance					
	OOH Telephone Advice Calls	M7ytd			15,105	12,634
	OOH PCC Attendances	M7ytd			18,110	15,495
	OOH Home Visits	M7ytd			5,296	4,484
	Referrals to Urgent Care at Home	M7ytd			229	186
	Telecare Mobile Responses	M7ytd			1,783	1,484
	One number ATC calls	M7ytd			44,859	38,568
	ATC Referrals	M7ytd			15,028	12,772
	SWAST Performance					
	Hear and Treat Percentage	M6ytd		11.2%	11.4%	11.6%
	See and Treat Percentage	M6ytd		38.4%	36.2%	36.1%
	See and ED Conveyance Percentage	M6ytd		42.9%	47.9%	47.2%
	High Impact Interventions					
	Weekend discharges % (80% of Weekday)					
	GWH	M3ytd		≥80%		52%
	RUH	M3ytd		≥80%		45%
	SFT	M3ytd		≥80%		42%
	GWH Community	M3ytd		≥80%		43%
Community Services	**Children's community services:**					
	Non-consultant led services: RTM incomplete Pathways - % waiting under 18 weeks at month end	Sep-16	≥92%	≥92%	91%	96%
	% CAMHS T3 new referrals assessed within 12 weeks of referral	Jul-16	≥95%	≥95%	82%	81%
	% CAMHS T2 new referrals assessed within 12 weeks of referral	Jun-16	100%	100%	64%	N/A
	Paediatric consultant follow ups seen within 6 weeks of agreed date					
	Proportion of children over 14 with a transition plan				100%	Not yet available
	Children's continuing care: expenditure against ring fenced value within contract					
	National child measure ment programme- reception children very overweight				4.37%	Annual data
	National child measure ment programme- Year 6 children very overweight				10.17%	
	CAMHS Transformation Plan:					
	% referrals to Single Point of Access which don't meet CAMHS service criteria & are provided with an early help response where appropriate	Q1		95%	80%	N/A
	% of referrals to CAMHS T2 which are inappropriate	Jul-16		10%	13%	13%
	% of children and young people who, at the end of CAMHS treatment, self-report main presenting problem has improved			95%	*New KPI - Data due Q3*	
	% re-referrals to CAMHS within 12 months			tbc	*New KPI - Data due Q3*	
	No of CAMHS hospital admissions	Jul-16		N/A	11	3
	No of CAMHS hospital bed days	Jul-16		N/A	377	278
	No of 11 - 18 year olds attending A&E where mental health is the primary or secondary diagnosis	Sep-16		tbc	35	37
Mental Health	**AWP**					
	4 week RTA (Referral to Assessment)	Sep-16			35	38
	4 hour wait - emergency crisis assessment	Sep-16		≥95%	92.3%	61.4%
	% of admissions gatekept (working adult age)	Aug-16		≥95%	87.2%	86.0%
	DTOC for wiltshire wards - Adult	Aug-16		≥95%	9.2%	10.4%
	DTOC for wiltshire wards - Later life	Aug-16		7.50%	13.6%	13.9%
	Timely reviews (CPA for more than 12 months)	Aug-16		≥95%	94.7%	94.3%
	18 week RTT	Aug-16		≥95%	91.7%	91.3%
	50% of people experiencing first episode of psychosis to access NICE approved care package within <2 wks. (Mandate 6.3)	Jun-16		≥50%	82.1%	100.0%
	Learning Disability - Proportion of peple with a learning disability on the GP register receiving an annual health check	Jun-16		≥30.7%	40.0%	40.0%
	Access and waiting time standards for mental health services embedded (Mandate 6.3)					

Group Level Dashboard



147. The new performance standards are principally related to Mental Health and Learning Disabilities as well as Primary Care. When the final definitions are confirmed, national guidance will be issued for all the standards.

148. For Mental Health and Learning Disabilities, the standards focus on psychosis and CAMHS. We will work with AWP who are our principal provider of these services to ensure that they collect and report performance data to the required standards. These requirements will be incorporated into the contract schedules so there is a formal requirement for providers to comply with the standards and reporting requirements.

The CCG Improvement and Assessment Framework (B6)

Key Line of Enquiry B6

Does the plan reference the CCG IAF position and identify and describe improvements to achieve the standards?

149. We monitor our IAF position and have put in place actions to address any areas where improvement is needed to achieve the standards.

Wiltshire CCG IAF areas requiring improvement at end October 2016

IAF area	Current position	Action for 2017/18
Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	The CCG position is 37.7%, with that for England being 39.8% This data is from 2014/15	The 2015/16 audit data is due out imminently. Once this comes through, the Wiltshire CCG Programme Board will be analysing it to come up with action plans that specify how the CCG will work with practices that are not achieving those targets (***See KLOE N2a in KLOE Excel file***).
Improving Access to Psychological Therapies recovery rate	The CCG position is 34.9%, with that for England being 48.9% This data is from June 2016	Our most up to date figures show that the 50% target was not met in Q1 2016/17, although in October 2016, our performance showed we had achieved the 50% target in month. This has been achieved by implementing the recommendations of the external review of the IAPT service and we expect to achieve or exceed the 50% target in 2017/18 and 2018/19
Delayed transfers of care per 100,000 population	The CCG position is 23.3 per 100,000 population with that for England being 14.1 This data is from August 2016	See action on Constitutional standards under KLOE B1 and B2 above

IAF area	Current position	Action for 2017/18
People eligible for standard NHS Continuing Healthcare	The CCG position is 19.4, with that for England being 46 This data is from Q1 2016/17	We are actively working to ensure that all people who are entitled to relieve CHC are considered for screening. This includes, widely communicating CHC criteria to all stakeholders; training to health and social care professionals to refer appropriately; reviewing all submitted checklists whether positive or negative to ensure consistent application of CHC criteria; undertaking rigorous internal quality assurance that ensures criteria have been correctly applied; and dissemination of any learning from NHS England Independent Review Panels, complaints and local resolution meetings to improve processes
Effectiveness of working relationships in the local system	The 2015/16 assessment shows our position is 61.9	We will continue to develop our relationships for cross system working both through the STP and individual initiatives agreed with partners

Meeting Operational Plan targets that are not part of the NHS Constitution

150. We are also planning to meet operational plan targets that are not part of the NHS Constitution.

E referral

151. We are not currently meeting the 80% target for e-referrals in 20161/7. The target will change to: 100% in April 2018.

152. Wiltshire CCG is leading an STP wide demand management scheme working collaboratively across providers and commissioners to reduce elective referral variation. E-referrals will be the enabler for this work stream with the subsequent aim of delivering the required e-referral national requirements.

153. The STP workstream, which involves an expanded Referral Management process and ending paper referrals, is being trialled in ENT from April 1st 2017 and planned to roll out across all specialities in September 2017. The phases of this project are integral to the delivery of the e-referral percentage and hence the trajectory has been set to align with the agreed project milestones.

154. Our current trajectory is to:

- Achieve 80% in October 2017
- Achieve 100% in March 2018
- Continue to achieve 100%from April 2018

Wheelchairs for Children

155. The new target is that children should wait for no longer than 18 weeks for a wheelchair, which will be met in 2017/18 and 2018/19. The plan for managing performance against this target is to:

- Advise Wiltshire Health and Care (WHC) of the new requirement for the CCG to report performance against this figure- current WHC performance against this measure is 93% which exceeds the target being set for 2017/18.
- Amend the Wheelchair service specification for 2017/18 to include the measure articulated in the return around children's wheelchairs. This will be done as part of WHC Contract negotiation process currently underway
- Manage WHC performance against the 2017/18 target (92%) through the formal contract management process

- Amend the SDIP for 2017/18 to stipulate that WHC are to develop a plan for how they will achieve 100% against this KPI in 2018/19. This will be done as part of the SDIP development process currently underway. The recent introduction of SystmOne in the wheelchair service will support this.

Personal health budgets (PHBs)

156. The target is based on offering PHBs to 0.04% of the CCGs population by the end of 2018/19. For Wiltshire CCG, this represents 196 PHBs, which will be met by the end of quarter four in 2018/19.

157. We are building on our work to extend the offer of PHBs during 2016/17, where we focused primarily on patients with:

- Long term conditions
- Mental Health conditions
- LD and/or Autism
- Adult and Child CHCs

158. We are currently waiting for national guidance to help us target our extended offers in 2017/18 and 2018/19. Our current approach, subject to national guidance, will be to target, patients:

- At End of life
- Who use wheelchairs

159. This extension of PHB offers will be managed through a formal structure to support the delivery of this target. This may include partners from the Voluntary Sector as well as provider organisations.

GP extended access

160. The implementation of this standard will be dependent on funding, and we already have a pilot underway, which should deliver 20% compliance for quarters 3 and 4 in 20171/8.

161. Once the pilot has been completed we expect the system to go live at the start of 20181/9, at which point we expect 100% compliance at Quarters 1 and 2 in 20181/9 and to be maintained at 100% thereafter.

Implementing local STP plans

162. NHS England's planning requirement 2.2 asks organisations to implement local STP plans that:

- Achieve local targets to moderate demand growth
- Increase provider efficiencies

Implementing demand reduction measures

NHS England planning requirement 2.3

Demand reduction measures include: implementing Right Care; elective care redesign; urgent and emergency care reform; supporting self care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes

163. We continue to implement a range of demand reduction measures in both planned and unplanned care, that will be delivered at both CCG and STP level.

How we are implementing demand management measures

Demand reduction measure	How we are implementing these measures
Implementing Right Care; elective care redesign; urgent and emergency care reform	▪ We use Right Care to help us identify areas with most scope for care redesign in both elective and urgent care. We will also use the Right Care Wave 2 work to accelerate and extend our work to manage demand and reduce unwarranted variation – see KLOE C7 above ▪ We have also developed plans in both elective and unplanned care to implement service redesign that will improve quality and cost efficiency as well as reducing unwarranted variation between providers – see KLOE C5 above ▪ In addition, there is an STP wide review of clinical policies and procedures to drive greater consistency across the system in the number and type that are normally funded
Supporting self care and prevention	▪ **STP priority number 2 seeks to shift the focus of care from treatment to prevention**. By embedding these changes into new care models, we will unlock the transformative potential of a shift from treatment to prevention through behavioural change. These developments build on the prevention work being undertaken in partnership with Wiltshire Council's Public Health function, with Wiltshire's Director of Public Health sitting on the STP group that is delivering Priority 2. ▪ The STPs work will cover three broad areas and will be linked to place based approaches to development of care that are set out in Priority 1 of the STP: ▫ **Ageing well** – Developing and implementing consistent processes to identify and support people to live independently using a single assessment framework for Safe and Independent Living, harnessing the voluntary sector's consistent approach to assessing frailty, including mental frailty across the footprint. We will also commission fracture liaison services from acute trusts based on national evidence bas ▫ **Tackling obesity** – Implementing a footprint-wide approach to commissioning weight management services – tier 2 to tier 4, starting with tier 4 and including a review of thresholds and the evidence base. Adopting Workplace Wellbeing Charter in all organisations within the footprint, working with other employers and agencies to adopt the initiative. ▫ **Proactive management of Long Term Conditions** – Embedding prevention and self-management along identified LTC pathways, including diabetes, recognising the needs of people with multi-morbidities, and drawing on the support of 'expert' peers within the voluntary sector. Collective campaigns for flu and pneumococcal vaccinations using social marketing to achieve behaviour change ▪ There are also a range of other prevention measures in place that we are expanding and accelerating: ▫ We have successfully bid as an STP to be part of the National Diabetes Prevention Programme, so we are better able to improve prevention measures in this expanding area. ▫ Specific programme areas undertaken through Public Health include cancer, particularly malignant melanoma, alcohol, smoking, dementia, obesity/physical inactivity, diabetes and self harm ▫ Through the Better Care Plan Prevention Programme Board, we also work with partners to develop and deliver interventions for self-management and promote the use of the Wiltshire 'Your Care Your Support' information portal through primary care ▪ Work undertaken by Public Health in Wiltshire is related to local needs which are identified through 20 Local Area Assessments (LAA), based around local market towns and surrounding villages. These "slices" of the JSA identify specific local health and wellbeing needs that can then be addressed through detailed public health plans. The LAAs are also used to develop and target our TCOP actions so they are relevant and impactful at a locality level (See ***Planning 2-3 (NEW)_HIS Service Plan 2017_18 V2-Extract*** and ***Planning 2-3 (NEW)_Service Plan Template Substance misuse CCG***)

Demand reduction measure	How we are implementing these measures
Progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS)	▪ The approach within Wiltshire CCG and the STP is to for care to be place based and tailored to the particular needs of population groups. ▪ The development of new care models, whether PACS or MCP will be undertaken through the STP and work is currently at a relatively early stage, although for Wiltshire the direction of travel is very firmly based on MCP ▪ A key feature of new care models that is in place is the focus on high intensity care and care management of patients, so we proactively manage the care needs of patients with extensive and ongoing care needs
Medicines optimisation	▪ We have an ongoing programme of work on medicines optimisation. In 2016/17 we implemented a prescribing incentive scheme and trained over 100 practice staff in measures to reduce unnecessary repeat prescriptions. This resulted in a reduction in cost by Month 5, which showed negative year on year growth ▪ We will continue with the incentive scheme for 2017/18 onwards and work across the STP to reduce duplication and increase consistency ▪ Across the STP there is a proposal to move to a common formulary which will further reduce variation ▪ Area Prescribing Committee (APC) anticipated to be developed from April 2017 to replace three local formularies to further improve prescribing consistency
Improving the management of continuing healthcare processes	▪ We have strong and robust processes to ensure there is appropriate and meaningful engagement with all stakeholders including the Local Authority and most importantly individuals and all their representatives throughout the process of determining eligibility. ▪ However, we acknowledge and are committed to improving the timeliness of positive screening to decision, reflecting the 28 day timescale. This is already a key area of focus for the CCG, which will be further supported through the Quality Premium. ▪ Our ambition is to engage with our Local Authority partners to ensure that there is sufficient capacity within the Council to support each stage of the CHC assessment process and we have jointly funded a dedicated Social Worker to further support improvement. This will continue to be a key area of focus for the CCG during 2017/18 and 2018/19.

164. Our investments in Mental Health will also play their part in reducing demand, for example:

- The extension of Mental Health Liaison services, will help to reduce admissions, particularly for older people (evidence from Royal College of Emergency Medicine, February 2013)
- The implementation of local priorities and investment for Children and Young People in community services will have a positive impact on reducing demand for costly CYP hospital attendances and admissions (See Appendix F for detail)

Increasing provider efficiency

NHS England planning requirement 2.4

Provider efficiency measures include implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

165. The relevant areas for Wiltshire CCG are:

- New models of service collaboration
- Integrated primary and community services

New models of service collaboration

166. STP priority number 5 covers acute collaboration, to develop acute services that are sustainable. We are actively participating in this STP workstream, with CCG staff involved in projects that includes:

- Improving resilience in capacity for challenged specialties by collaboratively redesigning care models – this has started across six specialties and will be an ongoing programme of work we are involved in
- Increased resilience opportunity for out of hours clinical support functions supporting the delivery of high quality services and seven day working
- Back office redesign – we are actively involved in the estates workstream as well as investigating wider options for sharing back office support functions, which is facilitated by discussions on how the system can exploit the Lead Provider Framework to extend and accelerate changes in back office functions
- Workforce, which includes developing shared bank and e-roster for acute providers and developing a whole system understanding of the impact on workforce arising from the introduction of new models of care

167. This workstream will also include elements of the Carter Review, with providers expected to meet the challenges of the Carter Review to identify ways of driving down the cost of service delivery, which will include measures around back office redesign and workforce initiatives set out above.

Integrated primary and community services

168. Both the STP and Wiltshire CCG are pursuing greater integration of primary and community services. The key priorities identified by the STP are to:

- Support and grow the primary care workforce
- Improve access to general practice in and out of hours
- Transform the way technology is deployed and infrastructure utilised
- Better manage workload and redesign how care is provided
- Implement the GP Forward View (including the plans for Practice Transformational Support, and the ten high impact changes).
- Ensure local investment meets or exceeds minimum required levels.
- Extend and improve access in line with requirements for new national funding, by no later than March 2019
- Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.
- Take a system wide approach with a focus on inequalities within our footprint rather than regional comparisons and take into account key groups (e.g. people with learning difficulties)

169. Our developments in primary care are aligned with these objectives, which are being delivered through our Primary Care Offer, which is designed to:

- Move away from providing care in a transactional activity driven model at individual practice level to a more efficient and effective use of resources.
- Develop a single CCG framework incorporating and aligning all the currently commissioned local enhanced services
- Include patient-focussed quality measures and responsive services;
- Incentivise and drive quality initiatives to reduce unnecessary variation across and between practices' individual clinicians

170. We have already completed transformational developments in primary and community services which are discussed above as part of KLOE C5. Further details on the development of primary care services is in the next section of this plan.

Making it happen

171. We have well developed approaches to financial planning and control that have been shown to be effective. Our annual activity planning process is supported by ongoing management of demand and capacity with hotspot monitoring and deep dive reviews of problem areas so remedial action, where required, is addressing the root cause of problems.

172. We have also made operational changes such as implementing a suite of demand management measures and the introduction of referral management to help smooth peaks and troughs in demand and capacity, where possible using IS providers to help balance workload across the care system.

173. These systems and processes will help us work positively with providers and other partners so that we meet constitutional targets. We acknowledge that in some cases there are challenges in meeting targets. We believe that our systems and processes will help us to work positively with providers, challenging them, as well as supporting them, so they do meet targets and standards.

Section 3 – Primary Care

Summary

174. We recognise the central role that Primary Care plays in access to and the delivery of high quality care. Our Primary Care Offer (PCO) is designed to move away from providing care through a transactional activity driven model based on individual practices towards place based commissioning and development of locality working to deliver Primary Care at scale.

175. The PCO therefore directly supports the development of new integrated care models centred on accountable care, through alignment and integration of Primary Care with expanded Out of Hospital care.

176. We are currently developing the first year of our plan to deliver the GP Forward View, which will be supported by the planned move to delegated commissioning to allow us to drive forward our primary care strategy.

177. Our local investment for enhanced services and Transforming Care for Older People (TCOP) is £9.44m in 2016/17. Alongside this we have set up a series of workforce projects to address workforce and workload issues in Primary Care.

178. We are also improving access to Primary Care by linking together with broader initiatives designed to improve patient flow through the care system, for example through single point of access.

Sustainability of General Practice

NHS England planning requirement 3.1

Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes

Sustaining General Practice through the Wiltshire Primary Care Offer (PCO) 2016-19

179. The Wiltshire Primary Care Offer (PCO) is a proposal to move to a different and more flexible way of commissioning enhanced services from member GP Practices in Wiltshire from April 2016.

180. We believe that moving away from providing care in a transactional activity driven model at individual practice level will result in a more efficient and effective use of resources. Developing a single CCG framework incorporating and aligning all the currently commissioned local enhanced services gives an opportunity to provide more robust, locality based commissioning with patient focussed quality measures and responsive services

181. This approach adds improved incentives and will drive quality initiatives to ensure a reduction in unnecessary variation across our constituent practices and between individual clinicians.

The PCO proposal

The PCO proposal is to:

- Develop a three year programme 2016-2019 (allowing for transition and some pace of change);
- Transform the commissioning, delivery and monitoring of the CCG commissioned enhanced services from GP Practices in Wiltshire, over and above core GMS/PMS services to deliver responsive, safe and sustainable services;
- Move towards “placed based commissioning” and the CCG vision of integrated out of hospital services;
- Support the development of locality working to deliver primary care services at scale to support increased efficiencies, and to address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services;
- Move towards a "block contract" type arrangement - setting out the total funding available for 2016 to cover the specified services to be delivered to meet the needs of their locally registered population in return for meeting the outcomes required (moving from year 1 with KPIs and agreed metrics towards a full outcome based model by year 3);
- Use 2016/17 as a shadow transition year before delegated commissioning of primary medical services from April 2017.

182. A GP Resilience Board has been established led by Executive GPs and supported by LMC to prioritise resilience issues for GP practices across Wiltshire and have oversight of the GP resilience programme and associated funding and GP Development Programme and Transformational Support. (***See Planning 3-1_v1.6 Primary Care Extract JC; Planning 3-1_22.03.16 Governing Body Paper Primary Care Offer; Planning 3-1_Primary Care Update - briefing forPCJCC***).

183. The Board will:

- Work closely with the CCG as a membership organisation to ensure the views and expertise of GPs as providers are heard
- Provide the forum/conduit for the Wiltshire Community Education Provider Network to link with for primary care
- Provide a local co-ordinated approach to practices struggling with workforce issues
- Provide Executive GP leadership of this programme.

Local investment

NHS England planning requirement 3.2

Ensure local investment meets or exceeds minimum required levels

184. The funding for Enhanced Services and TCOP for 2016/17 is £9.44m at the CCG weighted list size of 487,843, giving an indicative price of £19.36 per registered patient (above core contract) [***See Planning 3-1_v1.6 Primary Care Extract JC; Planning 3-1_Primary Care Update - briefing forPCJCC***].

185. All GP practices in Wiltshire have signed up to and delivering all elements within the PCO in 2016/17. Specific working groups are under review such as drug monitoring, leg ulcer management, Care Homes and dementia.

186. Our plans for investment in 2017/18 and 2018/19 were discussed in detail at the Governing Body Seminar in December 2016. Plans include:

- GPIT
- A range of Sustainability and Transformation Package investments
- Funding to improve access to General Practice Services
- The Estates and Technology Transformation Fund (ETTF)

187. The details of the investments are set out in the report to the Governing Body [***See App D2 (NEW) Paper 6 – GP Forward View.pdf***] which details the investments as well as the work of the Community Education Provider Network (CEPN) as well as a comprehensive package of support available to Practices set out in the Primary Care Support Pack.

188. Our intentions for 2017/18 were discussed at our Clinical Executive in December 2016, which included recommendations from the PCO working Groups (drug monitoring, leg ulcers, dementia, care homes and Secondary Care Initiated Procedures), PMS premium reinvestment and GP Access [***See App D3 (NEW) Item 4.1 Clinical Exec PCO Plan 2017-18***]

Workforce and workload

NHS England planning requirement 3.3

Tackle workforce and workload issues, including interim milestones that contribute towards

- increasing the number of doctors working in general practice by 5,000 in 2020,
- co-funding an extra 1,500 pharmacists to work in general practice by 2020,
- the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and
- investment in training practice staff and stimulating the use of online consultation systems

189. We recognise the need to tackle workforce and workload issues in Primary Care [***See Planning 3-1_Primary Care Update - briefing forPCJCC***]. Wiltshire has been allocated £84,000 in 2016/17 to set up a CEPN and to deliver a series of workforce projects that will address workforce and workload issues by:

- Supporting workforce planning
- Responding to local workforce need
- Coordinating educational programmes
- Developing a faculty of trainers
- Supporting development of the existing workforce and foster innovation

190. Two localities are delivering the Clinical Pharmacy Scheme pilots in 2016/17. They are the Devizes locality practices and the SARUM North locality practices in Salisbury. Having shared their experience and learning with their colleagues, a number of other GP practices have expressed interest in bidding for funding for the scheme when it is rolled out in 2017/18.

191. In NEW, this includes practice in the Chippenham locality, and practices in Calne, Corsham and East Kennet. The Westbury/Warminster locality practice have declared their interest in the scheme in West Wiltshire. They have been joined by a central Salisbury practice and a more rurally situated one in SARUM.

Improving access

NHS England planning requirement 3.4

By no later than March 2019, extend and improve access in line with requirements for new national funding

192. Improving access to Primary Care is an important local priority, and one which we are linking to broader initiatives designed to improve patient flows through the system. CCGs are responsible for commissioning to expand capacity ensuring plans in general practice dovetail with plans for single point of contact to integrated urgent care with access with OOH and reformed 111 and clinical hubs over 7 days. Procurement is now live (advert 1st November) for an Integrated Urgent Care Service (with BaNES CCG, Swindon CCG and Wiltshire Council) [***See 3-1_v1.6 Primary Care Extract JC***].

193. An Integrated Urgent Care Access, Treatment and Clinical Advice Service is being piloted in Wiltshire (started 3rd October 2016) to offer patients access to a wide range of clinicians, both experienced generalists and specialists. This is being reviewed monthly, via Severn UECN [***see Planning 3-4_Wiltshire Integrated Clinical Hub Trial***].

194. Wiltshire CCG did not receive any PMCF funding in wave 1 or 2, so we are not anticipating receiving any additional funding until 2018/19. We will meantime be exploring scope to improve access through the comprehensive package of primary care support we are offering to practices [See embedded report 2 in ***App D2 (NEW) Paper 6 – GP Forward View.pdf***]

General Practice at scale and new models of care

NHS England planning requirement 3.5

Support general practice at scale, the expansion of Multispecialty Community Providers or Primary and Acute Care Systems, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

How the PCO supports the development of General Practice at scale

195. The PCO moves to a different and more flexible way of commissioning enhanced services from member GP Practices in Wiltshire, which will facilitate the development of General Practice at scale.

196. The underlying rationale was that moving away from providing care in a transactional activity driven model at individual practice level would result in a more efficient and effective use of resources as well as giving an opportunity to provide more robust, locality based commissioning with patient focussed quality measures and responsive services; adding improved incentives and driving quality initiatives to ensure a reduction in unnecessary variation across constituent practices and between individual clinicians.

197. The Offer also supports general practice at scale by commissioning certain services to be provided at scale not by individual practices e.g. leg ulcer care, care homes, and Transforming Care of Older People (TCOP)

How the PCO supports the development of new integrated care models

198. The FYFV anticipated the development of new care models centred on the concept of accountable care – integrated care focused on the needs of local populations.

199. Wiltshire's PCO supports these developments by initiating the move to a full "locality offer" in Primary Care over the next three years, based on capitated or place based budgets including 7 day services, same day urgent primary care hubs, clinical integrated pathways, and agreed estates solutions aligned across the county i.e. not 56 practices, and integrated with other out of hospital services. This

integration provides direct support to the growth of new care models built on the concept of accountable care.

200. Additionally, the PCO supports the development of collaborative organisations with general practice at their heart, such as groups of practices, localities, networks or federations – for a resilient new model of primary care service delivery, whilst maintaining the independent contractor status to improve outcomes for patients [***see Planning 3-1_v1.6 Primary Care Extract JC; Planning 3-4_Wiltshire Integrated Clinical Hub Trial***].

Implementing the GPFV

201. Our Primary Care Offer is the vehicle for implementing the GPFV, with some of the plans discussed above. Our detailed plans for implementing the GPFV are set out in Appendix D.

Making it happen

202. We have strong practice level buy in to the principles of the Primary Care Offer, which will be one of the biggest drivers of change in primary care. The PCO will help primary care in Wiltshire to move away from a transactional activity driven model focused in individual practices to one focused on localities and people's needs within that locality.

203. The changes delivered by the PCO will drive improvements in quality, reduce unnecessary variation and with support from additional investment through the GPFV, help redesign care to improve access, address workforce and workload challenges as well as improving practice infrastructure to facilitate these changes.

Section 4 – Urgent and Emergency Care

Summary

204. Our providers are currently not planning to achieve the A&E standard. We will continue to challenge and support them to develop and put in place remedial action to improve performance.

205. Wiltshire CCG are working in partnership with the wider system through the Wiltshire Local Delivery Board, which has adopted a highly structured programme approach to bring together plans for Urgent and Emergency care that include the four hour standard, the four elements of the A&E improvement plan, the four priority standards for seven day hospital services for urgent network specialist services.

206. We are also working through the Severn Urgent and Emergency Care Network to develop an Integrated Urgent Care Clinical Hub across 999/111/OOH services.

207. Our focus in Urgent and Emergency care covers both physical and mental health. We already co-commission mental health liaison services across the STP with our three principal providers and have received pump priming funds to expand the opening hours for mental health liaison services and to progress towards the 24 hour core standards.

208. We continue to build on our well established partnership with Wiltshire Council through the Better Care Plan, which already delivers a range of successful outcomes including reducing avoidable admissions, reducing longer term placements in nursing and residential homes and a high level of patient and career satisfaction.

Urgent and emergency care standards

NHS England planning requirement 4.1

Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.

Meeting standards through the Wiltshire LDB

209. Our providers are currently not planning to achieve the A&E standard. We will continue to challenge and support them to develop and put in place remedial action to improve performance.

210. Following the transition of the SRG into the Local A&E Delivery Boards (LDB) from September 2016, it was agreed that there will be three Local Delivery Boards across the STP footprint, each facing one of our three hospitals – and so for Wiltshire, the Delivery Board will now be solely focused on Salisbury.

211. The LDB in Wiltshire has been established with focus to ensure that 4-hour performance is delivered and to oversee the delivery of the nationally mandated A&E Rapid Implementation Guidance for Local Systems issued to Commissioners and Providers at the end of August. The LDB meets monthly with every statutory body, including Local Authorities, having a seat and represented at executive level with the authority to commit to decisions on behalf of their organisation.

STP level co-ordination through the STP Programme Board

212. An Urgent and Emergency Care STP Programme Board has been established with wide stakeholder representation across the footprint. Providing an overview assurance function for the current identified work streams and priorities, the Programme Board meets monthly with fortnightly telephone conference calls between the three CCGS in between to ensure momentum is maintained.

213. The current work stream priorities, identified through a series of workshops earlier this year, incorporate and focus on the delivery of the key “must dos” that feature within existing and the recently published 2017-19 Operational Planning and Contracting Guidance.

214. Work within the STP for Urgent and Emergency Care is and will continue to add value to the existing work currently targeting the delivery of these "must do's" (in particular implementation of the five A&E rapid improvement initiatives) and continuous effort is being made to ensure that duplication of reporting is minimised as a collaborative and information sharing approach across the Footprint is established.

215. Recognising that Wiltshire CCG has significant contractual relationships for system assurance within the BaNES and Swindon health economies, the CCG has director level representation on the LDB's supporting these areas and senior management representation on operational subgroups

216. Wiltshire CCG is also participating in the National Ambulance Response Programme. Consequently, ambulance response times are not included within the CCG contractual framework and are not reported by us [***See Planning 4-1_A&E IMPROVEMENT_WINTER PLAN; Planning 4-1_STP Footprint A&E Local Delivery Board; Two additional documents to come: A&E Improvement in 2016/17 – Rapid Implementation Guidance for Local Systems; Salisbury NHS Foundation Trust – ED Delivery Board Update (October 2016)***].

Priority standards for seven day services

NHS England planning requirement 4.2

By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services

217. We are working to meet the four priority standards by November 2017

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

Progress at all our principal providers

218. Our three principal providers are currently developing plans to implement these four priority standards for seven day working:

- **At GWH** a business case has been presented to October's Executive Committee, which indicates an overall financial risk of £2.3m. Key priorities have been identified as
  - Securing relevant workforce for MAU 7/7 with 8-8 consultant cover with twice daily reviews
  - Supplementing cardiology workforce to deliver true 7/7 cover
  - Removing respiratory and endocrinology from medical take to provide weekend ward commitment
  - Aligning D&O support service with the three above priorities
- **GWH** have also identified the opportunity of 'caretaking' SEQOL services which will also support further transformation and integration of acute and community services, to support 7 day working. The Trust are also developing innovative workforce approaches to consider new and extended roles for clinical and non-clinical staff. To address lower staffing levels at weekends. A focus on junior doctor workforce is underway with advanced nurse practitioners and a review of prescribing pharmacists is to follow
- **At SFT**, the latest national survey has been completed and benchmark scorers are due from NHS England. The Trust believe they score well across the four highlighted domains and will continue to

develop their plan once they have received the benchmarking results from NHS England, which will confirm the priority development areas

- **At RUH** – the Trust meets the standard with 10 out of 10 relevant clinical areas in the trust report that patients were seen by a consultant within 14 hours 90% or more of the time; 12 out of 14 diagnostic services are available seven days per week and 9 out of 9 consultant directed interventions are available seven days per week

Diagnostics

219. The CCG is working via service redesign work streams to review diagnostic capacity and pathways. The CCG is continuing to commission the Independent Sector for routine activity to release capacity for 2ww. Currently 65% of endoscopy activity is being commissioned from the IS. The CCG is working with acute and primary care clinicians to review GP direct access including MRI and gastroscopies

Priority clinical standards

220. Wiltshire CCG is also working across the STP to analysis the impact of the proposed recommendations from the hyper stroke and STEMI heart attack reports. The CCG has already fed back its concerns regarding the impact on our local population. We will continue to work across the STP so the services being developed are sustainable. This issue is being reviewed by the STP clinical leadership group to develop a forward-facing strategy for 2017/18.

221. Ongoing monitoring of progress and performance against the four priority standards will continue via the contract performance meeting process, as most of the elements are reported through the SDIP. Mortality data is monitored separately, through six monthly reports that include identification of weekday versus weekend trends. Updates have already been requested via this process for 2016/17. Formal updates in relation to the 2020 timeframes will be requested quarterly from 2017/18 onwards. Areas of concerns will also be fed into the relevant Local ED delivery board.

Implementing the urgent and emergency care review

NHS England planning requirement 4.3

Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.

Improving care by procuring an Integrated Urgent Care service for Wiltshire

222. Wiltshire Clinical Commissioning Group is seeking to procure an Integrated Urgent Care service for Wiltshire. The procurement is driven by the need to secure NHS 111 and GP Out of Hours services for Wiltshire as both contracts will end in March 2018. The contract for the Salisbury Walk in Centre has also been varied and aligned to end at the same time. Nationally and locally, current providers within the emergency and urgent care services are challenged in meeting their contractual requirements and constitutional targets.

223. Maintaining the current service models and specifications within separate contracts does not provide the CCG with any opportunity to manage or improve this performance across the whole system, and thus the clinical outcomes for our patients and whole system resilience are affected.

224. The CCG therefore has an opportunity to commission an integrated solution for urgent care in line with national and local requirements, and ensure a service which is safe, sustainable and that provides consistently high quality in line with the recommendations of the Urgent and Emergency Care Review.

225. The national review states, for those people with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families. For those people with more serious or life threatening

emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities to maximise their chances of survival and a good recovery.

Key objectives of the procurement

226. The key objective for us in the procurement is to deliver a more functionally integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111 and the GP OOH service, in line with the national direction. It is not simply the bolting together of existing services (NHS 111 and GP Out of Hours) but in fact the introduction of a new, functionally integrated service that includes a new clinical advice element: the clinical hub.

227. This model will offer patients who require it, access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation.

228. The clinicians in the hub will be supported by the availability of clinical records such as Special Notes, Summary Care Record (SCR) as well as locally available systems; and co-ordination of health and social care resources, OOH, community and social care beds, palliative care, acute trust liaison, and Health Care Professionals.

229. The procurement will therefore include all the aspects set out in planning requirement 4.3 above [***See Planning 4-3_Governing Body_Integrated Urgent Care Procurement; Planning 4-3_SUECN_Integrated Clinical Hub (ICH) Trials and next steps– August; Planning 4-3_Wiltshire Urgent Care Procurement_High level***].

999 calls and avoidable transportation to A&E

NHS England planning requirement 4.4

Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.

230. SWASFTs performance in this area is good as they have the second highest rate in England for resolving:

- Calls that receive a telephone or face-to-face response, by telephone advice (Hear and Treat) – SWASFT = 14.1%; England 9.4%
- Calls that receive a face-to-face response from the ambulance service, managed without need for transport to Type 1 and Type 2 A&E (See and treat) – SWASFT = 48.7%; England 38.3% (*https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2016-17/ - Ambysis Indicators, September 2016, Calls closed without transport)*

231. The CCG as part of the collaborative commissioning arrangements in place with SWASFT are working to further increase Hear and Treat and See and Treat rates. The implementation of NHS Pathways within SWAST North Division should improve these rates.

232. SWASFT have a clinician with the CARE UK NHS 111 service reviewing ambulance dispositions and CARE UK have additional clinical models in place to review low acuity ambulance dispositions. We are in discussion with SWASFT for MiDos to be made available to paramedics to allow them to access alternative services from their electronic patient record device, rather than transporting patients to A&E as the default approach [***See Planning 4-4_Ambulance Response Programme Comm Briefing; Planning 4-4_Call Answering Performance Briefing***].

Waiting time standard for people in mental health crisis in urgent care

NHS England planning requirement 4.5

Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

Approach to meeting the standard

233. To meet the waiting time standard for urgent care for those in a mental health crisis, the focus has been on implementing robust mental health liaison (MHL) services within A&E departments. This has been done across the STP patch and the three CCG teams collaborate and share best practice through the Mental Health Liaison network which meets quarterly.

Actions to meet the standard

234. Wiltshire CCG Commission and co-commission three mental health liaison (MHL) services with respective CCGs:

- SFT MHL
- RUH MHL (BANES CCG)
- GWH MHL (Swindon CCG).

235. Wiltshire CCG conducted a review of the three MHL services in 2015/2016. The recommendations of the review reflected PLAN accreditation and Royal College of Psychiatry Standards for MHL services, and aimed to achieve parity in service provision for Wiltshire residents across each of the services [***See Planning 4-5_DRAFT Acute Mental Health Liaison Service Review***].

236. The recommendations of the review were supported by the CCG and have been implemented by the services enabling parity in response times for emergency, urgent and routine referrals, and A&E presentations.

237. Furthermore, Wiltshire CCG worked in partnership with respective CCGs and submitted a successful proposal to NHSE for pump priming funds to expand MHL operation hours and to progress towards Core 24 service standards, with expansions based upon A&E activity. The operational hours of services are now as follows:

- SDH 8-8 core service, 8-midnight Thursday to Sunday, matched against activity. OOH emergency assessments completed by SWIDS. Review of extended hours impact commenced, due for presentation at Dec MH & D JCB, this will determine whether further extension is warranted.
- GWH 8-10 7 days a week. Swindon Intensive Team to be based in ED from 10pm until 8am. Commencing from 1/11. The success of this will be reviewed after three months
- RUH 8-8 core hours, commence extension until midnight Q3 2016. OOH emergency assessments completed by BANES Intensive team. The success of this will be reviewed after three months

238. From December 2016, the SFT MHL team will respond to all Emergency referrals within 1 hour. GWH and RUH are working towards this standard during 2017/18.

239. As the extended hours of operation has been implemented in SFT since June 2016 the impact of this is currently being reviewed by the CCG to determine whether additional expansion is required. This review will be presented to the Mental Health and Disabilities Joint Commissioning Boards 20/12/2016.

240. MHL performance is monitored through quarterly steering groups and Local CQPMs as requested.

Better Care Fund

241. We have a well established Better Care Plan, led by a jointly appointed (between Council and CCG) Director of Integration, which already delivers good outcomes.

Examples of successful improvements in outcomes delivered by the BCF

Focus area	Improved outcome
Patients being cared for in the right location	• Rate of avoidable admissions admitting to hospital at its lowest for the last 2 years for frail elderly. We are maximising opportunities to case manage and admission avoid. This aligns with a message there has been an increase in high acuity admissions to our hospitals. • 11% reduction in emergency admissions from care homes • Reduction in the number of deaths in hospital which is currently 37.8% (lowest in region)
Longer term independence for our service users	• Volume of long term placements to nursing and residential care continue to fall and is below the BCF target • More Wiltshire residents remain independent 91 days post discharge, performance through our Integrated Teams is currently 87.5% • Throughput and outputs in ICT remain strong
Higher level of patient and carer satisfaction	• Over 80% of Wiltshire residents surveyed said they were very satisfied with the service they have received

242. Going forward, our work facilitated by the BCF focuses on seven key areas, with a key theme of enhancing Out of Hospital capacity, for example through Intermediate Care, Urgent Care at Home and Wiltshire Integrated Discharge Service.

Forward developments facilitated by the BCF

Focus area	Actions underway
Intermediate care	• A new model of 70 cohorted intermediate care hospital beds have been launched and length of stay in these beds has been sustained, which improves patient flow. • A process of trusted assessment between providers has been initiated with dedicated community therapists working on an 'in reach basis' in the acute hospitals serving Wiltshire patients
Admissions avoidance	• Focus has been maintained on the 'front doors' of acute hospitals by partner providers engaged in the BCF with the aim of preventing unnecessary admissions
Step up care	• A new model of step up beds has been introduced. The model provides an enhanced level of care to that delivered to patients in their own homes and prevents unnecessary admission to acute hospitals
Urgent care at home	• Through the provision of services by the providers of adult community services and general practice out of hours, more patients in need of urgent care in their own home are better able to access the services they require over a seven day period
Community geriatrics	• Close working with consultants at the three acute hospitals serving Wiltshire has led to enhancements in the provision of geriatric care in the community

Focus area	Actions underway
Wiltshire Home First	• Wiltshire is supporting the roll out of an Integrated Discharge service model being adopted across the county by our 3 acute providers in partnership with our community provider, adult social care and other key stakeholders. The model aims to identify patients earlier in the acute setting for discharge home under the care of an appropriate community resource. • The service is having a number of key benefits which include improved MDT working, changes to existing culture of integrated working and reducing dependency and increasing longer term independence of clients once we discharge them home
72 hour pathway for end of life care	• The out of hours general practice provider continues to work in partnership with the hospices serving Wiltshire to provide an enhanced Urgent Care @ Home Service for patients at the end of their life. Initially Dorothy House and Prospect Hospice are providing an additional carer to the pool of staff available for the UC@H service. • They are available twenty four hours a day, seven days a week and are providing care for palliative patients (patients within the last year of life).

Improving patient flow and reducing delayed transfers of care

243. Across the BCP there is commitment to reduce the amount of time people spend in hospital by discharging them quickly ideally to their own place of residence. We believe that patients recover better and transition to independence quicker in their own homes and our aim is to move patients from hospital as soon as they medically fit and ensure that no decisions around long term care are made in a hospital setting.

244. To deliver on this ambition we have put in place a number of initiatives:

- 70 cohorted ICT beds across 9 locations. Providing active rehabilitation and support for patients between hospital and home
- The urgent care at home programme that supports patients flow through the system 24/7
- The integrated discharge programme and strategy which is in place across Wiltshire and has led to the development of integrated discharge teams in each of the 3 acute hospitals.
- Launch of the Rehab Support Workers programme in partnership with Wiltshire Health and Care. Rehab Support Workers, which will provide a full assessment and rehabilitation programme so that people discharged from an acute hospital, a community hospital or from an Intermediate care bed will be helped to improve their health and well-being, reducing their long term dependency on care, avoiding readmission to hospital or admission to a care setting
- Relaunch of the DART programme at GWH
- Enhanced discharge support through the 72 hour pathway for patients who are palliative or end or end of life

Making it happen

245. We are building on our track record of improvement in urgent and emergency care to continue to drive down demand. Our partnership with Wiltshire Council through the Better Care Fund, plus our continuing programme of Transforming Care for Older People initiatives mean we have an established approach with underpinning plans and commitments to change and improve the way care is provided by shifting care into Out of Hospital settings.

246. We have the Primary Care Offer in place across all Wiltshire GP practices, which is supporting general practice at scale with the development and enhancement of services across the localities. The focus on resilience in general practice is key to ensure the ability of primary care to support the out of hospital strategy

247. These changes have already improved care and the further expansion of Out of Hospital care will have a positive impact across the care system for example through focus on issues such as DTOCs.

248. Our procurement of an Integrated Urgent Care service for Wiltshire will deliver a more functionally integrated service, which will bring further improvements in care from April 2018, when the new service is planned to go live.

249. The key objective for us in the procurement is to deliver a more functionally integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111 and the GP OOH service, in line with the national direction. It is not simply the bolting together of existing services (NHS 111 and GP Out of Hours) but in fact the introduction of a new, functionally integrated service that includes a new clinical advice element: the clinical hub. This model will offer patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation

250. Our partnerships – working through Wiltshire and other Local Delivery Boards, service trials through the Severn and Wessex UECN and co-commissioning of Mental Health Liaison services demonstrate an ongoing programme of collaborative action that will continue to drive improvement in urgent and emergency care.

Section 5 – Referral to Treatment times and Elective Care

Summary

251. We are committed to meeting constitutional standards for Referral to Treatment times and proactively monitor provider performance to identify areas where their performance is deteriorating and standards may not be met. We then work with providers to develop remedial action plans and hold them to account for the timely and complete delivery of those plans.

252. Wiltshire CCG is leading system wide redesign of planned care for the BSW STP, concentrating on selected specialties where there is scope to streamline care pathways. We are also rolling out Patient Initiated Follow Ups to avoid unnecessary follow ups.

NHS Constitution standards

NHS England planning requirement 5.1

Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT)

253. Current plans show that in Wiltshire the aggregate position for all providers against the constitutional standards shows that the 92% standard will be achieved, despite the RUH underperforming for seven months during 2017/18. The remedial action being developed with the RUH has been discussed previously under KLOE B1.

254. Wiltshire CCG is leading STP wide work on developing RTT trajectories for the next year to deliver the 92% standard. The initial aim will be to ensure Trust and organisational wide delivery – concentrating on three specialities where delivery will not be at 92% for 2017/18 due to a combination of operational, workforce and financial pressures. The three specialties are:

- SFT – T&O, plastics and oral
- GWH – T&O, gastroenterology and general surgery
- RUH – T&O, gastroenterology, dermatology)

255. This will allow focus in all other specialities to support delivery. These trajectories will be drafted by November 2016 and will link with STP demand and capacity intelligence.

256. The CCG has a suite of actions in place regarding pre-referral demand management and commissioning of alternative pathways to deliver the constitutional target. This will roll forward into the next financial year. Such actions include the commissioning of community surgical services and creation of a single point of access for all referrals (see Section 2, KLOE B1).

Outpatient appointments

NHS England planning requirement 5.2

Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.

257. Wiltshire CCG is leading the STP demand management work stream. This includes E-referrals and identification and mobilisation of actions to achieve the 100% trajectory by April 2018.

258. Wiltshire CCGs current trajectory for e-referrals is to:

- Achieve 80% in October 2017
- Achieve 100% in March 2018
- Continue to achieve 100% from April 2018

259. Patient choice is also a focus for this work stream with early agreement that all elective referrals will flow through a referral management process where the choice discussion will take place. E-referrals have been confirmed as the enabler for the demand management work stream with processes being defined for rejection of paper referrals.

260. Compliance is being reviewed at organisational and GP practice level with Directory of Service discussions ongoing. The STP demand management group will oversee compliance and delivery of actions linking into required contract and locality meetings.

Elective care pathways

NHS England planning requirement 5.3

Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups

261. Wiltshire CCG has key service redesign work streams in place linked to the STP wide planned care programme. These include MSK, Cardiology, Rheumatology, Gastroenterology, Pain and dermatology (Appendix A)

262. The CCG has also rolled out Patient Initiated Follow Ups (PIFU) in surgical pathways across providers by use of the contractual measures. It is planned that volumes of PIFU will be extended next year to encompass additional specialities.

National maternity service review "Better Births"

NHS England planning requirement 5.4

Implement the national maternity services review, Better Births, through local maternity systems

263. We are leading the Maternity Forum which has been established across the STP footprint. Meetings have commenced and the terms of reference and membership of the group have been drafted. This Forum will link directly into the STP Planned Care Programme Board.

264. There is increased focus on maternity services via the Improvement and Assessment Framework and the four key areas of focus for the STP group are:

- Neonatal and still birth
- Maternal smoking at time of delivery
- Women's experience
- Choice in maternity services

265. In addition to these four areas, the forum is asking for the opportunity to evaluate the services provided across the STP more generally to identify ways to work together across the patch to improve maternity services. There is a range of local and national drivers for change which have highlight areas of inconsistency in service provision and practice across maternity services.

266. The next stage of this work will include engagement of local people in some early evaluation work which has already started. Our aim will be to ensure that the services we offer can sustainably meet the needs of our women, families and staff and are equitable and appropriate across the STP footprint. This forum is being used as the vehicle to review the self-assessments following the better birth recommendations and STP wide action plan developments.

267. The initial focus for the Maternity Forum will be reviewing opportunities in relation to the triage of woman in labour and reviewing how we offer choice.

Making it happen

268. As a CCG, we have an ongoing focus on Referral to Treatment times and improvement of planned care. We will continue to develop and implement plans not just at CCG level but also at STP level to improve operational performance in planned care as well as changing the way planned care is delivered through service redesign across multiple pathways, which will improve speed of access and treatment.

269. This builds on previous service redesign work where we have worked with providers to improve care delivery, which will now be scaled up to cover a wider range of specialties and a wider geography, encompassing the whole STP area.

Section 6 - Cancer

Summary

270. Wiltshire CCG are already actively working to develop and implement the cancer services transformation planning requirements both within the CCG and across the wider care system.

271. We are part of the Cancer Alliance and the STP cancer group (Bath, Wiltshire & Swindon Cancer Group) which means that our transformation work improves the quality of patient care in the wider system, not just for Wiltshire's patients.

272. We will also work with providers to successfully meet the NHS constitution 62 day cancer standard

Implementing the cancer taskforce report

NHS England planning requirement 6.1

Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report

How we work across the system

273. Wiltshire CCG will continue to work actively with commissioning and provider colleagues in the three cancer alliances to which we have patient flows (Somerset, Wiltshire, Avon and Gloucestershire [SWAG], Wessex, and Thames Valley) under agreed STP arrangements, to help deliver the requirements of the national cancer strategy [***See Planning 6-1_SWAG Cancer Alliance Board Meeting; Planning 6-1_Wiltshire CCG Cancer Strategy Implementation Approach***]. A CCG has been designated as the STP representative for each of the three alliances:

- B&NES CCG will represent the STP in the SWAG Alliance
- Swindon CCG will represent the STP in the Thames Valley Alliance
- Wiltshire CCG will represent the STP in the Wessex Alliance

274. Wiltshire CCG represents the STP in the Wessex Alliance (See ***Planning 6-1 (NEW)_Wessex Cancer Alliance - form and function***), which meets on a quarterly basis. A total of sixteen members make up the Wessex Alliance, with selection designed to represent the key stakeholders required to deliver on the Cancer Strategy:

- Local primary and secondary care trusts
- CCGs
- Health Education Wessex (HEW)
- Public Health
- NHS England

275. A local cancer patient chairs the Wessex Alliance on a voluntary basis, to ensure the Alliance adopts a patient-centred approach in its work.

276. Wiltshire CCG has signed a Memorandum of Understanding (MOU) with NHS England (Wessex) (See ***Planning 6-1 (NEW)_20160722 Memorandum of Agreement_Wessex Cancer Alliance - Wiltshire CCG***). The MOU confirms that the Wessex Alliance will not have executive powers, but will instead support the STP in the delivery of the Cancer Strategy objectives, with a focus on:

- Patient-centred cancer service planning
- Pathway design across the patch
- Provision of support for service improvement
- Measuring outcomes (done through the CCG Assessment Framework and integrated Cancer Dashboard)
- Public engagement for effective communication around service change

Moving from planning to delivery

277. Care is being taken to ensure we build on what is already being done and avoid duplication. We have an agreed Alliance-specific action plan aimed at delivering the cancer strategy. Our quarterly meetings are designed to track progress against those actions and define next steps (See ***Planning 6-1 (NEW)_Wessex Cancer Alliance - Action Plan July 2016*** and ***Planning 6-1 (NEW)_Wessex Cancer Alliance - national 96 recommendations summary***).

278. The requirements of the taskforce report are set out in the NHS England Guidance for Cancer Alliances and the National Cancer Vanguard. These requirements are being implemented by our Cancer Alliances. The Alliances are gearing themselves up to deliver the local recommendations as defined in Annex A of the Guidance. We are awaiting a final version of the Guidance and the Alliance will adapt its structure and determine its work as required by the Guidance once published.

279. In line with provisional NHS England Guidance for Cancer Alliances and the National Cancer Vanguard, the Alliances are working to have local action plans approved by the three respective Cancer Alliance Boards and the relevant STP leads. The local action plans will be submitted to NHS England by March 2017 [see ***Planning 6-1 (NEW)_DRAFT guidance for Cancer Alliances and the National Cancer Vanguard***].

280. Action plans will detail how we will deliver on each of the five cancer taskforce report priority areas:

- Prevention
- Early diagnosis
- Treatment and care
- Living with and beyond cancer
- Enablers

281. We will also will continue to work with providers using Cancer Alliance expertise to identify opportunities for pathway redesign to align with national guidance and best practice through both formal and informal collaboration. Examples might include:

- Prostate (MRI first)
- Colorectal (straight to test)
- Lung (national optimal pathway)

282. Each Action Plan will include the five dimensions requested in NHS England guidance:

- The vision driving the local plan
- The governance arrangements overseeing the plan's delivery

- The specific delivery actions over the period 2017/18 – 2020/21
- The 2017/18 financial and resourcing plans and requests underpinning delivery
- Whether we will bid for further Cancer Transformation Funding to support delivery

283. Once these plans are agreed, we will monitor and report on performance against the plans in line with NHS England Guidance which is expected shortly.

284. The national cancer vanguard is not relevant to Wiltshire CCG because Wiltshire is not working within the national cancer vanguard programme.

NHS Constitution cancer standard

NHS England planning requirement 6.2

Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity and the other NHS Constitution cancer standards

285. Cancer standards performance will continue to be monitored monthly and areas of concern will be addressed with providers via the RTT Assurance Meetings. This is covered in detail in the previous section of this document which shows how we plan to meet constitutional standards (***See Section 2, KLOE B1***).

286. Provision of diagnostic capacity is a national and cancer alliance priority which we will continue to actively support.

Survival rates

NHS England planning requirement 6.3

Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

287. Wiltshire CCG's Cancer strategy 2016-2020, which was developed in early 2016, details the approach to delivering this target by promoting early diagnosis to identify cancers earlier, when the benefit of treatment is greatest (See ***Planning 6-3 (NEW)_Cancer Strategy - V0.2***)

288. Implementation of the CCG's cancer strategy, which is based on the national strategy, will support improvement in one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission [***See Planning 6-1_Wiltshire CCG Cancer Strategy Implementation Approach***]. Actions supporting this requirement mainly fall under the Working Area "Early diagnosis" within the attached Implementation Plan, which tracks progress against each. Wiltshire CCG plays either a supportive or leading role in each case. Actions fall under three main headlines:

Actions to improve cancer diagnosis rates

Headline	Action
Intelligence gathering and monitoring	Measure activity and conversion data to evaluate "Be Clear on Cancer" campaign (which is designed to encourage patients to visit their GPs if they experience a range of defined symptoms that could indicate cancer) Monitor providers against national targets and follow up with RAPs when appropriate

Headline	Action
Pathway re-design	Engage practices and gather their views on work needed to support pathway re-design for direct access diagnostics Support efforts to re-design pathways to achieve earlier diagnosis and meet the four-week diagnostic standard, including through implementing standardised two week wait referral proformas which ensure patients are seen in a timely way and within the appropriate setting
GP education, advice and guidance	Consider GP Advice & Guidance services specific to Cancer Run education events focused on reducing variation in referral behaviour across GP practices, including through encouraging use of the standardised two week wait referral proformas

289. Increasing the % of cancers diagnosed at stage 1 or 2, and decreasing the amount of cancers diagnosed following an emergency admission, are two existing nationally reported measures. However, the data reporting has a time lag of 2.5 years or more. Therefore, it is not currently possible to record the impact of year-on-year improvement arising from recent actions.

290. SWAG Alliance is taking this up with NHS England to get faster data reporting. In parallel, the CCG has requested Trusts to investigate whether they can record and report this information faster at a local level.

291. The requirement for a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission is part of the emerging workplan for the SWAG Cancer Alliance and the Bath Swindon Wilts STP Cancer Group. Data to show the improvement will also form part of the SWAG Cancer Alliance dataset for regular performance reporting.

Follow up pathways for breast cancer

NHS England planning requirement 6.4

Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.

292. Provisional NHSE Guidance for Cancer Alliances and the National Cancer Vanguard states that all breast cancer patients should have access to stratified follow up pathways of care in 2017/18. Depending on evidence from pilots, this should be extended to prostate and colorectal cancer patients from 2018/19.

293. This will be developed as part of cancer alliance guided work to implement these requirements within provider Trusts, informed at RUH by the Living With and Beyond Cancer board, supported via the STP cancer group (Bath Wilts & Swindon Cancer Group) and in line with national cancer strategy and planning guidance.

294. Wiltshire is represented on the SWAG Cancer Alliance, Thames Valley Cancer Alliance and lead STP representative on Wessex Cancer alliance, where meetings are now being planned and this issue is on provisional work plans.

295. Wiltshire CCG is represented on the RUH Living with and Beyond Cancer Board, which has already met twice and will put stratified follow up pathways into practice within nationally defined timeframes once these are confirmed in the revised NHS England Guidance.

296. Wiltshire CCG is also a leading member of BSW Cancer Group taking rotational chairing of that working group and is working towards the same aim [See ***Planning 6-1_SWAG Cancer Alliance Board Meeting; Planning 6-1_Wiltshire CCG Cancer Strategy Implementation Approach; Planning 6-4_Bath and Wiltshire Cancer Forum Notes and Actions - June 2016; Planning 6-4_RUH LWBC Project Board Notes and Actions - July 2016***].

297. Finally, the stratified follow up pathway requirement is being captured in contracts with providers for 2017/18 as part of a workstream to implement patient initiated follow-ups, which seeks to ensure that follow-up appointments are only held where necessary.

Commissioning the recovery package

NHS England planning requirement 6.5

Ensure all elements of the Recovery Package are commissioned, including ensuring that

- All patients have a holistic needs assessment and care plan at the point of diagnosis;
- A treatment summary is sent to the patient's GP at the end of treatment; and
- A cancer care review is completed by the GP within six months of a cancer diagnosis

298. Commissioning all elements of the Recovery Package will be developed as part of Cancer Alliance guided work to implement all elements of the Recovery Package within provider trusts. At RUH, this will be informed by the Living With and Beyond Cancer board, supported via the STP cancer group (Bath, Wiltshire & Swindon Cancer Group) and in line with national cancer strategy and planning guidance [***see Planning 6-1_SWAG Cancer Alliance Board Meeting; Planning 6-1_Wiltshire CCG Cancer Strategy Implementation Approach; Planning 6-4_Bath and Wiltshire Cancer Forum Notes and Actions - June 2016; Planning 6-4_RUH LWBC Project Board Notes and Actions - July 2016***].

299. NHS England Guidance for Cancer Alliances and the National Cancer Vanguard outlines the availability of national funding to support the cancer transformation programme over the next four years. Details of how to bid for funding are yet to be provided. However, the purpose of the fund is to support the development and delivery of Cancer Alliance plans and thereby the achievement of the national cancer "must-do's" including early diagnosis, survival rates, recovery package, etc. Once details of how to bid are confirmed by NHS England this will be taken forward on a CCG/STP/Cancer Alliance basis.

Making it happen

300. We are committed to working with our providers to deliver the NHS Constitution 62 day cancer standard to make current services provision as effective as possible. We are also working actively with our partners, both commissioners and providers within Wiltshire and across the wider STP to improve services along the whole care pathway.

301. This active partnership will improve care from diagnosis to treatment to follow up aftercare. By shifting elements of care into out of hospital settings, people will also receive more holistic care that is more accessible and convenient to them.

Section 7 - Mental Health

Summary

302. Mental Health service development is a key priority area for Wiltshire CCG. We plan to deliver in full the implementation plan for the Mental Health Five Year Forward View for all age groups alongside access and quality standards.

303. We will increase baseline mental health spend to facilitate delivery of the Mental Health Investment Standard.

304. Our Local Transformation Plan for Children and Young People's Mental Health and Wellbeing has put in place a range of investments in community services that will reduce demand for costly hospital admissions for self harm and mental health conditions for 11 to 18 year olds, with a planned reduction of 3.5% in 2017/18 increasing to 6.5% by 2020/21.

305. We are also working closely with our partners in the STP so that our developments are tied into the workstreams and project plan being developed through the STP. This will ensure that mental health services operate at scale across the STP to deliver system wide pathways of care. From December 2016, Operational leads from each CCG, Public Health and Local Authorities will be working together to operationalise the plans agreed by all parties in the STP.

Psychological therapies

NHS England planning requirement 7.1a

Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with physical healthcare

Current performance

306. Wiltshire CCG's monthly performance report shows that services are already delivering above the 19% target access rate: 19.2% in July 2016, 22% in August 2016 and 23.1% in September 2016. The trend is expected to continue.

307. In terms of the IAPT recovery rate, our most up to date figures show that the 50% target was not met in Q1 2016/17, although in October 2016, our performance showed we had achieved the 50% target in month. Following a comprehensive review, NHSE's Intensive Support Team made recommendations which were integrated into Wiltshire CCG's Service Innovation Initiative Plan (SIIP) document. These recommendations also informed the reconfiguration of the service model which was introduced into the contract in April 2016.

308. We are confident that we will comply with or exceed the IAPT target of 50% for recovery rates in 2017/18 and 2018/19 [***see Planning 7-1a_NHS Wiltshire CCG Final Oct16; Planning 7-1a_Service Improvement Initiative plan***].

Reconfiguring services

309. The reconfiguration is focused on delivering NICE compliant IAPT services, enabling a more robust referral and treatment pathway through IAPT.

310. The service reconfiguration is also one part of the response to the workforce challenge which Wiltshire is grappling with. The challenge – which is nationally recognised - relates to high turnover and retention and recruitment of workforce: particularly lower intensity therapists. These recruitment and retention issues have reduced the capacity of the service. The CCG is working with the service to reduce, through a phased approach, the range of services offered (41 different courses) to the pure IAPT service model of 8 standard courses from April 2016, and to introduce a centralised booking system.

Recruitment and retention

311. The recruitment and retention issue is also being actively addressed through the 2016/17 contract refresh round.

312. This will be monitored via the multi-lateral contract management governance arrangements and the local AWP contract management governance arrangement. These arrangements will include establishing a Workforce Review Working Group to drive forward the recruitment programme for AWP and will feed into the local AWP contract management structure. AWP are also linking with STP-level workforce group and Wiltshire-based WAG group to address these workforce challenges.

313. We are actively tracking recruitment and retention through our monthly monitoring meetings with AWP, using a comprehensive action plan that includes details of vacant posts, adverts placed and interviews planned. The plan also encompasses contractual changes and training which are designed to address staffing and recruitment issues.

314. In December, AWP will submit a plan that details recruitment trajectories to fill the posts identified in the recruitment and retention action plan. This will remain a focus of monthly monitoring meetings and if plans do not address recruitment issues, then further measures will be put in place during 2017/18 so staffing shortfalls are resolved.

315. The SIIP also encourages greater integration with physical health care through a range of training schemes.

Services for children and young people

NHS England planning requirement 7.1b

More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018

Building capacity and capability across the overall CAMHS system (including system transformation delivered through the CYP IAPT)

316. Through the implementation of our refreshed Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (See ***Planning 7-1b (NEW)_Draft Wiltshire CCG LTP CYP Mental Health and Wellbeing 2016 2017cf 4***), we aim to meet the 32% target in 2018-19 (currently projected to reach 32.2%). Wiltshire CCG's estimates indicate that we are working from a 2016-17 baseline of 25%, and our Transformation Plan is geared towards expanding access to evidence-based services by 7% in real terms in each of 2017-18 and 2018-19. We are endeavouring to reach 35% by 2020-21. To succeed, we will focus on workforce development, enhancing early intervention, embedding CYP IAPT, implementing enhanced 24/7 crisis resolution, liaison and home treatment.

317. Wiltshire's CAMHS provider, Oxford Health NHS Foundation Trust is the lead service partner within the CYP IAPT Oxford and Reading Collaborative. Through the delivery of primary and specialist mental health services for children and young people, the Trust provides access to a range of evidence-based/NICE approved treatments and interventions, including Cognitive Behavioural Therapy (including Dialectical Behavioural Therapy and CBT-E), Multi-Family Therapy; Systemic Family Therapy and Interpersonal Therapy. Routine Outcome Monitoring has been rolled out to all Wiltshire CAMHS teams.

318. IAPT training is currently limited to professionals working in CAMHS. In 2017, as part of its refreshed Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, Wiltshire CCG will work with the CYP IAPT Oxford and Reading Collaborative and the CYP IAPT South West Collaborative to extend IAPT training to those professionals within Local Authorities, schools, and the voluntary and community sector working with children and young people (e.g. school and community

based counsellors, educational psychologists, health visitors and school nurses). A dedicated budget has been allocated to CYP IAPT training for 2017-18.

319. We will begin monitoring take-up of the training and seeking feedback from professionals receiving this training in 2018. Success will be measured in terms of the degree of training take-up and the extent to which professionals report feeling more confident in delivering low level interventions as a result. If our approach is successful, we would expect to see less referrals and admissions to specialist mental health services by 2021. This is in line with the national vision and will be monitored using Public Health indicators.

320. The ultimate objective of developing and delivering a joint agency workforce strategy including IAPT training provision, is to build more capacity and capability within CAMHS overall. The strategy's development is overseen by the local Workforce Action Group. A draft version of the strategy is attached (See ***Planning 7-1b (NEW)_CAMHSworkforceplandraftv1.0***), and a detailed five-year Workforce Strategy will be completed by April 2017. Building capacity and capability into CAMHS is key to meeting and maintaining performance against the target of at least 32% of children with a diagnosable condition being able to access evidence-based services by April 2019, including all areas being part of CYP IAPT by 2018. Our workforce strategy is a fundamental component of this capacity and capability building.

Treatment for first episode of psychosis

NHS England planning requirement 7.1c

Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.

Current compliance with the standard

321. Against the 50% referral to treatment target, the Wiltshire EIP team achieved 80% compliance for November 2015. Between July and October 2016, the compliance rate ranged between 84.6% to 100%. Due to the small numbers of people accessing the service and the fact that it is subject to monthly review, the service is vulnerable to breaches (fluctuations can lead to large % changes reflecting small numbers). AWP's current performance (October 2016) is 91.7% in this area.

322. Based on performance over the past year, we expect to achieve or exceed the 50% referral to treatment target.

Developing early intervention services

323. Wiltshire CCG ring-fenced £104,000 parity of esteem funding in 2015/16 to work with AWP to develop the Early Intervention in Psychosis service to meet national guidelines by enhancing workforce capacity and therapeutic skills.

324. As of December 2015, the team introduced a duty rota system which will enable assessments to be offered within 72 hours of referral receipt, and therefore the allocation of care co-ordinator to take place. Achievement of the referral to receipt of assessment and care co-ordination allocation occurring within two weeks will still be at risk from delays caused by delayed identification of psychosis by other teams, and delayed onwards referral to EIP. However, the team remain confident that they will sustain achievement of, and exceed, the 50% target due to their robust allocation system.

325. Since the new rota system was put in place, AWP have either met or exceeded the 50% target.

326. With the introduction of the duty system and recruitment of two additional band 5 care co-ordinators to the team, the capacity of those with NICE compliant skills and ability to deliver NICE compliant interventions has increased. The team can deliver in excess of 1,800 CBT sessions (over 3 years), and 1,280 are required to support their full caseload. [***see Planning 7-1c_05 Early Interventions for***

Psychosis Implementation Plan 2016a; Planning 7-1c_21.10.16 AWP CI Framework letter 2017-18 FINAL signed PDF].

Reviewing service performance

327. A service review was completed by Wiltshire CCG during 2016/2017, focusing on the services' performance against the Psychosis and Schizophrenia Quality Standards [QS 2015]. This informed a business case which presented an options case to enhance service capacity and workforce skill to a level predicted to enable compliance with the RTT and relevant quality standards. The business case also considered how to future proof the service by proposing capacity required to enable additional staff to attend accredited training courses. The preferred option within the business case was supported and additional staff are being recruited [***see Planning 7-1c_EIP Businesscase 23 6 2016 v2***].

Workforce risks

328. It is believed that at present the key risks for meeting the target are around workforce – and specifically ensuring that there are clinicians in place with the right skills to meet the standards. Additional staff have been enrolled in training courses (two people are taking the CBT course) to provide enough capacity over the coming two years as long as no one leaves in that time (it takes two years to qualify) and all staff are trained in family intervention course. There is, however, a potential future risk around the family intervention course as the NHS currently does not have plans to continue to provide this [***see Planning 7-1c_EIP Businesscase 23 6 2016 v2***].

329. AWP and WAG discussions around workforce challenges are ongoing.

EIP RTT standard developments

330. The EIP RTT standard has been set out in the 2017-2019 Commissioning Intensions letter. It is intended that an amended service specification will be agreed and part of the 2017-2019 Contract. EIP service performance is monitored at the monthly local AWP CQPM and Multi-lateral CQPM meetings.

331. The EIP team are actively participating in Matrix submissions for the South Region's EIP Programme, which measures the success of interventions.

332. Key highlights of the most recent Matrix Report [***see Planning 7-1c_AWP-Wiltshire EIP Summary Report***], are the "Outstanding" rating for RTT services, family interventions, employment and education and smoking cessation and "Good" rating in relation to CBT for psychosis. The two areas for improvement which were highlighted, Physical health and carer education programmes, will be addressed through the service expansion.

333. An AWP Trust wide EIP task and finish group was established in July 2016. Monthly meetings facilitate development of a system level approach in parity of compliance with standards, and recommendations to develop RiO recording and reporting of EIP activity against the required standards.

Individual placement support

NHS England planning requirement 7.1d

Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline

334. NHS England are conducting a baseline audit to confirm the 2017/18 baseline that is set out in the target. This work will be completed by the end of March 2017 and the results used to select STP areas that will receive target funding to increase access to individual placement support for people with severe mental illness in secondary care services. At the end of 2018/19, services will then be assessed to check for improvement against the 2017/18 baseline.

The IPS service

335. This IPS service started on 1st April 2016 (on a 5 year contract) and is commissioned by Wiltshire CCG and Wiltshire Council. The service MOU specifies delivery of a high fidelity IPS service exclusively to AWP's Wiltshire CMHT service users and WC Mental Health Social Care Teams.

336. The current IPS team is comprised of 5.6 wte employment support specialists, covering the geographical spread of Wiltshire in alignment with the CCG three sector split of WWYKD, SARUM and NEW

337. The Centre for Mental Health provide IPS expertise and oversee the service implementation as part of a wider national evaluation of IPS efficacy by the Dept. of Health.

338. Quarterly Commissioner contract review meetings will provide the mechanism to monitor success in increasing service access against the 2017/2018 baseline [***see Planning 7-1d_IPS Q Review Agenda for 10.10.16***].

339. WCCG plan to use the findings of the NHS baseline audit to inform service development locally, and will ensure the findings are triangulated with data collated from the local service to bid for any transformational funding which becomes available. Data will be utilised to improve access for those with SMI presentations by understanding service user need and capacity required, commissioners plan to work collaboratively with the provider to tailor service development through refinement to the service specification.

340. The Revised KPIs for Contract Monitoring (***see Planning 7-1d_Revised KPIs for Contract Monitoring***) demonstrates robust performance data recording and monitoring. This data will be submitted to provide the required 2017/18 baseline, so we can start monitoring the level of increase in access to IPS before the 2019 target date.

341. The IPS service will continually review referral source and capacity to ensure the service evolves to manage demand and meet service delivery requirements. Service performance and development is monitored on a quarterly basis (***see Planning 7-1d_TORs IPS Steering Group***).

342. The CCG is currently considering including within the DQIP a focus on how current data is presented as it not possible, at present, to look at performance as a % of the total population but rather performance on an individual patient by patient basis.

Eating disorders

NHS England planning requirement 7.1e

Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases

Overview of our service

343. We have enhanced our specialist community eating disorder service through a joint commissioning arrangement with Bath and North East Somerset and Swindon. Wiltshire CCG is the Lead Commissioner for the enhanced service across the STP which includes:

- A multi-disciplinary team in each base offering NICE-concordat treatment
- Eating Disorder parenting groups in 4 of 5 bases
- Links with acute paediatrics at DGHs
- Time-limited home re-feeding via CAMHS OSCA teams
- Twice yearly SWB ED network meetings
- Teaching and training to partner agencies

344. The service has a low rate of inpatient referral and in the latest data submission to NHSE (Q2), 79% of CYP had received treatment within 4 weeks for routine cases. 75% had received treatment within 1 week for urgent cases. We expect to achieve the 95% standard by 2020/21.

Improving our service

345. Capacity in the service was enhanced in 2015/16 with the number of WTE therapists growing from 12 to 23 WTE (by July 2016). This equated to 6.60 WTE for Wiltshire.

346. A Service Development Improvement Plan (SDIP) is in place as part of the Tier 3 CAMHS contract to improve performance further. Service developments that are in the process of being delivered include:

- Online referral forms
- Self-referral across the age range
- Enhanced involvement of families and young people in service development, implementation and monitoring
- Multi-dimensional outcome measurement and reporting
- Increase in capacity and standardisation of skill mix and expertise ensuring NICE concordat treatment is available in all localities
- Multi-family therapy

Reducing suicide rates

NHS England planning requirement 7.1f

Reduce suicide rates by 10% against the 2016/17 baseline

Partnership working to reduce suicide rates

347. The Public Health England Fingertips data shows Wiltshire experiences an average of 9 per 100,000 suicides (3 year average, 2013-2015 data), which is 2 below the average for the South Region (https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000009/ati/102/are/E06000054)

348. Suicide prevention is Public Health led and the CCG links with Public Health under the Crisis Concordat meetings. The local provider of specialist secondary care mental health services. AWP NHS Trust has a suicide prevention group which reports to the Quality & Standards Committee. The group is chaired by the Suicide Prevention Lead. Administrative support is organised through the Quality Academy. The group meets bi-monthly, with twice yearly invites to local authority public health/suicide prevention leads and CCG mental health leads. Each delivery unit is represented by either their Clinical Director or Head of Profession & Practice, or other identified lead [***see Planning 7-1f_20160406 Wiltshire Crisis concordat Action Plan DRAFT v6***].

Actions to reduce suicide rates

349. To improve the efficiency and effectiveness of mental health SMI, with the consequential intention to reduce suicide rates, a number of work streams have been developed or maintained:

350. The Wiltshire Crisis Care Concordat is a well-attended multi-agency meeting. During 2014/2015 attendees of the CCC completed a mapping exercise of crisis care pathways which enhanced the detail and efficacy of its action plan, resulting in development of services and pathways to enhance provision of early and effective crisis care. To further enhance the effectiveness of Crisis, care pathways Wiltshire and Swindon CCCs will collaborate through the Crisis Care Concordat framework from January 2017 [***see Planning 7-1f_Draft TOR V5***].

351. AWP were successful in their bid for capital funds from the Department of Health, which will enable increased capacity and improvements to the environments of the Places of Safety for the residents of Wiltshire and Swindon CCG. Pending the outcome of a staff consultation, the environmental works will commence in December 2016, completing by Feb/March 2017, with the service commencing with immediate effect upon completion [***see Planning 7-1f_Places of Safety - Wiltshire Application form v2 MP***].

352. The Mental Health Liaison expansion will also contribute towards efforts to further reduce suicide rates.

353. Wiltshire and Swindon CCGs and the Police fund and co-commission the Wiltshire and Swindon Street Triage service. Following an independent review, it has been agreed that the service operational hours will be extended to 24/7. This development has been approved and is in process [***see Planning 7-1f_SWST Report Finalv5***].

Reviewing our services

354. A CCG review of the Wiltshire Intensive teams has commenced, scheduled for completion in Q4 2016/2017. This review will assess service demand, capacity, performance and will benchmark service against other areas and examples of best practice. Recommendations will be made to improve service efficiency and effectiveness.

355. AWP conducted a Trust-wide review of their Acute Care Pathway during 2014/2015. A dedicated workstream has been established to enhance this work, with progress monitored by commissioners through the monthly multi-lateral and local CQPM meetings.

356. Wiltshire CCG set up a Commissioner led EUPD Integrated Care Pathway working group to review and improve service provision and pathways against best practice [***see Planning 7-1f_PD TOR v3 draft Nov2015***].

Mental health access and quality standards

NHS England planning requirement 7.2

Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

Services provided

357. 24/7 cover is provided in each of the Acute hospitals by MHL teams as described earlier, and out of hours by the local Intensive Teams in the RUH and SFT for Emergency referrals to A&E. At GWH the Swindon Intensive Team will be based in the A&E department from November 2016, providing the OOH response for all A&E MH presentations.

358. Wiltshire CCG commissions the provision of two Wiltshire Intensive Teams (North and South Teams) from AWP who provide crisis interventions and home treatment 24/7. The teams can provide home treatment from 9am - 10pm, switching to telephone support from 10pm-9am and support MHA activity as required, except for the South based team who cover SFT A&E.

359. The imminent developments to the East PoS, as mentioned above, will provide 2 locations for OOH community based assessments.

360. The Swindon and Wiltshire Control Room Street Triage are to be extended to 24/7, and the business case is currently being drafted. The decision to extend the service was based upon the observed impact the service has achieved in appropriately reducing the number of section 136 detentions, and the improved conversion rate for s136, and the motivation to continue to enhance the Acute Care Pathway for local resident experiencing a Mental Health Crisis. The business case will be submitted for approval by CCG boards in December 2016.

Managing the service

361. Wiltshire CCG has worked with AWP over the past years to get more detailed reports (with DQIP forming part of contract negotiations) and this has been achieved. This has allowed for better monitoring and points to possible risks (e.g. capacity issues, quality of the environments). One of the main risks that has been identified relates to Places of Safety.

362. At present, changes to the Police and Crime Bill are in process (expected April 2017) and this has resulted in some pressure on the Wiltshire system from Bristol and Hampshire which have already implemented several provisions. To avoid this further reducing capacity for Wiltshire, there is work going on to address this, including an independent system-wide review being conducted with recommendations about changing pathways and provision to address service delivery and management of patient flow. In addition, when there are issues of capacity the local provider escalates that to the respective CCG to address the problem at root.

Mental health investment standard

NHS England planning requirement 7.3

Increase baseline spend on mental health to deliver the Mental Health Investment Standard

How we achieve the Mental Health Investment Standard

363. In line with the Parity of Esteem requirements as set out in the NHS Operational Planning guidance from 2015/16 onwards, the CCG is committed to increasing its investment in mental health services by at least the value of annual growth in CCG allocations [***details in Planning 7-3_Mental Health Investments draft 16 17***].

Planned Spend on Mental Health Services (Core and Other)

	2016/17	2017/18	2018/19
Planned Spend	£53.8m	£55.1m	£56.4m
% Increase	-	2.4%	2.4%

364. In 2017/18, the CCG expects to spend an additional £1.3m on mental health services in 2017/18 compared to 2016/17 and a further £1.3m in 2018/19 compared to 2017/18, on areas including Early Intervention in Psychosis, mental health liaison, control room triage and ADHD management

Investment headlines and expected outcomes 2017/18

365. The committed investments in 2017/18 make up 60% of the £1.3m additional investment for the year. These investments, together with the expected outcomes, are:

- **EIP**: This is an expansion and enhancement of an existing AWP community service provision. Through the additional investment of £309,000 per annum the team will be able to achieve and sustain delivery of a NICE compliant service from April of 2017
- **ADHD**: A new ADHD service (AWP), with an activity based contract value of £305,000 will commence from April 2017. This service will provide diagnostic assessment and post diagnostic care, which will include facilitation of GP shared care prescribing arrangements
- **Mental Health Liaison**: The additional investment of £192,000 across the three MHL service WCCG commissions and co-commissions in SFT, GWH and the RUH has enabled an expansion of core operational hours, ensuring parity of provision for Wiltshire residents, with all services now operating 9-5pm, 7 days a week.

366. There are a range of investments under consideration for 2017/18. These will be evaluated and shortlisted for funding from the remaining 40% of the addition al £1.3m of resources. The investments and their expected outcomes are:

- **IAPT Silver cloud** – the CCG have commissioned a pilot of the Silver cloud online guided self-help platform for individuals with mild-moderate anxiety and depression disorders, to be provided by the Wiltshire IAPT service. The pilot went live in Q2 2016/2017, and will be reviewed on a quarterly basis to determine the feasibility of commissioning this element of service provision on a recurrent basis.
- **Control Room Triage** – Wiltshire CCG co-commissions a Control Room Triage service in partnership with Swindon CCG and Wiltshire Police. Currently the service operates 8am-12am 7 days a week. This service has a positive impact upon reducing the number of 136 detainees the police make and on improving the appropriateness of the 136 detentions, which was demonstrated through the improved conversion rates. Commissioners have decided to extend the hours of operation to 24/7 but the funding options and level of funding commitment for each partner organisation have not yet been confirmed.

Investment headlines and expected outcomes for 2018/19

367. There are two main Investments under consideration for 2018/19:

- **Step 4 Psychology expansion/Therapeutic provision/Service for individuals with EUPD** –estimated range of investment £800k-£1.2m. Wiltshire Public Health are currently refreshing the Wiltshire Mental Health Needs Assessment which will inform a formal business case. Service level data from Wiltshire AWP, IAPT and A&E departments indicates there is a high level of need for service provision which can provide robust and effective therapeutic interventions for individuals with an Emotionally Unstable Personality Disorder; approximately 10% of patients supported by AWP community teams will have EUPD, which equates to. 199 people based on October snapshot data. Service users with EUPD are reported to require prolonged input from a range of MH services.
- **IPS** – Additional investment to expand workforce capacity will be required in 2018/19 to enable achievement of the required increased access target of 25% comparatively to baseline from 2017/18 for individuals with Serious mental illnesses. We will work with the service in 2017/18 to develop a business case to facilitate any required service developments.

Dementia diagnosis

NHS England planning requirement 7.4

Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and

Have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support

Improving the dementia diagnosis rate

368. The Dementia Diagnosis rate has improved significantly over the last three years. Wiltshire experienced the national decrease in diagnosis rate where the rate decreased marginally from 65.2% in November 2015 to 64.7% in January 2016. We are taking action especially with Practices that have the greatest shortfalls in delivery.

369. Our current trajectory is as follows, which shows we will achieve and then exceed the 66.7% standard by the end of 2016/17:

- October 2016 = 65.5% (4,340 patients)
- November 2016 = 65.9% (4,363 patients)

- December 2016 = 66.2% (4,386 patients)
- January 2017 = 66.6% (4,409 patients)
- February 2017 = 66.9% (4,432 patients)
- March 2017 = 67.0% (CCGs Quality Premium Target) (4,439 diagnosed)

370. The Dementia LES and Memory Service are currently undergoing reviews, and an audit of the Older Adults wards has been completed to understand current service effectiveness and efficiency. This will inform future service commissioning in Primary and secondary care, seeking to improve diagnostic practice, reduce service waiting times whilst improving access rates, and address service provision gaps i.e. crisis support for Dementia.

371. Support is being offered to practices where there is still a significant gap in terms of numbers between the target and the numbers with a diagnosis or where diagnosis rates have declined. Specific measures include the CCG working with GP surgeries across the county to ensure details of patients who are prescribed Dementia medications are appropriately recorded on the dementia register.

372. The Dementia LES is specifically designed to improve the rate of diagnosis by providing the most appropriate incentives, support and management of dementia diagnosis. The review is expected to be completed by quarter 3 of 2016/17 and the recommendations implemented by the Dementia Board work programme during 2016/17.

373. The CCG are also in the process of reviewing dementia services and pathways in primary and secondary care which will result in a service redesign proposal aiming to enhance service user experience and ensure access to evidence-based and holistic treatments. Proposals should be submitted during Q4 2016/17, with service redesign planned to commence during 2017/18.

374. Looking forward, in 2017/18 and 2018/19, the denominator for this standard will change at the start of each year to take account of population prevalence. For Wiltshire, this means that the denominator will increase, because of the growth in the elderly population. This increase in the denominator will result in a slight reduction in the diagnosis rate at the start of each year, but we plan to recover this within year so that we achieve the 66.7% target each year [***see Planning 7-4_Appendix A TOR v1.0; Planning 7-4_AS AN AUDIT PROPOSAL SUMMARY V2 DRAFT; Planning 7-4_Memory service review proposal 2016 draft v4***].

NHS Implementation guidance on dementia

375. With regard to improving post-diagnostic care and support for people with dementia in line with the forthcoming NHS implementation guidance, we have identified three principal areas of variation and are actively addressing these issues:

- **Equity of access in day care resources across Wiltshire** - we will ensure that the recent joint procurement exercise in re-commissioning of the Advocacy Service provides support for people with Dementia and will ensure they are able to have voice and choose the type of day care activity they wish to access and/ or participate in.
- **Improving waiting times for memory services** - a service review of the Memory Service is scheduled to take place in Quarter 3 in the new financial year, and findings of this review will establish how services will be redesigned over 2016/17 with the aim for new services to go live during the next financial year (2017/18).
- **DTOCs** - the Care Home Liaison service was expanded in February 2016 with the intent to enhance provision, working 7 days a week, of effective holistic post diagnostic care for those with Dementia in care homes, reducing placement breakdown and therefore the need for admission, and to reduce the length of stay for those admitted, facilitating timely discharge to care home placement to bring the level of DTOCs down further (***see Planning 7-4_2016 06 27 DToC Group - TORs MH&D JCB Approved; Planning 7-4_2016 07 21 DToC Driver Diagram***).

376. The trajectory showing when Wiltshire CCG expects to meet NHS dementia diagnosis rate targets has been submitted to NHSE using the data shown above.

Addressing dementia priorities in care homes

377. Dementia priorities are also being addressed in care home settings, together with measures to support upskilling of home care and care home workforce. Examples include:

- Establishing and rolling out the gold standard training in Dementia with Stirling University over this financial year targeting residential and nursing care homes across the county to participate
- The launch of the new Care Home Liaison Service has provided extra expert capacity for residential care and nursing care homes to support service users in their own residential setting. One of the key objectives for this new provision is to ensure more extensive coverage of residential care and nursing care homes in Wiltshire County that currently have a Wiltshire patient in their care [***see Planning 7-4_Care Home Liaison Service service spec DRAFT v3.1; Planning 7-4_CHLS July 2016***].

Dementia advisors

378. Our commissioning intentions include Dementia Advisors that are available to all GP practices, actions around EOL care, reviewing the range of respite available for carers and the Dementia Awareness Project, which provides an overarching approach to ensure that the Prime Minister's challenges are effectively met. Please refer to the Health Watch website for further information around our Dementia Engagement and Outreach work.

379. Nine Dementia Advisors currently work across the county. The joint contract is timetabled to be reviewed and recommissioned shortly. The review will be completed by end of quarter 2 of 2016/17 with recommendations to be prioritised and implemented through the Dementia Delivery Board and overseen by the Joint Commissioning Board.

DTOCs

380. Our current plan is to reduce DTOCs to below 7.5% of Wiltshire CCGs commissioned bed base by 1 April 2017. We recognise that this is a challenging target, based on recent performance where DTOCs have ranged between a low of 9% in December 2015 to a high of 18% in August 2016.

381. If we achieve the 7.5% target by the end of March 2017, our ambition is to sustain target performance in 2017/18 and 2018/19.

382. This will be achieved through:

- A weekly commissioner Chaired DTOC review meeting that provides a multi-agency forum to ensure focus and progress is maintained in managing and resolving Wiltshire DTOCs.
- An AWP Trust wide DTOC task and finish group which has been established to agree parallel processes and ensure a robust system wide management approach is taken to reducing DTOC numbers. (***see Planning 7-4_2016 06 27 DToC Group - TORs MH&D JCB Approved; Planning 7-4_2016 07 21 DToC Driver Diagram***)

Out of area placements for non-specialist acute care

NHS England planning requirement 7.5

Eliminate out of area placements for non-specialist acute care by 2020/21

Our current position on out of area placements

383. In terms of current performance, if out of area (OOA) is defined as out of trust, Wiltshire currently has one patient out of area and talks are underway to resolve this.

How we will eliminate future out of area placements

384. The AWP Trust-wide Acute Care Pathway will eliminate OOA placements for non-specialist acute care by enhancing process and practice to enhance provision and effectiveness of community based care, and similarly improving provision of inpatient care whilst aiming to reduce length of stay and DTOC (see attached ToR). A monthly commissioner attended ACP review meeting takes place where progress against the ACP project plan is monitored, this is then reviewed at the AWP Multi-lateral CQPM, ensuring AWP are held to account on delivery of projects, and trajectories for service and pathway improvements [***see Planning 7-4_2016 06 27 DToC Group - TORs MH&D JCB Approved; Planning 7-5_Acute Care Pathway Programme Board TOR***].

385. The Wiltshire CCG led Pathway and service reviews of the Dementia LES, Memory service and Older adult's admissions will contribute to the elimination of OOA by improving patient flow and service efficacy through the commissioning implementations of recommendations.

386. The recently expanded CHLS service will contribute to the elimination of OOA by reducing the need for admission, and improving LOS by facilitating timely discharge.

387. Commissioner led weekly DTOC meetings and the AWP DTOC task and finish group will also contribute to enhancing system flow and therefore capacity.

388. OOA numbers are monitored, and providers held to account through local monthly CQPM, and monthly multi-lateral CQPM and FIG.

389. We are confident that these measures will result in us meeting and sustaining the target of eliminating OOA placements.

Making it happen

390. In 2017/18 we will make significant additional investments of £1.3m (2.4%) over the 2016/17 baseline, with a further £1.3m investment in 2018/19. The mix of additional resources, strong partnerships and our ongoing commitment to achieving genuine Parity of Esteem will drive the delivery of improved Mental Health services across the board and for all age groups.

Section 8 – People with Learning Disabilities

Summary

391. We continue to work through our partners in health and Local Government in both Swindon and Wiltshire to develop and improve services for people with Learning Disabilities.

392. The key themes of this cross sector working include:

- Enhancing community provision by building on our track record of community solutions, which includes the rollout of Care Programme Approach by June 2017 and the implementation of the Blue Light Protocol by April 2018
- Reducing the number of people in long term inpatient placements from 10 to 4 before the target date of March 2019
- Continuing to improve access, so by 2020, 75% of people with LD and/or Autism on a GP register are receiving an annual health check

Transforming care partnership

NHS England planning requirement 8.1

Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism

393. Wiltshire has developed a robust Transforming Care Partnership delivery plan with its partner Swindon CCG [***see Planning 8-1_TCP - Service Model Plan - Swindon and Wiltshire FINAL v2; Planning 8-1_TCP Service Model Plan***].

394. The Wiltshire and Swindon partnership have tailored the plan to the local system's health and care needs based on provider landscape and demographics and health and social care contexts. However, the plan is consistent with the following principles:

- **Building the right support** and the **national service model** developed by NHS England, the LGA and ADASS (October 2015)
- **A shift in power**. People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling the closure of all but the essential inpatient provision. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets
- **Strong stakeholder engagement**: providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

395. For Wiltshire, the plan requires the delivery of a community focused complex needs care pathway that looks to deliver assessment and treatment in a community setting, avoiding the need where possible for inpatient admission. The plan focuses on people with learning disabilities and/or autism who have mental health and/or complex and challenging needs.

396. The plan remains on target with a current focus on the milestones set out below [***see Planning 8-1_TCP Milestone Tracker 08-16 v2 (002); Planning 8-1_TCP Service Model Plan***].

Plan highlights and targets to be achieved in 2017/18

Focus area	2017/18 and 2018/19 target
Risk register – Tracking people at risk of an inpatient admission	Implement risk stratification with a revised database by December 2016, to facilitate the rollout of Care Programme Approach by June 2017
Blue Light Pre Care and Treatment Review Protocol	Full implementation of Blue Light Protocol by April 2018
Transitions Process	New Transitions panel and Resolutions panel process in place by November 2017

Reducing inpatient bed capacity

NHS England planning requirement 8.2

Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population

397. Wiltshire continues to have low numbers of people in inpatient settings. Wiltshire does not currently provide any specialist learning disabilities beds in the local area. In preference we have developed a local complex needs care pathway where people are supported in the community or within local generic mental health beds when an inpatient admission is required.

398. The current number of people, both NHSE and CCG funded, in an inpatient setting is 10. Of this group, seven people are in long term out of area inpatient settings, three have been admitted this year. Of the three, two are in local inpatient settings, one is out of area.

399. There is already an active plan to reduce the number of people in long term inpatient placements from 10 to 4 before the target date of March 2019. One of the projects that supports this reduction is the Daisy, a brand new specialist residential home in Devizes, that will see at least three people return to Wiltshire from long term out of county inpatient placements. [***see Planning 8-2_TCP - activity and finance annexes (23rd Feb version)].***

Improving access to healthcare

NHS England planning requirement 8.3

Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check

400. The Transforming Care Partnership plan sets out clear milestones for the delivery of improved levels of health action planning for people with learning disabilities and/ or Autism.

401. 44.8% of people currently on the GP register have received a health check in 2013/14 (most recent available data). The plan has set an ambitious milestone for December 2017 to offer everyone, within the five cohorts groups across children's and adult services, identified in the Transforming Care plan a health action check.

402. There will be close monitoring of the level of take up and, if required, remedial action implemented, so the level of take up of health action checks after December 2017 will increase, so the 75% target is achieved by 2020 [***see Planning 8-1_TCP - Service Model Plan - Swindon and Wiltshire FINAL v2***].

Reducing premature mortality

NHS England planning requirement 8.4

Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability or autism.

403. A review of the learning disabilities care pathway will be completed by February 2017 and implemented as part of the Transforming Care agenda by 2019, A major focus of this review will be access to mainstream services for people with learning disabilities.

404. The recommendations will be implemented through the TCP action plan process, with an expectation that mortality rates will be in line with those of the general population by 2019.

405. Consideration will be given to how to roll out changes within the current pathway that support people to access mainstream health services and where necessary using the skills and expertise of specialist learning disabilities teams to support reasonable adjustments and changes within Wiltshire health provision.

406. The transforming Care Partnership plan will focus on the key areas around improving not only mental health but also the wider learning disabilities health agenda. For example, there will be:

- Workforce review – to look at training needs of carers and support teams
- Roll out of a consistent approach to positive behavioural support
- Review of the Autism pathway focusing on post diagnostic support [***see Planning 8-1_TCP - Service Model Plan - Swindon and Wiltshire FINAL v2***].

Making it happen

407. Our well established partnerships across health and Local Government, have given us the confidence to invest in enhanced community provision for people with LD and/or Autism. These arrangements will help us to continue to improve services by:

- Delivering more care in community settings
- Reducing inpatient admissions
- Increasing access to healthcare for people with LD and/or Autism

Section 9 – Improving Quality in Organisations

Summary

408. Improving quality continues to be a key priority for Wiltshire CCG, with our expectations set out in quality schedules in provider contracts, with performance against these standards evaluated through robust quality monitoring systems.

409. The quality schedules incorporate a range of measures related to workforce and staff wellbeing, complaints and incidents as well as mortality measures down to specific diagnostic cohorts. This range of indicators provides a balanced assessment of provider quality.

410. We also continue to actively participate in system wide groups including the Wiltshire Workforce Action Group, the Community Education Provider Network and the Academic Health Science Network to promote system wide learning, action and quality improvement.

Plans for improving the quality of care

NHS England planning requirement 9.1

All organisations should implement plans to improve quality of care, particularly for organisations in special measures.

Quality, patient safety and performance monitoring

411. Regular meetings are in place to monitor quality, patient safety and performance across all contracts. These meetings are held on either a monthly or quarterly basis (dependent on the size of the contract). Within these regular provider meetings key metrics in respect to quality, patient safety and performance are discussed in detail, and should there be any issues where further improvements are needed these are identified and appropriate actions, and timescales for remedial actions, agreed. If appropriate this process is reinforced with appropriate contractual levers.

412. In addition, when the CCG may have concerns about any specific patterns or trends in respect to any quality, patient safety and performance issue we have undertaken Quality Assurance visits or Themed Reviews to gather further assurances, or gain a greater understanding of issues. When we have identified where improvements could be made, we have required our providers to produce robust action plans to assure us that positive changes have been made and firmly embedded into day-to day practice.

Our expectations for quality in 2017/18 and beyond

413. We have clear expectations for quality in 2017/18 which is articulated through the quality schedules which have a consistent focus on continuous improvement and learning, to embed change and improve patient outcomes. These schedules are based upon performance in the previous year and the analysis of themes and trends which have been seen through feedback from patient experience, Primary care and review through our Quality and Clinical Governance Committee.

Examples of quality expectations and how these will be achieved

Expectation	What we will do to achieve this expectation
National Early Warning Score (NEWS)	This indicator has been included as a result of themes and trends arising in incident and complaints data. Working with the Academic Health Science Network (AHSN), the CCG has included an indicator in the schedule which requires providers to participate in the improvement work around NEWS and to evidence that this is embedded across the trust Building on work in previous years, the 2017/19 schedule will ensure that both accuracy and appropriate escalation are measured and improved, as well as the introduction of a Paediatric and Maternity version

Expectation	What we will do to achieve this expectation
Learning from Incidents	Through analysis of themes and trends in incident and audit data, the CCG identified a need to address the rising occurrence of falls within provider settings. Indicators were included in the 2016/17 schedule, which will be revised for the 2017/19 schedule, to ensure an in-depth review and analysis of learning from incidents, particularly around falls. This is also an area of particular focus with the community provider inpatient wards. In addition, providers will be asked to attend a collaborative meeting to identify and transfer good practice, and have been asked to put in place a falls action plan with regular progress updates

414. The CCG is committed to implementing a rigorous approach to achieving early identification of any trend which shows that standards have fallen below that expected and in gaining assurance that the provider has acted swiftly to mitigate further decline and address the concern. We have developed a risk profiling of vulnerable providers in 2016/17 and will work closely with both local and regional quality surveillance groups to identify early any areas of sub optimal quality.

415. The CCG's approach to early identification of themes and trends has been reviewed in 2016/17 and will be further developed and refined during 2017-2019. The CCG has established a dashboard, embedded in the Integrated Performance Report, which benchmarks indicators linked to safety, experience and effectiveness across planned care, community and mental health and urgent and emergency care services. This dashboard approach facilitates the identification of emerging themes and trends across the provider landscape.

416. The Quality Team works with the providers to obtain assurance regarding deteriorating standards and where appropriate, these are addressed in a collaborative way. The CCG Quality Team is building positive relationships with providers to develop an open and supportive approach to sharing information, so that the CCG becomes aware of potential issues at the earliest opportunity.

417. A continuous improvement approach is taken to resolving identified issues. Throughout 2017-2019, the CCG has planned a series of collaborative sessions to work with providers in addressing identified themes and trends across the system. These sessions will promote and sustain a clear methodology for Quality Improvement and will support providers to identify emerging issues within their own setting.

418. The CCG will utilise its dashboard to monitor progress and support providers to use tools such as the South West Clinical Network Maternity dashboard to benchmark their own progress and work with other providers to 'grow their own solutions'. An example of the initial focus of the collaborative meetings is the reduction in falls occurring across the provider landscape. This collaborative will include care home providers, mental health services, acute trusts, community services, primary care and the ambulance service.

Working across the system

419. We will ensure that we work closely with co-commissioners to agree a formal process for managing failing services and Trusts. We have commenced the development of enhanced quality assurance of care homes with Local Authority partners to identify those providers who require any additional support in advance of a regulatory inspection with the aim of preventing a poor outcome.

420. We are promoting a partnership working approach to the sharing of best practice and any quality initiatives across our providers to ensure that there is effective use of resource and less duplication in terms of quality improvement initiatives and to aid this, promote the involvement of providers in clinical networks.

421. The CCG is committed to developing relationships with providers which promote collaboration on specific quality work streams utilising networks such as the Academic Health Science Network to promote system wide learning and quality improvement. The CCG plans to set up a Wiltshire Forum to include our co-commissioners in our system footprint to address emerging concerns on a multi-provider

level. We will develop the Executive level contact for quality and promote an open and honest culture of information sharing.

Providers in special measures

422. If a provider has been identified to be in special measures, an action plan will be agreed and this will be monitored by the CCG and/or NHS Improvement or the Care Quality Commission. Updates in respect to any organisation considered to be in special measures, or subject to enhance surveillance, are shared with NHS England.

Meeting statutory safeguarding requirements

423. The *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)* sets out the roles and responsibilities of CCG's. CCG's are required to have appropriate systems in place to discharge their statutory duties in terms of safeguarding.

424. Wiltshire CCG successfully fulfils its statutory duties with the mechanisms set out in the table below.

How we fulfil our statutory safeguarding duties

Area	Mechanism for fulfilling duties in each area
Quality Assurance and Governance	a) Safeguarding Children and Adult standards are included in CCG contracts with commissioned services. This supports monitoring of the delivery of effective Safeguarding arrangements. b) There is a clear line of accountability within the CCG, with responsibility for safeguarding sitting in the portfolio of the Director of Quality. c) The Director of Quality is supported by the CCG Safeguarding team which includes: ▪ Head of Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty ▪ Designated Nurse Safeguarding Children ▪ Designated Doctor Safeguarding Children ▪ Named GP Safeguarding Children ▪ Designated Nurse for Looked After Children ▪ Designated Doctor for Looked After Children d) Regular reporting to the CCG Governing Body and the Quality and Clinical Governance Committee. e) The CCG has in place an appropriate safeguarding policy. The safeguarding team actively contribute to the development and review of multi-agency policies, procedures and guidelines through membership of the Adults and Children's Safeguarding Boards. The CCG Safeguarding Leads also support provider named professionals in the development of their own safeguarding policies and procedures. f) The CCG's procedure for managing Serious Incidents includes the review of incidents against safeguarding criteria and evidence that the Duty of Candour has been applied. g) The CCG monitors reports and action plans resulting from CQC inspections and reviews and reports progress against these to the Quality and Clinical Governance Committee. h) As a member of the Wiltshire Safeguarding Boards, the CCG actively participates in the monitoring of action plans (health) from Serious Case Reviews (SCR) and other reviews which do not meet the SCR threshold. i) The CCG has a Quality Surveillance Group which meets regularly with the Local Authority and CQC to discuss providers of concern and attends the Regional QSG. Safeguarding is represented at these meetings

Area	Mechanism for fulfilling duties in each area
Training and supervision	a) Safeguarding training is incorporated into NHS Wiltshire CCG induction for all staff. Mandatory online Safeguarding training is provided for all staff at a level appropriate for their role. b) The CCG Safeguarding team provide training for primary care c) All GP practices have a nominated lead for safeguarding. d) The CCG Children's Safeguarding team facilitate three network meetings annually for provider safeguarding leads and GP practice leads. e) Regular supervisions are offered to provider safeguarding professionals to support them in fulfilling their roles and responsibilities.
Partnership working and information sharing	a) Wiltshire CCG is committed to inter-agency working and is a full member of both Wiltshire Children's and Adults safeguarding boards and is actively engaged in the sub-groups. b) The Wiltshire MASH provides a co-location of services which includes Children's Social Care, Police and Health and this allows information-sharing to be undertaken in a timely way to identify vulnerable children earlier. The CCG Designated Nurse is fully engaged in the support of the MASH

Planned safeguarding developments for 2017 – 2019

425. We also have a range of safeguarding developments planned for 2017/19, as part of our process of continuously improving the effectiveness of our safeguarding function:

- The development of a NHS Wiltshire CCG Safeguarding group as a sub group of the Quality and Governance Committee to provide strategic leadership and oversight of the safeguarding agenda across Wiltshire which support the new model of WSCB working locally
- Work with Public Health Wiltshire to deliver a domestic abuse strategy for Wiltshire
- Continue to support and improve primary care practice in safeguarding children
- Develop a training strategy for primary care including continuous professional development sessions
- Carrying out case learning reviews with practices
- Supporting GP practices that have been CQC inspected

How we understand and use patient experience to improve services

426. The CCG has built a sound quality assurance process by working with providers to seek patient experience. Understanding feedback from patients is used to:

- Improve patient experience and access to care
- Improve both the quality and equality of care

427. As part of the Quality Schedule, providers are required to undertake a number patient experience measures and report these, as well as the lessons learned and action plans to implement change, to the CCG.

428. Some examples of the reporting required are as follows;

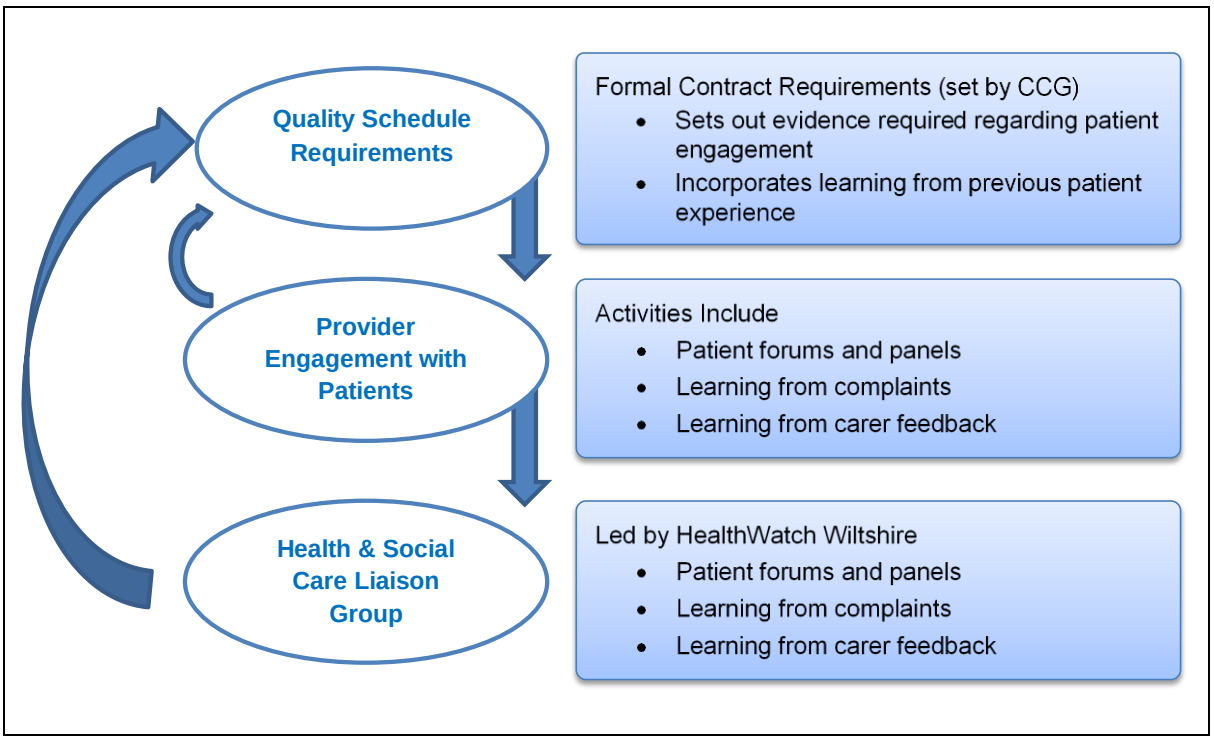
- Evidence that robust mechanisms are in place to ensure that development, monitoring and actions are embedded as a result of patient feedback
- Evidence that actions taken because of patient feedback is displayed in public places to demonstrate the actions that have taken place because of patient feedback
- Patient & carer stories or case studies
- Evidence of how patient forums feed into the board and inform decision making

429. This information is reviewed by the CCG and is discussed through different forums. These forums include the Healthwatch Wiltshire led 'Health and Social Care Liaison Group' as well as provider 'Clinical Quality Review Meetings' (CQRM).

430. The CCGs' internal Complaints and PALS function also feeds in to this process. The Complaints and PALS team liaise with patients regarding concerns or complaints they may have about CCG commissioned services. All complaints or PALS enquiries follow the CCG 'Compliments, Concerns and Complaints Policy' and are used to drive service improvements or identify potential commissioning gaps. The Complaints team produce a quarterly bulletin which identifies themes and trends of complaints. This is shared CCG wide and is taken to the Healthwatch Wiltshire led 'Health and Social Care Liaison Group.'

431. This process, which is summarised in the diagram below is designed to identify and address issues arising from patient feedback and by feeding this back into the ongoing development of the quality schedules, helps ensure that learning is embedded into the standards of care that we commission.

How our monitoring process embeds learning from patient experience into care delivery



Better use of staff resources

NHS England planning requirement 9.2

Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.

432. Following review of the national guidance published by NHS England; '***How to ensure the right people, with the right skills, are in the right place at the right time'***, the CCG included requirements within its quality schedules to support focus on key areas related to workforce. The CCG will continue to evolve these indicators for inclusion in quality schedules from 2017 onwards.

433. We require providers to report upon:

- Provider progress against National Guidance: How to Ensure the Right People, with the Right Skills, Are in the Right Place at the Right Time (https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf)
- Evidence of compliance with NICE safer staffing guidance (for all inpatient units).
- Staff FFT results and action plan
- Anonymised summary and actions taken because of whistleblowing cases raised.
- Issues/trends relating to staff retention and skill mix and progress against Trust action plans/recruitment and retention strategies to address these.
- Progress towards Nurse revalidation including risks and mitigation

434. We will continue to actively monitor complaints and incidents as part of the 2017/18 quality schedules. The CCG review of these includes specific identification of issues related to workforce. In addition to this the CCG assess external publications of data which includes the national Inpatient Survey, Safer Staffing and staff Friends and Family Test.

435. Additionally, the CCG has implemented the Staff Health and Wellbeing CQUIN as part of the 2016/17 contracts. This included a mental health component for one particular provider. The CCG will continue to implement this CQUIN in line with national guidance for 2017 onwards.

436. In 2016/17 we participated in the following workstreams which are multi-organisation and system-wide:

- Wiltshire Workforce Action Group
- Community Education Provider Network (CEPN)
- HEE Transformation Funding
- Nurse Revalidation

437. During 2017-19 we will continue to actively participate in these workstreams and lead in identified priority areas

Findings from reviews of deaths

NHS England planning requirement 9.3

Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare

438. The 2016/17 Quality Schedule includes KPIs to monitor mortality across the 7 day period and to provide the CCG with assurance regarding the specific diagnosis cohorts to address which are outside of expected levels.

439. We routinely monitor mortality data and uses this information to target audits required of providers to deliver assurance. The CCG has also required providers through the 2017-19 quality schedules to comply with the national developments in mortality reviews and reporting. All acute Trusts have confirmed that they are participating in the development of standardised mortality reviews and the CCG will continue to monitor participation in this work and identification of best practice.

440. For 2017-19 the focus will be the continued scrutiny on mortality with the purpose of reducing avoidable mortality. The CCG will continue to monitor Trusts and require action to address diagnosis groups which benchmark above expected mortality levels.

441. Mortality data is reviewed regularly and feeds into the evidence reviewed to select annual provider assurance audits required in the Quality Schedule. The CCG receives assurances on an annual basis from providers in relation to the Trusts' policy and process for carrying out Mortality Reviews.

442. The CCG is aware of the developing national level approach to mortality reviews and will be working with providers to ensure compliance with the new regime which evolves from this process.

Making it happen

443. We have clear expectations for quality in 2017/18 and beyond, which is articulated both in the Quality Schedules and a range of other work with partners and providers. These mechanisms are part of well established system and processes for working with co-commissioners and other partners as well as providers to embed quality within safe and sustainable services in Wiltshire as well as the wider BSW footprint.

Section 10 – Other developments

Summary

444. As well as meeting the nine Must Do's, we are actively addressing the development of our human and digital resources. This section of the plan shows how we are developing:

- Our leadership capabilities, so our leaders have the skills and capabilities to manage effectively in an increasingly constrained and challenging environment so that can deliver the best care possible to people in Wiltshire and the wider BSW system
- Our digital infrastructure, so we can take full advantage of the potential for improving care and increasing efficiency by implementing the Local Digital Roadmap. This will bring benefits to patients as LDR will facilitate improvements in care across care sectors, providers and professionals

Leadership development

445. The CCG has recognised that notwithstanding what future structures might look like, there is a significant leadership challenge ahead as we endeavour to modernise the NHS, implement both our own strategy, the STP and the Five Year Forward View, as well as delivering high quality services within increasingly constrained financial resources. Consequently, strong leadership capability is going to be essential if we are to build and deliver our ambitious aspirations for the people of Wiltshire.

Developing the next generation of leaders

446. The next generation of leaders will likely need to work differently:

- They will need to operate with an even deeper understanding of the critical success factors and key dependencies within our complex System
- Understand how to provide clear direction
- Monitor appropriately, mentor, coach and work more closely together and with key partners as they integrate processes from planning through to delivery.

447. To ensure that we have provided our current and future leaders with the best opportunity to thrive in this environment, we have recognised that we need to provide them with a toolkit on which to draw, and create an environment in which they can develop their personal capability to deliver our common goals.

448. Accordingly, we have designed and are implementing a structured progression approach, tailored to achieve this through career development stages at Initial, Intermediate, Advanced and Higher levels. Our concept is to develop a framework for leadership that starts with the newest and carries right through to the most experienced, with building blocks along the way at appropriate points in career progression.

449. The four stages envisaged encompass Initial, Intermediate, Advanced and Higher levels of training. The framework will recognise the importance of the larger multi-disciplinary team and provide constant challenge and support for all involved.

Our leadership development framework

450. At this stage, we have endeavoured to strike a balance between setting an ambitious approach, but containing the scale of our programmes to a size that we are able to manage with very taut support resource. Accordingly, currently the Initial and Advanced are primarily focussed on GP colleagues, and the concept for the Higher similar. Only the Intermediate has included from the outset the idea to have a more inclusive approach.

451. However, once programmes are established, and the administration settles, it is anticipated that we would seek to expand the catchment audience for each and include health professionals and managers from across the system, including nursing staff, pharmacists, therapists, Dental and eye professionals etc.

452. Over the past three years we have also worked very hard to establish and embed a values and competence based appraisal system, augmented by Personal Development Plans. Accordingly, selection to either the Intermediate or Advanced training level requires supporting evidence from this underpinning process. In this way, we are seeking to embed a culture in our people and leadership of through career development, augmented by matching investment and career planning/management

Resourcing the delivery of the workforce challenge

453. There is a considerable workforce capacity and capability challenge, and the complexity and creativity required to address this agenda across the health and care system requires dedicated skilled resources over and above the existing people working within organisations.

454. The CCG and Better Care Plan have recognised this and have recruited a fixed term senior workforce advisor to lead and support the delivery of system wide collaborative programmes. This unique role has already helped link a number of different work groups together to develop a consistent approach to workforce development initiatives and is also an active participant in the STP workforce agenda.

455. Other examples include:

- The successful bid for non recurring funds to develop a Community Education Provider Network have enabled the CCG to recruit a Project Manager to help deliver the work programmes for primary care workforce development as well as contributing to the funding of the Strategic Workforce Advisor and potentially other specialist support to a value of at least £84,000 to be used by March 2018.
- Similarly, non recurring funds are being made available from Health Education England to resource additional specialist staff to assist with the STP workforce agenda. A full time project manager for the Apprenticeships workstream will be hosted by the CCG and supervised by the Strategic Workforce Advisor, approximately 4 other posts are being recruited to in other providers to support other workforce work streams across the footprint.
- The Better Care Fund has also funded training programmes that previously would not have been available, for example in health coaching and in rehabilitation skills.

456. Commissioners are now discussing how best to raise the profile and gain some additional traction so that system wide collaboration on our common workforce challenges is given the priority it requires

within providers and they recognise the need to focus their resources collaboratively as well as internally.

Digital infrastructure – The Local Digital Roadmap (LDR)

Key Line of Enquiry K1

How does the operational plan support the objectives within the Local Digital Roadmap? How will critical technology projects identified in the STP be delivered?

How the Operational plan supports the LDR (KLOE K1)

457. The Operational Plan supports the LDR by identifying the implementation of the LDR and its constituent elements as an organisational priority. We do this by working through the STP with our health, social care and voluntary sector partners.

Delivery of critical technology projects (KLOE K1)

458. The October STP submission set out the agreed key objectives and project outputs. Technology projects are identified as critical insofar as they support these objectives and deliver these outputs. The objectives and outputs are shown below.

Digital Programme objectives and outputs

Project Objectives	• To support development of new ways of working via innovation • To improve efficiency and effectiveness of services through intelligent deployment of technology • To support people to manage their own health and wellbeing • To enable delivery of right care, right place, right time across organisations; including through easy professional access to records • To ensure joined up information to support patient care and reduce duplication of information collection • To extend the range of information available for the planning and delivery of services • To improve safety and quality of care • To improve staff flexibility and mobility • To deliver improved service and increase efficiency through collaboration between IT functions
Project Outputs	• Achieve paperless working at the point of care through increased levels of digital maturity • Ensure shared electronic patient record through information sharing and interoperability • Optimise patient portal and other citizen-facing digital services to increase patient and care team access, and drive patient self-care and activation • Improve and rationalise IT infrastructure and connectivity to drive delivery of STP digital objectives • Invest in population health analytics and real-time clinical intelligence to improve predictive modelling, demand and capacity analysis and benchmarking to reduce variation • Promote collaboration between IT departments across the footprint

459. A governance process has been set up to oversee the delivery of these projects. There are five groups in the governance structure which cover all aspects of digital development across the system:

- Corporate systems
- Interoperability
- IT infrastructure alignment
- Local Digital Roadmap delivery
- Data analytics

460. These five groups feed into the STP Digital Strategy Group, which in turn reports to the STP Leadership Board. The STP Digital Strategy Group's work is also aligned with the STPs service priorities of Planned care, Urgent care and Preventative care. This means that there are clear links between digital

developments and service transformation, so digital developments directly support service transformation.

461. STP partners have all signed up to the Digital High Level Programme Plan. Key highlights of the Plan are detailed in the October STP submission, including:

- eReferrals with estimated implementation by March 2018
- ePrescribing and Medicines Administration (ePMA) with estimated implementation by March 2018
- Systems Integration and Apps Development with estimated implementation by March 2020
- Health & Care Interoperability with estimated implementation by March 2019
- The implementation of the main IT infrastructure building blocks to support interoperability which is being staged over the three years (2017-2020).

462. Phase 1 interoperability project delivery is underway, with a focus on End of Life information and out of hours care. Phase 2 interoperability projects are currently in the planning stage and these will focus on shared care planning, to enable shared systems across health and social care [***see KLOE K1_LDR Appendices Wiltshire Oct 2016 v0.2; KLOE K1_LDR Report Wiltshire 20161031 v1.4; KLOE K1_LDR Submission Brief***].

How the delivery of Universal Capabilities supports this operational plan (KLOE K2)

Key Line of Enquiry K2

Does the operational plan include delivery of the Universal Capabilities required within the LDR programme and how do these support operational plans?

463. This Operational Plan includes delivery of the Universal Capabilities (UCs) required within the LDR programme. The table below shows how the UCs support a wide range of projects and initiatives contained within this plan [***see KLOE K2_Wiltshire Universal Capabilities Delivery Plan Oct 2016 V1.1 Draft; KLOE K2_Interop Timeline; KLOE K2_Wiltshire CCG EIA form - Interoperability options appraisal sept15***].

How UCs support this Operational plan

Universal Capabilities	How the UCs support this Operational Plan
A. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	• Enables more efficient emergency care since A&E and ambulance staff know what medicine has been prescribed and is being taken by the patient before treatment, which speeds up response and access times. • Expansion of community care, since the UC enables efficient interactions with patients as definitive medication information is instantly available, eliminating delays which would result from paper-based systems.
B. Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)	• Facilitates more efficient emergency care as A&E and ambulance staff able to access key information (not just medication) for patients presenting, which speeds up response and access times.
C. Patients can access their GP record	• Supports increased take-up of self-care and self-management in line with CCG and STP priorities.

Universal Capabilities	How the UCs support this Operational Plan
D. GPs can refer electronically to secondary care	• More efficient care by speeding up the referral process and therefore improving RTT performance. • Enhanced care quality through supporting continuity of care along the pathway. • Facilitates choice, with links to referral management by highlighting providers with low wait times, balancing demand across providers to reduce peak demand where capacity is constrained, as well as reducing risk around loss of referrals, transcription errors
E. GPs receive timely electronic discharge summaries from secondary care	• Facilitates primary care picking up responsibility for care and having definitive information to do this. • Supports efficiency, as appointments are not wasted – this links to the GPFV objectives on workload and practice infrastructure • Facilitates reliability of GPs and primary care as principal healthcare provider after discharge supporting effectiveness of shift to out of hospital care.
F. Social care receives timely electronic Assessment, Discharge and Withdrawal Notices from acute care	• Facilitates integration of health and social care and ability to deliver plans through Better Care Fund (BCF) based on integrated working across Health and Social Care, designed to reduce inappropriate emergency attendances and admissions. • Facilitates expansion of out of hospital care as safe alternative to inpatient care.
G. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	• Facilitates a multi agency approach to child protection, all encounters are captured and any concerns shared
H. Professionals across care settings made aware of end-of-life preference information	• Supports quality of care, respecting and supporting patients' choice to die in setting of their choosing. • Care professionals both in and out of hours can provide appropriate care, reducing inappropriate hospital conveyance and admission into hospital – which is part of continuing improvement of EOL pathway.
I. GPs and community pharmacists can utilise electronic prescriptions	• Improves efficiency in primary care through paper free solution, time saving for clinicians (sign off), prevents loss of information, prescribing from a local formulary to reduce cost – this ties in with the GPFV priority of managing workload. • Improves pharmacy efficiency.
J. Patients can book appointments and order repeat prescriptions from their GP practice	• Improves patient experience, enabling them to book faster by reducing time taken to book due to busy receptionists. • Supports PIFUs since ease of access to GPs makes primary care a credible alternative to current default of face-to-face follow up with secondary care clinician.

Plans for data sharing, interoperable systems, data sharing agreements and consent models (KLOE K3)

Key Line of Enquiry K3

Do plans set out the CCG's approach to data sharing, developing interoperable systems, data sharing agreements and consent models?

464. We have plans in place that address data sharing, developing interoperable systems, data sharing agreements and consent models [***see KLOE K3_Information Sharing Framework Agreement_Wiltshire SV_Tier 1.docx***].

Plans that successfully address data sharing and interoperability

Elements	CCG approach
Data sharing	Single View (SV) is one element of data sharing across the system that will draw health information in to the council portal. SV is part of a collaboration between Wiltshire Council, Health partners, Police, Ambulance, which was implemented in July 2016. The aim of the SV is to: • Plan and design public services that match Wiltshire's needs • Provide clinical continuity and improve health and wellbeing (The Better Care Plan) • Save lives and protect the vulnerable (Police Service Delivery Plan) • Improve the customer journey by providing efficient and effective services (Wiltshire Council Business Plan) The SV development process is overseen by the Single View Information Governance Board (SVIGB) which: • Ensures sharing of information between partners is fair and lawful • Assures organisational processes and systems solutions for effective and secure handling of shared information, referencing HSCIC Information Governance Toolkit and ISO 27001. The SVIGB also reports to the Single View Programme Board about decisions, issues and risks. Wiltshire CCG is also developing its own interoperability approach based currently on TPP usage but likely to include national systems and an integration solution to wider STP partners for data sharing The Interoperability Programme Board which reports back to the STP Digital Group is steering this work
Interoperable systems	One of the groups feeding into the STP Digital Strategy Group is the Interoperability Group. As noted in our Digital High Level Programme Plan, the Group intends to deliver a patient portal, SCR and Summary Care with additional Information (SCR-AI), as well as population health and regional analytics by March 2018. Health and care interoperability is planned for delivery by March 2019. This is set out in the October STP submission, p. 18, Section 4.11 for the full Digital High Level Programme Plan.
Data sharing agreements	Set out in the Tier 1 Single View Information Sharing Framework Agreement. (Note that Tier 2 Single View Information Sharing Appendices are in place, to reflect specific arrangements for individual Product Cases).

Elements	CCG approach
Consent models	Set out in the Tier 1 Single View Information Sharing Framework Agreement, p. 7, sub-section "Fair Processing and Consent - Sharing Personal or Sensitive Personal Data" for details about the consent model being applied. The section outlines the alternative justifications for data sharing that may be considered in the absence of explicit informed consent from data subjects (e.g. 'to protect vital interests of data subjects' or due to the sharing of data being 'in substantial Public Interests') in accordance with the Data Protection Act and relevant Schedules. As the Agreement notes, Privacy Notices and Consent arrangements take due regard of the principle of proportionality to balance public interest and data subject interest. The Agreement also notes that where explicit consent is sought from a data subject, an "opt out" option should be available and that if the "opt out" option is selected, this should be made clear on the subject's records.

Making it happen

465. Our commitment to leadership development, particularly through the provision of tools, training and practical support means that we will develop a cadre of future leaders capable of leading and managing effectively in an increasingly constrained and challenged environment.

466. Our prioritisation of the implementation of the Local Digital Roadmap, particularly the Universal Capabilities, will support the effective implementation of many of the plans set out in this document. By working through the STP these initiatives will not only improve care for patients in Wiltshire, but for people across the whole of the BSW footprint.

…

Appendix A: QIPP plans - Planned Care summary

Our QIPP target for Planned Care is £3m, with plans to date for £2m of the total. Additional potential initiatives are under development in Audiology, Orthotics, Sleep Studies and Direct access MRI, to address the remaining £1m, although these have not yet been quantified

Our plans to date are well developed which will impact through a mix of mitigating the current overspend on planned care and reducing growth in 2017/18, which directly aligns with STP plans.

The detailed plans are set out in accompanying slides – ***App A and B (NEW) – QIPP slides***.

Area	Headlines	2017/18 impact (£000)
Demand management	▪ Referral reduction ▪ Advice and guidance ▪ Community single point of access for specific conditions	284
Clinical policies	▪ FYE of new policies (IVF) ▪ STP wide suite of policies ▪ Longer term impact of polices	200
MSK	▪ Community based MSK hubs ▪ Provider intervention rates	490
Cardiology	▪ Community heart failure and diagnostic clinics	TBC
Ophthalmology	▪ Referral triage ▪ Community alternatives to acute care ▪ Reduced use of high cost drugs	160
Gastroenterology	▪ Reduced referrals ▪ Reduced scopes	30
Rheumatology	▪ Self care and community care ▪ Dose optimisation and biosimilar switching	240
Follow ups including Patient initiated	▪ Reduce clinically unnecessary follow ups and move to PIFU as default where appropriate across all specialties	540

Appendix B: QIPP plans - Unplanned care summary

Our QIPP target for unplanned care in 2017/18 is £3m, a mix of mitigating the current overspend on unplanned care and reducing growth in 2017/18 and 2018/19

Our approach to containing Non- Elective Growth

We have in place a comprehensive approach, backed by significant investment, to contain non-elective growth, and utilise Right Care data to target our approach wherever possible:

- Our Better Care Fund, suite of TCOP schemes and Primary Care Offer are all well established and will continue to achieve sustained results by way of consistent application.
- Our new Adult Community Services provider, Wiltshire Health and Care, is also rapidly mobilising and is starting to focus upon some of the transformational change that was built into their service specification at contract award.
- In terms of system buy in, the fact that Wiltshire Health and Care is a joint venture co-owner in equal thirds by each of our main Acute providers, we have created the conditions to jointly drive towards the enactment of our out of hospital strategy, delivering both improved services to our population at or close to home and cost avoidance to the Acute sector, as well as easing acute capacity concerns.

Better Care Fund and Transforming Care of Older People Investment

Over the last 2 years the NHS Wiltshire CCG has invested substantially in the Better Care Fund (BCF) and Transforming Care of Older People (TCOP) to reduce the number of Emergency Admissions to Hospital in those aged 65 and over, that segment of our population which is growing the fastest.

Over this time period the population of Wiltshire has increased and the greatest percentage increase has been seen in the population aged 65 and over.

Trend in admissions

Figure 1 shows the trend in acute specific non elective admissions for those aged 65 and over.

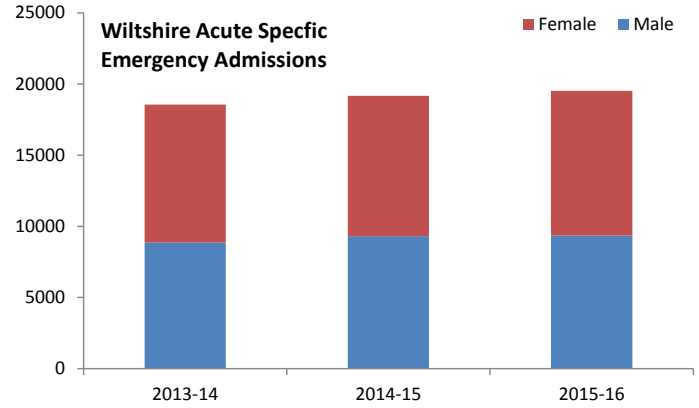


Figure 1 – Trend in acute specific emergency admissions for those aged 65 and over

Acute specific emergency admissions in the population aged 65 and over have increased from around 18,000 in 2013/14 to 19,000 in 2015/16. The 2016/17 forecast is an increase to around 20,000.

Trend in population

Figure 2 shows the trend in registered population for those aged 65 and over.

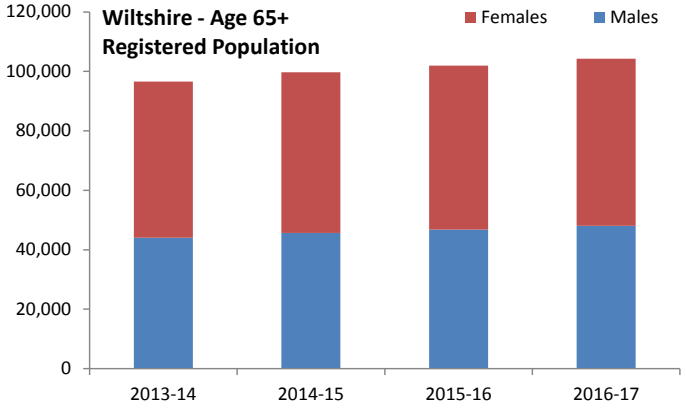


Figure 2 – Trend in the registered population aged 65 and over

This population group has grown from around 96,000 in 2013/14 to over 104,000 in 2016/17, that represents an increase of around 8,000 over the 4 years, with a rate of admission of around 200 per 1,000 population suggesting the increase in activity should be around 1,600 admissions.

Trend in crude rate of admissions

Figure 3 shows the trend in the crude rate of admission per 1,000 population.

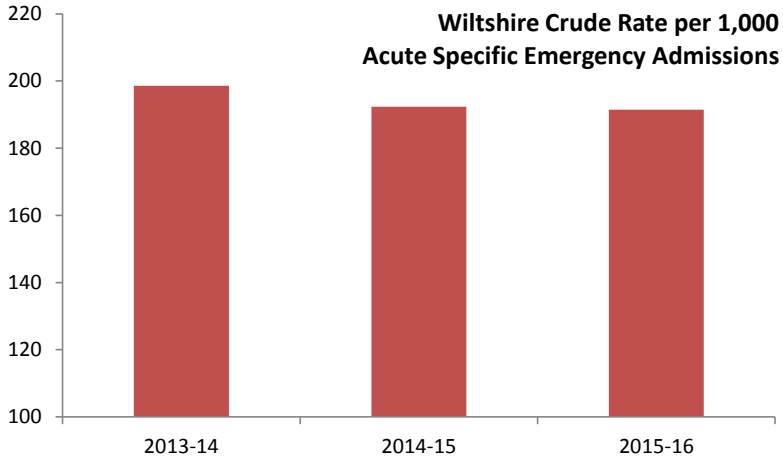


Figure 3 – Trend in age 65 and over crude rate of acute specific emergency admissions

The crude rate of admissions has fallen by around 3.5% from around 200 per 1,000 population to around 190 per 1,000 population. This suggests that there has been a positive impact in reducing the rate of admission for the population at which the BCF and TCOP activity was aimed.

Page 396

Primary Care Offer and Care Home LES

From April 2016, the Wiltshire Primary Care Offer (PCO) was approved by the Governing Body to support a more flexible way of commissioning enhanced services from member GP practices.

The intention of the PCO was to move to a different and more flexible way of commissioning enhanced services from member GP Practices in Wiltshire from April 2016, believing that moving away from providing care in a transactional activity driven model at individual practice level will result in a more efficient and effective use of resources.

Developing a single CCG framework incorporating and aligning all the currently commissioned local enhanced services gives an opportunity to provide more robust, locality based commissioning with patient focussed quality measures and responsive services; adding improved incentives and driving quality initiatives to ensure a reduction in unnecessary variation across our constituent practices and between individual clinicians.

By investing in and allowing local initiatives to thrive in this way, we have enabled primary care to configure itself locally to deliver improved services and avoid admissions.

We also have invested in a Care Home LES to suppress admissions from the older cohort of our population.

Enhancing Community Services

Wiltshire Health and Care have committed as part of their first year service developments to provide higher Intensive support in the community to enable more people to be cared for at home or nearer to home. They will offer comprehensive community step up care whether in a patient's own home (via a 'virtual ward), in a community hospital bed or an assessment facility.

This will include the creation of older person assessment areas in community hospitals providing medical, nursing, therapy and comprehensive geriatric assessments and treatments, increasing the number of step beds to 50% of current bed capacity, Consultant led Multi Disciplinary Teams in the community and higher intensity 'virtual' wards supported by community geriatricians and managed by the community teams

By delivering sophisticated and complex health care at home and managing higher intensity patients in an out of hospital setting more people will be supported to stay in their own home at times of escalating need, reducing the need for secondary care admission and enabling earlier discharges.

5 months into the contract with WHC a detailed model for the delivery of Higher Intensity Care at home has now been developed. A key part of this was a review of the medical and senior nursing resources dedicated to the inpatient wards. The next step is to work on options to deliver medical care differently to support the resourcing of Advanced Nurse Practitioners. Work is also underway to develop the adaptations required in TPP SystmOne to support higher intensity care pathways.

The implementation plan going forward in 2016/17 includes:

1) Higher intensity care at home
    - Consistent availability and resourcing of MDTs to support review of higher intensity patients.
    - Implementation of the necessary system changes on SystmOne to support a virtual ward model, with the ability for multi-professional teams to review active patients
    - Increased number of mobile ECGs to support higher intensity care at home
    - Adding weekend resilience within core teams to support higher intensity patients
    - Roll out of new process and pathway to all community team areas during 2016/17
    - Test of further increases to intensity of care in Melksham to provide evidence and inform future phases of change.

Higher intensity beds in community hospitals

As part of the HIC project this year we will:

- Focus on the design of a new model for delivery of medical cover in a way that enables resources to be released to increase the availability of Advanced Nurse Practitioners.
- Ambulatory services in community hospitals
- Development of defined pathways for which ambulant patients can be offered a more convenient setting to receive follow up care.
- Begin implementation of ambulatory care provision in two community hospitals, accessed by patients already on a consultant caseload.

The detailed schemes are set out in slides - ***App A and B (NEW) – QIPP slides***

Appendix C: QIPP plans - Prescribing

The QIPP target for Prescribing in 2017/18 is £1.8m

The approach is part of a three year programme shown below that includes work on prescribing incentive schemes and continuing work on rebates

The plan is closely linked with the STP through system wide work to develop a more widely used formulary, which will reduce duplication and increase consistency of prescribing

2016/17	2017/18	2018/19
Prescribing Incentive Scheme implemented across Wiltshire CCG with 55/55 practices participating Repeat Prescription workshops provided training for >100 practice staff GPs provided monthly updates on progress ▪ Month 5 data showing negative growth year on year (cost) ▪ Continued discussion/support/interventions with practices who demonstrate growth	▪ Programme continues into next financial year ▪ Continued progress with all GP practices to work towards achieving spend in line with budget within 3 years over gradual revision of processes and prescribing reviews ▪ Natural growth cycle may start to show an increase from July 2017 (decrease started July 2015)	▪ Continued progress with all GP practices to work towards achieving spend in line with budget within 3 years over gradual revision of processes and prescribing reviews
▪ STP level work initiated on Formulary	▪ Working across STP to reduce duplication and increase consistency ▪ Area Prescribing Committee (APC) anticipated to be developed from April 2017 to replace 3 local current formularies	▪ APC in place will allow much simpler implementation of any agreed guidelines across CCG and more consistent prescribing according to formulary
Rebates – ongoing programme of work on rebates		

Appendix D: General Practice Forward View planning requirements

There are three documents that show our response to the GPFV planning requirements:

- A summary setting out the requirements which is cross referenced to CCG reports – ***see App D1 (NEW) – GPFV Ops Plan Guidance DRAFT 20161215***
- Two CCG reports that discuss in detail how we will implement the GPFV – **see *App D2 (NEW) Paper 6 – GP Forward View.pdf*** and ***App D3 (NEW) Item 4.1 Clinical Exec PCO Plan 2017-18***

Appendix E: Cancer services transformation planning requirements

Wiltshire CCG are already actively working to develop and implement the cancer services transformation planning requirements. We are part of the Cancer Alliance and the STP cancer group (Bath, Wiltshire & Swindon Cancer Group), which means that our transformation work improves the quality of patient care in the wider system, not just for Wiltshire's patients.

Our response to a number of the requirements has been covered in the body of this plan and is also shown in this section to demonstrate the complete picture of our ambition and efforts

Requirement for 2017/18	Requirement for 2018/19	How we meet the Cancer services transformation planning requirements
AppE1 Strengthen existing tobacco controls and smoking cessation services, in line with reducing smoking prevalence to below 13% nationally by 2020	As 2017/18	Wiltshire CCG will continue to support Public Health initiatives to reduce smoking, in line with national and Wiltshire CCG cancer strategies and Alliance work programmes
App E2 Increase uptake of breast, bowel and cervical cancer screening programmes	As 2017/18	Wiltshire CCG will continue to support Public Health initiatives to improve screening uptake, in line with national and Wiltshire CCG cancer strategies and Alliance work programmes
App E3 Drive earlier diagnosis by: A. Implementing NICE referral guidelines, which reduce the threshold of risk which should trigger an urgent cancer referral B. Increasing provision of GP direct access to key investigative tests for suspected cancer	As 2017/18	NICE referral guidelines are incorporated into revised referral proformas developed by SW cancer network site specific cancer groups, and which are being adopted at RUH and SFT and have been shared with GWH (noting GWH is part of the Thames Valley Alliance) GP direct access to diagnostics is dependent on the availability of sufficient appropriate diagnostic capacity. Providers are expecting to be able to bid for additional funding from the national diagnostic fund to enable increased provision. At the time of writing it is not clear whether any local providers will be successful in any funding requests. Thereafter, appropriate protocols, based on capacity and test type, will need to be established to ensure the efficient use of any such capacity that is available on a Direct Access basis. The CCG will work with providers as necessary to support this process.

Requirement for 2017/18	Requirement for 2018/19	How we meet the Cancer services transformation planning requirements
App E4 Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard by: A. Identifying any 2017/18 diagnostic capacity gaps B. Improving productivity or implementing plans to close these immediate gaps	Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard and to begin to meet the 28 day faster diagnosis standard by: A. Identifying any 2018/19 diagnostic capacity gaps. B. Improving productivity or implementing plans to close these immediate gaps	Cancer standards performance will continue to be monitored monthly and areas of concern will be addressed with providers via the RTT Assurance Meetings. This is covered in detail in the previous section of this plan which shows how we plan to meet constitutional standards (Section 2, KLOE B1) Provision of diagnostic capacity is a national and cancer alliance priority which We will continue to actively support.
App E5 Ensure all parts of the Recovery Package are available to all patients including: A. Ensure all patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment B. Ensure that a treatment summary is sent to the patient's GP at the end of treatment C. Ensure that a cancer care review is completed by the GP within six months of a cancer diagnosis	As 2017/18	Commissioning all elements of the Recovery Package will be developed as part of Cancer Alliance guided work to implement all elements of the Recovery Package within provider trusts; informed at RUH by the Living With and Beyond Cancer board; supported via the STP cancer group (Bath, Wiltshire & Swindon Cancer Group) and in line with national cancer strategy and planning guidance (Section 6, Planning Guidance 6.5).

Requirement for 2017/18	Requirement for 2018/19	How we meet the Cancer services transformation planning requirements
App E6 Ensure all breast cancer patients have access to stratified follow up pathways of care and prepare to roll out for prostate and colorectal cancer patients	Ensure all breast, prostate and colorectal cancer patients have access to stratified follow up pathways of care	This will be developed as part of cancer alliance guided work to implement these requirements within provider trusts; informed at RUH by the Living With and Beyond Cancer board; supported via the STP cancer group (Bath Wilts & Swindon Cancer Group) and in line with national cancer strategy and planning guidance. Wiltshire is represented on the SWAG cancer alliance, Thames Valley Cancer Alliance and lead STP representative on Wessex Cancer alliance, where meetings are now being planned and this issue is on provisional work plans. Wiltshire CCG is a representative RUH Living with and Beyond Cancer Board, which has already met twice and is working towards delivering this deliverable within nationally defined timeframes. Wiltshire CCG is also leading member of BSW Cancer Group taking rotational chairing of that working group and is working towards the same aim (Section 6, Planning Guidance 6.4)
App E7 Ensure all patients have access to a clinical nurse specialist or other key worker	As 2017/18	This will be developed as part of Cancer Alliance guided work that will be implemented in provider trusts; informed at RUH by the Living With and Beyond Cancer board; supported via the STP cancer group (Bath Wiltshire & Swindon Cancer Group) and in line with national cancer strategy and planning guidance.

Appendix F: Mental Health transformation planning requirements

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F1 Increase access to high quality mental health services for an additional 70,000 children and young people per year.	• Implement local transformation plans to expand access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19). • Ensure that all areas take full part in the CYP IAPT workforce capability programme and staff are released for training courses. • Commission 24/7 urgent and emergency mental health service for children and young people that can effectively meet the needs of diverse communities, and ensure submission of data for the baseline audit in 2017.	**Local Transformation Plan for Children and Young People's Mental Health and Wellbeing** Our expanded, refreshed and republished Local Transformation Plan for Children and Young People's Mental Health and Wellbeing sets out how we will use extra funding to support ambitions for change across the whole system. Local expenditure on CAMHS (including expenditure by Wiltshire CCG, Wiltshire Council and NHS England Specialised Commissioning) has increased from £5.7m in 2014-15 to £6.5m in 2015-16. It is projected to reach £7m for 2016-17. We have made good progress to date to facilitate improved access to the right help. In 2015/16 we recruited an additional 13.6 whole time equivalent (WTE) CAMHS therapists and plan to recruit a further 9.5 WTE in 2016/17. We have invested in the provision of early help within local communities by establishing closer links between specialist CAMHS and schools as well as expanding the provision of face to face and online counselling. Through the delivery of our refreshed transformation plan we will continue to improve access to evidence based mental health wellbeing services by: • Building capacity and capability across the whole children's workforce to identify and respond to the emotional wellbeing and mental health needs of children and young people; • Continuing to enhance early intervention and prevention in our schools, early years and primary care settings; • Making better use of digital services to improve information and access to the right help as well as tackle stigma and discrimination; • Enhancing the provision of evidence based talking therapies and interventions including counselling; • Re-commissioning a modern fully integrated community Child and Adolescent Mental Health Service without tiers and that is more visible in local communities; • Enhancing 24/7 CYP mental health liaison and support within Accident and Emergency Departments; • Rolling out self-referral to CAMHS across the county; • Improving pathways and provision for children and young people who are more at risk of developing mental health problems including Looked After Children. • Implementing initiatives to reduce waiting times for treatment by 10% by 31 March 2017. • Embedding our enhanced community based eating disorder service; • Working in partnership with NHS England Specialised Commissioning to reduce CAMHS Tier 4 admissions and length of stay. This will include the development of a Collaborative Commissioning Plan with NHS England Specialised Commissioning to ensure the right supply of inpatient CAMHS Tier 4 beds, enhance community-based treatment services, reduce admissions and reduce length of stay.

<table>
<tr><th>Deliverable</th><th>Key action for commissioners and providers</th><th>How we meet the Mental Health transformation planning requirements</th></tr>
<tr><td>App F1 continued</td><td></td><td>The implementation of these local priorities and investment in community services will have a positive impact on reducing demand for costly CYP hospital attendances and admissions. Targets for reducing 11-18 year old hospital admissions for self-harm and mental health conditions over the next 4 years are given below:
<table>
<tr><th></th><th>% reduction</th><th>No of admissions</th><th>Estimated saving</th></tr>
<tr><td>2017/18</td><td>3.5%</td><td>20</td><td>£15,900</td></tr>
<tr><td>2018/19</td><td>4.5%</td><td>25</td><td>£19,875</td></tr>
<tr><td>2019/20</td><td>5.5%</td><td>31</td><td>£24,640</td></tr>
<tr><td>2020/21</td><td>6.5%</td><td>36</td><td>£28,620</td></tr>
<tr><td colspan="2">TOTAL</td><td>112</td><td>£89,040</td></tr>
</table>
Our local CAMHS provider Oxford Health NHS Foundation Trust is the lead provider for the Oxford Reading Collaborative. Through the provision of primary and specialist CAMHS Oxford Health provide access to a range of evidence-based/NICE approved treatments and interventions. Routine Outcome Monitoring has been rolled out to all CAMHS teams and continues to be embedded in clinical practice.
Wiltshire CCG will continue to invest in and embed CYP IAPT principles by establishing a dedicated training and development fund; submitting a bid to Health Education England for Psychological Wellbeing Practitioner posts; taking advantage of new training modules; and improving service user involvement. We will bring this together through the development of a multi-agency workforce plan which sets out how we will build capacity and capability across the whole children's workforce.</td></tr>
</table>

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F2 Community eating disorder teams for children and young people to meet access and waiting time standards	CCGs should commission dedicated eating disorder teams in line with the waiting time standard, service model and guidance. Commissioners and providers should join the national quality improvement and accreditation network for community eating disorder services (QNCC ED) to monitor improvements and demonstrate quality of service delivery.	We have enhanced our specialist community eating disorder service through a joint commissioning arrangement with Bath and North East Somerset and Swindon. Wiltshire CCG is the Lead Commissioner for the enhanced service across the STP which includes: • A multi-disciplinary team in each base offering NICE-concordat treatment • Eating Disorder parenting groups in 4 of 5 bases • Links with acute paediatrics at DGHs • Time-limited home re-feeding via CAMHS OSCA teams • Twice yearly SWB ED network meetings • Teaching and training to partner agencies The service has a low rate of inpatient referral. In the latest data submission to NHSE (Q2), 79% of CYP had received treatment within 4 weeks for routine cases. 75% had received treatment within 1 week for urgent cases. We expect to achieve the 95% standard by 2020-21. Capacity in the service was enhanced in 2015-16 with the number of WTE therapists growing from 12 to 23 WTE (by July 2016). This equated to 6.60 WTE for Wiltshire. A Service Development Improvement Plan (SDIP) is in place as part of the Tier 3 CAMHS contract to improve performance further. Service developments that are in the process of being delivered include: • Online referral forms • Self-referral across the age range • Enhanced involvement of families and young people in service development, implementation and monitoring • Multi-dimensional outcome measurement and reporting • Increase in capacity and standardisation of skill mix and expertise ensuring NICE concordat treatment is available in all localities • Multi-family therapy All providers are expected to be part of the national quality improvement and accreditation network for community eating disorder services (QNCC ED). Oxford Health is part of that network. Commissioners from the CCG are linked into the QNCC ED through the South West Strategic Clinical Network.

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F3 Increase access to evidence-based specialist perinatal mental health care.	Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality. Ensure staff are released to attend training or development as required.	Commissioning the PIMH service ▪ The Wiltshire PIMH integrated care pathway was launched in September 2015 (see attached ToR). ▪ The PIMH proposal was submitted to NHS E, however this submission was not successful. Feedback will be requested and BSW. Commissioners and partnership organisations will submit a follow up proposal for the wave 2 opportunity (i.e. within the next five years). PMIH training ▪ The Wiltshire PIMH network is a multi-agency meeting to review, monitor and develop the Wiltshire Integrated PIMH pathway. All agencies signed up to ensuring relevant staff have the skills and have attended appropriate training enabling effective support for those with PIMH related needs. ▪ AWP are currently reviewing their staff learning tree to ensure appropriate courses, or sections of training are embedded. This is an ongoing piece of work and there are currently no deadlines to contractually hold the AWP to but they have committed to doing this. The ability to commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality is dependent on the future availability of funding. See: ▪ ***App F3_20160219 PIMHN Draft ToR*** ▪ ***App F3_Perinatal MH CSDF Application Wiltshire BANES Swindon FINAL 16 9 2016*** ▪ ***App F3_PIMH AWP pathway working group TOR v2 17 12 2015*** ▪ ***App F3_REVISED PMH Screening tool from pathway (Oct 16)*** ▪ ***App F3_REVISED Wiltshire PIMH pathway phase 1 (Oct 16)***

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F4 Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase integrated with physical healthcare.	CCGs should commission additional IAPT services, in line with the trajectory to meet 25% of local prevalence in 2020/21. Ensure local workforce planning includes the number of therapists needed and mechanisms are in place to fund trainees. From 2018/19, commission IAPT services integrated with physical healthcare and supporting people with physical and mental health problems. This should include increasing the numbers of therapists co-located in general practice by 3000 by 2020/21.	**IAPT for people with anxiety and depression is discussed in Section 7 under requirement 7.1[a]** Additional IAPT services ▪ Wiltshire CCG will continue ambitiously aspiring to offer the best service for its local citizens by implementing a robust strategic commissioning framework and collaborative partnership approach with other neighbouring CCGs to meet the mandated national guidelines. ▪ The commissioning and procuring of IAPT services to meet the 25% access rate for local prevalence of anxiety and depression disorders by 2020/21 will be a priority on the local strategy agenda aligned with the Implementation of The Five Year Forward View for Mental Health. Our SIIP should increase capacity to the level needed to meet the trajectory IAPT as part of integrated physical and mental health services ▪ The WCCG Mental Health strategy already placed the parity of esteem on its day to day business operations and this will remain as a normative service delivery approach. The focus is currently on the primary care service to embrace the integrated system. This will be monitored via the GP data monitoring process for the parity of esteem from 2017/18 data. The afore-mentioned is already contained within our service contract with AWP Trust. Support will be granted through our robust contract negotiations for our provider(s) to increase the numbers of therapists co-located in general practice based on the Wiltshire local IAPT needs by 2020/21. This will be informed by the JSA (Joint Strategic Assessment) in collaboration with the Wiltshire Public Health Services, which is expected end of November 2016. ▪ The SIIP deals with a range of training and upskilling for staff to support people with physical and mental healthcare problems. The SIPP specifically addresses increasing the number of therapists co-located in general practice by 2020/21

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F5 Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care.	• Commission/provide an early intervention service that provides NICE-concordant care to people aged 14-65 years, meeting the relevant access and waiting time standards in each year. • At least 25% of EIP teams should meet the rating for 'good' services in the CCQI self-assessment by 2018/19	**Treatment for first episode of psychosis is discussed in Section 7 under requirement 7.1[c].** Commissioning the service: ▪ Service expansion is currently underway (See Service Improvement plan submitted). Wiltshire CCG takes part in CCQI and Matrix submissions and is working with AWP data teams to ensure correct activity can be captured through the AWP Trust-wide EIP task and Finish group. ▪ The service for 14-65 year olds is commissioned to meet the access and waiting times standards. Providers are on target to receive a good rating by 2018/19 and monitored through monthly CCGI meetings and submissions EIP service rating ▪ An AWP Trust wide EIP task and finish group was established in July 2016. Monthly meetings facilitate development of a system level approach in parity of compliance with standards, and recommendations to develop RiO recording and reporting of EIP activity against the required standards
App F6 Reduce suicides by 10%, with local government and other partners.	• CCGs and providers should contribute fully to local multi-agency suicide prevention plans, following the latest evidence and PHE guidance	**Reducing suicide rates is discussed in Section 7 under requirement 7.1[f].** Actions undertaken through The Crisis Care Concordat (CCC), which is a multi-agency arrangement: ▪ Multi-agency crisis meetings are held in the north and south of Wiltshire. They meet monthly, and can meet more often if required. If someone is escalating quite often into crisis this meeting is called and (if possible with the support of person in crisis) a "My Crisis Plan" is agreed on. ▪ The meetings would involve: AWP (secondary care MH provider), adult social care for MH, police, on occasion the fire service, the ambulance provider (SWAST), an A&E consultant, emergency duty service who provide out-of-hours AMP cover, the individual's GP, and as and when required Turning Point (the local substance misuse service). ▪ NHSE guidelines are covered through these meetings as well as the CCC

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F7 Commission effective 24/7 Crisis Response and Home Treatment Teams as an alternative to acute admissions.	• Commissioners must have conducted a baseline audit of CRHTTs against recommended best practice and have begun to implement a funded plan to address any gaps identified. • Providers must routinely collect and monitor clinician and patient reported outcomes and feedback from people who use services.	**This topic is also covered in Section 7 under requirement 7.2** CRHTT baseline audit ▪ A review is currently underway to identify gaps in service provision to assess how best to reconfigure services to address those gaps. The review will report in by March 2017, with plans to implement the recommendations thereafter ▪ The review will be both a review of services and a review of the KPIs used to assess the services. A deeper level of data looking at patient outcomes is sought which would address both commissioner and provider actions listed. Recording outcomes ▪ For routine collection of outcomes, the CCG monitors performance of outcomes through CQPN. The quality team also monitors performance from Family & Friends surveys.
App F8 Eliminate of out of area placements for non-specialist acute care.	• Commissioners and providers must deliver reductions in non-specialist acute mental health out of area placements, in line with local plans, with the aim of elimination by 2020/21 • Commissioners must ensure routine data collection and monitoring of adult mental health out of area placements, including bed type, placement provider, placement reason, duration and cost.	**Eliminating out of area placements is discussed in Section 7 under requirement 7.5.** Routine data collection ▪ Detail regarding placement type cost is collated by Finance and reviewed in monthly AWP FIG meetings, this data is triangulated from CQPM reports, and monitored in monthly meetings. ▪ All indicators listed in the second action point listed are covered in, and monitored through, the above reports.

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F9 Deliver integrated physical and mental health provision to people with severe mental illness.	CCGs should commission NICE-recommended screening and physical health interventions to cover 30% of the population on GP register with severe mental illness (SMI), and 60% in 2018/19. • Providers to meet the physical health SMI CQUIN requirement.	A dedicated Community Mental Health support worker has been deployed to review the results of the screening and escalate to a mental health nurse if necessary As part of the service expansion through the SIIP the CCG is ensuring that there will be sufficient and appropriate capacity to meet NICE Quality Standards
App F10 Ensure that 50% of acute hospitals meet the 'core 24' standard for mental health liaison as a minimum, with the remainder aiming for this level	• Commissioners and providers must implement funded service development plans to ensure that adult liaison mental health services in local acute hospitals are staffed to deliver, as a minimum, the 'Core 24' service specification. • Funding will be made available for mental health liaison via a two-phase bidding process. The first phase of bidding will be run in autumn 2016 for funding in 2017/18 (wave 1) and 2018/19 (wave 2). The second phase of bidding will be run in autumn 2018 for funding in 2019/20 (wave 3) and 2020/21 (wave 4). A&E Delivery Boards (formerly known as System Resilience Groups) will be invited to bid in late October	**Mental health access and quality standards are discussed in Section 7 under requirement 7.2.** Core 24 services: ▪ The review of ED activity and impact of extended hours was conducted to determine the need for further expansion. The report will go to Board on 20th December. ▪ The GWH MHL received working PLAN accreditation. This was labour intensive and required investment. Other teams are seeking to learn from GWH experience to pursue this. ▪ The aspiration is to enhance RUH and GWH to core 24; therefore, exceeding the 50% target. ▪ There are currently no plans to expand Salisbury DH beyond existing staffing compliment owing to activity flow not warranting this. However, service operation is in line with best practice and the service aspire to work towards PLAN Accreditation pending the learning from GWH. Funding ▪ Wiltshire CCG will pursue any bidding opportunities to develop service provision in MHL teams. The CCG is prepared to engage with any bidding opportunities owing to access to service performance data and commissioning understanding of service delivery.

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F11 Increase access to Individual Placement Support for people with severe mental illness	• Using local findings from the national IPS baseline audit, CCGs should plan for improving access to IPS employment support for people with SMI across their STP area from 2018/19. • STP footprints will be invited to bid for transformation funding in autumn 2017, with bids submitted by December 2017.	**Individual Placement Support for people with severe mental illness is discussed in Section 7 under requirement 7.1[d].** IPS is not currently included in system wide plans through the STP, however, the CCG and partners within the Council will assess how to improve access to IPS employment support for people with SMI during the coming months and develop a plan for 2017/18
App F12 CCGs will continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia	• Achieve and maintain a diagnosis rate of at least two-thirds, making sustained gains towards the national ambition with a view to halving the number of CCGs not meeting the ambition by March 2019. • Increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral; with a suggested improvement of at least 5% compared to 2015/16 (subject to local agreement).	**The dementia diagnosis rate is discussed in Section 7 under requirement 7.4.** Improvement target ▪ The 5% improvement target is perceived as achievable through the implementation of pathway and service reviews recommendations; assuming this is to be monitored through improvements to RTA breaches, as not all individuals will require secondary care services. ▪ The 4-week RTA is monitored through Local and Multi-lateral CQPM monthly meetings. ▪ It should be noted that the 4-week target is currently not being met. The October snapshot shows 14 breaches, with the main bottlenecks being at the Memory Service. The cause was presented by Memory Service as relating to staff vacancies which are now resolved. ▪ Wiltshire CCG is currently following up with Memory Service to improve quality of reporting to be able to better monitor progress in achieving targets.

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F13 Ensure data quality and transparency.	• Commissioners must assure that providers are submitting a complete, accurate data return for all routine collections in the MHSDS, IAPT MDS and to any ancillary UNIFY collections. • Providers must engage with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways. • Ensure a locally agreed suite of quality/outcome measures is in place which reflects mental, physical and social outcomes, in line with national guidance.	Provider submissions ▪ Currently our provider (AWP Trust) submits Access, Recovery, DNAs, Waiting list and other data monthly, as per contractual agreement. As the quality of data was not up to standard, a remedial action plan was devised by the Intensive Support Team (NHSE) and a Service Improvement Initiative plan (SIIP) Action plan is in place to address the identified outstanding issues, with various milestones tabulated to be achieved under each heading. ▪ As a result, all providers now provide the data required and are compliant. Engagement with CCQI ▪ The provider engages with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways. ▪ The contract is in place which covers a locally agreed suite of quality/outcome measures under schedule 5 and 6 of the NHS Contract document. - (see IAPT contract doc.) ▪ To improve data recording for the early intervention service it was necessary to improve electronic clinical data. All commissioners who commission AWP emphasised the importance of having "one version of the truth" from AWP. As a result, there is now only one report provided to commissioners without discrepancy (as opposed to previously when there was a discrepancy in the data presented between the local and multilateral service meetings). ▪ There will be a records management audit, and revision to the records management tool in 2016. Quality and outcome measures ▪ All service contracts have a suite of quality/outcome measures is in place which reflects mental, physical and social outcomes, that are tailored to the specific serviced delivered. (Evidence – care home contract) ▪ Examples of specifications that are currently being updated and plan to be included in the AWP contract for 2017/18 are attached as examples (See ***App F13 (NEW)_Care Home Liaison Service service spec DRAFT v1 2016*** and ***App F13 (NEW)_Wiltshire CCG EIP Service specification -Draft version2 Dec 2016***)

Deliverable	Key action for commissioners and providers	How we meet the Mental Health transformation planning requirements
App F14 Increase digital maturity in mental health.	• Commissioners should support full interoperability of healthcare records ensuring mental health services are included in local digital roadmaps, plans and sufficient investment is made in functionalities and capabilities • Commissioners should support further expansion of e-prescribing across secondary care mental health services.	***Interoperability and the LDR is encompassed in the LDR work which is discussed in detail in Section 10 above*** e-prescribing ▪ This is currently being progressed and will be added to the SDIP for the AWP contract for 2017/18 and 2018/19 ▪ The contract will include a requirement for e-prescribing to be phased in using a structured project management approach that sets out the requirements and timelines through a clear scope and project plan in year 1, followed by implementation in year 2 ▪ The aim is to have full coverage by the end of 2018/19

This page is intentionally left blank

NHS
Wiltshire
Clinical Commissioning Group

QIPP plans 2017-19

Project Outlines: Planned and Unplanned care

16 December 2016

'The right healthcare for you, with you, near you.'

WORKING FOR CARERS

QIPP plans - Planned Care (Summary)

Initiative		Overview	Executive Lead
1.	**Demand Management**	*Reducing activity through Referral Management Centre implementation for all referrals.*	Lucy Baker
2.	**Clinical Policies**	*Full year impact of existing polices and STP wide single suite of policies.*	Lucy Baker
3.	**MSK**	Implementation of an ESP interface service, including redesign of existing community physio resources and processes.	Mark Harris
4.	**Rheumatology**	Addressing variation in adoption of patient initiation on biosimilars and switching from biologics. Roll out of dose optimisation clinics.	Lucy Baker
5.	**Gastroenterology**	Single referral form. Review of referral criteria and advice and guidance services. Scope opportunity for community services.	Lucy Baker
6.	**Ophthalmology**	*Triage service developing into community based services. Implement high cost drug policy.*	Lucy Baker
7.	**Follow Ups**	*Patient Initiated Follow Up expansion and developing STP vision of reduced contact based secondary care follow up activity.*	Lucy Baker

Title : Planned Care - Demand Management

Ref :
PLC-A-1

Description : To reduce demand in secondary care by 2.5% in 17/18 and a further 2.5% in 18/19 by creating a single point of referral access and uniformed referral management services. This includes three key areas:-

- Reducing duplicate demand
- Reducing urgent /expedite requests
- Identifying alternative settings of care

All referrals will be electronic and via the ERS. The vision includes referrals being returned to primary care which do meet criteria or are not made via ERS.

Project Lead : Lucy Baker, Acting Director of Acute of Acute Commissioning?
Clinical Lead : Dr Andy Hall
Director Lead : Lucy Baker, Acting Director of Acute of Acute Commissioning

Commencement date : 1/4/17

Status: Mobilisation

Dependencies:
Clinical policies, Service redesign work streams.

Scope:
All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP.

Gross benefit (contract adjustments):
PYE (Subject to phasing review) £284K

Investment requirement (recurrent /non recurrent)
Additional clinical and administration in RMC £177K

Net benefit:
PYE £107K

Delivery Plan / Key Milestones :

Date	***Action / Decision***	***Lead***
31/12/17	Vision agreed across all STP organisations	LB
06/1/17	Mobilisation and implementation plan	LB
13/1/17	Development and agreement of comms and engagement plan	LB
01/02/17	Comms and engagement commences	LB
01/03/17	Refresh of phasing by CCG	LB
01/04/17	Go Live ENT	LB
01/09/17	Full roll out	LB

Title : Planned Care – Clinical Policies

Ref :
PLC-A-2

Description :
Full year impact of revised clinical polices and planned revisions to policies being enacted fully by referrers and providers. Supported by Trust Access policies and full utilisation of Referral Management Centre. Enforced through contractual challenge for Prior Approval policies and audit of Criteria Based Access policies.

Co-ordination of clinical policies across STP area to form one single suite of policies with standardised processing and provider challenges.

Project Lead : Nadine Fox, Head of Medicines Management
Clinical Lead : Dr Helen Osborn
Director Lead : Lucy Baker, Acting Director of Acute Commissioning

Commencement date : 1/4/17

Status: Mobilisation

Dependencies: *Prior Approval /Exceptions Team Capacity; Contract Challenge Process; Demand management work stream (Referral Management Centre); STP work stream to align clinical policies.*

Scope: All existing clinical policies across all providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP.

Gross benefit (contract adjustments):
FYE £200K

Investment requirement (recurrent /non recurrent)
Use of existing budgeted staff resource.

Net benefit:
FYE £200K

Delivery Plan / Key Milestones :

Date	***Action / Decision***	***Lead***
23/12/16	Harmonisation of policies phase 1	NF
30/01/17	Decision by SCCG on use of WCCG team	AF
30/01/17	Harmonisation of policies phase 2	NF
30/01/17	Standard challenge approach agreed	NF
24/2/17	Harmonisation of policies phase 3	NF
01/04/17	Go live of standard policies	NF

Title : Planned Care - MSK

Ref :
PLC-B-3

Description :
Implementation of an ESP interface service, including redesign of existing community physio resources and processes. Supplemented by additional demand management via the Referral Management Centre.

Redesign principles are underpinned by greater emphasis on self management and shared decision making to reduce unnecessary secondary care diagnostics, procedures and follow ups towards Right Care benchmark level. Phased implementation throughout 2017/18.

Project Lead : Jill Whittington
Clinical Lead : Dr Tim King
Director Lead : Mark Harris, Chief Operating Officer

Commencement date : 1/6/17

Status: Development

Dependencies:
Wiltshire Health & Care Mobilisation and recruitment, existing secondary backlogs. Demand Management (RMC).

Scope:
All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP.

Gross benefit: (contract adjustments)
PYE £490K

Investment requirement (recurrent /non recurrent)
PYE £500K

Net benefit:
PYE (£10K)

Delivery Plan / Key Milestones :

Date	*Action / Decision*	*Lead*
9/1/17	Revised specification agreed	JW
27/1/17	Mobilisation/ delivery plan agreed*	JW
1/4/17	Recruitment for phase 1 complete*	JW
1/6/17	Go live phase 1*	JW
1/9/17	Ongoing phases mobilise*	JW

*indicative, subject to provider response

Title : Planned Care - Rheumatology

Ref :
PLC-B-6

Description :
Addressing variation in adoption of patient initiation on biosimilars and switching from biologics. Roll out of dose optimisation clinics.

Project Lead : Nadine Fox (Biologics) *STP lead - B . Alexander BaNES CCG
Clinical Lead : TBC
Director Lead : Lucy Baker, Acting Director of Acute Commissioning

Commencement date : 1/4/17

Status: Mobilisation

Dependencies:
STP wide approach to addressing high cost drug use.

Scope:
All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP.

Gross benefit (contract adjustments)
(Biologics component only) FYE £240K

Investment requirement (recurrent /non recurrent)
FYE £0

Net benefit:
FYE £240K

Delivery Plan / Key Milestones :

Date	*Action / Decision*	*Lead*
30/01/17	Analysis of biologics and biosimilar initiation complete	RHo
17/02/17	Trust level action plans	RHo
28/02/17	Dose optimisation business cases	NF
28/02/17	Community base options appraised	BA
01/04/17	Trust actions go live – initiation and switching	RHo
01/06/17	Dose optimisation clinics go live	NF
01/06/17	Community options business case	BA

Title : Planned Care - Gastroenterology

Ref :
PLC-B-2

Description :
Reduce demand in secondary care for OPD and diagnostics. Creation and implementation of pan Wiltshire single referral form. Review of referral criteria and advice and guidance services. Scope opportunity for community services.

Project Lead : Lucy Baker, Acting Director of Acute Commissioning
Clinical Lead : Dr Richard Sandford-Hill
Director Lead : Lucy Baker, Acting Director of Acute Commissioning

Commencement date : 1/4/17

Status: Mobilisation

Dependencies:
Demand management work stream.

Scope:
All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP

Gross benefit (contract adjustments):
FYE (Excludes unscoped community service opportunity) £30K

Investment requirement (recurrent /non recurrent)
£0

Net benefit:
FYE £30K

Delivery Plan / Key Milestones :

Date	*Action / Decision*	*Lead*
08/12/16	Referral form circulated across STP	LB
08/12/16	Referral form live in Wiltshire CCG	LB
06/01/17	Review of form uptake	LB
30/01/17	RMC commence discussions at practice level where referrals not made on form.	AH
30/01/17	Draft IBD and IBS templates to be circulated	LB
03/02/17	Review BaNES pilot for community IDA clinic to assess wider roll out opportunities	JW
01/03/17	Indicative date for business case completion	JW

Title : Planned Care - Ophthalmology

Ref :
PLC-B-7

Description :
Implementation of permanent triage process following pilot of triage with Evolutio. Roll out across STP and development of further community based capacity to remove activity at source and manage stable follow up conditions.

Alongside this adherence to cataract policy and high cost drugs policy (injectables).

Project Lead : Ashley Windebank-Brooks
Clinical Lead : Dr Andy Hall
Director Lead : Lucy Baker, Acting Director of Acute Commissioning

Commencement date : 1/4/17

Status: Development

Dependencies: *Contract Challenge Process; STP work stream for Ophthalmology; existing secondary care backlogs.*

Scope: All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP. All optician referrals where the optician is based in Wiltshire.

Gross benefit (contract adjustments): (Triage FYE £101K, Cataracts FYE £75K EST, Community Management £150K EST, High Cost Drugs £50K) £376K

Investment requirement (recurrent /non recurrent)
(Triage £70K, Community Management £75K EST) £145K

Net benefit:
Est PYE £231K

Delivery Plan / Key Milestones :

Date	***Action / Decision***	***Lead***
30/1/17	Identification of STP wide patient and service needs.	AWB
27/3/17	High cost drug policy introduced	RHo
29/5/17	STP model identification complete	AWB
29/5/17	Referral methodology complete	AWB
29/6/17	Community model mobilisation starts	AWB
1/9/17	Community model live	AWB

Title : Planned Care – Follow Ups (including Patient Initiated Follow Ups)

Ref :
PLC-B-5

Description :
Reduction in follow up activity through redesigned clinical model for follow ups (at STP level). Standardising existing practice for Patient Initiated Follow Ups and further expansion including application to hold files; and alongside this developing alternatives for acute face to face follow up care.

Project Lead : Ashley Windebank-Brooks
Clinical Lead : Dr Andy Hall
Director Lead : Lucy Baker, Acting Director of Acute Commissioning

Commencement date : 1/4/17

Status: Mobilising

Dependencies:
Existing secondary care backlogs and hold files. Implementation time and resource for any community alternatives identified.

Scope: All providers of secondary acute care where Wiltshire CCG is the lead or associate to a CCG contract within the STP. Excludes ophthalmology as covered in separate project.

Gross benefit:
FYE £540K

Investment requirement (recurrent /non recurrent)
TBC

Net benefit:
FYE £540K

Delivery Plan / Key Milestones :

Date	*Action / Decision*	*Lead*
30/01/17	Complete PIFU analysis stage	AWB
30/01/17	Non PIFU follow up actions scoped	AWB
30/01/17	Approach to hold files for PIFU agreed	AWB
27/3/17	Provider PIFU reporting in place	AWB
29/02/17	Non PIFU Business case	AWB
01/06/17	All providers delivery existing PIFU consistently	AWB
01/09/17	Phased roll out of extension of PIFU starts	AWB
01/09/17	Non PIFU model go live	AWB

QIPP plans - Unplanned Care (Summary)

Initiative		Overview	Executive Lead
1.	**Better Care Fund (BCF)**	*Programmes that reduce unplanned admissions by delivering integrated health and social care to patients.*	James Roach
2.	**Transforming Care of Older People (TCOP)**	*Schemes designed to avoid unplanned admissions by delivering high quality care to the >75 population in the home or community setting.*	Jo Cullen
3.	**Other Community/ Out of Hospital initiatives**	*Initiatives that aim to reduce demand for unplanned care by providing high quality care and rehabilitation services in a community setting.*	Ted Wilson

1. Better Care Fund: Assumptions

Assumptions:

- The projection baseline is 2016/17 plan.
- We are assuming recurrent impact for 2017/18 and 2018/19.
- The cost impact is calculated based on the average NEL admission cost from the SFT M7ytd SLAM which is £2,043. This cost includes excess bed days, readmissions and MRET.
- All programmes are covered by BCF funding so we are not putting additional costs into the system.

1. Better Care Fund: Overview

Background:

- Demographic trends show that population growth is only really seen in those aged 65+.
- Over the four years between 2013-14 and 2016-17 we saw growth of approximately 11,000 people in this age band (split almost 50:50 male female) or around 11.6% (12% males and 10% females).
- Given that the average rate of emergency admissions in this age group is around 200 per 1,000 this would suggest an increase of around 2,200 admissions in a "do nothing" scenario.
- However, we have been successful in restricting growth of admissions. Through a number of schemes, including those covered by the BCF, we have been decreasing the rate of admissions among this age group by 3.6% or 7 per 1,000. This has kept admission growth to 1% per year for this age band, versus the 3.9% average admission growth per year that we would expect based on demographic growth. In a "do nothing" scenario, average admission growth per year would have suggested 700 more admissions in 2015-16 and 200 more admissions in 2016-17. As at 2015-16, Wiltshire's emergency admission rate for the 65+ population is significantly below the England average.

Our ambition for 2017-18 and 2018-19:

- To continue to restrict emergency admission growth to 1% per year for the 65+ population in 2017-18 and 2018-19 (as compared to a "do nothing" scenario which would see emergency admission growth of 3.9% per year).
- To continue to reduce average length of stay for emergency admissions of the 65+ population in 2017-18 and 2018-19. Over the last two years, we have achieved an average 1.5 day reduction and our ambition is to achieve a 2 day reduction in 2017-18 and 2018-19.

1a. Better Care Fund – Step up community hospital beds

The aim of this scheme is to avoid hospital admissions by managing a greater volume of patients in a step up community ward. The scheme utilises pre-existing community wards. The main focus is frail elderly 65+ admissions and certain conditions with the aim being to avoid crisis and exacerbation of existing conditions.

Development status

The project has been live since 2014 and is well established within the contract with Wiltshire Health and Care. At present, 25% of community hospital beds are step up, and our aim is to get to 50% by April 2017.

Future view

Within the community contract, the aim is to transition to 50% of community hospital beds being step up. We are currently at 25% and aim to get to 50% by April 2017. This will create greater admission avoidance benefit in the future.

Who will change impact upon

The patient groups it will impact on are all patients over the age of 65 with a sub acute condition or illness. The average age of patients being managed through step up is 84 years (more frail end of the pathway).

What needs to happen

The service is well established. It has been in place since September 2014, the service will continue into 2017/18.

We will need to transition beds to get to our 50% target in line with the plan.

Impact on activity and costs

Across all beds we aim to avoid 30 admissions per month with an admission avoidance rate of 85%. Our total target reduction is 306 admissions per annum in 2017/18 and 2018/19. Assuming £2,043 unit cost per NEL admission, this would translate into a cost impact of £625,158 each year.

In Q2 2017/18, we will review the impact of transitioning to 50% of community hospital beds being step up, to see if we exceed the target of avoiding 30 admissions per month. We will track this through monthly performance reports from the provider and the quarterly clinical audit we receive. If we do exceed the 30 admissions avoided target, we will re-define plans and targets in line with this.

Project manager *– James Roach*

1b. Better Care Fund – ICT beds (70 cohort beds manage discharges)

Since 2015, we have commissioned 70 cohorted Intermediate Care (ICT) beds in 9 care homes with the aim to provide rehab and rehabilitation support for frail elderly. The ICT beds enable improved patient flow, reducing length of stay and supporting earlier discharge to ensure patients transition to independence as quickly as possible.

Development status

The project has been live since 2015 and is well established within contracts.

Future view

We have just re-tendered for another 2 years for the same number of beds (70 beds).

Who will change impact upon

The patient groups it will impact on are all patients over the age of 65 with a sub acute condition or illness. The average age of patients being managed through step up is 84 years (more frail end of the pathway).

What needs to happen

The service is well established. It has been in place since September 2014 and will continue into 2018/19.

Impact on activity and costs

Our aim, at a minimum, is to maintain current performance of facilitating 55 discharges per month, that is, 660 discharges per annum, in 2017/18 and 2018/19.

The benefits will be reduced LOS at hospital and reduced DTOC numbers and excess bed days.

However the focus of this programme is less about releasing savings and more about maintaining flow. This scheme will support our ambition to reduce average length of stay by 2 days in 2017-18 and 2018-19.

Project manager *– James Roach*

1c. Better Care Fund – Urgent care at home

This service has been in place since 2014. It incorporates Single Point of Access, Acute trust liaison and urgent care at home.

The service provides rapid clinical and social support to avoid admissions and manage crisis.

Development status
The project has been in place since 2014 and is well established. It is in the contract with Medvivo and has established KPIs and targets. We have now successfully moved towards a weekly review of data and formal performance management.

Future view:
The service will continue into 2017/18 and will then form part of the new integrated urgent care service which we plan to launch in March 2018 (See Planning 4-3_Governing Body Integrated Urgent Care Procurement).

Who will change impact upon:
The patient groups it will impact on are all patients over the age of 65 with a sub acute condition or illness.

What needs to happen:
The service is well established. However we need to undertake a workforce and capacity analysis which will inform how we run the service in 2017/18. The workforce and capacity analysis will begin in January 2017.

Impact on activity and costs:
The target for 2017/18 is to increase throughput to 70 cases per month at an admission rate of 85%, resulting in 714 admissions avoided per annum.

Assuming £2,043 unit cost per NEL admission, this would translate into a cost impact of £1,458,702 each year.

Project manager *– James Roach*

1d. Better Care Fund – Integrated discharge programme

The Better Care Plan leads on the development of the integrated discharge initiatives across Wiltshire. Our ambition is to create consistent referral routes and one joint team responsible for discharge across the hospital footprints (GWH , SFT and RUH). Our focus is on transferring the patient once they are medically stable and providing step down rehab care in the community or patients' own home.

Development status:
This programme incorporates all discharge initiatives across Wiltshire into one programme and builds on previous initiatives such as *Wiltshire Home First* and *Discharge to Assess*. It is now live in all 3 hospitals . 2017/18 is a key year for this programme (first full year).

Future view:
All 3 acute hospitals support the service and this will be further strengthened by:

- The launch of the rehab support workers programme led by Wiltshire Health and Care, which will provide an additional 30 WTE carers across Wiltshire.
- Additional bridging support being provided by Urgent Care at Home.

Who will change impact upon:
The patient groups it will impact on are all patients over the age of 65 with a sub acute condition or illness. The average age of patients being managed through step up is 84 years (more frail end of the pathway). The focus is improving flow and earlier discharge to ensure patients transition to independence as quickly as possible.

What needs to happen:

- Launch of rehab support workers programme in April 2017
- Additional bridging resource provided by Medvivo in April 2017
- Move rota from complement of 666 staff operating 24/7 to 996 staff operating 24/7 subject to recruitment.

Impact on activity and costs:
We are working on an additional 25 discharges per week across all 3 hospitals. If we take into consideration an 85% achievement rate for activity fluctuations and weekend access we would expect an additional 1,105 discharges to be managed through this programme.

This scheme will support our ambition to reduce average length of stay by 2 days in 2017-18 and 2018-19.

Project manager *– James Roach*

1e. Better Care Fund – 72 hour pathway for end of life care

Working with 2 hospices in Wiltshire we have developed bespoke services to support patients in the last days of life. The aim of the services is to provide ongoing care and support for patients at home, avoiding the need for a hospital admission and ensuring dying at home in line with patients' wishes.

Development status:
The project is well established and has shown encouraging outcomes since 2015. For example, in the period between December 2014 and now, we have seen 39% of patients supported to die at home within 72 hours, 35% in a hospice setting and the rest transitioned to mainstream care with only 3% admitting to hospital.
Overall deaths in the hospital have reduced and we have one of the lowest levels in the South West Region.

Future view:
There is need to maintain the programmes but to increase the volume and type of patients being managed. To do this requires changing the service specification and aligning the team within the integrated discharge service.

Who will change impact upon:
Those patients with a life limiting illness and in the last days of life. These are predominately patients over the age of 65.

What needs to happen:
The key action remaining is agreement on the funding position in order to expand the programme such that there is an increase in the volume and type of patients being managed.

The Palliative Care Steering Group in Wiltshire has approved the business case for the 72-hour pathway for end of life care subject to funding. The funding decision will be made in January 2017.

Impact on activity and costs:
20 palliative care admissions managed in a different (non-hospital) setting each month, or 200 palliative care admissions managed in a different (non-hospital) setting per annum.

Assuming £2,043 unit cost per NEL admission, this would translate into a cost impact of £408,600 each year.

Project manager – *James Roach*

Title : Unplanned Care – Transforming Care of Older People

TCOP encapsulates a range of schemes to avoid unnecessary hospital admissions by delivering high quality care to the >75 population in the home or community setting. The schemes are tailored to each area:

Ref :
URG-A-(1-20)

Schemes in operation

- SARUM West (6 practices) – Elderly Care Facilitator Scheme
- SARUM North(6 practices) – Wellbeing Clinics
- SARUM North (Castle Practice) – Elderly Care Clinic: Leg Ulcers
- SARUM Cathedral (3 practices) – Older Persons Team
- SARUM Clarendon (Whiteparish) – Individualised Management of Patients Over 75 with LTCs
- SARUM Clarendon (Downton) – Virtual Ward
- SARUM Clarendon (Three Swans, Endless Street, St Anns) – Carers Clinic, Carers Café and CHAT Worker Scheme
- WEST Warminster (Avenue) – Extended TCOP Under 75s / Falls WEST and UTIs
- WEST Westbury (White Horse Health Centre/Smallbrook) – Older Persons Public Health Specialist Nurse / Older Persons Specialist Nurse / Westbury Leg Club
- WEST BoA– BoA Older Persons Leg Club
- WEST BoA – Older Persons Nurse
- WEST Melksham (2 practices) – Older Persons Team
- WEST Trowbridge (4 practices) – Emergency Care Practitioner
- WEST Devizes (4 practices) – Leg Club
- WEST Devizes (5 practices) – ECP Visiting Scheme
- NEW North Practices (Calne locality, Chippenham locality) – Multi Morbidity Clinics
- NEW East Kennet Practices – Multi Morbidity Clinics
- NEW Rowden Surgery – Early Visits Scheme, Elderly Meds Management Scheme
- NEW RWB (4 practices) – Specialist Elderly Care Practitioner Scheme
- NEW Malmesbury / Tolsey (2 practices) – Multi Morbidity Clinics / Elderly Care Nurse / Health Questionnaires / Learning Review Sessions

Project Lead : Susan Rest
Clinical Lead : Mark Smithies
Director Lead : Jo Cullen, Director of Primary and Urgent Care

Commencement date : Live

Status: Live

Delivery Plan / Key Milestones :

Date	***Action / Decision***	***Lead***
28/2/17	Lead indicators / scheme capacity developed	SR
28/2/17	Evaluations completed and submitted to schedule	SR
28/2/17	Recruitment of Eldercare Facilitators in Sarum West and West Wiltshire	SR

2. Transforming Care of Older People [TCOP] (1)

TCOP encapsulates a range of schemes to avoid unnecessary hospital admissions by delivering high quality care to the >75 population in the home or community setting. The schemes are tailored to each area:

- **NEW: Localised multi-morbidity clinics where MDTs target vulnerable patients and Specialist nurses to coordinate holistic care**
  - Each GP practice runs a multi-morbidity clinic designed to meet local need e.g. East Kennet practices target patients with high frailty index scores, those at risk of falls, with Osteoporosis and partially sighted. Hathaway Surgery aligned its model with its enhanced support to care homes programme, as strong integrated care is known to reduce unnecessary hospital admissions.
  - In Malmesbury and Sherston locality and Royal Wootton Bassett, Cricklade and Purton locality, specialist nurses review urgent home visit requests, and work with MDTs supporting patients at home or in a community setting.
- **SARUM North: Elderly care wellbeing clinics focused on leg ulcers or dementia**
  - Involve social and educational activities aimed at improving patients' general well-being, which makes patients less dependent on medical services.
  - Based on MDT (GP, Pharmacist, Physiotherapist, Nurse and Care-coordinator) working, which has been shown to reduce unnecessary hospital admissions.
- **West Wiltshire: Leg Club and Emergency Care Practitioner (ECP) Visiting**
  - Devizes launched a Leg Club in 2016, aiming to manage complex cases in the primary care setting. This reduces the need for onward referral and provides social support to patients which makes them less reliant on medical services.
  - ECP visiting scheme involves a trained paramedic making home visits instead of GP. Launched in XXX, the scheme has been improved to include CPD and clinical supervision for the ECP and collecting patient feedback as of 2016.

Project manager – *Jo Cullen*

Delivery progress

- Between 2014-2016, 19 schemes (mostly locality-based) have been supported and funded. Support and funding has been tied to the successful delivery of the agreed outcomes for >75 patient cohort.
- The 19 schemes cover all Wiltshire GP Practices.
- TCOP schemes have encouraged collaboration across practices and with wider MDTs. Evaluation has allowed us to identify where there is individual practice variation and share best practice. For example, in February 2016 a clinically-led TCOP educational event was organised to disseminate good practice among general practitioners.
- TCOP schemes are being evaluated on a range of dimensions, but KPIs have been designed to also assess schemes' impact on reducing unnecessary unplanned admissions. For example:
  - NEW practices' multi-morbidity clinics are evaluated by measuring the number of patients with a history of unplanned admissions reviewed and reduction in unplanned admissions in patients who have attended multi morbidity clinic appointments. Specialist nurse schemes are currently not evaluated. Evaluation will begin in the next six months.
  - SARUM practices' wellbeing clinics are evaluated by measuring levels of A+E admissions for patients in this cohort, focusing on practices with outlying emergency admissions levels.

2. Transforming Care of Older People [TCOP] (2)

Future view:

- There are plans in many localities to align and enhance TCOP services e.g. include population under 75 and merge as teams for older people.
- We will continue to evaluate TCOP schemes and enhance them, as well as share best practice and collaborate across the locality to scale what works. This is already being done. For example:
  - West Wiltshire's Devizes Leg Club: there are plans to integrate this with a monthly carers' club, formally organise staffing and volunteering and share lessons with BoA/ Melksham locality which also plans to set up a Leg Club scheme.
  - NEW practices with specialist nurses: This is the only scheme currently not evaluated, as it is new. Evaluation will take place over the next six months and there will be reflection on and sharing of lessons learnt to adjust the scheme if and as required and inform localities considering a similar scheme.
  - Following the successful TCOP GP-led learning event held in February 2016, a second one is planned for February 2017. This will also include dissemination of good practice but we will involve a wider variety of stakeholders, including the voluntary sector, to promote integrated care and partnership working.

Impact on activity and costs:

- "At the end of Q1 2016/17, the overall TCOP access rate for Non-Elective admissions over 75 years shows this is holding steady over 3 years, despite >75s showing the largest population growth in the area." (Source: Primary Care Update delivered to the Primary Care Joint Commissioning Committee on 27.09.16).

Impact on patient care and reduced need for further care:

- Qualitative and quantitative measures are showing positive impacts on care quality, including the important social advantages that schemes provide, increasing patients' morale, reducing isolation and improving general well-being. This has also reduced the need for further care, for example:
  - Bradford on Avon Leg Club has seen healing rates for simple wounds fall from an average of 19 weeks to 11 weeks. This means that the need for follow-up care is reduced, which frees up capacity to treat more patients in the primary setting and prevent avoidable admissions.
- The greater capacity to treat complex cases in Primary Care has reduced recurrence rates to just over one-third of those registered two years ago: going from 75% in 2014/15 to 26% in 2016/17.
- The lower recurrence rates mean capacity to treat more new patients and reduce a greater volume of unplanned admissions.

What needs to happen:

- Recruitment of Elderly Care Facilitator (ECF) to support TCOP schemes in SARUM West and West Wiltshire.
- Closer collaboration with the Voluntary sector and community teams to strengthen TCOP schemes and deliver on integrated care.
- Evaluations completed and submitted to schedule with continuous sharing of lessons learnt to encourage collaboration across practices and scale what works.

Who will change impact upon:

- Patients
- GPs / Primary Care
- Secondary Care
- Adult Social Care
- Community Teams
- Voluntary sector

Title : Unplanned Care – High Intensity Care

Ref :
ACS-A-1

Future view – over the life of the 5 year contract:

- 100% increase in number of people managed intensely in own home
- Rapid access to appropriate diagnostics without need for admission
- Comprehensive geriatric assessment in the community
- Additional medical support to community beds
- More people kept close to home when inpatient stay required
- A faster more convenient alternative to inpatient services
- More people kept at home at times of increasing clinical need

What needs to happen:

- Consistent availability and resourcing of MDTs
- SystmOne to support a virtual ward model, with the ability for multi-professional teams to review active patients
- Increased mobile ECGs to support higher intensity care at home
- Weekend resilience within core teams
- Roll out of new process and pathway to all community team areas during 16/17
- Test of further increases to intensity of care in Melksham to provide evidence and inform future phases of change.

Higher intensity beds in community hospitals :

- Focus on the design of a new model for delivery of medical cover in a way that enables resources to be released to increase the availability of Advanced Nurse Practitioners.
- Development of defined pathways for which ambulant patients can be offered a more convenient setting to receive follow up care.
- Begin implementation of ambulatory care provision in two community hospitals, accessed by patients already on a consultant caseload.

Project Lead : Neal Goodwin, Project Management through WH&C
Clinical Lead : Dr Toby Davies
Director Lead : Ted Wilson, Director of Community and Joint Commissioning

Commencement date : 1/4/17

Status: Development

Delivery Plan / Key Milestones :

Date	*Action / Decision*	*Lead*
30/12/16	Review of medical model in inpatient settings	WH&C
31/03/17	Offer of services to ambulant patients at Longleat and Cedar wards	WH&C
31/03/17	Wiltshire wide weekly MDT meetings in place	WH&C
31/03/17	Purchase of ECG machines	WH&C
31/03/17	Increased weekend resilience	WH&C
31/03/17	SystmOne changes for virtual bed model	WH&C
30/06/17	Testing of further developments in Melksham complete	WH&C

Title : Unplanned Care – Rehab Support Workers

Ref :
ACS-B-1

Future view – over the life of the 5 year contract:
A simpler and collaborative discharge decision process for complex patients

- A 'meet and greet', discharge to assess model for patients that are medically stable
- Provision of responsive care and rehabilitation in the early 'high risk' period following discharge when a patient's needs could be rapidly changing
- A simple all informed managed transfer of care to HTLAH
- Patients are supported to achieve maximum function, safety and confidence in order to reduce the likelihood of hospital or care home admission and / or long term dependency on a large package of care
- Partnership working between the community teams, the Integrated Discharge Teams in local acute hospitals, Access to Care, the HTLAH providers and Adult Social care
- To make the post hospital discharge care period:
    - Responsive
    - Patient centred
    - Rehabilitation focused
    - Simple and efficient
    - Transparent and accountable

What needs to happen:

- RSW's to be recruited
- Implementation Group to be established
- Project roll out to be managed by the Implementation group
- Reports on progress to be submitted as agreed

Project Lead : Neal Goodwin, Project Management through WH&C
Clinical Lead : Dr Toby Davies
Director Lead : Ted Wilson, Director of Community and Joint Commissioning

Commencement date : 1/4/17

Status: Mobilising

Delivery Plan / Key Milestones :

Date	***Action / Decision***	***Lead***
30/12/16	Rehab Support Programme approved by JCB	TW
31/03/17	Skeleton staff in place to begin pulling patients	WH&C
30/06/16	Full staff and full implementation of model	WH&C

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Health and Social Care Complaints: An update from Healthwatch Wiltshire

---

Executive Summary

In line with work being carried out nationally by Healthwatch England, in 2014, Healthwatch Wiltshire carried out a review of local NHS complaints handling. The outcomes of this work along with recommendations were detailed in our report: 'NHS and social care services in Wiltshire: Pathways to making a complaint or raising a concern'. An update to the Board in January 2015 highlighted the progress that had been made by Healthwatch Wiltshire along with the local acute hospital trusts and mental health trust to ensure that processes for handling complaints were reviewed and improvements made. We have continued our work in this area and most significantly have been actively involved in a national piece of work alongside Healthwatch England that has seen the publication of an NHS complaints handling assessment toolkit. In addition, we have looked more closely at complaints handling in the social care sector locally and have been actively involved in work to create a health and social care appendix to append to the Healthwatch England NHS complaints toolkit.

Proposal(s)

It is recommended that the Board:

i. Recognise the commitment of Healthwatch Wiltshire, the acute hospital trusts, and mental health trust, NHS Wiltshire Clinical Commissioning Group (CCG), Wiltshire Council and SeAP Advocacy to continue to work together and share good practice on complaints handling.
ii. Note the work that Healthwatch Wiltshire have done in this area of social care complaints and consider the recommendations for possible improvements in the system.
iii. Note Healthwatch Wiltshire's continued involvement in the national work on complaints that has been carried out alongside Healthwatch England.

Reason for Proposal

A great deal of progress has been made with our work on NHS complaints handling, since our previous update to the Board in January 2016. This has included a commitment from local acute hospital trusts, the mental health trust in Wiltshire, Wiltshire Council, NHS Wiltshire CCG and SeAP the local NHS advocacy provider, to meet regularly as part of a complaints liaison group, to share good practice and emerging issues of import. Through our engagement

with local people we are aware that along their care pathway, individuals frequently access services provided by both health and social care partners and that concerns and complaints often involve a variety of providers and/or commissioners. This often proves confusing for users of services. In addition, Healthwatch England have begun a national piece of work looking more closely at social care complaints and have asked that the local network of Healthwatch organisations feed in to this work. Therefore, throughout 2016 we carried out a short scoping exercise that looked specifically at process and policy around social care complaints handling processes in Wiltshire. This paper provides an update both on our continuing work around NHS complaints handling and an overview of our social care complaints scoping exercise.

Dr. Sara Nelson
Information and Communications Manager
Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Health and Social Care Complaints: An update from Healthwatch Wiltshire

---

Purpose of Report

The purpose of this report is to update the Board on the continued work carried out by Healthwatch Wiltshire on NHS complaints handling and to report on the scoping exercise that has focused on complaints handling in social care.

Background

1. In 2014 we carried out a scoping exercise that allowed us to gain a clearer picture of the NHS complaints handling system in Wiltshire.

2. This work has led to the formation of a complaints liaison group that provides a forum for Patient Advice and Liaison (PALS)/Customer Care Managers from the NHS acute hospitals and mental health provider to share good practice and discuss emerging issues of import. This has proved a valuable resource for both Healthwatch Wiltshire and PALS managers, which has led to further work that has involved setting up supportive workshops for PALS staff. Furthermore, the group has now expanded to include representatives from Wiltshire Council and SeAP the NHS complaints advocacy provider in Wiltshire.

3. Healthwatch England identified that less is known about social care complaints than those in the NHS. They therefore, called on the local network of Healthwatch organisations to feedback to them any work that had been carried out in this field so that a clearer picture could be formed. In addition, they wanted to put together a pack of resources to help the local network scrutinise complaints handling processes in social care. This would append to their already existing NHS complaints toolkit. Healthwatch Wiltshire were keen to be involved in this piece of work and therefore carried out a short scoping exercise that looked more closely at social care complaints handling in the county.

Main Considerations

4. **A complaints Liaison Group for Wiltshire**
   In our initial report of September 2014, we recommended that PALS/Customer Care Managers from acute NHS providers come together periodically as a complaints liaison group to share good practice. This was ratified by the Health and Wellbeing Board and the first meeting convened by Healthwatch Wiltshire in November 2015. Those attending included representatives from the acute hospital Trusts, the mental health trust and Wiltshire NHS CCG. All attendees

recognised the value of the group and requested that it continue to meet on a quarterly basis with the purpose of:

- Sharing good practice in complaints handling.
- Discussing local issues arising in complaints handling.
- Bringing in different groups e.g. other local Healthwatch, advocacy providers or GPs etc. to discuss specific issues, inform and build relationships.
- Building supportive relationships.
- A local peer-support network.

5. The membership has continued to grow and now includes representation from all three acute hospital Trusts, NHS Wiltshire CCG, Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP), Wiltshire Council and SeAP. The next meeting planned for February 2017, will also include representation from the Wiltshire Advocacy Service (Rethink). Medvivo and Wiltshire Health and Care have also expressed an interest in being involved. Healthwatch Wiltshire feel that the enthusiasm shown by members of the group and the willingness of others to be involved with the group is a positive step forward and shows a commitment to improving complaints handling processes, and taking feedback provided by those who use health and care services seriously.

6. **PALS staff - Highlighting issues in the handling of complaints.** PALS Managers have appreciated the opportunity to meet with their counterparts from other organisations and felt that their staff would benefit from a similar experience. Healthwatch Wiltshire were keen to use such a forum to explore the staffs' experience of complaints handling from a ground level, and operational perspective.

7. Two workshops for PALS Staff were therefore convened in May 2016. This allowed all staff the opportunity to attend at least one workshop. Representatives from two of the acute hospital trusts, AWP and NHS Wiltshire CCG attended. The hospital trust who had not been able to send representation to the workshops, commented on the minutes.

8. The PALS staff greatly appreciated the opportunity to meet with others in similar roles. They were very candid and shared the key challenges encountered by them in their day-to-day work. Although the extent to which issues arose varied across Trusts, there were some common themes that centred on process and pressures within the organisations.

9. A short report detailing these findings was shared with all PALS Managers who have discussed the issues at staff team meetings and with higher-level managers. We know that acute hospital and mental health trusts are now putting much more focus on the quality of the complaints process rather than just focusing on statistics and deadlines. Healthwatch Wiltshire very much welcome this development and will continue to monitor the progress of this work through the quarterly PALS Managers meetings.

10. PALS staff recognised the value of the workshops and have requested that they should become a regular occurrence. Healthwatch Wiltshire have agreed to run one workshop per year with the caveat that they must have a focus and provide learning for both staff and Healthwatch Wiltshire.

11. **Adult Social Care Scoping Exercise.** A great deal of work that looks at NHS complaints handling has been carried out both locally and nationally. In addition, NHS complaints are subject to a great deal of scrutiny both through local contract review and nationally by NHS England. Less work has been carried out that looks at raising concerns and making complaints about social care services. In addition, Healthwatch England have identified that social care complaints are subject to less scrutiny than those in the NHS. They are concerned that this lack of oversight may mean that key failings are being missed.

12. Healthwatch England have heard from the network of local Healthwatch organisations, repeated concerns about social care packages when people are discharged from hospital, the social care assessment process and about care provided in the home. Through our own work, we hear similar issues but are aware that often people do not consider raising concerns or making an official complaint. In addition, we know that because of the increased integration of care, people are now more likely to experience problems across the health and care pathway thus making the experience of raising concerns even more confusing. Healthwatch England therefore called on the local network of Healthwatch organisations to feedback to them about work they were carrying out in their local areas. Healthwatch Wiltshire felt that it was important that the Wiltshire voice was heard in this work and therefore carried out a short scoping exercise that looked at social care complaint handling processes in the County.

13. **'My Expectations for raising concerns and complaints'** is a user-led vision for complaints that was created jointly by the Parliamentary and Health Services Ombudsman (PMHSO) with the Local Government Ombudsman (LGO) and Healthwatch England. It aims to align the health and social care sector on what good looks like in terms of complaints handling from the perspective of the user. Most importantly, it contains within it an outcomes framework that is already being used by The Care Quality Commission (CQC) in their new inspection regime and by NHS England who are using it as a performance management tool and have built it into the NHS outcomes framework 2016-17. We used the 'My Expectations' vision statements as a framework for this piece of work on social care complaints.

14. As the social care arena is varied and complex and covers such a wide range of services, it was suggested by Wiltshire Council that we focus on Help to Live at Home (H2LAH) providers. We therefore carried out face-to-face interviews with the operational Managers from both Somerset Care and Mears (the providers of H2LAH service in Wiltshire); analysed their complaints policies and complaints leaflets; scoped the accessibility of easy read documentation; and reviewed websites to see how easy it was to find information about making a complaint or giving feedback on social care.

15. Information gathered from both H2LAH providers around the ‘My Expectations’ themes, encompassed the provider environment, culture, process, awareness and emotion of complaint. Both providers demonstrated clear complaints processes and policies. They reported having proactive relationships with Wiltshire Council in relation to complaints, signposting and safeguarding.

16. Mears Group use a “Red Thread” system to capture all complaints data, the data is analysed annually, and the resultant themes and lessons learned are used in staff training. Somerset Care Quality Assurance Team share all complaints and compliments feedback with Head Office. Themes are identified and ‘quality assurance topics’ developed which form the basis of locally driven conversations. Somerset Care also regularly request feedback from customers on how they can improve services.

17. The ease of finding information on the provider websites shows some inequity and this issue will be further discussed with these providers. However, both stated that they provide all new customers with information on how to raise concerns in a customer handbook. We plan to liaise with Somerset Care, Mears and Wiltshire Council to further develop the H2LAH information pages on ‘Your Care Your Support Wiltshire’: https://www.yourcareyoursupportwiltshire.org.uk/home/ the health and care information website for Wiltshire.

18. Although neither provider had come across the ‘My Expectations’ document, both were keen to read it with a view to embedding the values within their own processes and policies. We plan to follow-up with providers in the future to monitor their progress in this area.

19. **Wiltshire Council – The Commissioners View.** In addition to the H2LAH providers, we wished to further understand complaints policy and process from the viewpoint of the social care commissioner. We therefore spoke to the complaints team and Heads of Service (adult social care) at Wiltshire Council.

20. Although users of social care services can make a complaint directly to Wiltshire Council, they are encouraged in the first instance to try and seek a more local resolution with the care provider (unless it is a safeguarding issue) as this is likely to lead to a swifter outcome. Information on how to go about making a complaint to the council can be found on Your Care Your Support: https://www.yourcareyoursupportwiltshire.org.uk/content/doc.aspx?id=17685&itemid=17685

21. Commissioned service providers are required to share their complaint reports with commissioners (Wiltshire Council) at contract review meetings or more frequently in some cases. This allows any issues to be addressed at an early stage.

22. Local Councils do produce yearly complaints reports that are used for internal review. Some councils share this report publicly online but this is not currently the case with Wiltshire Council. However, we understand that consideration is being given to sharing this report publicly in the future and Healthwatch Wiltshire would

welcome this development. Healthwatch Wiltshire currently have regular access to anonymised NHS complaints data from the acute hospitals and AWP as well as SeAP the NHS Advocacy provider. In order that we gain a fuller picture of complaints data across the system and to allow us to fulfil our Healthwatch role, we would recommend that Wiltshire Council share, thematised, anonymised adult social care complaints data with us on a quarterly basis.

23. **HWW involvement in national work on complaints.** Following the work, it has successfully carried out on complaints over the past 2 years, Healthwatch Wiltshire have been asked by Healthwatch England to contribute to a national piece of work on NHS complaints handling. This involved working with local Healthwatch in East Sussex and Norfolk on the development of a complaints toolkit. This toolkit was aimed at supporting local Healthwatch to scrutinise local health and care complaints handling systems. Appended to the toolkit is a resource pack with case studies and examples of documents that could be adapted to meet local requirements. The toolkit was launched and presented at the Healthwatch England National Conference in June 2016. Healthwatch Wiltshire contributed to the launch presentation and ran a workshop alongside other local Healthwatch and Healthwatch England. The toolkit and accompanying resource pack has been shared with the CQC and the Secretary of State for Health (at the request of his office) as well as other key organisations.

24. Recognising the need for further scrutiny of complaints in social care, Healthwatch England decided to build on the existing complaints toolkit by adding a social care appendix. Healthwatch Wiltshire were again invited to take part in developing this document alongside colleagues from Sussex, Norfolk and Torbay. The appendix which will released shortly, will be shared with colleagues from the LGO, PHSO and the CQC.

Next Steps

25. In summary, a great deal of work has been carried out that has furthered our understanding of the complaints handling process in Wiltshire. The growth in number of attendees and scope of the liaison group is a positive development. It provides a forum through which we can monitor progress in complaints handling across the sector. We will continue to Chair this group on a quarterly basis and in addition, run a yearly workshop for PALS staff.

26. Our work is driven by the experiences of local people. Therefore, through our regular engagement work we will continue to monitor the effectiveness of complaints handling locally and ensure that this is fed back to providers and Commissioners so that improvements can be made. A report that summarises the work that we have done will be produced in the coming months.

27. **Financial Implications:** There are no direct financial implications for the Health and Wellbeing Board.

Health and Wellbeing Board Member
Christine Graves
Chair, Healthwatch Wiltshire

Presenting Officer
Dr Sara Nelson
Information and Communications Manager Healthwatch Wiltshire

Supporting documents:
'NHS and social care services in Wiltshire: Pathways to making a complaint or raising a concern' (Healthwatch Wiltshire): https://www.healthwatchwiltshire.co.uk/wp-content/uploads/2016/04/HWW-Pathways-to-making-a-complaint.pdf

The January 2016 update for the Health and Wellbeing Board (Healthwatch Wiltshire): https://cms.wiltshire.gov.uk/documents/s111173/Repor%2010%20-%20Complaints.pdf

'My expectations for raising concerns and complaints' (Parliamentary and Health Services Ombudsman; Local Government Ombudsman; Healthwatch England): http://www.ombudsman.org.uk/__data/assets/pdf_file/0007/28816/Vision_report.pdf

Healthwatch England NHS England complaints toolkit: http://www.healthwatch.co.uk/resource/local-complaints-systems-how-well-are-they-working

Wiltshire Council

Health and Wellbeing Board

9 February 2017

Subject: Public Health Annual Report 2015-16

Executive Summary

The Director of Public Health has a statutory responsibility to produce an Annual Report for Public Health. The Health and Social Care Act 2012 states: “The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report.”

The purpose of the report is to inform the Health and Wellbeing Board members of activity on public health in Wiltshire during 2015-16.

The report can also be found electronically on the Council website.

Proposal

It is recommended that the Board notes the publication of the Annual Report

Reason for Proposal

Work on Public Health has implications for all health care providers and commissioners.

Frances Chinemana
Acting Director of Public Health
Wiltshire Council

This page is intentionally left blank

Public Health Annual Report

Wiltshire

2015/16

Empowering people in Wiltshire

Wiltshire Council
Where everybody matters

Acknowledgements

Behind all we have achieved in Wiltshire there is a whole team of people. This includes our public health consultants and specialists, and a diverse range of partners and colleagues who have made a reality of the idea that public health is everybody's business.

The consultants on the senior management team – Amy Bird, John Goodall, Deborah Haynes, Kate Blackburn and Tracy Daszkiewicz – have provided leadership throughout the year and have been effectively supported by our public health specialists and our Heads of Service in Public Health, Leisure, Occupational Health and Safety and Public Protection. These in turn have been supported by our varied teams working across the wider determinants of health and wellbeing.

We have continued to enjoy support from and joint working with our Wiltshire Council colleagues, including staff in our schools, libraries, leisure centres and a range of other services, who are all committed to improving public health. We have also welcomed the stronger links with the Areas Boards and their Community Engagement Managers which are developing.

The continued support we have received from the Leader of Wiltshire Council, Baroness Scott of Bybrook OBE, our Cabinet Member for Public Health, Keith Humphries, their Cabinet colleagues and the rest of the council, has allowed us to work more closely with our communities and to do more to improve health and wellbeing in our county.

Thanks are also due to colleagues at the Wiltshire Clinical Commissioning Group, our excellent GPs, primary care staff, acute trusts and staff working in mental health, ambulance, police, fire and rescue services, the Local Resilience Forum, Public Health England and NHS England. All these colleagues and services contribute to improving outcomes for the Wiltshire population.

This report also reflects the important work being done in our communities, often by volunteers, to improve lives locally. Their help has ensured that we are able to understand and deal with local issues more effectively and provide sustainable solutions. Thank you for all the work you do to make a difference.

Contents

This year's annual public health awards marked the achievement of over 100 people and groups who help keep our communities healthy. Our nominees support projects and clubs to give people in Wiltshire the chance to stay active, get involved in sports and reach out to the most vulnerable.

Our winners included the DANCE SIX-0 project at Salisbury Playhouse, which provides weekly dances classes for those over 60, to keep people active and feeling young. Another community group from Calne won an award for addressing childhood poverty and obesity in exciting and innovative ways and a company in Warminster received an award for helping staff access health and lifestyle advice and support.

In Bradford on Avon, community emergency volunteers, trained by Wiltshire Council, and dubbed 'The Crisis Squad' by local media won an award for promoting safety. The community team are a great example of how we are working to strengthen resilience in our communities and how, with our support, local people are taking the lead.

Foreword

It has been over three years now since responsibility for public health transferred from the NHS to Wiltshire Council and in that time Wiltshire has continued to improve.

By working with our Community Area Boards, local partners, libraries, leisure and health and wellbeing centres we have put in place a model of public health that is based on local needs, local decision making and local solutions. We are putting the public back into public health.

We have made huge strides:

- Life expectancy has increased for men and women and is significantly higher than it was a decade ago, with male life expectancy now over 80 years
- Teenage conception rates in Wiltshire are at their lowest level in 40 years at 15 per 1,000 young women. This means we have met the ambitious target set out in the Teenage Pregnancy Strategy in 2000 to reduce teenage conceptions in Wiltshire by 50%
- Since 2001/03 the number of people under 75 in Wiltshire who die prematurely from cardiovascular disease has fallen by over 45%

This year our team of public health specialists and consultants have continued to work with experts in public protection, occupational health and safety and leisure. At the heart of all we do is our commitment to work with local people and communities and empowering people in Wiltshire to do more to improve health outcomes for themselves. The success of this approach has continued this year as:

- Over 15,000 local people are now trained to be Dementia Friends and are supporting those who need help and improving lives in our communities
- Levels of children who are overweight or obese in Reception Year in Wiltshire reduced to 20.3% in 2015 from 22.1% in 2014. Levels of excess weight in Year 6 have also reduced slightly, to 29.3% in 2015 from 29.7% the previous year
- Take up of NHS Health Checks increased by 15% from 2014/15 to 2015/16
- Children under 16 enjoyed over 70,000 free sessions at our swimming pools in school holidays between 2013 and 2015
- Our Health and Wellbeing Board won a national award for the success we've had in delivering more effective, joined up health and social care services in Wiltshire

Our Community Area Joint Strategic Assessments for 2016 (CAJSAs) provide an insight into the success our wider public health family has had in 2015/16, the community projects that are changing lives and how innovative solutions are improving health and wellbeing. This year we have continued to reduce health inequalities and improve health outcomes by:

- Encouraging healthy lifestyles for young people and enabling parents to make positive choices for their children
- Ensuring early intervention to help people achieve their potential
- Meeting the needs of an aging population, particularly a rise in the recorded cases of dementia
- Tackling the effects of social isolation and protecting the most vulnerable
- Improving mental and emotional health across the county
- Increasing outdoor, leisure and cultural opportunities that support health and wellbeing
- Reducing the impact of alcohol related harm

Training and sharing our Public Health expertise, as well as the intelligence we collect, has a vital role to play in continuing to improve our services and outcomes in our communities over the years ahead. We are working to equip communities and partners with the intelligence and skills they need to find community led solutions and to encourage behaviour change to improve health and wellbeing. By enabling individuals and communities to help themselves we can reduce pressure on public services and funding at the same time as making Wiltshire a healthier place to live and work in.

Frances Chinemana
Acting Director of Public Health

Chapter one

Helping children and young people achieve their potential

This year has been a year of marked change and success in our work to improve child health.

Teenage pregnancies

In Wiltshire we have reduced teenage conceptions by 50% since 2000.

When our work started in 1998 the rate of conceptions per 1,000 young women in Wiltshire was 32.1. Now data shows that at the end of March 2015 our rates were down to 15 per 1,000 women. The rate of teenage pregnancy in Wiltshire is now the lowest it has been since 1969, when records began. Although there is still more to be done to reduce this figure, this level of reduction places us within the top 15 local authorities across England.

Supporting parents in Wiltshire

In October 2015 Wiltshire's health visitors joined the wider public health team as the council took on responsibility for commissioning health services for children aged zero to five. This marks the final stage of the transfer of public health services to the council that started in 2013 and both health visiting and Family Nurse Partnership services are now commissioned by the council. Public health are now responsible for commissioning the full Health Child Programme 0-19 years which includes the school nursing service.

The first 1001 days from conception to two years of age is widely recognised as a crucial period in a child's development. Rapid brain development during this period lays the foundations for a child's future learning, behaviour and health. Through the National Healthy Child Programme health visitors offer every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. Health visiting staff are an asset to the council's work on preventing ill-health and promoting attachment and child development.

The service provides both universal and targeted support for those in greatest need and will help support children across Wiltshire.

We are also now responsible for commissioning the local Family Nurse Partnership (FNP) services. FNP is an intensive nursing service that works to support first time young parents who are under the age of 20. The service is supporting young parents in challenging circumstances to provide nurture and care for their children. Our service was reviewed by the Department of Health and the report noted the excellent support that the local programme has provided. The partnership was praised for forward thinking on integration and for sharing good practice.

The Change4life 10 Minute Shake Up Campaign encouraged children and families to increase physical activity over the summer by completing short 10 minute activities throughout the day. 3,693 children signed up to the campaign in Wiltshire this year, 1,067 more than last year. Wiltshire ranked 26th highest out of the 153 local authorities who took part.

Perinatal and infant mental health

Perinatal mental illness affects at least 10% of women during pregnancy and in the first year after birth. Women can suffer problems of varying severity from mild anxiety and depression to severe postnatal psychosis. These problems can have a significant impact on the mother, her family and the developing child in the short and long-term. However, there is evidence to suggest that given the right support at the right time the potential adverse effects of maternal mental health problems on a mother and baby can be prevented.

We are proud to have led the development of perinatal and infant mental health pathways for health visitors and midwives in Wiltshire to support the prevention, early detection and management of perinatal mental illness and infant mental health problems. Professionals from the Avon and Wiltshire Mental Health Partnership NHS Trust and local health visiting and maternity services have worked together to deliver training to all midwives and health visitors between October 2015 and March 2016. The pathways are now fully implemented.

Support for new dads

Our Wiltshire DadPad was launched, offering new fathers and fathers-to-be support during the transition to parenthood. The online resource provides an easy-to-read guide and tips for first-time dads around key issues like feeding, holding, changing, bonding and communicating with their new babies. **www.wiltshire.gov.uk/dadpad.pdf**

Keeping baby healthy

Breastfeeding not only gives babies a health 'superboost', reducing the risk of the baby getting ill and picking up an infection, but because it is something mum and baby learn together, it can be a great way of parent and child bonding too.

The work we have done to help more mums to breastfeed is having an impact. Wiltshire has had a higher breastfeeding initiation rate compared to England as a whole since 2007/08 and our latest report shows that Wiltshire's 6-8 week breastfeeding rate had also risen slightly in 2014/15 to 49.4%. This is higher than the South West regional average (48.3%) and the England value (44.7%). Wiltshire's drop-off rate has decreased in 2014/15 to 38.3% from 41.3% in 2012/13, while the England rate has increased to around 41%. Breastfeeding drop-off is a measure that shows the number of mothers who start, but then cease, breastfeeding their infant.

Changing outcomes

Nationally one in three children (33.5%) and almost two thirds (63.9%) of adults are overweight or obese. In Wiltshire we are determined to take local action to reduce the number of children and adults who are overweight or obese. By reducing obesity we can reduce our children's risk of going on to develop type 2 diabetes, heart disease, cancers, stroke and premature mortality. This year we have prioritised tackling obesity and worked with Wiltshire CCG to develop an obesity strategy to halt the rise of excess weight in children and adults by 2020. At Wiltshire's first Obesity Summit in July we brought together those who want to help us tackle obesity and contribute to our strategy.

We now know from the latest National Child Measurement Programme (NCMP) data that excess weight in four to five year olds in Wiltshire has reduced from over 22% in 2013/14 to 20.3% in 2014/15. Excess weight in 10-11 year olds in Wiltshire in 2014/15, at 29.3%, is marginally lower than it was in 2013/14 and lower than the national figure of 33.2%. We still face a serious challenge but by working with our partners over the next four years we hope to see these trends continue.

A full report on the NCMP data can be accessed here LINK.

Working with local communities we delivered local projects like our Beat the Street initiative which got over 8,000 people out walking or cycling. We rolled out a healthy lifestyle programme for families to get children healthier and fitter and we offered free swimming in school holidays to make keeping children active more affordable. Over 70,000 free swimming sessions were accessed in 2015/2016.

In our villages

Our rural sports summer outreach programme was delivered in villages around Malmesbury. In Sherston, Crudwell and Minety the Fun in the Sun initiative, delivered in partnership with Wiltshire Cricket and the Bath Rugby Foundation, provided free sports and games for 90 minutes a week for children aged 5-11.

Injury prevention

To reduce childhood injury, prevention workshops were provided for our early years practitioners. Over 70 practitioners have been trained in best practice for reducing injuries among young children in the home. Community nursery nurses who offer advice and support to parents along with children's centre providers are now including more evidence based injury prevention activity in their action plans and are cascading the training to other members of staff. In Wiltshire one young child a year under 5 years, has drowned in the home or garden in the last five years and we have been working with children, parents and carers through our early years networks to reduce that number.

Your child will be mixing with more children when they start their new school and could be at risk of catching preventable diseases if they haven't had all their childhood jabs.

If you are not sure if your child has had all their routine vaccinations, check their personal health record (Red Book) or contact the GP surgery. To get the best protection for your child, they need to have had two doses of MMR vaccine.

For a checklist of the vaccines and the ages at which they should ideally be given visit **www.nhs.uk/vaccinations**

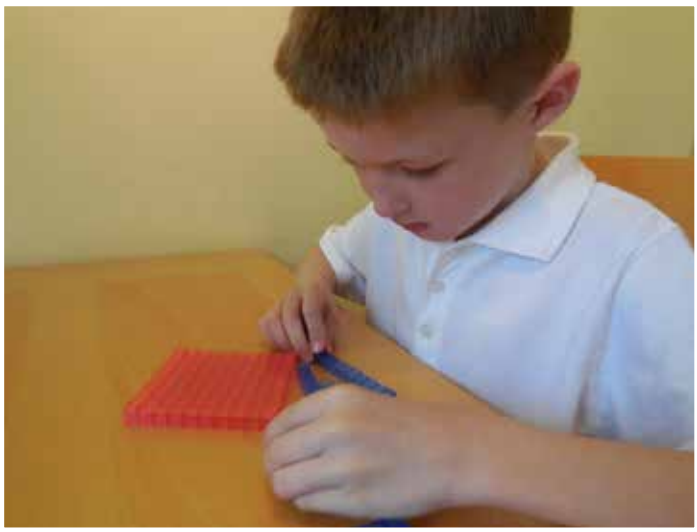
NHS Wiltshire Council Where everybody matters

D1664LD

What did young people tell us?

Over 7,000 children and young people in Wiltshire completed our Wiltshire Schools Health and Wellbeing Survey in 2015. The majority of children and young who took part in the survey describe themselves as satisfied or quite satisfied with their life (71%). However, data from school indicators gathered from the survey can be used to measure emotional wellbeing and mental health in children. This showed that nearly a third of secondary school children feel they have no one to turn to when they are worried, and 39% are so worried they can't sleep monthly, or more frequently. While 77% of primary children feel confident about their future this drops to 58% by secondary school age.

Public Health has been actively involved in developing a programme of work to support young people to take care of their mental health. This has included supporting secondary schools to deliver mindfulness with young people and the delivery of Youth Mental Health First Aid (YMFA) in Wiltshire schools. Both Mindfulness in Schools training and Youth Mental Health First Aid (YMHFA) are supported within our Emotional Wellbeing and Mental Health Strategy.



School years

Improving child immunisation rates

In September 6,092 children started primary school in Wiltshire and we worked with schools and parents to ensure children were immunised before starting school. We focused on increasing take up of the second dose of MMR and the 4 in 1 pre-school booster. By increasing uptake of these important childhood immunisations we can reduce the outbreaks of preventable childhood diseases.

Youth Mental Health First Aid (YMHFA)

Youth Mental Health First Aid is an internationally recognised programme designed to promote awareness of psychological, emotional well-being and mental health and to support professionals to recognise and respond to mental health issues in eight to 18 year olds.

In 2014/15 and 2015/16 free training was provided by Public Health to local authority and academy secondary school staff, local authority employees and voluntary sector staff. 104 professionals attended training to enable them to provide support to young people, including spotting early signs of a mental health problem and to provide help on a first aid basis.

Mindfulness in Schools (MISP)

Research shows that Mindfulness in Schools Programmes (MISP) have the potential to improve pupils' attentiveness, mindfulness, resilience and wellbeing, and reduce depressive symptoms and perceived stress. The programme helps to create a learning environment that proactively promotes positive mental health for teachers and pupils.

Since 2015 Public Health has funded two, eight-week Mindfulness Based Stress Reduction (MBSR) courses which have been attended by professionals from eight secondary schools and members of the education psychology service. Teaching staff are now training to deliver mindfulness sessions themselves to young people in schools as part of the curriculum.

Keeping children safe from harm

In partnership with Motiv8 we collaborated with the Natural Theatre Company to put on a harm awareness performance at schools on New Psychoactive Substances (NPS – what were formerly referred to as 'legal highs') to inform young people and professionals. More than 800 pupils in secondary schools across Wiltshire saw the performance and Motiv8 staff were there to provide information and answer questions on NPS.

Keeping children and young people safe remains a key public health priority. We ensure that all young people under the age of 16 receive a sexual health risk assessment as early indication of sexual exploitation or vulnerabilities. A programme for raising awareness of [il]legal highs has been delivered successfully across secondary schools in Wiltshire, followed by a workshop style teaching session to support learning and awareness.

Case Study

In our communities

We have been working with local community groups to address child poverty and reduce childhood obesity. In Calne 'Cooking for Survival' sessions were offered to young people leaving home and young carers. The Make Summer Matter project provided young people who had excluded themselves from education with support to get back into learning. A Media Mentors group delivered workshops to other young people, producing pieces of media that tackle body image messages and Calne Running and Triathlon Team offered starter sessions providing young people with cheaper ways to exercise.

In December 2015, a community meeting themed around young people's issues was attended by over 200 young people. Other young people got involved in the Calne Bowl Project' and won an award from the South West Britain in Bloom contest for their ingenuity and voluntary work. Young gardeners and skaters created a natural environment for the whole community to enjoy and have received further funding to keep developing their 'Salad Bowl' initiative from the local Area Board. The Bowl's sporting potential has been developed through the Wiltshire Skate Series.

Reducing child poverty

Levels of child poverty in our county are low and most children live healthy lives. However we are doing more to help those children in Wiltshire who are affected by poverty. This year our team of public health experts have been speaking to local groups about child poverty and how we can combat it.

We produced local child poverty assessments, worked with local people to decide on the provision of services and support in place and with community area boards to discuss, develop and agree a local response. The data-led approach we have taken has inspired locally led projects across Wiltshire. By helping people to understand the community they live in better we have given them the tools to improve their community.

Wiltshire Healthy Schools

Across the county communities have supported the Wiltshire Healthy Schools initiative, The programme supports schools to effectively address the health and wellbeing of children and young people. Ninety schools are now part of the programme and during 2015/16 the first three schools achieved gold level. Schools have all taken a unique approach but many have focused on improving the emotional and mental health of children. The good practice and positive outcomes achieved by a number of Wiltshire Healthy Schools has been highlighted by organisations including the Department for Education and the Anti-Bullying Alliance.
You can find out more at www.wiltshirehealthyschools.org

To understand more about young people's health we asked nearly 7,000 children and young people, between eight and 18, across 65 schools about their health and wellbeing. The information we collected will help schools to more effectively reduce problems like cyber bullying, smoking, self harm and underage drinking. By asking young people to have a say we are giving them a chance to influence the decisions that affect their lives.

Chapter two

Enabling healthy lifestyles and healthy choices

Getting active

In Wiltshire we have integrated public health and leisure services management which allows us a unique opportunity to deliver innovative local services that improve health and wellbeing and promote active lifestyles. Our programmes provide opportunities for people of all ages and abilities to benefit from being active.

In 2015/16 there were over 3.5 million visits to Wiltshire's leisure centres, over 100,000 more than the previous year.

In 2015 our community health trainers engaged with 577 clients, an increase of over 88% compared with 2014. The number of men accessing the service has more than doubled and the proportion of people over 65 using the service has also almost doubled. 87% of clients completing the programme in 2015 either fully (64%) or partly (23%) achieved their primary goal.

While not everyone seeing a health trainer wanted help to lose weight, many felt losing weight would improve their health. 40% of people who completed the health trainer programme in 2015 lost weight. Levels of moderate exercise in clients have doubled. General health scores have increased by an average of 40%, self-confidence scores have increased by 33% and mental wellbeing scores improved by an average of 21%.

Health trainers

Now in its third year, our community health trainer programme is helping to provide local lifestyle support to people in our county. Our health trainers help people change behaviours that can cause ill health, including unhealthy eating, smoking or drinking, by increasing physical activity, reducing anxiety and boosting confidence and self-esteem. Health trainers help us to tackle health inequalities. In 2015 over half of the clients supported by the programme lived in the most deprived areas of the county, showing the programme reaches out to those who might not otherwise seek support.

Helping people to stop smoking

In 2015/16 Wiltshire's Stop Smoking Service supported 2,484 people in the county to quit smoking. The service had a successful quit rate of 54%, higher than the England average of 51%.

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious pregnancy related health problems, including: low birth weight, pre-term birth, placental complications and perinatal mortality. The Health and Social Care Information Centre published statistics on women's smoking status at time of delivery for 2015/16, indicate smoking in pregnancy rates for Wiltshire have fallen by 2.4% in the last two years. Distribution of carbon monoxide monitors to maternity providers, training for midwives and the introduction of specialist maternity based services to support women to stop smoking in pregnancy has helped us achieve this result.

The national Tobacco Plan (2011) set out the Government's ambition to reduce smoking in pregnancy to 11% by the end of 2015. Smoking in pregnancy rates in Wiltshire have dropped from 14.2% (2011/12) to 10.3% in 2015/16 which is below the national average of 10.6%.

Following on research carried out in 2015 around the use of e-cigarettes, the stop smoking service has supported an increased number of people using e-cigarettes to give up. Since 2015 the service offered one to one behavioural support to 190 clients of which 132 managed to successfully quit smoking at four weeks thus achieving a quit rate of 70%. In 2016, our restructured services will reflect upon the findings of our study and help us deliver a service that meets current demand.

In 2015/16, smokefree signage was introduced in children's play parks to encourage smokers to think about the dangers of smoking around children. This year the public health team aims to focus on creating more smokefree environments across the county to further de-normalise smoking. This began with Erlestoke Prison becoming smokefree in May 2016 with plans for the local mental health trust to follow by the end of the year.

Case Study

In our communities

Our new Five Rivers Health and Wellbeing Centre in Salisbury is helping the community reach its goal of promoting more outdoor, leisure and cultural opportunities to improve health and wellbeing. The centre includes enhanced leisure facilities, improved support for people with disabilities, additional community activity rooms and a new exhibition space. New arrangements, led by local people, have seen a health and wellbeing group set up, and an older people's champion and carers' champion appointed.

The area board has been trialling a new wellbeing project to target 16-19 year olds who would not normally visit a leisure centre, to enhance the wellbeing of those who may have disengaged from school, society or generally need support. The award-winning Doorsteps project also continues to benefit young people on the Friary and Bemerton Heath estates and a range of arts projects, music festivals, cycle to school initiatives and projects to improve the wellbeing of young carers have been funded by the area board this year.

Diabetes roadshow

We visited Trowbridge, Melksham, Chippenham, Salisbury and Devizes and our team assessed 454 people to find out their risk of developing diabetes. They referred 268 people who were at moderate or high risk to their GP. There was a higher than average referral rate from Trowbridge, Melksham, Devizes and Salisbury which indicates we are targeting the right areas. Everyone who spoke to the team received support from a specialist dietician and the Wiltshire health trainers, with the aim of reducing their risk of Type 2 Diabetes.

Wiltshire health trainers and Diabetes UK volunteers outside the mobile Type 2 Diabetes risk assessment centre

Wiltshire's Big Pledge

In 2015, 12,547 signed up to take part in the Big Pledge – make a difference campaign. Wiltshire residents had 12 pledges. The most popular personal pledges were to get more active, improve personal wellbeing, volunteering and becoming dementia friendly. The lessons from this campaign were used to inform the 2016 campaign which got over 18,000 people involved.

Get Wiltshire Walking

Get Wiltshire Walking is a public health project that ensures every community within the county has access to a free weekly led walk. Walking is the lowest risk of all physical activities yet produces massive benefits to physical fitness and mental wellbeing.

Get Wiltshire Walking provides people with a chance to keep active, to explore their own local area and to make new friends. There are groups throughout the county and each walk has its regular starting venue on the same day and time every week. Routes are varied in length and difficulty to accommodate people of different ages and ability.

In 2015/16 there were 19,796 attendances on walks and 512 new people joined their local Get Wiltshire Walking groups.

Beat the Street

In total 8,332 people in Devizes and Calne, walked, cycled or ran 145,534 miles over the course of our six week Beat the Street scheme to increase physical activity and reduce car usage. 14% of the population of Calne and Devizes took part, including 35 school, workplace or community teams. Pupils from Southbroom St James Academy, Devizes travelled some 13,837 miles and pupils from Fynamore School in Calne covered 13,804 miles. A school travel survey is being carried to allow us to capture any change in school travel habits or lifestyle changes following the competition.

Case Study

In October 2015 successful public health projects from across the UK were showcased to attendees at the Royal Society of Public Health's (RSPH) annual conference. The 'Improve and Protect' film was premiered at this year's conference and included Wiltshire's Beat the Street project. The project is featured in a longer in-depth programme exploring some of the nation's major public health challenges and initiatives to help promote the importance of protecting and improving public health. To watch the film you can visit the RSPH website.

In the community

In Pewsey a weekly walk for health takes place on Thursdays.

In Southern Wiltshire a volunteer-led footpath project was developed to improve paths and access and provide opportunities for outdoor recreation. As a result over 60 kissing gates have been installed across the area, amounting to well over 600 volunteer hours. There has been continuing support for this group and investment in a volunteer coordinator.

Southbroom St James Academy who won the highest points achieved in Beat the Street

Helping older people to live healthy, independent lives

One of our key challenges in the year ahead is helping older people to stay healthy and supporting them to maintain the independence they want. Wiltshire's retirement-age population is predicted to increase from 21.5% of the population in 2011 to 29.8% in 2026. This year we have:

- Increased the number of people aged over 40 who are receiving an NHS Health Check, to reduce the risk of developing health conditions such as cardiovascular disease, becoming obese or develop type 2 diabetes
- Reduced the number of people who are waiting in hospital to go home or to leave hospital
- Put measures in place to reduce fuel poverty and tackle the poor health outcomes associated with living in a cold home.

The number of falls in the over 65s and fractures that happen because of a fall have reduced and healthy life expectancy is now 67 years for both men and women.

NHS Health checks

As we get older, we have a higher risk of developing conditions like high blood pressure, heart disease or type 2 diabetes. The council has a duty to provide free NHS Health Checks for those aged 40-74 years that can help spot early signs and help prevent illness and help people to enjoy a longer, healthier life.

Case Study

In 2015/16 over 29,200 people were invited for an NHS Health Check with over 14,000 accepting the offer. Wiltshire's percentage uptake for 2015/16 is 48%, a 15% increase in uptake since 2014/15. A primary care working group was established and the group meets on a regular basis to review previous quarter's data and to determine ways to improve uptake.

In the community

Local communities have come together, following the publication of the CA JSAs, and supported the launch of Men's Sheds across the county to encourage healthy lifestyles. Sheds are already up and running in areas like Trowbridge and Warminster, and this year a Men's Shed was being set up to help combat male isolation among the over 55s in Ludgershall. A local wellbeing project was also run by Army veterans to help those who are socially isolated or are hoping to improve their emotional wellbeing.

Warm & Safe Wiltshire

Wiltshire is leading the way on reducing fuel poverty and protecting those with poor health over the winter months and is one of the first authorities to integrate the work on improving cold homes across public health, public protection and social care.

Through the Warm & Safe project delivered jointly by Wiltshire Council and Wiltshire Fire & Rescue Service, help and advice is provided to residents to improve energy efficiency in their homes, any homeowner, or privately-renting tenant in Wiltshire, is able to have cavity wall insulation installed in their home, free of charge, helping us to reduce fuel poverty.

The project provides a single point of contact for staff to go to for support and advice on warm homes, home assessments for people discharged from hospital and training to staff to enable them to recognise when help is needed to address fuel poverty. It is hoped that the scheme will reduce the number of people repeatedly admitted to hospital who have been affected by living in a cold home.

We have also supported the Royal College of General Practitioners in a successful bid for funding to trial a 'one click' referral system from primary care settings in Wiltshire. The primary care IT system will automatically check if a patient is suffering from conditions linked to cold homes such as asthma and chronic obstructive pulmonary disease. The patient's record will be brought to the attention of a primary health care worker who will then be able to refer the patient into the Warm & Safe Wiltshire scheme automatically.

We are rolling out the Safe and Independent Living (SAIL) form in partnership with the Fire and Rescue Service which will improve access to services and support enabling the early identification of individuals who could benefit from early support improving partnership working and reducing duplication across public services.

As a sector leader Wiltshire's public health team have been asked to review an affordable warmth health impact evaluation toolkit which is being written for the Department of Energy & Climate Change. The toolkit will help effectively assess the impact affordable warmth schemes have on health and wellbeing. The team will submit a case study based on our experience here in Wiltshire of utilising the adult social care data base CareFirst to record case details of referrals made to our Warm and Safe team.

Case Study

In the community

Funding from the Marlborough Area Board has helped establish a community-led Shopmobility scheme in the town. This scheme will be hosted by volunteers recruited by the town council and Area Board and provide the means for residents and visitors to the town to get about the shopping areas of the town. Volunteers include sixth form students, young people on work placements and those on The Duke of Edinburgh's award scheme.

To support older and more vulnerable people in Warminster information drop in sessions are held at the at community hub in the town centre.

Colleagues were also out across Wiltshire in the autumn offering electric blanket testing to those over 65 at the Wiltshire Fire & Rescue Senior Well Being events. Of the blankets brought in, 17% failed the safety test because of overheating, unsafe electrical insulation or the poor condition of fabric and heating elements. The events in Calne, Devizes, Salisbury, Westbury, Lugershall and Mere also offered older people the chance to trade in old worn-out slippers for a new pair helping to reduce trips and falls associated with worn out and ill-fitting footwear.

Safe places

All over Wiltshire businesses and organisations have signed up to our Safe Places project. The scheme aims to establish places in Wiltshire that provide a safe environment for people who might need some additional support when out and about. Safe Places are there for people who are out in the community during times of anxiety, fear or distress.

Businesses who have signed up display a sticker in their window to let people know that they are a 'Safe Place'. People can also choose to carry an 'In Case of Emergency' (ICE) card, which they can show when they use a Safe Place to help ensure they get the kind of support they require. Our leisure centres are all Safe Places and, along with other organisations, are helping to make sure that our towns and villages are welcoming places for everyone regardless of their age and that our communities support people who need support.

In partnership with adult care

Through the Better Care Plan we are supporting older people to live healthily, to maintain or regain independence and to provide support which is personalised to an individual's needs and circumstances. This incorporates rehabilitation and falls prevention training for care home and domiciliary care staff, linked to hospital discharge liaison teams. Health coaching training for community teams is also available to support a shift towards proactive ill health management and enhanced focus on patient self-management.

This year we have assessed the extent to which Wiltshire care homes address the oral health needs of their residents, undertaking a study to look at how we can improve oral healthcare. Public health specialists are also working with care agencies in Wiltshire to increase understanding of how to prevent the spread of infection and falls in people aged 65 years and over living at home.

Active Health

Through our Active Health scheme medical professionals refer patients to specialised programmes and last year we saw referrals increase to 3,402. The Active Health scheme offers a 12 week physical activity programme for those referred in order to improve underlying health conditions. Classes are also available for targeted interventions such as exercising after a stroke, increasing strength and balance, and Phase IV Cardiac rehabilitation. There were 24,153 attendances at classes last year, an increase of almost 15% on the previous year.

Case Study

In the community

In 2013 Bradford on Avon's retirement age population, as a percentage of its total population, was the third highest in Wiltshire and the local community wanted to make the right support available for vulnerable people. A local Dementia Action Alliance has been set up with Alzheimers Support, the local Health Partnership, Seniors' Forum, Churches Together and Dorothy House. Events have taken place to increase understanding of what it's like living with dementia, a memory café has been set up and dementia-friendly status sought for the town. Community efforts have also made local social prescribing activities more effective, including the Leg Club, a Falls Clinic, befriending and a Men's Shed scheme.

The local GP practice Bradford on Avon and Melksham Health Partnership was nominated for 'Best Practice of the Year' for the excellent work they have done to improve uptake in the NHS Health Check programme. The practice was the only one in the South West to be shortlisted for an award.

Chapter four

Better mental health and wellbeing

Wiltshire's Mental Health Strategy 2014/21 was published this year. We set out our ambition over the next seven years to improve the mental health and emotional wellbeing of Wiltshire residents and meet the aims of the national mental health strategy.

We are already rising to the challenge of improving mental health and wellbeing – but we know we need to go further to achieve our ambitions and improve outcomes.

Mental health is 'everybody's business'. Change on this scale cannot be delivered by organisations working alone. We are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation

Mental Health First Aid (MHFA) training courses

A new 'Five Year Forward View for Mental Health' has been published by the independent taskforce set up by NHS England. The report gives a very positive message for change in the way the NHS and its partners transform the way they commission for mental health.

The taskforce recommends prioritising promoting good mental health, preventing poor mental health and helping people lead better lives as equal citizens through wider system integration, which involves the NHS, public health, voluntary, local authority, education and youth justice services all working together. This is a positive endorsement of the approach that Wiltshire is taking with our ental Health and Wellbeing Strategy and there is action underway or planned which will address a considerable proportion of the recommendations made on prevention and early intervention.

Creating better health outcomes

Our Artlift programme is an arts on referral project which has been helping us to improve the wellbeing of patients in Wiltshire since 2014. The programme enable health primary care providers and professionals to refer patients for an 8-10 week art course, usually delivered in a community based or primary care setting. The scheme addresses health and wellbeing issues, sometimes in potentially vulnerable or isolated groups. Informal and fun sessions are run by an experienced artist who helps people explore their own creativity and learn new skills at their own pace.

> **Artlift has given me a new interest, a new lease of life" said one participant, who had sought help from her GP for depression**

Giving communities the tools they need

Dementia Friends, our commitment to promoting and providing mental health first aid training and our Safe Places scheme are some of the initiatives that have been a success in Wiltshire because they help local people take care of each other. Our communities are now safer, healthier places to live for those who are experiencing mental health and wellbeing problems.

Dementia friendly communities

Research indicates that by 2020 the number of older people with dementia nationally will double and meeting the needs of an aging population, particularly a rise in the cases of dementia, is a priority for Wiltshire Council. By Dementia Awareness Week in 2016 over 15,000 people in Wiltshire had taken Dementia Friends training. Becoming a Dementia Friend means learning more about dementia and the ways in which you can help. The high numbers of people who have become Dementia Friends has made our communities safer places for people suffering from dementia to live healthy, high quality lives.

To find out more visit:
www.dementiafriends.org.uk

Case Study

How we are helping people in crisis

Wiltshire has been successful as part of a regional group of local authorities in securing funding for ASIST suicide prevention training. Staff will be attending a 'training the trainer' course and will go on to deliver six courses in the county aimed at frontline staff who are most likely to come into contact with someone who may be at risk of suicide.

In our communities

In Corsham the local community agreed to focus on improving mental and emotional wellbeing. An event for those over 55 called 'The Big Get Together' launched work to co-ordinate activities for older people. Over 150 people and 41 organisations attended and agreed to set up a local health and wellbeing group and to put resources into establishing a sustainable community model that supports people living with and caring for those with dementia.

It is well established that physical activity can impact on mental health. Big strides have been made in promoting walking, with the town achieving 'Walkers Are Welcome' status. The Corsham Walking Festival has been growing in popularity and over 300 people took part in the Corsham Memory Walk in 2015 to raise money for the Alzheimer's Society. Weekly dementia walks are held to give people who might be isolated the chance to be social and active in a supportive environment.

Dedicated sports projects, like the Sports and Social Club at Cricklade Leisure Centre, are aiming to help improve local mental health and wellbeing issues. A winter youth group project was set up in Lyneham to provide contact with young people over the winter months.

Preventing ill health and protecting people locally

Wiltshire Council is responsible for delivering sexual health services, reducing the impact of infectious diseases and preventing and reducing harm from drug and alcohol misuse.

The council also recognises the importance of its role during emergencies and incidents, and is fully committed to protecting the residents, businesses, infrastructure and environment of the county

Our team has continued to prevent ill health and to reduce threats to public safety by:

- Improving sexual health
- Reducing the impact of drug and alcohol related harm
- Reducing the impact of infectious diseases
- Reducing the impact of extreme weather
- Working locally to protect people in an emergency
- Helping people enjoy all Wilshire has to offer

Improving sexual health

Late diagnosis of HIV has fallen by over 10% between 2011/13 and 2012/14 in Wiltshire revealing the successful work we have done to ensure that those at risk are tested and can get earlier access to treatment to reduce the risk of transmitting the virus.

We have worked to promote testing and to remind people that new technologies are available that make testing for the virus much simpler and more straightforward. In Wiltshire, as well as residents being able to test at any of our sexual health clinics and GP surgeries, we have signed up to participate in the PHE Home Sampling programme.

The programme is targeted at communities most at risk of HIV who can order an HIV test online at www.freetesting.hiv and receive it in the post, before taking a small sample of blood and returning it for laboratory testing.

Data released in January 2016 showed that out of the 325 local authorities involved with the project, Wiltshire had the 33rd highest number of requests for testing kits in November and December. This indicates that this type of home screening service is not only acceptable to local residents but that we are also reaching those people who may not ordinarily be testing.

As well as offering HIV testing through an online system, young people across Wiltshire are able to order kits to test for Chlamydia on-line as well. This system has proven to be a huge success with over 21,000 kits being ordered by the end of March 2016. It is important that young people are able to engage in testing systems such as this as presently over 50% of new sexually transmitted infections in Wiltshire are diagnosed in those under 24 years of age.

Reducing the impact of alcohol related harm

In April 2015 Wiltshire's Alcohol Strategy for 2014/18 was finalised, marking the beginning of a new phase of our work to tackle alcohol-related harm with our communities and partners. The new strategy prioritises prevention through raising awareness of the impact of alcohol and the risks of dependency.

Bringing strategic work on alcohol and licensing under the management of our public health team has allowed us to take a broader and more effective approach to confronting alcohol related harm and associated anti-social behaviour. We are now able to empower local communities to tackle problems, to act against problem premises or to reduce the density of premises and, most importantly, to make protecting public health a licensing objective.

Our focus is on tackling the impact that alcohol-related harm can have on individuals, families and communities, both on health and wellbeing and through hidden harms, like violence and anti-social behaviour. Whilst our work helps ensure people are able to enjoy alcohol safely and responsibly and supports a healthy night-time economy, we also have a responsibility to reduce the harm done through alcohol misuse, to help those who are dependent and, crucially, to reduce the number of people who become dependent.

We know that alcohol-specific admissions for under 18s reduced between the period ending 2012/13 and then 2013/14 from 55.5 per 100,000 to 46.4 per 100,000. We have prioritised reducing the impact of alcohol related harm, ensuring that our alcohol strategy and licensing are managed by the same team to allow us to empower local areas to tackle alcohol related harm.

Analysis shows that alcohol attributable and specific admissions are falling in those aged under 45 while it is increasing in those aged 45 and over.

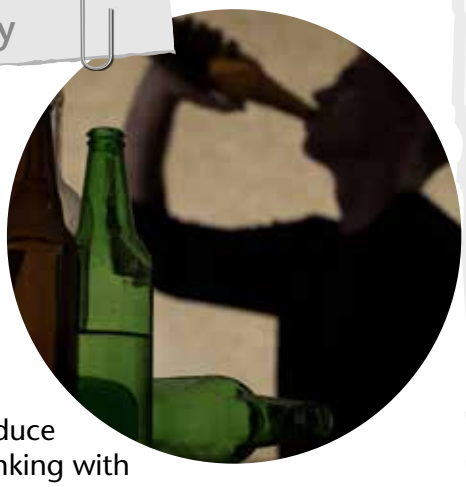
Public health intelligence also helps us understand where in the county alcohol specific admissions are higher and where they are falling.

Case Study

Community safety in our communities

For the fourth year in succession, Salisbury was awarded Purple Flag status and this year Chippenham also gained an award for the town. The award demonstrates the commitment that both Salisbury and Chippenham makes to the 5pm – 5am economy and that partnership working is thriving in both places. Purple Flag is an accreditation process similar to the Green Flag award for parks and the Blue Flag for beaches. It leads to Purple Flag status for town and city centres that meet or surpass the standards of excellence in managing the evening and night time economy. In Melksham local CCTV is in operation and is monitored by 12 volunteers during peak hours and 32 local businesses have signed up to the Safe Place Scheme.

Case Study



In Amesbury a local pubwatch scheme is helping to reduce underage drinking with radio communication between venues and good liaison with police helping to prevent underage drinkers entering licensed premises. In Calne a Positive Tickets scheme, supported by Wiltshire Council and the Police and Crime Commissioner, acknowledges the positive behaviour and work of young people in the town.

In Westbury local people have worked together to reduce incidents of domestic abuse and help victims. Wiltshire Police have a new community policing programme running across the county and are providing regular updates at area board and parish council meetings and a local public information campaign provided information to those suffering or at risk of domestic abuse on how to get help.

Reducing domestic abuse

In November Wiltshire Council and the Office of the Police and Crime Commissioner launched a single phone number to help people experiencing domestic abuse in Wiltshire to find support sooner. To mark this year's domestic abuse awareness week Splitz Support Service, commissioned by the council and Wiltshire Police, have launched the new phone number for anyone looking for advice, support and help about domestic abuse in Wiltshire. Splitz will deliver easy to access specialist support services for people at all levels of risk of domestic abuse across the county. Anyone who would like advice or support about domestic abuse should call 01225 775276 or go to www.speakoutwiltshire.com. This year we also continued to run a multi-agency training and awareness events for practitioners working across the field of domestic abuse to help us provide support for anyone affected.

Multi-Agency Risk Assessment Conferences (MARAC) are recommended by the Home Office as good practice to facilitate a multi-agency response to high risk domestic abuse. In 2015/16, the Wiltshire MARAC has continued to witness an increase in the volume of referrals being received into its safeguarding arrangements to support victims and their families at greatest risk of DA in the county. There were 496 high risk referrals received during 2015/16, which is a further 10% (+72) increase on 2014/15; of which 23% were repeat victims. 624 children were recorded in the household at the time of a high risk referral to MARAC. Wiltshire has continued to record higher than the national average for partner agency referrals, with 40% recorded in 2015/16, this is reflective of the multi-agency rolling training programme for MARAC, risk assessment and referral pathways.

2014/15	North/West Wiltshire	East/South Wiltshire	Wiltshire
Referrals received	299	197	496
Repeat Victims	59 (20%)	39 (20%)	99 (20%)
Children in household	371	271	624

Reducing the impact of infectious diseases

Each year the council works closely with NHS England, local GPs and pharmacies to provide and promote the seasonal influenza vaccine to those at risk.

This year saw the seasonal influenza activity peak later than usual in March rather than December/ January as in previous years.

The uptake rates in children aged 2-4 years, pregnant women and those aged 65 and over are all higher than the England average, however in the under 65 at-risk population it is slightly lower.

CCG	Summary of Influenza Vaccine uptake %					
	65 and over	Under 65 (at risk only)	All Pregnant women	All aged two	All aged three	All aged four
Wiltshire	72	42.8	42.9	46.3	47.4	39.4
England	71	45.1	42.3	35.4	37.7	30.1

The council offers the influenza vaccine to its staff and this season there was a 38% increase in the number of those who had the vaccination from 2014/15 (674) to 2015/16 (930) and nearly 80% of these were vaccinated at clinics held in each of the council hubs.

Pneumococcal vaccine is given once to those aged 65 years and over and protects them against serious pneumococcal infections which can lead to blood poisoning or meningitis. Wiltshire has seen a slight increase in uptake of this from last year from 69.6% (2015) to 70% (2016).

Antimicrobial resistance is a global issue that concerns us nationally and locally. Our work aims to reduce the spread of infection and the need for antibiotics to be used.

Wiltshire's Assembly of Youth helped us to design a leaflet to increase local understanding of why we need to preserve our antibiotics and avoid misuse.

Some of the areas in which we can all contribute are:

- Simple but effective hand hygiene
- Having vaccines to which we are entitled to avoid developing or transmitting infections
- Prudent use of medications designed to kill microorganisms that cause infections

Collaborative work with entomologists at Porton Down continues to ensure consistent messages are shared with the public. Leaflets have been devised including a small pocket sized card that easily fits into a first aid kit for easy reference. These resources have been shared with local GPs, parish councils and other local organisations on request. An evaluation of these resources sent out strongly supported their usefulness.

Summer awareness

We have been working over the last three years to reduce incidence of melanoma in Wiltshire. Our annual sun awareness campaign is preventive, aiming to help Wiltshire people have a healthy relationship with the sun and reduce their risk of developing skin cancer and other sun related health problems (including cataracts and premature ageing). We also raise awareness of skin cancer by encouraging people to be alert to the signs and symptoms of skin cancers and the steps available to investigate and treat these lesions.

Our 2015 campaign focused on children and young people particularly from more deprived backgrounds and those who work and spend time outdoors. Public health specialists provided advice and information at events across Wiltshire to reduce the number of people who develop skin cancer.

Reducing the impact of extreme weather

Over the Autumn and Winter months we ran a local 'Stay well this winter' campaign with the Wiltshire's NHS Clinical Commissioning Group to keep local people well, safe and warm over winter and to ensure local public services are able to manage seasonal demand.

Working locally to protect people in an emergency

In 2015 two cases of anthrax were confirmed at a farm in the Westbury area following the death of two cows. Colleagues from Wiltshire Council, Public Health England, DEFRA, Environment Agency and Animal Plant and Health Agency swiftly put a plan together to protect public health and ensure there is no risk to the wider community.

Knowing people in Wiltshire are protected in an emergency is important to us all and our Emergency Preparedness, Resilience and Responsiveness team play a crucial role in protecting communities. In February the council approved Wiltshire's Integrated Emergency Plan, which ensures we can effectively protect people should a major incident, like severe weather, the outbreak of disease or large fire, take place. Working with emergency service partners we are creating safer, more resilient communities.

This year the team ran multi-agency community resilience workshops across 250 parish and town councils and helped communities complete their local plans. The workshops were a big step in helping the public prepare to cope during widespread emergencies like flooding, snow or disease outbreaks when the public services' resources will be stretched.

January proved just how effective these local plans were when we received three flood warnings and flood alerts for rivers in Wiltshire, with particularly high river levels in the centre of Bradford on Avon. The decision was taken, in connection with the Environment Agency and Fire and Rescue Service, to erect temporary flood barriers in the town. The barriers were collected and put up by Wiltshire Council and the Fire & Rescue Service in a successful multi-agency response but they were monitored by Bradford on Avon Community Response Volunteers.

The team are the most proactive community resilience response team we have in Wiltshire and have been trained by the emergency planning, public health, flood response and the highways team. The community team are a great example of how, with our support, local people are taking the lead.

Case Study

In the community

Local residents in South West Wiltshire expressed concern about the impact of winter weather leaving people socially isolated. As a result the Area Board has funded six tailgate salt spreaders and 10 push-along spreaders, which are now available to be used by trained local volunteers in strategic locations during the winter period. By working together the community is better prepared to help itself and keep people safe in extreme weather.

Helping people enjoy our county

Our team takes an active role in event scrutiny to help reduce the risks to those taking part and the wider community from communicable diseases, substance misuse and severe weather.

The Summer Solstice on 20 and 21 June is one of the largest events in Wiltshire each year. In 2015 there were 23,000 visitors to the event, but compared to the previous year there were less arrests and less people needing medical treatment. Our health and safety, food safety and emergency planning teams, together with our highways colleagues, helped event organisers put in place sensible steps to ensure public safety and deliver a successful event.















D17435 CD 2016

Wiltshire Council
Where everybody matters