

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room
Date: Tuesday 7 March 2017
Time: 10.30 am

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

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Membership:

Cllr Chuck Berry (Chairman)	Cllr Bob Jones MBE
Cllr Gordon King (Vice Chairman)	Cllr John Knight
Cllr Chris Caswill	Cllr Paul Oatway QPM
Cllr Mary Champion	Cllr John Walsh
Cllr Christine Crisp	Cllr Graham Wright
Cllr Sue Evans	Cllr Atiqul Hoque
Cllr David Jenkins	

Substitutes:

Cllr Pat Aves	Cllr Jon Hubbard
Cllr Trevor Carbin	Cllr Julian Johnson
Cllr Terry Chivers	Cllr Ian McLennan
Cllr Anna Cuthbert	Cllr Helen Osborn
Cllr Dennis Drewett	Cllr Pip Ridout
Cllr Peter Evans	Cllr Ricky Rogers

Stakeholders:

Steve Wheeler	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Irene Kohler	SWAN Advocacy

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Members of the Committee are invited to a pre-meeting briefing, at 9:30, which will provide a financial overview of the Health and Care system

1 **Apologies**

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

To approve and sign the minutes of the meeting held on 10 January 2017.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Tuesday 28 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 **Thursday 2 March 2017**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Sustainability and Transformation Plan (STP) - update**

To receive an update on the development of the STP for BaNES, Swindon and Wiltshire, following the update received in November 2016.

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

To receive an update on the delivery of the Adult Community Health Care Service, following its commencement in July 2016.

8 **Response to the Final Report of the Better Care Plan Task Group (Pages 15 - 22)**

To receive the responses of the Health and Wellbeing Board and other partners to the recommendations of the final report of the task group, which was endorsed by Committee in January 2017. Attached is the report, for information, is the report considered by the Board and a further report, outlining the response, is to follow.

9 **Wiltshire Safeguarding Adults Board - Priorities for 2017-18 (Pages 23 - 34)**

To receive a presentation from the Chairman of the Board on his priorities for 2017-18. In November 2016 the Committee noted the publication of the Board's annual report for 2016-17 and invited the Chairman back to provide further information on his priorities for the coming year.

The LGA Members guide to Safeguarding Adults is attached for Members' information.

10 **Adult Care Charges Policy (Pages 35 - 38)**

In April and June 2016 the Committee received reports on proposed changes to the Adult Care Charges Policy. In June the Committee resolved,

1. To express concern at the reported level of response to the consultation and ask Cabinet to consider whether it provides a sufficient basis from which to implement changes.
2. If Cabinet implement changes to the charges, to receive an update on their impact, six months after implementation.

The proposed changes were subsequently agreed by Cabinet in July 2016.

A report, included in the pack, outlines the further engagement work being delivered by Healthwatch in order to assess the impact of the Policy.

11 **Review of Health Select Committee work 2013-2017 (Pages 39 - 48)**

To highlight key aspects of the work undertaken by the Select Committee during the 2013-17 Council and to recommend topics as legacy items to the Management Committee for possible inclusion in a new overview and scrutiny

work programme after the elections.

12 **Urgent Items**

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

13 **Date of Next Meeting**

The next scheduled date is 27 June 2017.

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1.2.

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 10 JANUARY 2017 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Chuck Berry (Chairman), Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp, Cllr Sue Evans, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr John Knight, Cllr Paul Oatway QPM, Cllr John Walsh, Diane Gooch, Steve Wheeler, Cllr Graham Wright and Cllr Atiqul Hoque.

1 Apologies

Apologies were received from Irene Kohler.

2 Minutes of the Previous Meeting

Resolved

To approve as a correct record for signing the minutes of the meeting of the Health Select Committee held on the 10 January 2017.

3 Declarations of Interest

There were no declarations of interest.

4 Chairman's Announcements

The Chairman made the following announcements:

a) Pre-meeting information briefing

That a briefing giving an overview of health system finances had been organised for the Committee's next meeting on 7 March.

b) Overview & Scrutiny Legacy Workshop 2013-2017

The Chairman drew the meetings attention to the "*Overview & Scrutiny Legacy Workshop 2013-2017*" arranged for the 17th Jan , 2-4pm Council Chamber, County Hall Trowbridge

c) Joint Scrutiny of Avon & Wiltshire Mental Health Partnership Trust

In September the Chairman announced that CQC had published a follow-up report following its full inspection AWP's services in May 2016 and rated the Trust overall as 'requires improvement'.

Members were reminded that AWP attended a meeting in April to present their Quality Account and gave a verbal update on the CQC inspection, which was ongoing at the time.

Wiltshire was previously a member of a Joint Scrutiny Working Group looking at AWP's improvement programme (chaired by Cllr John Noeken). When endorsing the working group's final report the committee resolved that any decision regarding further joint scrutiny of AWP should await their CQC inspection results.

Having reviewed this in September the Committee agreed to assess other councils' interest in taking part before making a decision. Officers had done this and the following was reported:

- North Somerset District Council support the idea of continuing the joint working group in principle, but would need to confirm whether a member or members will put themselves forward to take part.
- BANES have declined to take part due to a lack of resources.
- Bristol have not given a firm answer, but AWP only now provide a small proportion of their mental health provision so may be unlikely to take part.

The meeting was asked to consider how they would wish to proceed. Following a short debate, the meeting;

Resolved

That scrutiny of Avon & Wiltshire Mental Health Partnership Trust's improvement programme be referred as a legacy issue to Overview and Scrutiny to consider under the 2017-21 Council.

- d) Update on the Obesity and Child Poverty Task Group

In March the Committee endorsed the final report of this task group, which was formed jointly with Children's Select Committee, and referred the report to Cabinet for response. In December, Children's Select Committee received a further response from the Cabinet Member for Waste and Planning to Recommendation 12.

The recommendation reads;

"The Cabinet Member for Health and Adult Social Care, and the Cabinet Member for Planning, Property, Waste and Strategic Housing, to advise if the council currently

seeks to influence the proliferation of fast food outlets (particularly near schools) through the planning process and, if not, whether there are plans to consider doing so.”

The full minutes of Children’s Select Committee’s discussion would be available at a later date but in summary:

- Cllr Sturgis advised that the Council considered each application on its own merits, taking into account of all the material considerations. Matters such as highway safety and residential amenity are normally the more critical issues. Proximity to a school might be considered but would by itself rarely be a determining factor in a planning application in the absence of any planning policy setting out such criteria.
- There is currently no specific policy within the Core Strategy that would enable the provision of new fast food outlets to be restricted near to schools and college campuses.
- However, Public Health and Public Protection are working together to research local data and evidence in order to establish if there are any areas in Wiltshire where there appears to be a proliferation of fast food outlets near to schools and colleges.
- Ultimately, Children’s Select resolved to consider this as a possible legacy issue for referral to OS in the next Council .

5 Public Participation

There were no questions or statements from the public.

6 Urgent Item - Emerging Sustainability and Transformation Plan

The meeting’s attention was drawn to the Agenda Supplement, under Urgent Items, a link to the Emergent Sustainability and Transformation Plan (STP) which had been provided and the link to the latest version of the STP was published with the Health and Wellbeing Board agenda on 14th December.

Following a request from Councillor Chris Caswill, the Chairman agreed that there should be an opportunity for the members of the committee to see the latest STP, this is an opportunity to raise any questions or suggest areas for focus that we can address at the next meeting in March, to which the lead officers for the STP have been invited.

Councillor Chris Caswill presented the following questions, received in advance of the meeting, which received the following response from the officers:

1. *For the record, is it correct that the Sustainability Transformation Plan (STP) covering Wiltshire was published on 14 December, and also highlighted on the Council web site on that day?*

Yes, the 'Emergent STP' document was published as an agenda supplement to the Health and Wellbeing Board agenda on the council website on 14 December and considered at its meeting on 15 December (which Chuck attended).

2. *Was the existence of the STP drawn to the attention of the officers of this Committee before the Christmas break?*

Officers in the Corporate Officer monitor relevant health and care items going to Cabinet, Health and Wellbeing Board etc in order to support the Chairman with the oversight of the Committee's forward work programme.

On this occasion the Emergent STP on the Health and Wellbeing Board agenda was not spotted until after this meeting's agenda was published. However, officers were aware that the STP would remain a developing document for some time and that the approach agreed by the Committee was to receive periodic updates rather than as a standing item.

3. *Given that the STP plans are far more extensive than the summary provided for the Committee's last meeting(eg more use of PFI, weight management for employees, and a ceiling of clinical and care priorities, as only a few examples) and the Minute of that meeting calls for 'updates at appropriate milestones', why is the full plan not now on the agenda for the Health Select meeting on 10 January, 15 working days after its publication?*

Ultimately the item hasn't appeared on the agenda because it was not requested by a member of the committee (as is provided for under the Constitution). However, there will now be an opportunity to discuss the Emergent STP under Urgent Items.

Subsequent question asked at the meeting included:

- What will happen to the surpluses?
- How had the £50M gap in SC funding come about and how will it be distributed?
- How will the projected savings be distributed across the five priorities?
- What does "capitalising on the collective estate" mean?
- Please explain the "clusterisation" of GP surgeries further.
- Please provide further detail on how 7-day working will be achieved within the financial framework outlined.
- Can an update on public engagement be given.

Resolved

1. **To note that a full update on the Sustainability and Transformation Plan has been requested for the Committee's next meeting on 7 March 2017.**
2. **That questions raised by members will be forwarded to the relevant officers for answering at the Committee's next meeting in March.**

7 Wiltshire Health & Care (Adult Community Health Care Service)

At the time of the agenda publication it had expected a written update on the delivery of the Wiltshire Health and Care community services since it commenced in July to follow. Unfortunately it was subsequently confirmed that a full update could not be provided for the meeting, but would instead be brought to the Committee's next meeting on 7th March. This will also allow officers to provide some information on the plans for the Adult Community Services for 2017 to 2018.

8 NHS Health Check Evaluation

The meeting received the report which provided an update on the NHS Health Checks Programme Evaluation currently underway in Wiltshire.

Issues discussed included: that the committee had received a report on the matter in January 2016; that further evaluation of the data was required; and that further reports would be presented.

Resolved

To receive the final evaluation report on the NHS Health Checks project at the next meeting on 7th March 2017.

9 Wiltshire Domestic Abuse Support Services Procurement

The meeting received the report which provided an overview of the domestic abuse reduction agenda in Wiltshire and current developments.

Issues discussed included: the procurement exercise being undertaken; the prevalence of the problem in different parts of the community; and that further information could be provided to the Committee.

Resolved

- 1. To note the overview of the domestic abuse reduction agenda in Wiltshire provided and that, following completion of needs assessment, work to procure a new integrated service model to tackle domestic abuse will commence in Spring 2017 with the intention to award the contract by end of May 2017.**
- 2. To receive the findings of the Domestic Abuse needs assessment once completed including any available demographic breakdown of those involved.**

3. **To receive an update on the procurement of the new integrated service model at a later date.**

10 **Final Report of the Better Care Plan Task Group**

The Chairman invited Councillor John Walsh to present the final report of the Better Care Plan Task Group which detailed the findings and recommendations of the task group for endorsement and referral to the relevant decision makers. In giving his presentation, Cllr Walsh praised the hard work of the members and officers who supported the work of the group.

Councillor Gordon King asked that the an assessment of the innovation taking place across Wiltshire's health and care system be recommended to form part of the work of the new Health Select Committee formed following the next election. This proposal was accepted into the subsequent recommendation.

Resolved

1. **To endorse the Final Report of the Better Care Plan Task Group, including recommendations 1 to 9, which are referred to the Health Select Committee itself and include suggestions for future scrutiny work under Recommendations 7, 8 and 9.**
2. **To refer recommendations 10 to 12 to the relevant parties for response.**
3. **To recommend an assessment of the innovation taking place across Wiltshire's health and care system as a legacy topic for consideration by Overview and Scrutiny under the 2017-21 Council.**

11 **Care Home Tender Contract Awards**

The meeting considered the report the informed the Committee that the Council has recently tendered for contracts for care home beds (both residential care and care with nursing) for older people, and that tenders were being evaluated and the decision to award contracts will be made by Cabinet at its meeting on 13th February 2017.

Resolved

To note that the Council has recently tendered for contracts for care home beds (both residential care and care with nursing) for older people. Tenders are being evaluated and the decision to award contracts will be made by Cabinet at its meeting on 13th February 2017.

12 **Dorset and Wiltshire Vascular Network - update**

The Chairman drew the meeting's attention to the update on the Dorset and Wiltshire Vascular Network. The Chairman had decided, following a telephone briefing on the content in December from officer, that he wanted to see if members had questions or concerns before asking the relevant colleagues to travel up from Bournemouth to present a report.

The Committee felt generally that further information regarding the outcomes for those with longer-term sickness, but that it was not necessary for the officers to attend, in person, a future meeting of the Committee.

Resolved

To note the update.

13 Task Group Update

The meeting considered the update on the work of the Task Groups noting that there were two active task groups: Better Care Plan, which had presented its final report; and Obesity and Child Poverty, which has concluded its work with the final executive response having been received by Children's Select Committee in December.

Resolved

To note the update on task group activity provided

14 Forward Work Programme

The forward work programme was noted.

15 Urgent Items

There were no additional urgent items.

16 Date of Next Meeting

The meeting noted that the next meeting would be held at 10.30am, Tuesday 7th March 2017.

(Duration of meeting: 10:30 – 12:12)

The Officer who has produced these minutes is Will Oulton, of Democratic Services,
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Press enquiries to Communications, direct line (01225) 713114/713115

Wiltshire Council

Health and Well Being Board

9th February 2017

Paper (for information only)

James Roach

Joint Integration Director Wiltshire Council and Wiltshire CCG

Better Care Plan Update

1.Purpose

1. To provide the Health and Well Being Board with an update on current performance against the key Better Care Plan indicators
2. Provide an overview of the key conclusions and recommendations of the Better Care Plan Task Group and actions being taken
3. Provide a summary update on the proposed BCF budget for 2017/18 and the key commissioning intentions. These will be finalised in more detail by the end of February and will be presented to the next HWB meeting.

2 .Background

4. Approximately £800m is spent in Wiltshire on health and social care. The £32m of Better Care funding is a driver for stimulating the integration of health and social care services. The Wiltshire Better Care Plan is built upon the overriding vision of care as close to home as possible, with home always as the first option.
5. The Better Care Fund aims to help deliver on the national conditions and local priority; such as:
 - Protecting social care services – through increased investment in social care services to meet the requirements of demography and of the Care Bill
 - 7-day services to support discharge from hospital – through increased investment across the whole system
 - Data Sharing – through working together on new systems and developing our ability to share information not just between health and social care, but more widely with other public sector services
 - Joint assessments and accountable lead professional – through local joint working and the development of patient/service user-held records
 - Ensuring services support people to remain at home or in their community.
6. The success of the plan is measured against five national performance areas:
 - Admissions to residential and nursing care
 - Success of reablement and rehabilitation
 - Delayed transfers of care
 - Avoidable emergency admissions
 - Patient and service user experience

7. The impact of demography on adult social care has been highlighted by the Local Government Association, who say that on average, Councils are facing a demographic pressure of 3%, with most that relating to services for people with learning disabilities and services to older people. Overall health and life expectancy in Wiltshire are well above the national average and the number of older people is rising much faster than the overall population of the county.
8. The growing demand for urgent care continues nationally and it is no different in Wiltshire, and, prior to the implementation of the Better Care Plan, resulted in:
 - Increased volume of non-elective admissions;
 - Increased pressure on care services which result in delays in accessing packages,
 - Demand outstripping supply for ICT beds
 - High volumes of delayed transfers of care;
 - Few alternatives to hospital admission in acute setting.
9. Wiltshire was one of only five early implementers of the Better Care Plan nationally.

3.Current Performance and key challenges

Summary update of performance against the key BCP indicators is outlined below

3.1 Current performance

Reducing Non-Elective Admissions

- Non-elective admissions have grown by around 5.7% (1,371 admissions), but this is still less than might have been expected given demographic growth.
- The population aged 65 and over has grown by 11,000 people since 2013-14, if admission rates had stayed as they were this would have resulted in an extra 2,000 admissions in 2015-16 and there was an increase of around 1,000 admissions. In 2016-17 to M8, we would have seen a further increase of around 1,200 admissions for the full year and our YTD projection shows an increase of around 1,000 admissions.
- This represents a reduction in potential admissions of around 1,200.
- The Wiltshire rate of emergency admissions in the population aged 65 and over remains lower than the average for England.
- Avoidable Emergency admissions are showing a reduction of 4.8% on the levels seen in 2015-16

Reducing delayed transfers of care

- Delayed Transfers of Care have increased back to the levels seen in 2014-15, in part due to issues with CQC restrictions on one of the BCF schemes which limited our workforce for admission avoidance and discharge support as well as demand exceeding supply, increased complexity and inappropriate referrals.
- There has been a marked increase in the level of delays in Quarter 3.

Enhancing Long term independence post discharge

- The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) remains around the 86% target.

Reducing volume of permanent placements

- Permanent Placements to care homes for those aged 65 and over are again on track to be below the 550 target.

Dementia diagnosis rates

- Dementia Diagnosis rate is now less than 0.5% below target and the CCG is working with GP practices to hopefully achieve the national target by year end. o Wiltshire achieves good outcomes when patients are diagnosed with dementia with 88.3% having a care plan reviewed face to face in the last 12 months compared to an England average of 83.8%.

3.2 Key challenges being faced across the system

- Demand on the acute care system is the health and social care economies biggest risk to sustainability as emergency admissions continue to be over plan with growth being experienced at a higher level in the 0-18 and 18-64 age groups.
- The Wiltshire Better care plan can demonstrate impact in terms of reducing the volume of avoiding admissions and managing the significant growth in the frail elderly cohort, however further progress is required to reduce demand and to reduce the increased levels of delayed transfers of care
- A key focus for 2017/18 must be to increase care capacity across the system and new schemes like the rehab support workers will provide key additional resource in this regard alongside any additional actions that can be prioritised locally from the eight high impact changes self-assessment. However, this is not in itself going to address or resolve the significant workforce challenges we have at key stages of the pathway.
- Financial pressures across the whole system may well limit our flexibility to invest further in innovation and service delivery therefore making it even more critical that existing services deliver in the way intended and planned for it is critical that partners maintain delivery across the BCF plan metrics and national conditions as well as deliver a medium view of transformation for the next 2 years.
- There will need to be a further focus on developing a commissioning framework for integrated commissioning across our system which will need to involve identifying further joint savings and value for money in joint commissioning as well as ensuring quality and driving further innovation in integrated service delivery models
- The challenges faced nationally in attracting workers to the care sector are well publicised and, due to its low unemployment, Wiltshire faces difficulties especially in the care sector where annual staff turnover can be high.
- There is a need to look at innovative and new ways to address these workforce challenges and approaches like the Rehab Support Worker model are clearly a step in the right direction
- Throughout 2016/17 there has been significant demand for timely access to ICT beds and care packages to enable faster discharge from hospital and reduce delays.
- Demand has consistently outstripped supply and this has increased the level of delays across the system, focused work continues to be taken forward in the following areas
 - Providing additional care resource (the rehab support workers programme goes live on the 1st April)
 - Providing additional bridging resource through our urgent care at home model

- Aligning our care providers within each integrated discharge team across the 3 acute hospitals, this will ensure more effective use of resource, planning and tackling the risk averseness that results in over prescription of care
- Regular joint reviews being undertaken by Wiltshire Health and Care and the care providers with the aim of transitioning patients off package sooner.
- Maximising efficiency though our 70 ICT beds and considering the longer-term capacity requirements for ICT across the county

4. Recommendations from the Better Care Plan Task Group

Over the last 18 months, the Wiltshire Better Care Plan has been subject to regular scrutiny from the Better Care Plan Task Group (operating on behalf of the Wiltshire Health Select Committee). The Task Group finished its work in November 2016 and reported its findings to the health select committee and these are summarised below for the attention of the Health and Well Being Board

The Task Group recommend that the Health Select Committee:

- 1) Supports the Better Care Plan's commitment to delivering integrated care at the point of need at as local a level as possible and the approach of integrated working as the right direction to achieve this.
- 2) Recognises that the integration and innovation driven by the Better Care Plan has made Wiltshire's health and care system more resilient than those in many other areas despite the considerable demographic and financial challenges being faced.
- 3) Notes that, despite Better Care Plan successes, problems occurring in non-Better Care funded services can quickly cause 'blockages' across the health and care system.
- 4) Supports the principles of Integrated Discharge as improving the patient experience and reducing delays in discharge, but acknowledges that a lack of domiciliary care can create a "bottleneck" in the system, making delayed discharges unavoidable.
- 5) Notes that overall the Choice Policy has created greater simplicity and clarity for staff and improved the discharge process for most patients when followed properly.
- 6) Supports the principles of intermediate care in supporting patients' journey to reablement.
- 7) Recommends monitoring of the Better Care Plan against its five national performance areas (below) as a topic for scrutiny under the 2017-21 Council:
 - a) Admissions to residential and nursing care
 - b) Success of reablement and rehabilitation
 - c) Delayed transfers of care (DTC)
 - d) Avoidable emergency admissions
 - e) Patient and service user experience
- 8) Recommends the integration of services across Wiltshire's health care sector as a priority topic for scrutiny under the 2017-21 Council.
- 9) Supports the Single View project to integrate information across the health and care system and recommends this as a topic for scrutiny under the 2017-21 Council.

The Task Group recommends that Wiltshire's Health and Wellbeing Board partners:

- 10)** Considering the significant workforce challenges faced in Wiltshire, commit to
 - Implementing a clear and attractive career structure for the care sector
 - Expanding and utilising the skills of staff across the health care system
 - Promoting the principles of integrated working within all partners' recruitment and induction strategies
 - Protecting public confidence in the workforce's skills.
- 11)** Demonstrate the ambitious commitment to integration required to address the demographic and financial challenges faced by:
 - Taking a genuinely integrated approach to commissioning health care services
 - Ensuring that the principles of integrated working are in place at an operational level across the system
 - Adopting a shared approach to risk across health and care partners.

The Task Group recommends that Wiltshire Council and Wiltshire Healthwatch:

- 12)** Consider re-launching the "Your Care, Your Support" online portal to raise its profile as a resource amongst professionals, volunteers, patients and carers in the health and care system in Wiltshire. The re-launch to include more links to the portal from local websites and more prominent guidance for self-funders.

The response to recommendations 10 and 11 will be developed over the next few weeks and will be shared with the Chair for approval.

5. Summary of Commissioning intentions 2017/18

Commissioning intentions for the Better Care Plan and its associated budget for 2017/18 are currently being finalised and will be presented at the next Health and Well Being Board meeting (although will require Chairs action and approval before the end of March). The key elements of the 2017/18 approach are summarised below

5.1 High level aims and ambitions of the Better Care Plan for 2017/18

The Better Care plan has provided a strong framework for integration, transformation and system wide delivery across Wiltshire.

The model of care for Wiltshire which has been put in place and needs to be supported and maintained needs to include the following;

- Simplified access to core services through one number for the whole system.
- Effective Triage which increase use of alternatives rather than generate additional pressure
- Integrated service provision based on localities with appropriate clinical, community service, mental health and social care input to make them effective •
- Services must make a difference in terms of intervention and be more responsive at point of need. •
- Risk stratification and anticipatory care which deliver and make a difference.
- Ongoing development of credible alternatives which make a difference to acute hospital provision, there is a need to manage a higher level of acuity in community settings. •

- Specialist provision and support in out of hospital settings underpinning the system ambition.
- Focus on discharging patient home first. •
- Enhanced discharge arrangements with integrated community teams being able to pull patients out of hospital once the patient is medically fit.
- Reliable intermediate care and care at home which gets patients to their normal place of residence more quickly.
- A greater emphasis on upstream prevention and focus on self-management and signposting.
- Senior expert clinical opinion as early as possible in the pathway wherever the patient presents across the system.
- Building from the bottom up, ensuring that providers play a key part in the development of the integrated model of care.

These would be the key principles that underpin any approach to integrated service delivery during 2017/18 and beyond. These principles are inherent to the transformation approach in place across Wiltshire.

<p>Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the outcome and opportunities for integration</p>	<p>Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support</p>	<p>increase the capacity, capability and sustainability of integrated services so professionals and public have increased confidence in them</p>
<p>Support the reconfiguration of services from acute to community settings in line with: <input type="checkbox"/> BSW STP <input type="checkbox"/> New models of care.</p>	<p>Manage an effective and efficient pooled budget which is widened across the partnership to deliver the integration programme.</p>	<p>Develop Wiltshire's "medium term integration plan" including our approach to organisational forms and alignment</p>

5.2 Proposed Budget 2017/18

The proposed BCP budget will circa £32.930 Million in 2017/18 and will incorporate the following key areas (as in previous years)

1. Intermediate Care
2. Access, rapid response and 7-day working
3. Care Act
4. Self-care and support
5. Protecting social care

This will continue to be managed in the form of a pooled budget and will be subject to the updated Section 75 agreement and further discussions between the relevant finance teams.

5.3 QIPP ambition 2017/18

More detailed QIPP assumptions have been developed for 2017/18 with the current high level ambition being to reduce growth to 0% in relation to non-elective admissions for the over 65s. Whilst Wiltshire has a strong track record in reducing non-elective activity for this cohort this remains high risk given the significant demands on the system and the level of delivery ambition is currently being risk assessed in line with previous year's performance. The key requirement remains further additionality and impact in 2017/18

5.4 Overview of key commissioning intentions

More detailed commissioning intentions will be presented at the next Health and Well Board, but the overall aim is to build on the strong foundations already in place and maximise delivery from the existing schemes, ensure new programmes like rehab support workers deliver early benefit in 2017/18 and key enablers such as Integrated Teams, the Wiltshire Health and Care contract and single view are accelerated further.

Key areas of focus for 2017/18 are summarised below in terms of key areas of focus

Intermediate Care

- Continued commissioning of the 70 ICT beds across the county
- Expanding the role of integrated teams
- Commissioning of step up intermediate care beds in community hospitals (North and West) and in nursing homes (South)

Admission avoidance

- Step up intermediate care in community hospitals and in the patient's own home
- Continued commissioning of the urgent care at home model with additional bridging support
- Links to the high intensity care programme being led by Wiltshire Health and Care
- Community geriatrics
- End of life 72-hour pathway
- Enhanced front door admission avoidance and navigation

Discharge planning

- Maintaining ICT bed capacity across the system
- Improving flow through community hospital beds
- Integrated discharge arrangements in place at each acute hospital
- Launch of the rehab support workers programme (the home first approach)
- Care home liaison services

Prevention

- Implement key recommendations from the Older Persons Review • Implementation of falls strategy and action plan (led by the Wiltshire wide Bones Health Group)
- Signposting, navigation and roll out of the Information Portal in partnership with voluntary sector and Health watch.

- Working with health watch explore ways to educate and inform patients of service developments
- Continue with the fracture liaison service at SFT and following Pilot end in November 2017 consider whether this should be rolled out across Wiltshire

Other areas of focus

- Roll out of the Single View of the Customer approach
- Shared assessment frameworks and personalised health plans
- Carers support

All key scheme areas will be prioritised by the Joint Commissioning Board and then signed off by the relevant organisational Boards and Committees.

In relation to the BCP commissioning intentions for 2017/18 the following will be taken forward in terms of next steps

- Wiltshire Joint Commissioning Board to review and agree direction of travel
- BCP draft commissioning intentions for 2017/18 to be finalised by the end of February
- CCG Governing Body and Cabinet to receive and approve /sign off in March
- HWB to review and sign off via Chairs action by the end of March
- NHS England to receive Wiltshire BCP for 2017/18 and associated commissioning intentions
- HWB to formally receive and approve BCP for 2017/18 and commissioning intentions at it first meeting in 2017/18

6.Conclusion and recommendations

The Health and Well Being Board are asked to

- Note the current performance of the Better Care Plan in Wiltshire and the key operational risks
- Support and endorse the key recommendations from the Better Care Plan Task Group
- Approve the next steps in relation to finalising the Better Care Plan Commissioning priorities for 2017/18

James Roach
Joint Director of Integration
February 2017

Councillors briefing 2015

Safeguarding adults

Introduction

Adult safeguarding means protecting people's right to live in safety, free from abuse and neglect. It applies to adults with care and support needs who may not be able to protect themselves. It means organisations working together to prevent and to stop people facing the risk of or the actual experience of abuse or neglect.

Safeguarding adults is everybody's business. Any person may recognise and report abuse or neglect, and everyone can play a part in building communities where abuse does not happen.

There are crucial roles for councillors in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

Growing awareness of the prevalence of abuse makes it all the more urgent and necessary for councillors to take action locally to ensure that everyone, including professionals, the voluntary sector and the general public are made aware of abuse and neglect, how to recognise and report it, who is responsible for intervening, and what people's rights are to protection, support, choice and advocacy.

Safeguarding is now seen as a crucial aspect of local authority work. The Care Act states that the local authority is the organisation with overall responsibility for safeguarding locally. But it also links to many local agendas and partnerships, including police and criminal justice, care quality, disability hate crime, community safety and cohesion, domestic violence, forced marriage, and support for carers.

Adult safeguarding policy and practice is moving rapidly into a new era where ensuring values such as preventing harm and promoting dignity, empowerment and choice form the basis of any practice and are taken as seriously as the numbers of safeguarding alerts and the results of investigations into failures.

Key questions and actions for councillors

Councillors need to know what questions to ask to hold to account those responsible for adult safeguarding, to ensure that everyone is following agreed multiagency procedures, and that appropriate links are made between agencies so that people at risk and needing help are not missed. Some of these key questions to ask are below.

Questions to ask in your council

- What training is made available to staff and councillors on safeguarding policies, procedures and practice?
- Whether there are there effective links between adult safeguarding and domestic violence, child protection, victim support, and community safety and cohesion?
- Are the messages from Safeguarding Reviews being taken on board locally?
- Is the safeguarding adults board (SAB) effective in leading and holding individual agencies to account and ensuring effective multiagency working?
- Does the SAB have the resources, both financial and human, to undertake its role effectively and deliver the SAB business plan?
- How well are local partners working together?
- Is the Mental Capacity Act being implemented effectively alongside safeguarding so that people have access to advocacy, and best interest decision making? Is training in legal aspects of safeguarding available for staff?
- Has safeguarding been subject to peer challenge or to other external scrutiny?

Questions to ask about your community

- Are members of the public in your authority area aware of what adult abuse is and do they know what to do if they have concerns about it?
- Are people who need safeguarding services fully involved in and in control of safeguarding processes?
- Is there evidence of the difference that safeguarding work is making to adults in your community? Are people safer, do they feel safer, and are their circumstances improved?

Questions to ask yourself

- Do you know who the lead officer and lead councillor for adult safeguarding are within your council?
- Do you and your fellow councillors know:
 - how the multiagency framework operates?
 - who are the partners in adult safeguarding?
 - how adult safeguarding is monitored and reported?

What is the role of councillors in relation to adult safeguarding?

General roles

As community leaders, championing the wellbeing of their constituents, councillors are in a position to raise awareness of adult safeguarding. They may become aware of individual cases of abuse through their work with constituents and so have a duty to report it.

As part of their governance role, holding council executives and their partners to account, and accounting to their constituents for what has been done, all councillors have a responsibility to ask questions of the executive and other partner organisations about the safety of adults in their area, and about the outcomes of adult safeguarding.

Portfolio holders

The lead member in councils with social services responsibilities has responsibility for the political leadership, accountability and direction of the council's services for adults. The portfolio holder has a role in ensuring that the various departments within a council work together to promote wellbeing, prevent social exclusion and to protect vulnerable adults from abuse.

Members of Overview and Scrutiny Committee (OSC)

Councillors in OSC have a crucial role in ensuring that the system works through holding leaders to account. OSC members need to review the work of safeguarding in the local authority, and to consider the annual report of the Safeguarding Board to find out:

- how abuse is being prevented through good multiagency work and assuring quality care
- how well services work to improve outcomes for people who have experienced harm and abuse
- how far care and protection plans are keeping people safe from abuse

- how agencies are ensuring that people's human rights are respected
- how agencies are enabling people to make decisions about their lives
- how agencies are ensuring that people who lack capacity are able to have their best interests represented
- how services uphold the right to justice for people who have experienced harm or abuse
- how well services address what happens to the people who have harmed or abused others.

Councillors in other relevant roles

Councillors who are members of bodies which have a safeguarding remit such as health and wellbeing boards, Crime and Disorder Partnerships, Hate Crime or Domestic Violence Partnerships, Community Safety Partnerships, Community Cohesion bodies, and NHS Trusts will need some knowledge of adult safeguarding in order to fulfil their responsibilities and know what questions to ask. Many of these bodies may be represented on SABs.

Councillors who are portfolio holders for children's services will need to be aware of the links with adult safeguarding. There may be specific examples where the crossover is particularly clear, for example, the period of transition from children's to adult services or when an adult may be a risk to children.

What is adult safeguarding?

People's wellbeing is at the centre of safeguarding practice, and this includes respecting people's views and feelings about what they want to happen in response to any abuse or neglect.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect.

Safeguarding adults differs from the safeguarding and protection of children in a number of ways, including different legislation. A key difference is that while there is a legal expectation that children are protected from physical or psychological damage, adults with mental capacity have a right to make their own choices, take risks, be free from coercion, and to make decisions about their own safeguarding plans.

What does adult safeguarding involve?

Prevention

A central aspect of prevention is to ensure that services provided are up to standard, that staff are properly trained and that people receiving services are treated with dignity and their rights are upheld.

Harm needs to be recognised through people in communities looking out for one another. This can be done through public awareness campaigns backed up by information and advice about where to get help. Awareness raising should include specific issues such as domestic abuse, hate crime, elder abuse, fraud and financial abuse. Once help is sought, staff and services need to respond well, so training is required.

It is helpful to have agreed definitions, clear guidance and simple pathways of reporting and responding to harm.

People should be supported to keep themselves safe, empowering people by making sure they have information and by building confidence and assertiveness helps people to be safer and make abuse less likely.

Response to harm

When safeguarding concerns are raised are reported, an enquiry must be made to decide whether any action should be taken, and if so what action and by whom. The adult at risk will need to agree the type of response that they want and how it will be reported and acted on by partner agencies. This requires clear communication, appropriate information sharing, joint working and shared responsibility. The focus must be on the needs and desired outcomes of the adult who is at risk, and ensuring that they are not in immediate danger.

Where people have been abused or neglected they may refuse any action, they have every right to so provided that they have capacity, are not being coerced or unduly influenced and there is no-one else at risk from the abuse.

The aim of safeguarding interventions is to enable people at risk or who have experienced abuse to protect themselves, and to be fully involved in decision making on plans to safeguard them and resolve their circumstances. This may require specific action to ensure that people who lack capacity are supported through advocates and processes so that their best interests are pursued. Justice should be facilitated where adults in need of care and support are the victims of crime.

All involved need to ensure the views of adults are central, that people close to them are involved appropriately, and that the focus is on making a difference to people's lives. More information on current practice and policy on the move to 'making safeguarding personal' can be found on the Local Government Association (LGA) website.

Adults without mental capacity have legal safeguards under the Mental Capacity Act (2005) and must have the representation of an advocate or representative to act in their best interests.

What is abuse or neglect?

Anyone can be at risk of harm, and risk is a complex term to define. In social care it is not possible to estimate risk objectively and accurately, as so much depends on contextual factors and human decisions.

People may be harmed at home, in their communities, in a care home, at hospital, in college or at work, at day and community centres or other places where people spend their time or receive services.

Anyone can abuse adults including:

- spouses/partners
- other family members
- neighbours
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers and strangers.

Abuse and neglect can be classified under the following headings:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection

to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Domestic abuse can refer to any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members. Findings from the British Crime Survey show that domestic violence poses a serious risk to women. Women's Aid estimate that disabled women are twice as likely as non-disabled women to experience domestic abuse.

Forced marriage may be an adult safeguarding issue where one or both spouses do not or cannot consent to the marriage and some element of duress is involved. Duress includes both physical and emotional pressure. People may be at risk of being forced into a marriage if they are not able to protect themselves due to their care and support needs. They may need protection using the adult safeguarding procedures.

Types of harm evolve as society changes and awareness increases. Recently defined forms of harm that councillors should be aware of include:

- 'mate crime' (or 'mate abuse') – this refers to calculated actions against disabled people by persons they consider to be their friends or have a mutual relationship with, eg acts of cruelty, humiliation, servitude, exploitation and theft
- 'disability hate crime' or abuse – this refers to incidents which are perceived by the victim or any other person to be motivated by hostility or prejudice based on a person's disability or perceived disability.

What is the impact?

Abuse and neglect can lead to negative outcomes such as loss of dignity, negative effects on health, wellbeing and confidence, isolation, substance misuse, emotional trauma, injury and even death. Safeguarding interventions need to take into account the complexities of people's situations.

It is important to have an understanding of the reasons why people remain in abusive relationships or do not seek help. People may live in fear of abuse but be unwilling to report it because of loyalty or because of threats from the abuser, and fear of consequences such as loss of home or relationships. Some may be afraid of not being believed, or fear pressure from their family or community. People want to be safe but for some people their only human contact is with the abuser. Self-esteem, self-confidence and mental health may be undermined by the long term effects of abuse.

As a result, the victim may lack self-worth, be ashamed or blame themselves. Lack of knowledge or lack of trust of services can make people unwilling to seek help. Disabled or older adults may be more physically vulnerable and unable to escape. Sometimes the victim is the carer of the abuser and feels a sense of obligation to carry on and put up with the abuse. People may also be afraid of what will happen if they report abuse, such as going into a care home or losing contact with relatives.

Safeguarding practice recognises that people have a complex, and often conflicting, feelings about their safety. Sometimes, the person causing the abuse may be very important to the adult concerned and they may want to balance feeling safer with the importance of continuing the relationship. As Lord Justice Mumby stated, "what is the point in making someone safe if you simply make them miserable". Professional staff have to work with people to work out how to achieve the balance between safety and wellbeing.

What is current safeguarding policy and law?

The Care Act 2014 sets out a new statutory framework for adult safeguarding to clarify the roles and responsibilities of local authorities and other organisations.

The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect (see paragraph 14.16 onwards). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
- set up a SAB (see paragraph 14.105 onwards);
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (see chapter 7 on advocacy)
- cooperate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also cooperate with the local authority.

Each area will be expected to ensure that their SAB has a core membership of local authority, the NHS and the police; and must publish a local safeguarding plan and annual reports on progress against that plan, to ensure that member agencies' activities are effectively coordinated.

The Care Act consolidates duties of cooperation between key statutory agencies, and imposes a duty to make (or cause to be made) an enquiry if someone is experiencing or is at risk of abuse or neglect and to decide what action should be taken and by whom.

SABs will be expected to hold Safeguarding Adults Reviews (often previously known as 'Serious Case Reviews') to look into cases where a person dies, who was thought to be at risk and where abuse or neglect was suspected, or where there is reasonable cause for concern about how the case has been handled.

Such reviews in the past have provided considerable learning about how to improve commissioning, inspection, multi-agency working and adult safeguarding procedures.

Safeguarding policy – Making Safeguarding Personal

Chapter 14 of the Statutory Guidance for the Care Act 2014 provides guidance for how the Care Act is put into practice.

A key shift is to refocus on the outcomes people want and to engage in conversations about the right responses to meet the needs of each individual rather than having a 'safeguarding process' that everyone has to fit into.

This has resulted in a widening of the existing focus of data collection for national purposes, which has mainly addressed quantity and outputs (how many referrals, from whom, how long it takes for example). The new focus addresses the priorities and values for safeguarding: empowerment, prevention, protection, proportionality, partnership and accountability.

A focus on outcomes entails working flexibly with people (or their advocates or best interest assessors if they lack capacity) throughout an enquiry into a safeguarding concern, taking into account the way people's expectations and wishes may change as they take more control of their lives.

As above, more information on work by the sector on 'making safeguarding personal' can be found on the LGA website.

Personalisation and choice

Another key policy area is that of personalisation which is intended to give people using social care services more choice and control over the support they receive, including safeguarding services. This on the one hand raises concerns that the freedom for people to choose and arrange their own care brings increased risks of exploitation, and on the other is viewed as giving them greater control and therefore safety. Personalisation and safeguarding can be made to work hand in hand, through enabling people to speak for themselves and make informed choices:

Personalisation needs to work for everyone including those who are least able to access services or those considered at greatest risk. Well designed self-directed support processes should be unique to the individual and have checks and balances built in.

Involvement

Involvement of the people concerned in adult safeguarding is enshrined in the Care Act and statutory guidance.

People who have experienced safeguarding are becoming involved in various ways, for example as members of safeguarding boards or sub-groups, helping to design feedback forms, training staff, and planning community awareness days. Other involvement methods include skills training for people using services, and building relationships of trust with groups such as ethnic minority elders and people with dementia.

Risk management and risk-sharing

The Association of Directors of Adult Social Services (ADASS) and LGA advise that service users and their advocates should be engaged in risk management. They suggest that good risk management should include information sharing agreements, spelling out for SABs, organisations and affected individuals what risks are being taken and how they will be managed. Some localities have set up Risk Enablement Panels and family group conferences to assist with this.

Other relevant legislation

Other relevant legislation includes:

- the Human Rights Act
- the Equality Act
- the Mental Capacity Act and Deprivation of Liberty Safeguards
- the Safeguarding Vulnerable Groups Act
- Domestic Violence Law
- Court of Protection.

The Mental Capacity Act (MCA) 2005 makes it clear that there should always be the presumption that a person has the capacity to make decisions unless it is established otherwise.

It provides a statutory framework to protect and empower adults who may lack capacity (ability) to make all or some decisions about their lives. People who do have capacity and are normally able to make decisions may lose self-confidence and self-esteem in response to having been abused. Serious Case Reviews have shown that sometimes no intervention is made because of an assumption that people were able to make choices when due to their circumstances their ability to make decisions was limited.

As noted above, the MCA also makes provision to ensure that advocacy is available for people who lack capacity during safeguarding processes and for their best interests to be explicitly considered through formal processes.

Which key organisations are responsible for adult safeguarding?

Councils

Local authorities have the lead responsibility for safeguarding adults. Their role is to ensure that there is a local SAB (see below), that the services they provide across the council include people who need care and support, that they commission services that safeguard people's dignity and rights and that they respond to concerns about harm and abuse.

Adult services directors and lead councillors play a leadership role in safeguarding across councils, organisations and communities to make them safer for vulnerable people.

The NHS

NHS managers and staff are crucial in identifying abuse, and play an important role in monitoring and supporting adults at risk. NHS Trust Boards have responsibility for safeguarding activity in their organisations, including holding services to account.

Clinical Commissioning Groups (CCGs) are responsible for commissioning services that are safe and that safeguard people's dignity and rights.

They need to work with partner agencies to develop quality systems that reflect multiagency agreements. They will have a role in promoting safeguarding practice and monitoring the performance of commissioned health providers against minimum standards for safeguarding adults. CCGs are statutory members of SABs

Police and criminal justice system

The police and criminal justice system take a lead where a crime is suspected. The police also have a key role in promoting community safety (working with Community Safety Partnerships). Police and Crime Commissioners act to ensure that their force is effectively offering protection and access to justice for adults in need of care and support. The police are also statutory members of the SAB.

Care Quality Commission (CQC)

The CQC is the statutory regulator for the quality of health and social care in England. It is responsible for registering and monitoring compliance of NHS and social care providers against essential standards of quality and safety. The CQC has developed a protocol setting out its role in safeguarding and the role it takes where safeguarding concerns arise within regulated services.

Providers of care

Providers are responsible for quality services that uphold people's dignity.

Safeguarding adults boards

The Care Act 2014 states that local authorities must set up a SAB to oversee and lead adult safeguarding across the locality and to consider a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

SABs are multiagency partnerships involving social care, the police, NHS organisations, housing bodies, and provider organisations.

The Chair of the SAB should be independent of any of the member organisations that make up the board.. Chairs need to have a good understanding of the complex issues involved in adult abuse and of the different agencies involved.

Health and wellbeing boards

Health and wellbeing boards have a key role in linking agencies together and influencing the health and wellbeing of the local population. They will need effective links to SABs.

Additional resources

All of the following (and much more) are available on the LGA website and on the Adult Safeguarding group on the Knowledge Hub:

ADASS and LGA (2013) 'Safeguarding Adults 2013: Advice Note'.

www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/3917627/ARTICLE

LGA (2015) Adult Safeguarding Improvement Tool

www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

LGA (2015) Adult Safeguarding and Domestic abuse

www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

LGA (2015) Care and support reform implementation – resources for adult safeguarding as part of Care Act implementation

www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6523063/ARTICLE

LGA (2014) Making Safeguarding Personal

www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

LGA 2014 Resources for Safeguarding Adults Boards

www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/5650175/ARTICLE

LGA (2014) Roles and Responsibilities in adult safeguarding

www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6167659/ARTICLE

LGA 2014 Safeguarding Adults: Learning from Peer Challenges

www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/4036117/ARTICLE



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Wiltshire Council

Health Select Committee

7th March 2017

Adult Care Charging Policy – Review of implementation

Executive summary

This paper is to update the Committee on the work to review the implementation of the Adult Care Charging Policy the policy can be accessed [here](#)

Proposal

That the Committee notes the information contained in this report and requests a further report on the implementation of the Charging Policy once the review is complete.

Reason for proposal

To inform the Committee of the review

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Wiltshire Council

Adult Care Charging Policy – Review of Implementation

Purpose of report

1. The purpose of this report is to update the Committee on the work to review the implementation of the Adult Care Charging Policy

Background

2. Cabinet approved a new Charging Policy for Adult Social Care in July 2016. The policy was developed in response to requirements of the Care Act 2014 and involved extensive support from legal representatives to ensure compliance with all relevant legislation. A full equalities impact assessment was completed. A period of public consultation was completed between 8th March and 6th June 2016, involving public meetings, a survey and feedback from key stakeholders. The consultation was conducted to assess the impact these proposals could have on people in Wiltshire.
3. In summary, the new Charging Policy brought Wiltshire in line with many other local authorities by
 - a. Taking into account one hundred percent of an adult's disposable income when calculating the contributions for care and support
 - b. Taking into account the full amount of any Attendance Allowance received
 - c. Assessing contributions for respite care in the same way as other non residential services
 - d. Updating the list of allowable Disability Related Expenses in accordance with the Care Act.
4. Health Select Committee (HASC) was engaged throughout the consultation process and had an opportunity to comment on the Cabinet Report in July 2016. On 21st June 2016, HASC resolved
 - To express concern at the reported level of response to the consultation and ask Cabinet to consider whether it provides a sufficient basis from which to implement changes
 - If Cabinet implement changes to the charges, to receive an update on their impact, six months after implementation.

Main considerations for the committee

5. The Council began implementing the new policy for new customers from August 2016, following the Cabinet decision, and, shortly after that, began re-assessing the charges for existing customers. As at the beginning of February 2017, 463 new assessments and 188 re-assessments have been completed under the new policy.

6. All assessments and re-assessments are based on a person's individual circumstances and ensure that only eligible income is being taken into account when calculating contributions. All individuals who are financially assessed under the policy are also offered a benefits check so as to ensure that individuals are in receipt of, and claiming all benefits that they are eligible to receive.
7. Based on the re-assessments and assessments completed under this policy to date there is no evidence to suggest the equalities impact of this policy are significantly different than what was identified in the original equalities impact assessment. However, the Council has received a small, but significant, number of complaints and concerns from customers and their families, and have also received feedback from some voluntary sector organisations, and from Healthwatch Wiltshire, that the impact of the new Policy is greater than they had expected.
8. On this basis, the Cabinet Member for Adult Care, Public Health and Public Protection has commissioned Healthwatch Wiltshire to undertake a more thorough investigation into the impact of the implementation of the new Policy, including to understand what further practical support could be offered to individuals who are being reassessed. This work will involve meetings with customer groups and with voluntary sector, user-led and advocacy organisations. Following this work, a full report will be made available to the Committee and to Cabinet.
9. Whilst this review is underway, the Council will continue to implement the new Policy, and will investigate any specific concerns raised. Officers will reassess anyone who thinks that the new policy is not being correctly applied, and will offer individual support to anyone who has specific needs.

Environmental impact of the proposal

10. There are no specific environmental implications of the proposal

Equality and diversity impact of the proposal

11. A full Equalities Impact Assessment was undertaken as part of the original policy development process.

Risk assessment

12. A more in-depth review of the implementation of the new Charging Policy, facilitated by Healthwatch Wiltshire, will support the fair application of the Policy and minimise any risk of misunderstanding or misapplication for individuals.

Financial implications

13. There should be no financial risk to the additional contributions identified through the application of the new policy, on the basis that the Council will continue to implement the Policy during this period of review.

Legal implications

14. Legal have been fully engaged in the development of the new Policy.

Conclusion

15. The Committee is requested to note the information contained in this report and that a further update will be provided once a full review of implementation has been completed.

Background papers

None

Wiltshire Council

Health Select Committee

7 March 2017

Review of the work of the Health Select Committee – 2013-2017

Purpose

1. To highlight key aspects of the work undertaken by the Select Committee during the 2013-17 Council and to recommend topics as legacy items to the Management Committee for suggested inclusion in a new overview and scrutiny work programme after the elections.

Background

2. An opportunity for Overview and Scrutiny (OS) to look back on its activity during the outgoing council has become a standing fixture in its learning and improvement journey. This 'legacy process' complements other opportunities for reflection, such as OS Member training workshops, annual meetings with officers and executive members to discuss work priorities (as well as regular informal dialogue between the two) and the LGA Peer Review of OS undertaken in 2015.
3. The legacy process allows members to consider OS's successes and challenges during the past four years, including the key scrutiny reviews and their impact on the council's agreed priorities. With the benefit of this experience it can then submit suggestions for OS under the 2017-21 council to consider in order to maximise the impact of the work it will undertake.
4. OS Management Committee has agreed the following legacy process for the 2013-17 council:

- 1) **OS Legacy Workshop** (17 January 2017)

A learning and development event where executive and OS members undertook a high-level review of OS's successes and challenges this council. The outcomes from this will be reported to the Management Committee in March.

- 2) **Select Committee 'end of term' reports** (February / March)

The report below highlights successful past pieces of work by Health Select Committee and provides the opportunity to recommend ongoing pieces of work for possible inclusion in the OS work programme of the new council.

- 3) **OS Management Committee Considers the OS Legacy report 2013-17** (28 March 2017)

An overarching report presenting outcomes from the Legacy Workshop and each select committees' priority topics for the next council. Management Committee will agree a report for submission to the new council to be considered at Management Committee's first meeting (6 June 2017).

Key Activities and Achievements

5. The following is a list of some of the Health Select Committee's key past activities and achievements which demonstrates the contribution it has made to decision-making, policy development and good governance of the Council:

Activity	Date	Brief Explanation	Outcome
Task Groups, Rapid Scrutiny Exercises and other ad hoc exercises			
Joint health scrutiny of the South West ambulance service	2013	Monitored the performance of the ambulance service, with specific reference to Wiltshire.	Worked with key public sector partners to achieve positive outcomes for Wiltshire's communities.
Joint Air Quality Task Group	Jan 2014	A joint activity with Environment Select looking at implementation of the Air Quality Strategy, including how council services were working together.	Recommended that a process be developed to allow Area Boards to share examples of good practice regarding improving air quality.
Contenance Services Task Group	May 2014	Formed in response to concerns regarding the adequacy, range and number of continence products offered under a new Wiltshire contract.	Sent a letter to national policymakers seeking guidance on the Policy to enable better provision and recommended that commissioners re-evaluate the home delivery service of incontinence products.
Dementia Task Group	Sep 2014	Following a request from the Executive, explored opportunities for improving the quality of advanced dementia care and whether community interventions could be strengthened to diminish dependency or prevent admissions.	Supported the executive and health partners in ensuring that organisations in Wiltshire work together to support people with dementia and their carers and families.
Scrutiny and Health & Social Care Integration	Mar 2015	Wiltshire bid for and won a facilitated Inquiry Day to examine the role scrutiny could play in the effective implementation of plans for integration and personalisation.	Introduced a protocol to govern relationships with the Health & Wellbeing Board and added a number of key topics for review to the work programme.

Activity	Date	Brief Explanation	Outcome
Forward Work Programming Workshop	Nov 2015	A members' workshop with partners across the health and social care landscape to develop a work programme.	Ensured the Committee's resources were targeted to the development and delivery of health and social care services
Joint Working Group – Avon & Wiltshire Mental Health Partnership	Nov 2015	Following a CQC inspection report requiring AWP to improve their services, a collaboration with scrutiny members from Bristol, B&NES and North Somerset, scrutinising AWP's improvement programme.	Worked together with three other councils to support and be a critical friend for AWP to improve clinical mental health services.
Help to Live at Home Task Group	Nov 2015	A detailed review interviewing key witnesses and exploring this pioneering model of care that aimed to put re-enabling individuals at the heart of the service.	Made recommendations that were taken forward including greater use of technology in providing care and a single point of contact for clients.
Obesity and Child Poverty Task Group	Mar 2016	A joint exercise with Children's Select Committee looking at the links between child poverty and obesity and supporting the development of the Joint Wiltshire Obesity Strategy.	Recommended targeted, evidenced ways of tackling links between deprivation and unhealthy eating, including increasing uptake of Free School Meals and further OS work looking at the number of fast-food outlets near schools.
Helping pharmacists do more	June 2016	The Chairman of Health Select Committee hosted a roundtable meeting with external invitees to discuss ways of making greater use of pharmacists' clinical expertise in delivering good health outcomes.	Prompted the development of a training programme to enable Wiltshire pharmacists to play a greater role in providing local health care services

Activity	Date	Brief Explanation	Outcome
Better Care Plan Task Group	Jan 2017	A long-term review of how effectively Wiltshire's £32m of Better Care funding (2016-17) drove the integration and improvement of health and care services.	Provided ongoing member scrutiny of how innovation funding was being used. Made recommendations on addressing the significant workforce challenges in the care sector and the adoption of a shared approach to risk across health and care partners (response awaited).

Activity	Date	Brief Explanation	Outcome
Select Committee agenda items			
Scrutiny of Wiltshire Safeguarding Adults Board	2013 to 2017	Received updates on multi-agency work to ensure systems for protecting vulnerable adults are robust.	Assured the arrangements for safeguarding adults and helped raised the profile of safeguarding matters in other health and care scrutiny work.
NHS 111	Nov 2014 March 2015 Sep 2015	Received regular performance updates on the service including the percentages of calls, <ul style="list-style-type: none"> answered within 60 seconds abandoned within 30 seconds transferred to a Clinician resulting in an ambulance referral referred to an Emergency Department. 	Held commissioners and providers to public account for the service performance achieved in Wiltshire.
Acute hospitals	2013 to 2016	Considered a number of CQC inspection reports on all of the main hospitals for Wiltshire. In some cases asked the CCG and Acute trusts to attend meetings and provide evidence of their action plans for improvement.	Held acute healthcare commissioners and providers to public account for their performance, using evidence gathered by the national

			inspection body.
Mental Health & Wellbeing Strategy	April 2016	Considered the draft Strategy and the delivery of its implementation plan through receiving data against strategic targets. Also explored links between mental health and physical ailments.	Influenced the mental health and wellbeing priorities for the county and put in place monitoring arrangements to support the delivery of strategic targets.
Mental Health (Avon & Wiltshire Mental Health Partnership Trust (AWP))	July 2016	Considered the draft Quality Account 2015/16 and CQC inspection results for AWP and received a briefing on the Trust's improvement programme.	Monitored improvements to clinical mental health services in Wiltshire using data from the national regulatory body.
Non-emergency patient transport (Arriva)	Nov 2014 Mar 2015 April 2016	Received regular updates on the pick-up and drop-off times for patient transport and met informally with the commissioner and provider to discuss multi-agency solutions to performance issues.	Improved responses to Wiltshire residents have been seen as a result of consistent and effective engagement with scrutiny.
NHS Health Checks	Jan 2015 Jan 2016	Considered data showing implementation of this national programme by GP surgeries across Wiltshire.	Identified variances in implementation across the county and planned further work to assess its impact on the numbers of diagnoses and interventions.
Charges for Adult Care	April and June 2016	Considered changes to the council's charging policy for care at home with a focus on how people would be impacted. Scrutinised the clarity of the consultation letter sent to those affected and the whether the number of consultation responses was sufficient to form a basis for change.	Assured the consultation process for proposed changes to fees for adult care and planned future checks on their impact.

Wiltshire ambulance service	Mar 2016 Sep 2016	Took part in joint scrutiny with other local authorities in the South West, then agreed Wiltshire-specific arrangements with the South West Ambulance Service Trust (SWAST) who provide an annual performance report.	Scrutinised the response times and other performance measures of the Trust in Wiltshire. Supported the availability of defibrillators in public places and the work underway to reduce the number of inappropriate referrals to the service.
Public Health	2013 to 2016	Considered the council's Public Health annual reports and also requested a report on the kinds of local community initiatives being led by Area Boards.	Monitored the priorities and approaches of the council's Public Health team to ensure preventative measures fit with the council's priorities.
Sustainability and Transformation Plan (STP)	2016 to 2017	Received updates, reports and draft versions of the emerging STP for the B&NES, Swindon and Wiltshire footprint area.	Monitored the Plan's development, focusing on likely impacts in the Wiltshire area.
Developing Integrated Urgent Care	Nov 2016	Received a briefing and report on the council and CCG's plans to procure an Integrated Urgent Care service for Wiltshire. Affected council services include Call Centre and Response Service, Urgent Care at Home, Out of Hours Emergency Call Handling, Wiltshire Single Point of Access – Intermediate Care Beds, and Integrated Community Equipment and Support Services.	Helped ensure that efficiencies are maximised from converting urgent care to an integrated service and that the needs of Wiltshire communities are reflected.

Ongoing work

- The following is a list of activities and reviews which the Select Committee considers important to include as ongoing pieces of work in any new overview and scrutiny work programme. Every effort has been made to bring reviews to a conclusion in time for the end of the current Council but some things may remain ongoing due to the significance or long-

term nature of the topic.

Activity	Date	Brief Explanation	Reason for Inclusion
Select Committee items			
Sustainability and Transformation Plan (STP)	Key milestones	To continue to monitor the development of the plan, with a potential focus on, <ul style="list-style-type: none"> • Governance, engagement and consultation • Analysis and plans for addressing gaps in health and wellbeing, quality and funding • Delivering Wiltshire's health and wellbeing aims. 	To provide public, non-executive scrutiny of the key integrated plan for health care in Wiltshire for the coming years.
Developing Integrated Urgent Care	June 2017	The Committee received a briefing and report on the council and CCG's plans to procure an Integrated Urgent Care service for Wiltshire and resolved to receive an update in 2017.	To provide public, non-executive scrutiny of a key project for integrating health and social care services, ensuring urgent services meet communities' needs.
Obesity and Child Poverty	June 2017	The Committee endorsed a task group recommendation to receive an update on the take-up of free school meal (FSM) at Wiltshire schools. School Meals have been shown to be on average more nutritionally balanced than packed lunches etc. Their take-up is therefore linked with reducing obesity levels amongst children living in poverty.	To help protect the health and wellbeing of this vulnerable group.
NHS Health Checks	June 2017	The Committee received an interim update in Jan 2017 and resolved to receive the final evaluation report on the project.	To identify any variances in implementation across the county and to assess the project's impact on diagnoses and interventions.
Avon & Wiltshire Mental Health Partnership Trust	Sep 2017	To receive an update on AWP's improvement programme following the CQC inspection report (2015) and the update on improvement provided in July 2016.	To ensure clinical mental health services in Wiltshire are fit for purpose.

Mental Health and Wellbeing Strategy	Nov 2017	Annual monitoring of progress against targets within the Mental Health and Wellbeing Strategy.	To ensure the council's strategic priorities for mental health are being delivered.
Learning Disabilities service	2017	In February 2017, Full Council agreed to find £1M savings within the Learning Disabilities budget through a review of how the service is commissioned. A potential scrutiny review of this area was proposed at OS Management Committee.	To ensure the Learning Disabilities service is efficient, funded appropriately and that this vulnerable group are protected.
Dementia	2017	In endorsing the report of the Dementia Task Group (Sep 2014), the Committee resolved to review progress after two years to ensure that, as a minimum, the actions identified in the commissioning Action Plan 2014-15 have been delivered.	To ensure services for people living with dementia and their carers are efficient, funded appropriately and that this vulnerable group are protected.

7. In considering which areas to recommend for future work, the Committee is asked to be mindful that the Management Committee will need to leave space and capacity for those leading the function after the election to develop their own work programme based on issues resulting from public views expressed during the election period and also following early engagement with any new Executive.

Next Steps

8. The Management Committee meets on 28 March 2017 and will receive the reports from the three select committees. It will also consider a similar report based on its activities primarily in the corporate arena. The members of the Management Committee will give their views on what should be included in a final legacy report which will be written by Scrutiny officers in consultation with the Chairman and Vice-Chairman. Following the elections this will then be made available to the new Management Committee, appointed by Council on 16 May 2017, at its first meeting scheduled for 6 June 2017.

Recommendations

9. To agree which topics to recommend to the Management Committee as requiring further work in the new Council, including reasons.
10. To note the next steps described in paragraph 8.

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