

AGENDA

Meeting: HEALTH AND WELLBEING BOARD
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Thursday 18 May 2017
Time: 10.00 am

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

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Voting Membership:

Baroness Scott of Bybrook OBE	Leader of Wiltshire Council
Dr Peter Jenkins	CCG Chairman
Dr Anna Collings	CCG -Co-Chair of NEW Group
Dr Toby Davies	CCG - Chair of SARUM Group
Dr Richard Sandford-Hill	CCG - Chair of WWYKD Group
Christine Graves	Chairman - Healthwatch
Angus Macpherson	Police and Crime Commissioner
Nikki Luffingham	NHS England
Cllr Jerry Wickham	Cabinet Member for Health
Cllr Laura Mayes	Cabinet Member for Children
Cllr Ian Thorn	Wiltshire Council Opposition Representative

Non-Voting Membership:

Dr Gareth Bryant	Wessex Local Medical Committee
Mike Veale	Wiltshire Police Chief Constable
Carolyn Godfrey	Corporate Director
Chief Executive or Chairman Salisbury Hospital	Peter Hill
Chief Executive or Chairman Bath RUH	James Scott
Tracey Cox	Chief Officer/CFO - CCG

Toby Sutcliffe
Chief Executive or Chairman GWH
Tony Fox

Clinical Director for Wiltshire
Nerissa Vaughan
Non-Executive Director - SWAST

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AGENDA

1 **Chairman's Welcome, Introduction, Appointment of Vice-Chairman and Apologies**

2 **Minutes**

To confirm the minutes of the meeting held on xxxxx.

3 **Declarations of Interest**

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

4 **Chairman's Announcements** *(Pages 7 - 8)*

To received any announcements from the Chair, including:

- Sustainable Transformation Plan

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 Thursday 11 May 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 15 May 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 **Update on recent Healthwatch Wiltshire Engagement Activity**(Pages 9 - 62)

To present an update on the latest engagement with people that are living with dementia; and the Young Listeners project which is engaging with children and young people.

Responsible Officers: Emma Cooper, Chief Executive

7 **Update on Children's Community Healthcare Services**

To present an update on progress made one year after the recommissioning of Children's Community Healthcare Services.

Responsible Officers: Jayne Carrol, Val Scrase Virgin Care
Stuart Hall, Wiltshire Parent Carers Council

8 **Outcomes Based Commissioning Peer Challenge**(Pages 63 - 98)

To provide an update on the findings of the recent Outcomes Based Commissioning Peer Challenge and the implications for delivery.

Responsible Officers: Carolyn Godfrey
Report author: James Cawley/ Iain Kirby

9 **Better Care Plan Commissioning Intentions**(Pages 99 - 138)

To approve the proposed commissioning intentions for the Better Care Plan in 2017/18 and the use of additional money for adult social care.

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

10 **Right Care**

A presentation on the Right Care Programme; which is using national benchmark intelligence to reduce unwarranted variation where that impacts on patient outcomes in Wiltshire; and aims to ensure commissioning for value.

Responsible Officers: Tracey Cox
Report author: Mark Harris

11 **Health Education England**

A presentation on the role of HEE, the latest local Business Plan and workforce activity in the STP; and the development of Community Education Provider Networks.

Responsible Officers: Clare Hines, Associate Director, HESW

12 **Mental Health and Wellbeing**(Pages 139 - 166)

A To provide an update on progress implementing the Mental Health and Wellbeing Strategy Action Plan.

Responsible Officers: Frances Chinemana, Wiltshire Council, and Ted Wilson, Wiltshire CCG

B And an update on the provision of Child and Adolescent Mental Health Services.

Responsible Officers: Julia Cramp, Wiltshire Council/ CCG

13 **Mental Health Crisis Care Concordat**(Pages 167 - 190)

An update on progress in the action group following the implementation of the Police and Crime Act; the s136 pathway review and the AWP consultation on places of safety.

Responsible Officers: Ted Wilson, Action Group Chair, Dr Toby Sutcliffe, AWP
Keith Pople, Alexander Technique

14 **Military Healthcare**

A verbal update from the regional clinical director on developments in military healthcare – including support for army rebasing and transitions.

Responsible Officers: Col S Woodhouse, Defence Primary Healthcare Central and Wessex Region

15 **Carers**(Pages 191 - 208)

To receive an update on the Carers Strategy and to adopt the national Memorandum of Understanding on assessment of carers' wellbeing needs.

Responsible Officers: James Cawley
Report author: Sue Geary

16 **Date of Next Meeting**

The next meeting will be 13 July 2017.

17 **Urgent Items**

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HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 9 FEBRUARY 2017 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chairman), Dr Peter Jenkins (Vice Chairman), Dr Richard Sandford-Hill, Angus Macpherson, Cllr Jerry Wickham, Carolyn Godfrey, Cara Charles-Barks, James Scott and Toby Sutcliffe.

79 Chairman's Welcome and Introduction

The Chairman welcomed all to the meeting, and introduced Cara Charles-Barks the new Chief Executive of Salisbury NHS Foundation Trust.

80 Apologies for Absence

Apologies were noted from:

- Tracey Cox (Wiltshire CCH) – represented by Mark Harris
- Dr Toby Davies and Dr Anna Collings
- Chris Graves (Wiltshire Healthwatch) – represented by Emma Cooper
- Nikki Luffingham (NHS England)

81 Minutes

The minutes of the previous meeting were considered.

Resolved

That the minutes of the meeting held on 15 December 2016 be approved as a correct record for signing by the Chairman.

82 Declarations of Interest

There were no declarations of interest.

83 Chairman's Announcements

The Chairman drew the meeting's attention to the following announcements:

- Commissioning for Better Outcomes Peer Challenge

It was noted that this would be the subject of a future report to the Board.

- Shingles

Dr Ardiana Gjini attended to present a further verbal update on the steps to promote the uptake of this vaccine, particularly the support offered to practices with low uptake.

84 **Public Participation**

There were no questions or representations made under this item.

85 **Wiltshire Safeguarding Adults Board Annual Report**

Richard Crompton, Independent Chair, presented the annual report of the Wiltshire Safeguarding Adults Board.

Issues highlighted in the course of the presentation and discussion included: that the report had previously been considered by the Health Select Committee; the picture based on previous the year and the issues arising for the coming year; how the Care Act, placing Adult Safeguarding on a similar statutory footing to Children's Safeguarding, had brought the work into greater focus; the different partners and agencies involved in the Board; the impact of demographic and financial pressures on the issues of adult safeguarding and on Deprivation of Liberty Safeguards; the three main areas of focus; the development and publication of staff guidance; the information sharing protocol; the high-risk behaviour policy which identifies preventative work; efforts to enhance training; auditing case files to enhance self-assessment; the increased officer support to the Board; increasing the profile of the Board through better visibility; the funding made available from Health and Police, along with the Council; the need to review performance data from a range of partners; the links to Healthwatch; how the adult and children safeguarding boards can work together to identify transition issues; how boards look at family issues not just at individuals; the potential to develop a hub based approach; that statistics show an increase in number of referrals, but is not uncommon, as a reflection of an increasing awareness and increased reporting overall; that four out of five reports are screened out in triage as not warranting further action; that 45% of referrals come from Care Home sector

The Chairman thanked Mr Crompton for the update and, noting the multi-agency hub approach had been a success in children's services, that she would welcome a future more detailed discussion on widening of the model at a future meeting.

Resolved

- 1. To note the publication of the Wiltshire Safeguarding Adults Board Annual Report;**
- 2. To agree to support the work of the Wiltshire Safeguarding Adults Board**
- 3. To receive a further report, in 6 months, updating on progress including the MASH and the emerging business plan.**

86 **Domestic Abuse**

Carolyn Godfrey, Wiltshire Council, presented the report which provided 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.

Issues highlighted in the course of the presentation and discussion included: the priority placed on abuse by all agencies; the opportunity to combine different contracts into one procurement exercise; the multi-agency approach to assess needs and develop the strategy; and that an action plan would be reported to the Board at a future date.

Resolved

To note the report and the implications for partners in the delivery of their services.

87 **Mental Health Crisis Care**

The meeting received a verbal update from the chair of the new Wiltshire and Swindon Mental Health Crisis Care Action Group, Ted Wilson. The action group is currently working to develop a revised action plan and progress agreement on Approved mental health professionals (AMHPs) and the places of safety.

Issues highlighted in the course of the presentation and discussion included: that a joint action plan for Wiltshire and Swindon was being developed; the implications of the Police & Crime Act; the investment to provide street triage 24/7 from April; the opening of places of safety in Devizes to be complete by March; the availability of s12 doctors across the Avon and Wiltshire footprint (and a named doctor in each of the CCG locality groups); the desire to make sure Wiltshire issues are picked up in the concordat.

The meeting also received a presentation from Keith Pople, outlining work to date on a review of s136 pathways.

Issues highlighted in the course of the presentation and discussion included: that the review was discussed at the recent Mental Health Summit convened by Mike Veale; the approach taken to the review; how better benefits can be gained from widening the

review across the Avon and Wiltshire footprint; how different views of the 23 organisations and service users fed into the review; how the system has been mapped and how a increased focus on preventative work should be done; the results seen already in street triage; the other best practice examples from around the country; the specific issues for Wiltshire: the pressures on the AMHPs system; the need to take volume out of the pathway, including getting hold of s12 doctors; how a reciprocal arrangement for AMHPs could be introduced to reduce travel time; and whether increasing facilities may increase referrals to them.

Resolved

To note the updates and to receive a further update at the next meeting.

88 Wiltshire CCG Operational Plans 17/18

Mark Harris, from the Wiltshire Clinical Commissioning Group (CCG), presented the Operational Plan for 2017 to 2019 which set out how Wiltshire CCG would 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.

Issues highlighted in the course of the presentation and discussion included: that NHS England receives the plan to get reassurance that the CCG is covering the areas it needs to; the statutory responsibilities and priorities covered in the plan; the links to the Sustainability Transformation Plan (STP) and the work underway on a system control total; the financial assumptions outlined in the plan; how coherence is established, in the plans, with other neighbouring CCGs; the areas for improvement included in the plan; how the Operational Plan will translate into a business plan in six months time, and how performance and delivery will be reported to the Board.

Resolved

To note 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.

89 Better Care Plan

The meeting considered the report, circulated on the 8 February, which: provided an update on current performance against the key Better Care Plan indicators; an overview of the key conclusions and recommendations of the Better Care Plan Task Group and actions being taken; and a summary update on the proposed Better Care Fund budget for 2017/18 and the key commissioning intentions.

Issues highlighted in the course of the presentation and discussion included: that the commissioning intentions would be finalised in more detail by the end of February and would be presented to the next meeting; the significant pressures being felt locally; and the children's emergency admissions in Wiltshire.

The Chairman stated that James Roach was not at the meeting, as she wanted to thank him in person for his work on the Better Care Plan. She asked for a letter to be drafted.

Resolved

- 1. To note the current performance of the Better Care Plan in Wiltshire and the key operational risks**
- 2. To support and endorse the key recommendations from the Better Care Plan Task Group**
- 3. To approve the next steps in relation to finalising the Better Care Plan Commissioning priorities for 2017/18**

90 **The Changing Ambulance Service**

Andy Smith, from the South Western Ambulance Service NHS Foundation Trust, provided a verbal update on the changing ambulance service and the Ambulance Response Programme.

Issues highlighted in the course of the presentation and discussion included: the areas for improvement, and how quality can be monitored; identifying needs and establishing best practice pathways; how pre-triage questions can establish what resources should be sent to a call-out; how requests are categorised and prioritised; how to encourage the public to contact the right person in the system; how to address the future challenge of integrating better with social care to meet the needs of frail elderly patients e.g. in Hertfordshire a social worker is sent out on some calls; and the need to capture patient reported experience.

Resolved

To note the verbal update and to request a written update at later stage.

91 **Healthwatch Wiltshire Report on Pathways to Making a Complaint**

Emma Cooper and Sara Nelson presented the report which provided an update on the latest improvements to complaints processes within Wiltshire as part of Healthwatch Wiltshire's work.

Issues highlighted in the course of the presentation and discussion included: the follow-up work undertaken regarding the recommendations previously reported to the board; how the scope was expanded from NHS complaints to include social care complaints too; how the complaint liaison group was formed from Patient Advice & Liaison (PALs) and customer care officers; that this group

would continue to meet quarterly and discuss issues and best practice; how advocacy services have been included along with an increasing range of agencies and partners; that PALs managers have formed a sub-group along with their other staff; how future workshops would continue to focus on learning outcomes; the increased demand from people with mental health issues; that social care complaints appear to have less scrutiny nationally; how improvements can be made on accessing information about social care complaints; the links to national work aimed at supporting this work; and the next steps for the programme.

The Chairman thanked Healthwatch for their work in this area.

Resolved

- a) To 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.**
- b) To 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.**
- c) To note Healthwatch Wiltshire's continued involvement in the national work on complaints that has been carried out alongside Healthwatch England.**

92 Public Health Annual Report

Frances Chinemana, presented the Annual Report for Public Health which informed the Health and Wellbeing Board members of activity on public health in Wiltshire during 2016-17.

Issues highlighted in the course of the presentation and discussion included: the key areas of success including the increase in life expectancy; that obesity in children had reduced, the increase in leisure centre visitors; the numbers of children going into A&E; the public health issues benefited from links to the Clinical Commissioning Group, Sustainability and Transformation Plans and Better Care Plan work; that the public health team was part of an integrated Council department; the impact of local events to consider JSA data and how it was informing local priorities.

Resolved

To note the publication of the Annual Report.

93 **Date of Next Meeting**

The date of the next meeting, 18 May 2017, was noted.

94 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 - 11.58 am)

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

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May Update to the Wiltshire Health & Wellbeing Board

Progress since last report:

1. An additional Mental Health workstream has been added to the programme. This will focus on how the organisations within the footprint can work together to improve the following aspects of mental health care for local people:
 - a. Improving the experience of transitioning from children's to adult services
 - b. Improving urgent and crisis care
 - c. Improving perinatal mental health
 - d. Promoting a greater parity of esteem between health and mental health

The Group comprising officials from providers and commissioners within BaNES, Swindon and Wiltshire and is being led by Jane Shayler, Director of Integrated Health & Care at B&NES Council.

2. In 2016/17 the STP achieved its objective of meeting its financial target (control total) set out by NHS England and NHS Improvement.
3. NHS England has published an update to their underpinning policy for STPs (The Five Year Forward View: Next Steps). In the revised policy, NHSE sets out a raft of requirements to be delivered by health and care systems over the next 2 years.

A key change is to role of STPs. They will be tasked with providing assurance to NHSE on the delivery of all the requirements set out in the plan. This extends the role of STPs and therefore the BSW Board and governance arrangements will be reviewed to enable this.

The name of STPs will alter slightly to become known as Sustainability & Transformation Partnerships. Their overriding purpose has been clarified as one of enabling the development of Accountable Care solutions within England. Discussions regarding the development of three models of Accountable Care within BSW are at an early stage and this will therefore require pace and focus over the next 12 months.

4. Within BSW work has taken in place over recent months to achieve clarity on what improvements are best driven within council/CCG areas and those issues which are best addressed through collaboration across the footprint. Work has progressed with regards the standardisation of planned care pathways, the development of projects aimed at preventing illness arising and joint working on the design of IT systems that enable health care professionals to share information quickly and securely when working in teams to meet the needs of patients.
5. On topics such as the specific design of urgent care services, ensuring the resilience of primary care and agreeing the detailed ways in which health and social professionals can work together, the view of the STP members is that these aspects of service are best designed through local public, clinical and elected member engagement in each of the three geographies.
6. Progress within BSW in refining and delivering the plan has been slower than planned due to capacity constraints within partner organisations. £222k of national funding has now been made available from NHSE to support the BSW programme and the programme teams are presently developing plans in how this resource can be best utilised.

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Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Healthwatch Wiltshire engages with people with dementia and children and young people

Executive Summary

Healthwatch Wiltshire's (HWW) work plan priorities for 2016/17 have included engaging with people living with dementia and children and young people. This report provides information about the outcomes of the engagement carried out with:

- people living with dementia and their carers on their experiences of accessing support through primary care settings (appendix 1).
- with Alzheimers Support to map availability of dementia community support services across the county and find out what is important to people with dementia and their carers in accessing these services (appendix 3).
- children and young people through the Young Listeners project (appendix 2).

Proposal(s)

It is recommended that the Board:

- i) notes the outcomes of the extensive engagement that has taken place in Wiltshire since March 2016
- ii) note the key messages within the 3 reports included as appendices
- iii) recognises the commitment of Healthwatch Wiltshire's Young Listeners and the part they have played in listening to children and young people across the county;
- iv) recognises the constructive partnership approach between the voluntary sector, commissioners and providers which ensure that local people's experiences are collected and taken into account;
- v) confirms its commitment to the voice of local people influencing the commissioning and provision of services

Reason for Proposal

Dementia:

In Wiltshire there are about 6,600 people living with dementia and this is forecast to rise by almost 30% by 2020¹. Through the Wiltshire Dementia Strategy, the Health and Wellbeing Board confirmed its commitment to dementia so it is important that the Board is kept informed about local people's

¹ Figures obtained from <https://www.england.nhs.uk/publication/dementia-diagnosis-rate-workbook>

experiences.

Children and Young People

Children and young people often feel that they don't have the opportunity to share their experiences of using health and social care services. The views of children and young people are just as important as those of adults.

Healthwatch Wiltshire is keen that the Board is informed about what young people experience in Wiltshire.

18 May 2017

Subject: Healthwatch Wiltshire engages with people with dementia and children and young people

Purpose of Report

1. This report provides information about the outcomes of the engagement carried out with:
 - people living with dementia and their carers on their experiences of accessing support through primary care settings (appendix 1).
 - Alzheimers Support to map availability of dementia community support services across the county and find out what is important to people with dementia and their carers in accessing these services (appendix 3).
 - children and young people through the Young Listeners project (appendix 2).

Background

Talking to people about dementia: a focus on primary care

2. Healthwatch Wiltshire (HWW) has a statutory duty to speak up for local people on health and social care. Dementia is one of HWW's priorities. This was decided following engagement with local people and through talking to people about the Dementia Strategy during the consultation on the draft. Local people told HWW that they wanted to be informed about the delivery of the strategy and to have further opportunities to share their views and experiences.
3. HWW has designed an approach so that it can gather information about people's experiences and views of dementia services. The aim is to analyse this information and reflect it back to commissioners and providers of services. HWW will highlight good practice and areas where people have poor experiences so that these can be addressed. This programme of work started in November 2014. Healthwatch Wiltshire last reported to the Board on its engagement was in April 2016:
[http://cms.wiltshire.gov.uk/\(S\(wm5gga55b130f045qoanija5\)\)/ieListDocuments.aspx?CId=1163&MId=8865&Ver=4](http://cms.wiltshire.gov.uk/(S(wm5gga55b130f045qoanija5))/ieListDocuments.aspx?CId=1163&MId=8865&Ver=4)
4. HWW is committed to working in partnership where possible and where this does not interfere with its independence. We work in partnership with specialist voluntary sector organisations through a 'dementia engagement steering group' convened by Healthwatch Wiltshire. The members of this group are SWAN Advocacy, Age UK Wiltshire, Carer Support Wiltshire, Alzheimer's Support, and Alzheimer's Society. The group is chaired by Chris Graves (Chair of HWW) and meets quarterly. The group is

committed to sharing information about service user experience to support the implementation of the Dementia Strategy action plan. The organisations involved have played an important role in providing opportunities for HWW to engage with people living with dementia and their carers.

5. Our work has included engaging with people through workshops and outreach to existing groups. It has also included talking to people where they use services (including in their homes). We have attended a variety of groups including Dementia café's, singing for the brain groups, day centres, carers groups and support groups. HWW has conducted a number of informal interviews with people living with dementia and their carers which are presented as case studies. The purpose of all this work is to 'reality check' people's experiences of services throughout the life of the Wiltshire Dementia Strategy. Over 400 people in Wiltshire have been involved in our dementia engagement. With a seat at Wiltshire's Dementia Delivery Board key messages and reports have been welcomed by the Dementia Commissioners and have been used to inform service development and improvement.
6. In our earlier engagement people living with dementia and their carers said that if they were worried about their memory they would firstly talk to their doctor. People reported varied experiences of this. We wanted to find out more about people's experiences of using primary care, what they had found useful and what could be improved. Through our engagement, we spoke to about 200 people on this subject.

7. Key messages

- There is a lack of clarity and consistency in the dementia care people can expect and experience from their health care centre;
- People said that they valued a clear, direct dementia diagnosis and onward referral to a dementia adviser or support. Not everyone experienced this;
- People appreciated proactive dementia reviews where these were offered. There was some concern about the availability of ongoing support from their health care centre for people living with dementia;
- Unpaid carers said that their health care centre, and its approach, had an impact on their quality of life. Being recognised as a carer and given priority appointments had a positive impact however this isn't consistently being seen across the county;
- Most people said that they could access opticians and dentists fairly easily;
- People found local pharmacists useful and felt more people may benefit from their service;
- People also said they valued seeing the same GP and having longer appointments. Some people told us that their health centre was aware of their dementia and made allowances for this when they needed to see the GP which was welcomed;
- People reported variations in how knowledgeable their GP was concerning dementia. People spoke about other health care centre staff who were helpful like nurses and care coordinators;

- Carers and people living with dementia who accessed Leg Clubs said they enjoyed going to them and felt they helped motivate them to keep active.

Analysis of Dementia Community Support Services in Wiltshire

8. Alzheimer's Support is an independent charity which is commissioned by Wiltshire Council to provide dementia specific community services across the whole of Wiltshire. HWW was pleased when they approached us to assist them to evaluate the provision and quality of dementia community support services across Wiltshire.
9. Alzheimer's Support is committed to using service user experience to inform how their services are planned and managed. As an independent body, Healthwatch Wiltshire can impartially evaluate services and service users can be open and honest. Alzheimer's Support welcomes this and have signed up to Healthwatch Wiltshire's Collaboration Agreement which is designed to safeguard our independence.
10. The aim of this project was to map and evaluate dementia community support services across Wiltshire, considering both equity and quality of provision. In order to do this HWW carried out analysis of current dementia community support services across Wiltshire by researching the provision of current services to get an up to date picture, reviewed previous dementia engagement data and collating people's views and experiences
11. HWW also wanted to ensure the quality of these services was taken into account by asking service users accessing these groups to identify what is important to them when they attend community groups. Using this information HWW developed a quality framework which Alzheimers Support and other organisations could use in the future to monitor the quality of the services they provide from the user perspective.
12. Key messages
 - People feel that specialist dementia community services are good quality and value them. These groups are the most popular and well attended by people living with dementia and their carers. People have told us that they feel these groups have lasting positive effects to their well-being and day to day lives. The provision and variety of such groups is not evenly spread across Wiltshire;
 - Healthwatch Wiltshire produced a report for Alzheimers Support based on the engagement activity and what people living with dementia and their carers told us. The report includes a number of recommendations for areas of improvement or to bridge gaps where community services are lacking. It also includes a Quality Framework which can form a basis of measuring the quality of dementia community support services and incorporates the views of local people. The report is attached as appendix 3.

Young Listeners Project: listening to children and young people

13. Understanding children and young people's experiences of using health and social care is one of Healthwatch Wiltshire's priorities. We wanted to use an approach that gave children and young people the opportunity to talk to and share their experiences with other young people using a 'peer to peer' approach.
14. HWW is working in partnership with Youth Action Wiltshire (part of Community First) in order to recruit and train a team of 10 Young Listeners. We worked with the Young Listeners to design the engagement approaches and the questions they would use in their listening.
15. Young Listeners were supported to carry out 174 'listenings' with children and young people across the county through youth groups and holiday activities.
16. The project was so successful that it was nominated for a prestigious Children and Young People Now! Award in the 'Youth Volunteering and Social Action' category. The Young Listeners had an amazing evening in London with dinner and dancing thrown in.
17. The Young Listeners themselves have gained not only the skills and learning they received throughout their training but also increased confidence, more social awareness and improved literacy and communication skills. One Young Listener said. *"A lot of the skills we have picked up I believe to be truly valuable to later in life. I can't speak for all the Young Listeners, but I know that for myself, I feel a lot more confident when talking to groups of people and I know how to conduct myself around different age groups."*
18. Key messages
 - Children and young people want to be treated as individuals and to be given a choice;
 - Young people want to be given the choice about who the health or care professional addresses during an appointment. This could be them or their carer, parent or guardian as long as they are able to decide who. Young Carers particularly found this challenging when professional address only the adult;
 - Several young people (aged 9 up) said they hadn't felt listened to by a professional and that they thought it was linked to their age. This made them feel patronised and that they hadn't been taken seriously;
 - Support in school was raised by many young people with varying experiences. Some felt their school nurse to be helpful and approachable other had no idea who to approach for help and support about a physical or mental health issue whilst at school;
 - Many young people had experienced mental health service (including CAMHS). They felt that the waiting time for an appointment after being referred was too long, some waiting over 8 weeks. Some also felt that they didn't feel listened to and that seeing different professionals each

time didn't help, especially having to explain life events and their experiences more than once.

- Transitioning to adult services, specifically the lack of continuity, was reported as being challenging especially in relation to mental health services;
- All the young people spoke in a positive way about the ambulance service after having to call them for themselves or the person they care for.

Next Steps

17. We will continue to engage with and listen to people living with dementia and their carers and we commit to feeding back to them about what has been done as a result. This will take the form of a 'You Said, We Did' reports and will incorporate responses from commissioners and providers.
18. We will work with the Dementia Commissioners and providers to help improve referrals to the Dementia Advisor Service (perhaps through the provision of written information about the service so that they have it available to make contact when they are ready).
19. We will work with Alzheimers Support to ensure community services for people living with dementia and their carers reflects the need of local communities and takes into account what local people have told us.
20. We will work together with the Young Listeners to share what they have heard with the commissioners and providers of services so that the voices of the children and young people who spoke to the Young Listeners can help shape services in the future.
21. The Young Listeners will also carry out further listening's looking at some of the key messages that were heard. Focusing on health, mental health and emotional wellbeing in schools
22. We are in the process of developing YouthWatch Wiltshire. This will be a group of young people that meet regularly (either in person or virtually) to look at health and social care issues for children and young people. YouthWatch Wiltshire will ensure the voices of children and young people are heard by decision makers. Young people involved will also have the opportunity to take part in meaningful volunteering opportunities, represent the voice of their peers and help to influence the work of Healthwatch Wiltshire and commissioners and providers across the county.

Presenter name: Lucie Woodruff

Title: Manager

Organisation: Healthwatch Wiltshire

Report Authors: Lucie Woodruff, Manager, Healthwatch Wiltshire

Appendix 1 – *Talking to people about dementia: a focus on primary care* - attached

Appendix 2 – *Analysis of dementia community support services in Wiltshire* - attached

Appendix 3 – [Listening to children and young people: your experience of health and social care](#)

Talking to people about dementia: a focus on primary care

An
independent
voice for the
people of
Wiltshire

Notes:

Primary Health Care

The term primary health care refers to health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. It covers GP practices, dental practices, community pharmacies and high street optometrists.

General Practitioner and Health Care Centres

GPs usually work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. The people we spoke to use a variety of terms to refer to their GP and GP practice.

For consistency throughout the report we are using 'health care centre' when people talked about their health centre, GP practice or surgery and we are using 'GP' when people talked about their General Practitioner or doctor.

Carers

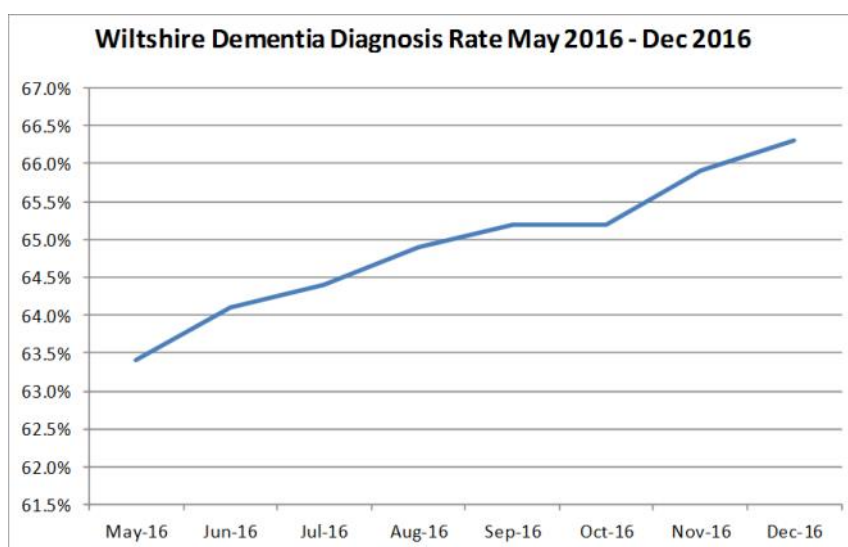
Where we talk about carers in this report we are referring to unpaid carers:

“A carer is anyone who cares unpaid for a family member or friend who cannot manage without their support. They might look after someone with a physical disability, long term health condition, mental health issue or a problem with substance misuse.” (Source: Carers Support Wiltshire⁽¹⁾)

Where the report refers to paid care workers, we will make this clear, for example by stating “agency care worker”.

Dementia Diagnosis in Wiltshire

In recent years dementia diagnosis rates in Wiltshire have been gradually increasing. Figures from NHS England⁽²⁾ indicate that in August 2015 64.5% of people aged over 65 who were living with dementia had received a formal diagnosis. In January 2017 this figure had increased to 66.3%, just below the national average of 67.8%. The table below shows a steady increase in the dementia diagnosis rate from 63.4% in May up to 66.3% in December.



Numerical Data

Figures used in this report refer to January 2017 dementia diagnosis rates from NHS England.

⁽¹⁾ <http://carersinwiltshire.co.uk/are-you-a-carer/>

⁽²⁾ <https://www.england.nhs.uk/mentalhealth/dementia/monthly-workbook/>

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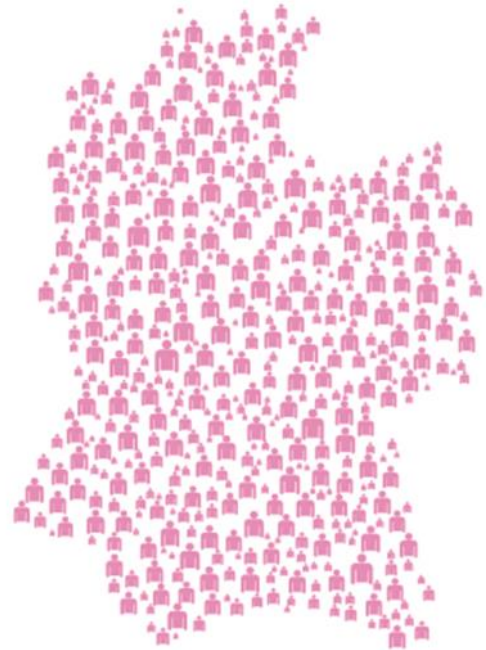
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Overview

Healthwatch Wiltshire, along with voluntary sector organisations, has been talking to local people about their experiences and views of dementia and services in Wiltshire. This report tells you what people said when we spoke to them about primary health care. Primary health care is provided in the community for people making an initial approach to a medical professional or clinic. This covers health care centres, dental practices, community pharmacies and high street optometrists.

We designed our approach to gather people's experiences and views of the dementia services they use. Our aim is to analyse this information and reflect it back to the people who plan and provide health and care services. We will highlight good practice and areas where people have poor experiences so that these can be addressed. This is our third report based on our engagement on dementia.

Wiltshire's Dementia Strategy ⁽³⁾ was approved by Wiltshire Health and Wellbeing Board in July 2014 with its purpose to provide the direction for commissioning bodies to support people with dementia and their unpaid carers. You can read the strategy on the Healthwatch Wiltshire website here – <https://www.healthwatchwiltshire.co.uk/project/dementia-engagement/>.



6,624 estimated number of people in Wiltshire living with dementia

What we did

In our earlier engagement people living with dementia and their carers said that if they were worried about their memory they would firstly talk to their GP and people reported varied experiences of this. We wanted to find out more about people's experiences of using primary health care services, what they had found useful and what they felt could be improved.

We talked to people living with dementia, unpaid carers, older people, the general public, volunteers and professionals.

We spoke to 195 people in total:

- 61 people living with dementia (31%)
- 64 carers (33%)
- 62 professionals or others (32%)
- 8 members of the public (4%)



195 people spoken to during this engagement

We held one workshop in Devizes, and carried out more targeted engagement with people living with dementia and their carers. Our outreach included visiting local groups around Wiltshire including memory cafés, Singing for the Brain groups, groups for people living with dementia and a Leg club. We also attended two of the Dementia Champions Forums of Community Health services and facilitated carers involvement in these. We engaged with some people individually either by face to face meetings, phone or email.

⁽³⁾ <https://www.wiltshire.gov.uk/wiltshire-dementia-strategy.pdf>

The style of our engagement varied according to the group; some were focus groups and some were more informal group or individual discussions. However we engaged, we talked to people about these questions:



1. What is your experience of accessing primary health care services in Wiltshire?
2. How easy did you find it to access these services?
3. How do you think primary health care services could be improved for people living with dementia?
4. What do you think people living with dementia should expect from their GP practice?
5. What do you think would make quality, timely assessments, diagnosis and reviews by GPs for people living with dementia?
6. Do you think that other primary care services are dementia friendly?

We also said to people that we were interested in anything else that they wanted to say about dementia.



Key messages

Some key themes about primary health care emerged from our engagement:

- | |
|--|
| 1. There is a lack of clarity and consistency in the dementia care people can expect and experience from their health care centre |
| 2. People said that they valued a clear, direct dementia diagnosis and onward referral - not everyone had this experience |
| 3. People appreciated proactive dementia reviews where offered. However many people were concerned about the lack of ongoing support from their health care centre for people living with dementia |
| 4. Unpaid carers said that the approach of their health care centre had an impact on their quality of life |
| 5. Most people said that they could access opticians and dentists fairly easily |
| 6. People found local pharmacists useful and felt more people may benefit from their services |

1. There is a lack of clarity and consistency in the dementia care people can expect and experience from their health care centre

The people we spoke to reported very different experiences of the care they received from their health care centre. Variations were identified in what service people might receive both between different health care centres and between different GPs within the same health care centre.

People's experiences were wide ranging. Some people talked about GPs who were dismissive of their concerns about their memory, did not give clear diagnosis, and did not refer on to other services or offers reviews. Others reported GPs who listened to people's concerns and carried out memory tests, gave a clear diagnosis, prescribed medication, referred to other support services and reviewed regularly.

There were some indications that people's recent experiences were better than those some time ago. Most of those people who were given a diagnosis by their GP felt that this happened

as promptly as could be expected. More people felt that their GPs took their concerns about their memory seriously, however there were still some incidences of GPs dismissing such concerns reported to us.



55 GP Practices in Wiltshire

"I'm with x surgery. It is good, they seem efficient and know what they are doing. I see the same doctor each time which is good. My doctor has made referrals to specialists when needed. I get an appointment when I want one."

Person living with dementia

"The quality of dementia care can depend on your surgery - there are some positive experiences." *Unpaid carer of someone living with dementia*

2. People said that they valued a clear, direct dementia diagnosis and onward referral - not everyone had this experience

Some people living with dementia and their carers reported that their GP had given them a clear diagnosis of dementia. People said that they valued an honest direct approach. Several people living with dementia told us that although it was initially a shock to get their diagnosis they thought it was the best way to be told directly that they had dementia. They said that they felt that this enabled them to come to terms with this more quickly and to look forward, making plans for the future.

People also said that they found it very helpful to be referred on to other support services. A number of people told us that they had been referred to the Dementia Adviser Service by their GP or health care centre. Everyone who had been referred to this service said that they found it useful. People talked about Dementia Advisers both helping them access services directly, for example Singing for the Brain Groups, and onward referral to other organisations such as Carer Support Wiltshire.

"Getting the GP diagnosis was a difficult experience. The GP gave it straight out but I think that was the best thing. He gave me a number to ring and someone came to see me (a Dementia Adviser). They gave me lots of information including leaflets about special clocks." *Person living with dementia*



9 Dementia Advisers in Wiltshire

“GPs are frightened of the dementia problem and find it difficult to talk about.”

Person living with dementia

Some people said that they were given a diagnosis that was clear but were then ‘left hanging’ and were not told about organisations who may be able to support them. Some of these people had later found out about Dementia Advisers and said that they wished they had heard about them earlier.

A number of people said that they had not had a clear diagnosis from their GP. Some people living with dementia told us that they thought their GP was scared to talk about dementia. Some carers told us that the GP had told them the diagnosis but did not talk about it to the person living with dementia, they said that this left them unsure how to approach this with the person they cared for. Some people said that their GP had ‘hinted’ but was not direct and found that this was not helpful.

“My father was diagnosed last July by his GP and was given tablets to slow the progress of dementia. I found it very isolating. The GP didn’t inform us about what we could do and didn’t explain to me that they were starting on a low dose of tablets that would then be upped. Later on the GP casually mentioned the Dementia Advisers and said they would refer us. No one got in touch so I phoned the surgery and then rang Alzheimer’s Support direct. I think the services offered by the two Alzheimer’s charities are great.” *Unpaid carer of someone living with dementia*



3. People appreciated proactive dementia reviews where offered. However many people were concerned about the lack of ongoing support from their health care centre for people living with dementia

One of the outcomes of the Wiltshire Dementia Strategy 2014 -2021 is: “I get the treatment and support which are best for my dementia and my life”. NHS Choices Dementia Guide talks about ongoing dementia assessment and states: “Once you have been given a diagnosis, your GP should arrange to see you from time to time to see how you’re getting on”⁽⁴⁾. Many of the people we spoke to talked about the issue of ongoing dementia support from their health care centre.

A number of people told us they did not feel that they received regular ongoing support with their dementia from their health care centre. Some people reported that they had not talked to their health care centre about their dementia for a number of years. Some people said that they thought some GPs didn’t offer reviews because they thought “what can I do?” However most people we spoke to thought that a six monthly or annual appointment to talk things through would be helpful.



4,391 people 65+ with a diagnosis of dementia in Wiltshire

⁽⁴⁾ <http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-diagnosis.aspx>

“My GP never asks me how I am getting on with my dementia medication, for example, whether I am having any side effects.”

Person living with dementia

People reported different experiences of the ongoing support that they received from their GP and during discussions it became evident that it was not clear to people what support their GPs should be offering them. For example, one person told us that they had written to their GP requesting six monthly reviews as they felt they had been led to believe they were entitled to this by NHS Wiltshire. This had been refused by the GP who had said they would see them annually. As they were still unhappy with this they wrote to the CCG again and were then told that there is no local protocol that required six monthly GP follow up. Following this they had learnt that people living with dementia in a nearby health care centre were having six monthly reviews. This was taken up with their health care centre and they are now being offered six monthly reviews. They said that they are pleased that they are now getting what they wanted but that this process had taken nearly a year.

Some people told us that they were receiving regular support from their health care centre from either the GP or a specialist nurse. Everyone we spoke to who had this said that they found it useful to talk things over. People said that these reviews had sometimes led to medication changes or onward referral or signposting to other services that had been beneficial to them. Carers said that they appreciated being asked how things were going for them during these reviews. Some people said that they had been offered a review but had not accepted it if nothing had changed but that they were glad that they were given the opportunity.

“My GP calls me to see how I am getting on - this is good support.” *Person living with dementia*

“In my support group for carers of people living with dementia 11 of the 12 people there said that the person living with dementia had not seen their GP about dementia in the last 12 months.”

Unpaid carer of person living with dementia



“The doctors are not particularly helpful around dementia. We saw a consultant but then seemed to fall through the net - there was no follow up from the GP. Every time I spoke to my GP about it they said ‘Well, it’s going to get worse’.”

Unpaid carer of person living with dementia

4. Carers said that the approach of their health care centre had an impact on their quality of life

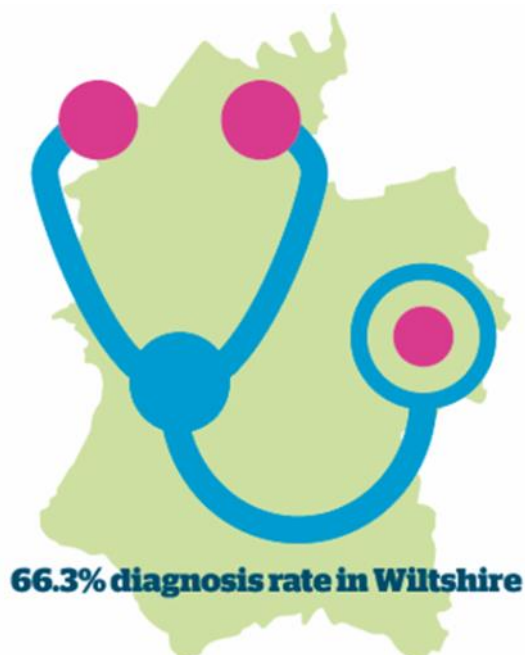
Unpaid carers of people living with dementia talked about their experience of health care centres and the impact that this could have on them and the person they cared for. Carers reported different experiences of the support they received from their health care centres.

Carers who felt that the support offered by their health care centres had a positive impact on their quality of life mentioned a number of things that contributed to this. Some examples of these were: Being recognised as a carer and given priority for GP appointments, flexibility to talk to the GP on the phone if this was easier for them, the GP asking how things were for them, health care centre staff explaining particular aspects of dementia to them, carer health checks and reviews at health care centres, being informed of other support services available, health care centres organising carer events and informing carers of these by email and text.

A number of carers we spoke to felt that they received good quality support from their health care centre and that this supported them to care for someone living with dementia. However it was evident that this support was not consistent across all health care centres in Wiltshire. Some carers said that they weren't aware that they were registered as carers with their GP and some that they were, but this made little difference to the service they received. These carers said they thought it would be beneficial to them to have support from their health care centre around their caring role.

“When I was in Devon - I had a check-up from my GP surgery for carers. This was good - it has not happened at my surgery in Wiltshire” *Carer of Person living with dementia*

“We see the same Dr every time and this is really helpful. If I have worries they can arrange for the Dr to phone me - I appreciate this as we can discuss whether we need to visit. The last time I took my husband in for an appointment to see the nurse. The nurse wanted the doctor to see him. The doctor came down to see us in the nursing room. I thought this was really thoughtful - it made a difference as my husband is in a wheelchair and it can take time to move him around. Another good thing is that our Dr has also asked me if I was alright as a Carer. Our GP is really good.” *Carer of Person living with dementia*





5. Most people said that they could access opticians and dentists fairly easily

We spoke to people about whether they found it easy to access other primary health services. Most people said that they had found it relatively easy to access dentists and opticians. Some people talked about the need to go on a waiting list to get an NHS dentist but said that this had not been a particular problem to them. People said that they felt their dentists understood as much as they needed to when treating people living with dementia. Similarly people said that they had not experienced any difficulties accessing optician's services. Some people talked about being able to arrange home visits which they found helpful. Some people said there were now specific 'dementia friendly' eye tests and that this was a good thing.

6. People found local pharmacists useful and felt more people may benefit from their services

A number of people talked about the services that they received from their local pharmacy. People living with dementia and their carers said that they found the 'dosette boxes' that pharmacists made up very helpful, enabling them to take their medications correctly. People also told us that they had been able to get advice about minor health issues from pharmacists. They said they found this useful and felt that pharmacists were easily accessible, knowledgeable and helpful. Some people felt that not everyone may be aware of what local pharmacies could offer and that more people could potentially benefit from all of their services.

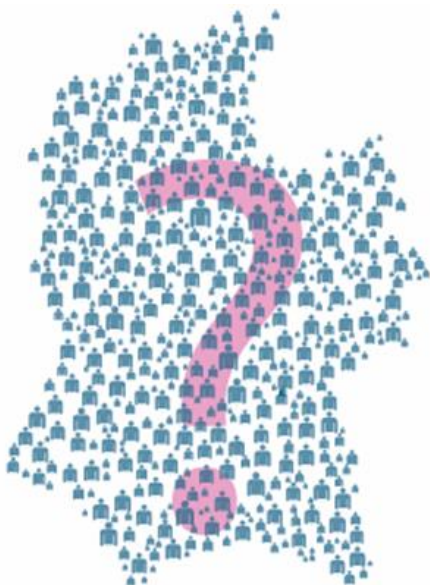
Other things people told us

“I like my doctor and they always explain everything to me. I think my doctor knows me well .” *Person living with dementia*

“They are very dementia minded at the surgery. The doctors are trained in dementia and are wonderful.” *Unpaid carer of someone living with dementia*

People living with dementia told us that they valued seeing the same GP and having longer appointments. Some people told us that their health care centre was aware they had dementia and ensured they saw the same person, but not everyone had this experience. People reported different experiences of how much GPs know about dementia. Some people said that their GP was very knowledgeable about dementia and that this was helpful, other people felt that their GP was uninterested in dementia. Some people also talked about other health care centre staff who were helpful for example nurses and care coordinators. There was mixed feedback about the approach of reception staff towards people living with dementia and their carers. Carers and people living with dementia who used Leg Clubs said they enjoyed going to them and felt they helped motivate them to keep active. People reported different experiences of how well integrated GPs are with other services such as dementia advisers, and social care staff.

Although it is not a primary care service, several people told us that they had experienced difficulties accessing podiatry services. This seemed to be problematic for people with dementia living in both the community and residential homes. People talked about stringent criteria and long waiting lists for NHS podiatry services. Many people told us that the only way that they could access podiatry was to pay for it privately. A few people also said that hearing assessments and aids could be problematic.



Estimated 2,491 people in Wiltshire living with dementia who don't have a diagnosis



National estimated diagnosis rate of 67.4%

Dementia diagnosis: case studies

During our dementia engagement we have carried out a number of one to one interviews with people living with dementia and their carers. These two Case Studies show two differing experiences of dementia diagnosis and highlight what people have told us about what they think is important about this process.

Case Study One – Unclear diagnosis from GP (names have been changed)

Maggie is a carer for her husband Jack who has dementia. She explained that things started a couple of years ago. Jack started to put things in the wrong place and forget things that she had told him.

They first went to the GP in May last year. The GP gave Jack a memory test and he scored 4 out of 10 - this really brought things home. During all of this the word dementia was never mentioned by the GP or anyone else involved.

Jack is alright with their group of close knit friends but is now much more reluctant to go to larger social events where he may not know people well. Jack doesn't want to visit family members - Maggie feels that this is because he would find it difficult finding his way around their homes.

Jack doesn't accept he has dementia, he puts his memory loss down to a fall he had earlier in his life when he banged his head. Maggie said that it has been difficult to move forward without being given a diagnosis. She has been with Jack to GPs appointments and the GP has said "You do know this is more than just a poor memory don't you" - but the word dementia has never been mentioned.

Maggie said that Jack is totally dependent on her. He makes no decisions himself - he wouldn't eat if she didn't prepare his meals. Maggie finds it difficult to have to make every decision. Maggie has grandchildren and it is very important to her that she keeps in touch with them. It is a concern to her that this might become more difficult in the future if Jack's dementia gets worse.

Maggie is aware of some of the support agencies, for example, Alzheimer's Support. However she said that it's hard to start going to things without a clear diagnosis.

Maggie says that she does get stressed and feels isolated. She would like some more support from her husband's family and assurance for the future.

People have told Healthwatch Wiltshire of the drawbacks of not being given a clear dementia diagnosis:

- It is hard for the person and their families to come to terms with the fact that they have dementia
- They may not be able to access support services that would benefit them
- Carers may become stressed and not be supported
- The person may become socially isolated

Case Study Two – Clear diagnosis (names have been changed)

Robert first thought that he might have problems with his memory when his family started to say “Dad your memory is not so good”. He went to his GP and found them very supportive. He was told that he had dementia - this came as a shock to him. Robert was put in touch with the Alzheimer’s Society. A Dementia Adviser came to see him. Robert said “I’ve got their number I know I can chat to them if I need to.”

Every Monday morning Robert goes to Sainsbury’s pharmacy to collect his dosette box. He says: “The dosette box is marvellous, it controls me taking my medication when I need to.” Robert says: “I have a regular GP - touch wood I don’t need to go very often, I only go as and when I need to. My surgery are very nice, very supportive. I go if I need a repeat prescription. I have all my contact numbers in a list in my diary.”

Robert described how he received a letter from DVLA and had to go for a driving assessment. He went and he failed - he was devastated by it at the time, but he has accepted it. He now uses his bus service to get into town and also uses the local Link service to take him to appointments.

Robert uses his diary to help him decide what to do on a daily basis - all his appointments are in there. He keeps active and walks most days. He also sings in a local choir and is picked up and dropped off by other choir members: Robert says: “Going to the choir is a great joy, they are a lovely group of people.” Robert also goes to a meeting for people living with dementia which he thinks is good. Robert said “Every so often someone from the Alzheimer’s Society comes to see me to make sure I’m alright - that’s good. I also have a gardener.”

Roberts’s son oversees his money. He runs a spreadsheet and goes through it with him from time to time. Robert also tries to keep up a cashbook and “the cashpoint tells me my account balance.”

“I realise I’m fortunate to be able to be still living at home and have a normal life. I don’t usually think about myself as having dementia, I tend to forget about it and just get on with living my life.”

People with dementia and their carers have told us that they value early dementia diagnosis. This is what people who have clear, early dementia diagnosis from their GP have told us:

- They value honest, direct conversations about their dementia from their GP surgeries
- People can understand, and come to terms with, why they are having difficulties with their memory and/or day to day living
- They are put in touch with agencies that can support them and their carers
- People can be supported to manage risks
- People can make decisions about their future
- People’s families and the local community can support people living with dementia to remain active and participate in social activities



Next steps

Engaging with people about dementia services has always been a priority for Healthwatch Wiltshire. Since November 2015 Healthwatch Wiltshire has spoken to over 500 people gathering their experiences and views about support for people living with dementia in Wiltshire. We have produced a number of reports which cover key topics that people have told us are important. We have shared what people told us with the people who plan, pay for and run these services as well as Wiltshire's Health and Wellbeing board and Dementia Delivery board.

We know that it is important to people to know what has happened as a result of them sharing their experiences with us. We are already working with voluntary sector organisations and commissioners to respond to the issues raised during this, and our earlier, engagement. Our "Dementia - You said, we did" report will bring together the key messages that people have told us and the action that is underway to address these.

Acknowledgements

Finally, thank you! Healthwatch Wiltshire would like to thank everyone who took the time to contribute their views and experience through the many engagement activities as described.

Thanks also to our voluntary and community sector partners. Without their help to recruit people with dementia and their unpaid carers we would not have been able to reach the numbers of people that we did.

One in fourteen people over 65 have dementia at any one time and that's why 'dementia is everyone's business'. Healthwatch Wiltshire is always interested in finding out about your experiences and views on health and social care services. Please get in touch with us

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February 2017

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Analysis of Dementia Community Support Services in Wiltshire

**An
independent
voice for the
people of
Wiltshire**

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Background

Healthwatch Wiltshire has an important role in assessing the quality of local health and social care services and influencing the design of future services, so we were pleased when Alzheimer's Support approached us to assist them to evaluate the provision and quality of dementia community support services across Wiltshire.

Alzheimer's Support is an independent charity which currently offers a range of services to people living with all types of dementia and their carers in east and west Wiltshire. They have recently been awarded the contract to provide dementia specific services across the whole of Wiltshire. This means that from April this year they will be responsible for providing community services across the entire county. Alzheimer's Support is committed to using service user experience to inform how their services are planned and managed. As an independent body, Healthwatch Wiltshire can impartially evaluate services and service users can be open and honest. Alzheimer's Support welcomes this and have signed up to Healthwatch Wiltshire's Collaboration Agreement which is designed to safeguard our independence.



Overall aim and structure of the project

The aim of this project is to map and evaluate dementia community support services across Wiltshire, considering both equity and quality of provision.

In order to do this the project includes:

Analysis of current dementia community support services across Wiltshire:

- Researching provision of current services to get an up to date picture.
- Reviewing previous dementia engagement data and collating people's views and experiences.

Developing a quality framework

- Specific new engagement about what people think is important in dementia community services.
- Evaluating some existing frameworks and guidance.
- Proposing a quality checklist which incorporates service user views about what is important to them.

Findings:

Analysis of current dementia community support services across Wiltshire

Researching provision of current services to get an up to date picture

This part of the project looked at the spread of dementia community services across Wiltshire. In order to do this, we undertook some research to find out about what dementia community services were available to people.

This consisted of:

- Liaison with two organisations who currently provide the majority of dementia services across Wiltshire; this included telephone interviews with Activity Organisers and Dementia Advisers to find out about their own services as well as other services that they are aware of.
- We contacted all the Community Engagement Managers and asked them to tell us what dementia community services they knew about in their area.
- We completed some desk top research. We looked at information about services websites such as *Your Care Your Support Wiltshire* and *Dementia Connect*.
- We reviewed data from previous dementia engagement and noted any services mentioned there.
- We visited six groups as part of this project and asked people there about all the services they attended.
- We emailed and phoned a number of services and providers to update information and get more details.



Gathering up to date information presented a considerable challenge for a number of reasons. This was partially due to organisational sensitivities about sharing information. In addition to this, it was often necessary to email and phone many organisations a number of times in order to make contact and many of the smaller groups are run by staff and volunteers, who work part time and were frequently not available. Also, when we did make contact some of the information requested wasn't known or gathered by organisations. Our experience reflects what local people have told us about their difficulties in finding out about services.

We collated all the information showing the spread of services across Wiltshire listed by Community Area. The spreadsheet detailing this has been shared with Alzheimer's Support to inform their future planning.

Reviewing previous dementia engagement data and collating people's views and experiences

Healthwatch Wiltshire wanted to ensure that the key messages from local people about community dementia support services, are taken into account in forward planning. Over the last two years Healthwatch Wiltshire have been involved in a programme of dementia engagement. We have reviewed all our engagement data and analysed everything that people have told us about community groups for people living with dementia and their carers.

The dementia engagement that we have carried out includes:

- Over 1200 conversations about dementia
- 39 visits to community groups
- 10 visit to services for people living with dementia
- 6 dementia workshops or events
- 250 conversations with people living with dementia
- 310 conversations with carers of people living with dementia
- 11 one-to-one detailed interviews



The key messages as identified from this engagement are:

Community groups and community involvement are valued

Across all of Wiltshire most people living with dementia and their carers told us that they wanted to play an active part in their local community and that they valued the community based groups that took place. The groups that were mentioned most frequently were dementia specific community services such as Singing for the Brain groups and Dementia Cafes. However, some people also mentioned library groups and groups at their community centre or church as being good opportunities to join in things. Some people living with dementia carried out voluntary work and said they valued this.

For both dementia specific and more informal groups, people reported increased well-being as a result of being involved in their local communities, and felt that these groups could have a preventative function in supporting people to access other services when they need them to avoid crisis situations, particularly in light of pressures on health and care services.

“Getting yourself through the door can be the hardest thing but the day I walked in people were so kind..”
Carer

“Support that is available can be inconsistent and heavily reliant on volunteers, little pockets of groups set up quite randomly but then no one know about them.”
Carer of person living with dementia



We have spoken to some people in the past who had stopped using community groups. They mentioned a variety of reasons. These included difficulties getting to the group, not enjoying the particular activity on offer and feeling that the group wasn't suitable for someone at their 'stage' of dementia. Although this was a relatively small number of people it would be good to look at how these issues can be addressed in the future.

What people want to do

The people we spoke to were keen to emphasise that everyone is unique and that different groups would suit different people. People mentioned a wide variety of things that they would like to do at groups. The majority of these were based on activities or social events. Singing and music groups were particularly popular. Art, exercise, games and visiting animals were also mentioned as being enjoyable. People said that the social aspect of groups such as having time for a chat and coffee was very important. Some people said that they liked listening to speakers, but the feedback about this was more mixed.

The value of dementia specific community groups

The people we spoke to across all of Wiltshire felt that groups that are specifically for people living with dementia were high quality but not always accessible. Some people told us it had been hard to find out about these groups, some said they didn't feel their area had enough of these groups. People commented that emotionally they found it hard to 'get through the door' but when they did, they got a great welcome and often wished they had started going sooner.

People said that they particularly valued the supportive environment in these groups and that they felt relaxed and understood. People told us they liked to have fun at these groups. People also talked about receiving practical and emotional support at these groups. This support seemed to be most useful to people when it was given informally by staff at the groups as and when people has questions or concerns. An added value of these groups was that participants often met informally when the group wasn't running and people said they enjoyed these occasions.

Healthwatch Wiltshire visited some groups that were just for people with dementia. People living with dementia told us that they appreciated the friendship, humour and time to talk and share experiences that these groups offered. We observed that people living with dementia spoke more at these groups than at other groups we visited. Some of these groups, also had a separate session for carers running at the same time, which was also valued.





People with specific needs

People told us they thought that there was a lack of community services that were suitable for particular groups of people with dementia. This particularly related to people in the later stages of dementia who may have specific needs, and we were told that this is becoming more of a concern as people living with dementia are now remaining at home for longer. Some people said that they found Singing for the Brain groups accessible for these people but this was mixed.

People also highlighted the need for groups for people with early onset dementia who may want to be involved in more physical activities. There was also concern for people living with dementia who lived alone and it was questioned whether they were able to find out about access and use the groups without support from a carer.

Geographical issues

Generally, people said that they didn't feel that community services were integrated or planned across Wiltshire and that there was a need for a positive action plan to address this. From talking to people Healthwatch Wiltshire noted that there didn't seem to be equality of access to dementia community services across Wiltshire. Further to this, a number of people told us they weren't aware of services that were outside their town or village, but still near to them. People from Malmesbury and areas north of Chippenham felt that they were generally not well served in terms of dementia community support services, although people said that they valued the Singing for the Brain group in Malmesbury. A lack of dementia community services was identified in Mere and people told us that they felt isolated there. Some people from Trowbridge said that they felt that there was a lack of services available there considering it is the county town. People from Marlborough also said there wasn't much going on there but recognised that there were a number of popular dementia groups in nearby Pewsey.

Carers

Carers told us that they value dementia community groups and the support they offer. Carers also said that they value courses and training about different aspects of dementia and pointed out that many people would need replacement care in order to attend these. Carers said that they would value groups and/or training that helped them with tasks that they may have had to take over, for example finances, driving, cookery, using computers and home maintenance. Some carers said that they would like there to be some groups at evenings and weekends as they were unable to access weekday services and that the timing of groups should be not too close to meal times.

“Singing makes you feel good - the songs come back when the music starts.”

Person living with dementia

Other feedback

People living with dementia and their carers told us that they want to be involved in decisions about their own support but also dementia services more widely.

People stressed the importance of being able to find out about groups. It is important that accurate information is available on the internet and through a range of professionals. DVD's/films can be a useful way of 'explaining' services to people living with dementia.

Problems with transport to groups was something that was widely raised, and people felt that there was a lack of easily accessible public transport, particularly for people living in rural areas. A dementia friendly transport service was suggested.

Many people living with dementia and their carers talked about using day centres. People have told us they particularly value specialist day centres for people living with dementia and think they are good quality. People have expressed concern that there is a lack of such specialist provision in North Wiltshire.



Developing a quality framework

In order to develop a quality framework, we carried out a new piece of engagement which focused specifically on what people thought made good quality dementia community support services and we looked at some existing service specifications and guidelines.

Specific new engagement about what people think is important in dementia community services

We wanted to ensure that service user views were a central part of our proposed quality framework. So as part of this project we carried out some new engagement that specifically aimed to find out what was important to people in terms of dementia community groups. We visited a variety of community groups including Singing for the Brain groups and dementia cafes. 6 groups were involved and 73 people gave their views.

Two organisations also shared their own evaluations of dementia community groups with us and these have been incorporated into the responses. We also spoke to a number of dementia advisers, group organisers and volunteers about what their service users had told them about community groups for people living with dementia.

We had informal conversations based on the following discussion questions:

a) What groups do you go to at the moment? What do you think of these?

Most people we spoke to attended more than one community group or service. People talked about Dementia Café's, Singing for the Brain Groups, Movement for the Mind, Wildlife groups and Day Centres. The majority of the groups that were mentioned were dementia specific and mostly run by organisations which are principally focussed on dementia. Only a few people mentioned local community groups they attended that were not dementia specific.

The feedback people gave us about what they thought of the groups they attended was extremely positive. For example, people said "All good - good variety", "Great", "I think the people who go enjoy it" and "very good, well run".

b) *What do you think makes a good group for people living with dementia?*

People said that getting out and seeing other people was very important to them. The social aspect was important and being with other people with dementia who may be in similar situations. People enjoyed the opportunity to have a cup of tea and chat together informally. Many people talked about the importance of the groups having the right atmosphere. People used words such as warm, friendly, understanding, laughter and kindness to describe what they valued about the groups and thought were important. People said that any activity at the groups should be appropriate so that people living with dementia could participate with support from carers and volunteers as needed.

People with dementia who attended a group that was just for people living with dementia said that they enjoyed the camaraderie and “laughter and banter” of the group and valued being able to share problems and help each other to find solutions.

c) *What do you think makes a good group for carers of people living with dementia?*

The comments about what makes a good group for carers were generally very similar to those above relating to what makes a good group for people living with dementia. Again, the importance of the right atmosphere and a social aspect was emphasised.

Carers also said that groups offered them the chance to share experiences and ‘off load’. Carers talked about getting support, understanding and picking up useful tips from each other and staff attending the group. Carers also said that they valued being able to relax and let someone else “take charge” for a short time.

d) *What sort of things would you most like to do at a dementia group?*

In general, people said that the social aspect and ‘feel’ of the group was the most important thing. However, people did identify some things that they thought worked well as activities. Many people named singing and music, other popular activities mentioned were exercise, art and craft, games, activities involving animals, and outings. Most people said that they wanted to have fun at groups rather than a focus on more serious topics. Most people said that they prefer activities that they could participate in as opposed to talks or information sessions. People did value groups to get information and/or advice but felt this was best given informally as and when they need it.

e) *Is there anything else you would like to say about community based groups for people living with dementia?*

People also talked about stability and regularity as being important. A number of people talked about how groups gave structure to their week. The consistency of having groups in the same place, same day and same time was valued. At several groups, people have told that when the group isn’t on, some group members and volunteers meet up informally at the same time at a local café. These people told us that they value these occasions. Some people said that they didn’t like long gaps when groups weren’t running, for example if they didn’t run over the summer.

Some people said that they would like more groups nearer to them and some people told us that they would have liked to have started coming to groups earlier but didn’t find out about them initially.

People talked about the benefits of groups for general wellbeing. These included looking forward to going to the groups, improved mood, increased confidence and support to make new friends. Whilst visiting a number of groups Healthwatch Wiltshire observed that many people with dementia became more animated as the group went on and people remained more alert at the end of the group. It was also mentioned that attending the groups can be a ‘bridge’ to support people to accept other services preventing crisis situations.

“We are glad you have been asked to ask us these questions, as how can you run services without talking to the people who use them.”

People living with dementia from a support group in south Wiltshire

Some people said that they felt groups worked better once there was a certain number of people attending, this was particularly the case with singing groups, which it was felt could work well with quite large numbers. Other services, such as discussion groups just for people with dementia, people felt worked better in smaller groups.

People told us that they were pleased to have been asked what they thought of these groups. People living with dementia and their carers have consistently told Healthwatch Wiltshire that they want to be involved how dementia services are planned and run in Wiltshire.

Evaluating some existing service specifications and guidelines

We looked at some existing guidelines and service specifications for dementia community groups. These have included *Alzheimer’s Society Singing for the Brain*[®] specification⁽¹⁾, the *Alzheimer Café UK model*⁽²⁾, and *Alzheimer’s Support Tips and Guidelines for Café Speakers*⁽³⁾. We considered whether these were consistent with how community groups operate in Wiltshire and what service users have told us about what they think is important about community groups.

The *Alzheimer’s Society Singing for the Brain*[®] service specification is a detailed document setting out how the groups should be run. It sets out the aims of the service:

“Principle service aims:

The provision of a facilitated structured group session for people with dementia and their carers designed around the principles of music therapy and singing. The Singing for the Brain[®] sessions are planned to incorporate social interaction, peer support, engagement and active participation. Specifically, the service is designed to help families with dementia to feel part of society where they have a right to artistic and social stimulation. To encourage carers and people with dementia to play an active part in networking with others in the same position as themselves.”

The aims and detail in this specification appears to be consistent with how these groups are currently operating in practice in Wiltshire and is also consistent with what people living with dementia and their carers have said is important to them about these groups.

References:

⁽¹⁾ Alzheimer’s Society Singing for the Brain[®] specification - December 2009

⁽²⁾ <http://www.alzheimercafe.co.uk/default.htm>

⁽³⁾ Alzheimer’s Support - Tips and Guidelines for Café Speakers

The Alzheimer Café UK give a description of their model of an *Alzheimer Café*:

“An Alzheimer Café (AC) is a gathering of people affected by and/or interested in dementia. Monthly gatherings are for the purpose of education, discussions, exchanging information about dementia, and for opportunities to socialize and meet others. Attending an AC is free of charge. People and come and go as they please, just like at a café.”



Comparing this description to how dementia cafés are operating in Wiltshire, some cafés run like this or have sessions that are run like this but by no means all. Healthwatch Wiltshire’s experience of attending groups and listening to people’s descriptions of the groups indicate that many of them involve a greater emphasis on participating in an activity rather than listening to a speaker, education or discussion. This aspect of The Alzheimer Café description also doesn’t seem consistent with what most people have told us they would like to do at community groups, which again is more focused around participation in an activity

with an emphasis on fun rather than education. However, in terms of the groups offering opportunities to meet others and socialize, this seems to be consistent across groups in Wiltshire and very much in line with what people say is important to them. People also have told us that they want to be able to talk openly about dementia at these groups.

The *Alzheimer’s Support Tips and Guidelines for Café Speakers* are in line with what people have told us about the way they would like to be spoken to, but perhaps, don’t reflect the shift towards more participatory based ‘fun’ activities that people say they enjoy most.

Proposing a quality checklist which incorporates service user views about what is important to them

In order to develop a quality framework for dementia community support groups in Wiltshire we analysed the key messages people told us through our engagement, and looked at relevant service specifications and guidelines. As a result of this analysis we have developed a framework based around six themes that people felt were most important to them in terms of what makes a good quality dementia community support group:

- Clear information about groups
- Structure and regularity
- Warm atmosphere
- Opportunities to socialize
- Fun activities
- Service user involvement



Using these themes, we have developed a checklist which can form a basis of measuring the quality of dementia community support services and incorporates the views of local people. The checklist is a guide to what might be seen as an ‘ideal’ group. It is not expected that groups would meet every point on the list, more that the checklist would give an overall impression of the quality of the groups and would identify areas for improvement.

This checklist is detailed at the end of this report as **Appendix 1**.

Recommendations for dementia community services in Wiltshire

People feel that specialist dementia community services are good quality and value them. These groups are the most popular and well attended by people living with dementia and their carers. People have told us that they feel these groups have lasting positive effects to their well-being and day to day lives. The provision and variety of such groups is not evenly spread across Wiltshire.

1. Prioritise areas where there appears to be under provision for establishing new groups, most particularly in North Wiltshire area (Malmesbury, Royal Wootton Bassett area). Also, consider how access to groups may be improved for people from Warminster, Mere and Marlborough.
2. Consider the variety of different groups on offer in different areas of Wiltshire and try to address any imbalances identified. For example, the lack of an exercise or dance group in North Wiltshire.
3. Continue promoting informal social opportunities amongst people with dementia and their carers, for example when groups aren't meeting. Look at whether this can be promoted across other groups and taken into consideration when planning new dementia community services.
4. Continue to look at ways in which information provision about dementia community services can be improved, including involvement with GP surgeries. For example, by identifying opportunities for more contact between GP surgeries and Dementia Advisers.
5. Ensure that people are aware of groups that may be outside their immediate town but still close to them, particularly where these may be across 'traditional boundaries', i.e. from North to West Wiltshire. For example, people in Calne and surrounding villages may be able to access nearby services in Devizes and Melksham.
6. Consider ways that people in rural areas can be supported to have better access to community services through establishing and supporting locally run dementia groups in villages and/or improving access to transport to enable people to travel to nearby towns.
7. Adopt a quality framework along the lines of the one suggested to measure the quality of groups and identify areas for improvement.
8. Review some of the information and guidelines about dementia cafés so that it reflects the shift towards more activities that people can join in, that have taken place and people say that they enjoy.
9. Work with other organisations and informal groups that provide dementia community services. In particular, to support them to ensure their services are promoted and specialist support and information provision is available at regular intervals. For example, by attendance from dementia advisers to groups from time to time.



10. Work with other organisations that provide general community services to support them to be 'dementia friendly'. Examples could include holding monthly sessions at cinemas and swimming pools for people living with dementia and their carers and/or providing Dementia Friends sessions.
11. Investigate opportunities for further partnership working and/or local funding with area boards and other community groups in order to establish some smaller groups in rural areas.
12. Liaise with other organisations to see if any clash in service times can be avoided. One current example is Salisbury Library Memory Group runs at the same time as a popular Singing for the Brain session in Salisbury, meaning that people have to choose to attend one or the other.
13. Consider ways in which transport to groups can be addressed. Provide information about public transport, and dementia friendly taxi or transport services, promote lift sharing, consider whether transport can be provided to some groups.
14. Consider how more people living with dementia across Wiltshire can have access to groups that are just for people living with dementia.
15. Look at provision of groups for people in the early and late stages of dementia.



Acknowledgements

We are grateful for the following organisations for supporting this work:

- ★ **Alzheimer's Support** supported discussions with their Dementia Advisers, Activity Organisers and engagement with Service Users through our engagement at their groups.
- ★ **Ludgershall Memory Café** supported discussions with their service users through our engagement at their group.
- ★ **Laverstock Experiential Memory Support Group and Peer Support Group** considered our discussion questions at their groups and shared their views about these with us.
- ★ **Alzheimer's Society** supported discussions with some of their Dementia advisers and shared some of their evaluations of their groups.
- ★ **Wiltshire and Swindon User Network** shared the evaluation report of their memory cafes with us.

And finally, huge thanks to the individuals we spoke to and our dedicated volunteers who carried out the visits and spent time with people living with dementia and their carers to ensure what is important to them was reflected within this piece of work.

Appendix 1

Checklist for evaluating dementia community groups:

Group:

Date of evaluation:

People involved in evaluation:

Clear information available about groups

- Is group publicised locally?
- Are there up to date details about the group on Your Care, Your Support Wiltshire, organisation's website and dementia road map?
- Clear readily available leaflet about the group including information about any costs?
- Is there a DVD/film available to show people how such groups are run?
- Is there evidence that people are signposted to group by others e.g. Dementia Advisers, Care Coordinators, Older people's Champions?
- Does the organisation running the group readily share information with other organisations?
- Is it clear what people need to do if they want to attend?

Atmosphere of the group

- Is the group welcoming?
- Are the staff and/or volunteers friendly?
- Do the staff/volunteers have an understanding of dementia?
- Is dementia openly discussed at the group?
- Are there opportunities for people to share experiences?
- Are people able to get advice and information at the groups if they need it?
- Are people referred to other agencies for advice and information if they need it?

Structure and regularity

- Is the group regular? (Same day, same time, same place)
- If there are gaps, are there opportunities for people to meet up informally during these?
- Do the groups follow a clear structure?

Opportunities for socialising

- Is there time set aside for people to chat informally to each other?
- Can people move around and talk to others if they wish to?
- Do staff/volunteers introduce people to each other?
- Are there refreshments available that promote a social environment?
- Is there evidence that people develop friendships at these groups?

Fun activities

- Does the group involve an activity that people can join in with?
- Are people told in advance what the activity will be?
- Is the activity appropriate for people living with dementia?
- Do people enjoy the activities that take place?

Service User views

- Are service users involved in evaluating the group?
- If so, what happens as a result of these evaluations?
- Are the people attending the group involved in planning and selection of activities?
- Is there any independent evaluation of the group?

Why not get involved?

Visit our website: www.healthwatchwiltshire.co.uk

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Listening to Children and Young People: Your Experience of Health and Social Care

An
independent voice
for the
people of Wiltshire

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Note:

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. For more information: <https://carers.org/about-us/about-young-carers>

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About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent champion for health and social care in Wiltshire. It has an important role in assessing the quality of health and social care services today and influencing the design of services for tomorrow. We want to make sure that the people who use these services have a say in how they are shaped and that their overall views and experiences are heard and taken seriously.



Foreword

Healthwatch Wiltshire has been delighted to work with Youth Action Wiltshire on the Young Listeners project. Through the project we have seen an absolutely inspiring, engaging, and enthusiastic group of young people get stuck into some really valuable work. In their own time they have gone out to listen to other children and young people about their experiences of health and care services. I know (because they have told me) that the project has helped the individual Young Listeners to learn new skills and develop their confidence. The project has enabled us to reach out to a wider group of young people and some key messages have come out of the work. We were delighted to learn that the project was shortlisted for a national award. We are also encouraged that the commissioners for health services have welcomed the messages. There are plans afoot to deliver improvements especially in the area of mental health. We plan to work together to build on this work in 2017. Watch this space!

Chris Graves, Chair, Healthwatch Wiltshire

It is great to see the work that has been done by HealthWatch Wiltshire's Young Listeners. The Young Listeners gave a powerful presentation at the recent HealthWatch Wiltshire conference on the theme of mental health. Improving support for young people struggling with their mental health is a priority for commissioners and we are working with young people, schools and the specialist Child and Adolescent Mental Health Service to transform mental health services. Improvements will only be made if commissioners listen to what young people are telling us. I look forward to hearing more from the Young Listeners in 2017!

Julia Cramp - Strategic Lead for Children's Commissioning (Wiltshire Council and Wiltshire Clinical Commissioning Group).



Children and Young People NOW! Awards (shortlisted for the Youth Volunteering and Social Action Award)

Introduction

Children and young people can often feel that they don't have the opportunity to share their experiences of using health and care services. The views of children and young people are just as important as those of adults.

Healthwatch Wiltshire wanted to find out what children and young people living in Wiltshire felt about using health and care services.

Nationally we know that more and more young people are trying to get help from mental health services ¹, but that many children and young people are not getting the help they need or have to wait a long time to see a mental health professional ².

It is also nationally recognised that medical professionals should be aware of Young Carers and their needs and that Young Carers are given the extra support they need to enable them to continue in their caring role. School nurses should be there to offer support to children and young people³ in a familiar environment.

Key Messages

- Children and young people want to be seen as individuals and treated with respect.
- Many young people felt that the waiting time for an appointment after being referred to Child and Adolescent Mental Health Services (CAMHS) was too long.
- Young people felt that they weren't being listened to and said that they found it unhelpful seeing different mental health professionals each time.
- Some young people said that they did not know where to go for advice on either physical health or mental health in schools.



¹ <https://www.theguardian.com/society/2016/oct/03/quarter-of-a-million-children-receiving-mental-health-care-in-england>

² <http://www.childrenscommissioner.gov.uk/sites/default/files/publications/Children's%20Commissioner's%20Mental%20Health%20Lightning%20Review.pdf>

³ http://www.youngcarer.com/sites/default/files/health_care_pros_booklet_2012_low_res.pdf

What we did

Working with Youth Action Wiltshire and Community First's Community Organisers we trained a group of 10 young people (aged 16 - 18) to become Young Listeners. They carried out training in listening skills, community organising skills and safeguarding and were supported to carry out listenings with other children and young people. The Young Listeners worked together to develop questions that they would ask, focusing on 3 areas:

- Young Carers
- Children and young people with Special Educational Needs (SEND)
- Emotional Wellbeing and Mental Health

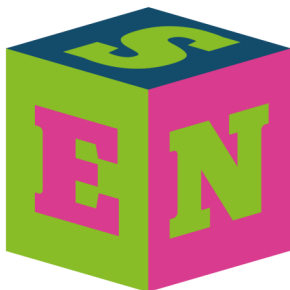
They were supported to visit youth groups and clubs run by Youth Action Wiltshire to listen to the views of young people. They chose their listening style to suit the ages of those they were listening to for example, having a conversation with older young people and by creating a board game to play with younger children and encouraging them to draw pictures of their experiences. After each listening, the Young Listeners had a chance to reflect and report on what they had heard.



The Young Listeners listened to 174 children and young people (aged 5-18) in total.



74 Young Carers



48 Children and Young People with Special Educational Needs and Disabilities (SEND)



52 Young People about Emotional Wellbeing and Mental Health.

What we found

1. Children and young people wanted to be treated as individuals and have a choice. Feedback from young people about dentists and opticians was largely positive and many young people said this was directly linked to having a choice in who they saw.

“We want to be treated as individuals by people who support us with our health”

Young Person

“My Optician was good....they speak directly to me and the waiting time is quick”

Young Person

- 2) Young people said that they would like to have the choice about whether healthcare staff address them or the adult who is with them when they are at an appointment. This has an impact on the experience of the young person. Young carers particularly found this challenging as medical professionals usually address the adult when the young person is normally the carer and involved in making the decisions.

“The doctor was nice and she made me feel safe. She spoke to me and my mum”

Young Person

“I broke my arm in two places the doctor didn't explain to me what was happening, they put me to sleep and I didn't know why. They should have explained more to me”.

Young Person



- 3) Several young people aged from nine upwards said they felt that they had not been listened to and this was linked to their age. Many said that they felt patronised or didn't feel that they had been taken seriously.

The experience of a young woman (aged 18) - as told to a Young Listener

She went to A&E after tearing her hamstring during a dance class. She was in a lot of pain and so went to the local A&E. When she got to A&E they provided her with a wheelchair so she could get from the car to the hospital. After letting the receptionist know what had happened she sat in the waiting room for an hour and a half without any help or assistance. People who had come in after her were prioritised which made her feel worse about herself and the situation. The waiting room was dull and boring with not much to preoccupy her. When she did get help she spoke to a nurse who offered her some pain killers before going to see a doctor. She told the nurse that she had already taken some pain killers before going to A&E but the nurse was insistent on her taking some. It was only after she stressed that she had taken some only a few hours ago the Nurse stopped. She was then seen by a Doctor who was helpful and gave her ways to make the recovery process quicker and some crutches to use until she was able to walk again. As an overall experience, she wasn't happy with the help that she had received.

- 4) Where to go for support when in school was raised by many of the young people. While some young people thought the school nurse was helpful and approachable, others had no idea where to go for help and support about a physical or mental health issue in their school. Some young people also described their school nurse as unapproachable or unfriendly.

A young person's experience of her school's matron (aged 16) - as told to a Young Listener

She was having a bad asthma attack in school and went to her school matron, the school are aware of her asthma and therefore she thought they would be able to help her. When she went into the Matron's room she didn't feel comfortable talking to the Matron as she is quite blunt and unapproachable. She seemed like she wanted to be somewhere else rather than helping her, making her feel self-conscious and vulnerable. When she told Matron about her asthma attack the Matron didn't seem to believe her and told her to 'just deal with it' making the girl feel upset and alone. The Matron then left her in a room for what she thought would be a short time however, the Matron had forgotten she was in the room and so she was left in the room from 11am-3pm with no help. The girl only left the medical room after noticing that it was the end of school and went home, not having received any help. This experience has made her not feel comfortable going back to the school Matron even when she feels like she really needs help.



65% of the young people asked said they felt respected

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5) Many young people had experience of using CAMHS. They felt that the waiting time for an appointment after being referred to CAMHS was too long. In some cases young people were waiting 8 weeks for an appointment after being referred by the GP. Young people felt that they weren't being listened to and felt that medication was being offered instead of counselling or therapy that could help them work through their problems. Young people also said that they found it unhelpful seeing different mental health professionals each time, and found re-explaining life events traumatic.

“It has taken the specialist five months to give me an appointment for my ADHD diagnosis. No other support has been offered to me whilst I have been waiting”
Young Person



- 6) Another concern of many young people was the transition from children’s mental health services into adult mental health services. Young people were concerned about the change from CAMHS to Adult Mental Health Services, with many having older siblings who had experienced a lack of continuity. This led to them worrying about their own transition and if they would get the support they needed.

“I used to have support from CAMHS but because of my age there is no support through sixth form and university...I don’t know where to go...I feel like any support I had is going away.”

Young Person



A young man’s experience of mental health services (age 18) - as told to a Young Listener

This individual was hesitant to share his views on the mental health system. He started by telling me miscellaneous complaints about long waiting times and he didn’t think he had anything relevant to say. Eventually he opened up about his situation with adult mental health care services. Due to his age, he can’t see a paediatrician anymore and so he has no way to get support. He doesn’t know what to do, where to go or how to get support because he has slipped away from the children’s mental health system and into the adult one and the support is going away. He feels he will struggle throughout sixth form and university because of this lack of support. He also believes that now that he’s an adult, there is no team of health professionals specialising in long-term support. This 18 year old feels that GPs don’t specialise in mental health and that a solution to this could be long-term help that’s readily available to his age bracket.

- 7) Young people of all ages felt that waiting times for appointments with healthcare professionals were too long.



49% of the young people asked expressed how unhappy they were with waiting times

- 8) Many young people spoke about their experience of using the ambulance service, either having to call for themselves or someone they cared for. All of the young people that spoke about this said that they were made to feel safe and reassured, even though the journey in the ambulance itself might have been scary.
- 9) The young listeners found that many young people would seek advice from someone in person, but that increasingly more young people were seeking advice and information online. While they recognised that there is increased awareness around mental health and emotional wellbeing, they were worried that this may have become glamorised and those that need support may not be confident enough to ask for help.

“I broke my arm at home when I fell down the stairs. It hurt a lot but I felt safe once they put me in the ambulance and explained what was happening”



75% of the young people asked, felt that they could get help confidentially

A key element of the success of this project was the fact that young people were given the opportunity to share their experiences with their peers, and this led to the Young Listeners gathering feedback that perhaps a young person would have been less likely to share with an adult.

“It has been so good having someone to come and listen to us like this. I wish they offered it for all sorts of things around Wiltshire so that young people can have our voices heard around more”

What we will do next

We will work together with the Young Listeners to share what they have heard with the commissioners and providers (the people who plan, pay for and run services) of services so that the voices of the children and young people who spoke to the Young Listeners can help shape services in the future.

The Young Listeners will also carry out further listenings looking at some of the key messages that were heard. These will focus on:

- Health in schools
- Mental health and emotional wellbeing

Thanks and Acknowledgements

Healthwatch Wiltshire would like to thank all the children and young people who took the time to share their experiences and views with the Young Listeners. Thanks also go to Youth Action Wiltshire and Community First, and finally huge thanks to the dedicated Young Listeners who gave so much of their time to allow other young people the opportunity to be heard.



Why not get involved?

Visit our website: www.healthwatchwiltshire.co.uk

Follow us on Twitter: @HWWilts

Email us: info@healthwatchwiltshire.co.uk

Phone us: 01225 434218

Write to us: 5 Hampton Park West, Melksham,
SN12 6LH

December 2016

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Wiltshire Council

Health and Wellbeing Board

18th May 2017

Subject: Local Government Association Commissioning for Better Outcomes Peer Challenge

Executive Summary

The purpose of this report is to provide the Wiltshire Public Service Board with an update on the Council's Local Government Association Commissioning for Better Outcomes Peer Challenge, which took place in January 2017.

Proposal

That the Board notes the information contained in this report and that an action plan designed to address the areas of consideration will be produced.

Reason for Proposal

To keep the Board informed of the outcomes from the LGA Peer Review.

James Cawley

Associate Director Adult Care Commissioning, Safeguarding and Housing

Wiltshire Council

Health and Wellbeing Board

18th May 2017

Subject: Local Government Association Commissioning for
Better Outcomes Peer Challenge

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the Council's Local Government Association "Commissioning for Better Outcomes" Peer Challenge which took place in January 2017.

Background

2. One of the three key priorities set out in Wiltshire 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.
3. Following the removal of national targets and assessments, local councils are recognising the opportunities and challenges of self-regulation, improvement and innovation in all services that local authorities provide. In the South West region, the Local Government Association (LGA) is working with local authorities to develop a programme of sector-led support in adult care services. 'Towards excellence' will focus on promoting excellence and harnessing the skills of local authorities. The core elements are regional working, robust data, annual self-reporting and peer challenge. These are consistent with the sector's wider approach to improvement.

The peer challenge process aims to help local government to help itself to respond to the changing agenda for all local authority services. The team undertaking the peer challenge will take the viewpoint of a 'critical friend', who understands the pressures of running a local authority and will review

the council practice in a challenging but supportive way. The process includes:

- an assessment of current achievements
- provides recommendation of how further improvements can be made

The 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 included the following stages:

- Self-assessment
- Document review
- Onsite investigative interviews
- Key findings and practical suggestions for improvement
- A written summary report and recommendations
- Optional follow up support or workshop activities

The peer challenge team was made up of the following key members:

- **Lead Peer** – Margaret Wilcox - Director of Adult Social Care Gloucestershire & ADASS President for 16/17
- **Senior Officer Peer** – Duncan Jordan, LGA Associate
- **Member Peer** – Graham Gibbens – Kent Council - Cabinet Member for Adult Social Care and Public Health
- **Health Peer** – Donna Telfer, LGA Associate
- **LGA Challenge Manager** - Jonathan Trubshaw
- **Expert by experience** – Sarah Davies
- **Provider Peer** - Bridget Warr - UK Home Care Association

Main Considerations

4. Wiltshire Council asked the Local Government Association to review one area of its Adult Social Care business in the Peer Challenge, this is Commissioning for Better Outcomes.
5. We asked that the peer challenge considered the following four questions:
 - Do we commission in a person centred outcome focused way?
 - Does our commissioning demonstrate that we are well led?
 - Does our commissioning promote a stable and sustainable diverse market?
 - Workforce Strategy – how can Wiltshire support providers to deliver the appropriate workforce over the next 5 years.
6. The team was on-site from Monday 16th January – Friday 20th January 2017. To deliver the strengths and areas for consideration the team reviewed nearly 100 documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days on this project, the equivalent of more than 320 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders.

7. These activities included:
- interviews and discussions with councillors, officers, partners and providers
 - focus groups with managers, practitioners and frontline staff
 - information from those who access services
 - reading a range of documents provided by the Council, including a self-assessment against key questions completed by the Council and the CCG.

Peer Review Team Findings

8. The full report can be read at Appendix A, however the main findings from the review are as follows:
9. It was clear to the team that there was strong political leadership for Adult Social Care. Since his appointment in the summer of 2016 the portfolio holder had engaged fully with the service, talking with and listening to staff, partners and service users. There was also an increasing awareness of adult social care issues within Council.
10. The team was impressed with the quality of staff that they met who were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways as evidenced by the approach to flexible and joint working. People expressed that they were proud to work for the Council and said that it was a good place to work.
11. The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.
12. More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy.
13. The staff that the team met expressed their willingness and readiness to work towards an integration with Health. However, they did not know or were not always clear nor confident about what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message from the Council's leadership stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.
14. The Council's Area Boards were widely viewed as a positive way of engaging with local communities and for ensuring that local needs were addressed. These offer a mechanism for increasing engagement with adult social care and how the assets possessed by the community, in terms of skills and abilities, could be matched with those in need of support.

15. More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions.
16. The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers for the same scarce resource to meet the needs of the shared client group
17. There needs to be a clear 'front door' to accessing adult social care services. In particular the Council's website does not provide sufficient information or access into these services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Conclusions

18. The Board are asked to note the findings from the Peer Review Challenge and that an action plan including further staff engagement is being drawn up to address the areas identified for improvement.

James Cawley
Service Director Adult Care and Housing Strategy

Report Author:

Iain Kirby, Head of Business Change, Performance and Governance

Background Papers

Appendix A – LGA Peer
Review Final Report –
Commissioning for Better
Outcomes

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Wiltshire Council Peer Challenge Report Commissioning for Better Outcomes

January 2017

Final Report

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Appendix 1 – Commissioning for Better Outcomes Standards

Appendix 2 – Links for Co-production, User engagement and workforce development

Executive Summary

Wiltshire Council asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge. The work was commissioned by James Cawley, Associate Director, Adult Social Care Commissioning and Carolyn Godfrey, Corporate Director, who was the client for this work. They were seeking an external view on how the Council and its partners were working together through the commissioning relationship to address the current and future workforce challenges faced with the wider social care workforce. The Council intends to use the findings of this peer challenge as a marker on their improvement journey. The focus for the challenge was:

- To provide feedback on the three domains of the national standards
- To consider how Wiltshire might support providers to deliver the appropriate workforce over the next five years.

It was clear to the team that there was strong political leadership for Adult Social Care. Since his appointment in the summer of 2016 the portfolio holder had engaged fully with the service, talking with and listening to staff, partners and service users. There was also an increasing awareness of ASC issues within Council.

The team was impressed with the quality of staff that they met who were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways as evidenced by the approach to flexible and joint working. People expressed that they were proud to work for the Council and said that it was a good place to work.

The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.

More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy.

The staff that the team met expressed their willingness and readiness to work towards an integration with Health. However, they did not know or were not always clear nor confident about what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.

The Council's Area Boards were widely viewed as a positive way of engaging with local communities and for ensuring that local needs were addressed. These offer a mechanism for increasing engagement with ASC and how the assets possessed by

the community, in terms of skills and abilities, could be matched with those in need of support.

More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions.

The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers for the same scarce resource to meet the needs of the shared client group.

There needs to be a clear 'front door' to accessing ASC services. In particular the Council's website does not provide sufficient information or access into ASC services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Report

Background

1. Wiltshire Council asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge. The work was commissioned by James Cawley, Associate Director, Adult Social Care Commissioning and Carolyn Godfrey, Corporate Director, who was the client for this work. They were seeking an external view on how the Council and its partners were working together through the commissioning relationship to address the current and future workforce challenges faced with the wider social care workforce. The Council intends to use the findings of this peer challenge as a marker on their improvement journey. The focus for the challenge was:
 - To provide feedback on the three domains of the national standards
 - To consider how Wiltshire might support providers to deliver the appropriate workforce over the next five years.
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer challenge was the Commissioning for Better Outcomes Standards. These were used as headings in the feedback with an addition of the scoping questions outlined above. The three CBO domains were used with another added to make four key headings:
 - Well Led
 - Person-centred and Outcomes-Focused
 - Promotes a Sustainable and Diverse Market Place
 - Workforce Strategy
4. Commissioning in adult social care is the local authority’s cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.
5. The members of the peer challenge team were:
 - **Margaret Willcox**, Commissioning Director & Director of Adult Social Care Services, Gloucestershire County Council

- **Cllr Graham Gibbens**, Cabinet Member for Adult Social Care & Public Health, Kent County Council
 - **Mel Lock**, Adults & Health Operations Director, Somerset County Council
 - **Bridget Warr**, Chief Executive, United Kingdom Homecare Association (UKHCA)
 - **Sarah Davies**, Volunteer, Healthwatch Wiltshire
 - **Donna Telfer**, Independent Health & Community Consultant
 - **Duncan Jordan**, Independent Public Sector Consultant
 - **Jonathan Trubshaw**, Review Manager, LGA
6. The team was on-site from Monday 16th January – Friday 20th January 2017. To deliver the strengths and areas for consideration in this report the peer review team reviewed nearly 100 documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days on this project, the equivalent of more than 320 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
- interviews and discussions with councillors, officers, partners and providers
 - focus groups with managers, practitioners and frontline staff
 - information from those who access services
 - reading a range of documents provided by the Council, including a self-assessment against key questions completed by the Council and the CCG.
7. The LGA would like to thank Carolyn Godfrey, Corporate Director for Adult and Community Services, James Cawley, Associate Director, Adult Social Care Commissioning, Iain Kirby, Head of Business Change, Performance and Governance and their colleagues for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a wide range of members, staff and those who access services. The peer challenge team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes; the team were all made very welcome.
8. The team's feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

Strategic context

- Unitary council since 2009.
- Growth in numbers of older people.
- Reduction in central Government funding.
- Budget growth in ASC, overall Council budget has reduced.
- More innovation and delivering differently.
- Significant employer.
- Large and expanding MOD presence.
- Large rural county

Key points

- Key vacancies proving difficult to fill.
- Low unemployment.
- Planned increase of military families.
- National policy driving integration.
- Council's locality approach.
- Corporate leadership and matrix management.
- Recognition of ASC demand in budget allocations.

9. Wiltshire Council became a unitary authority in 2009, replacing the County Council and four district councils. It is a large county with a population of 471,000 but with 146 people per square kilometre it has a lower population density than the South West or England overall. The population as a whole is projected to rise by 10.4% over the next 15 years but with the working age population dropping by 6% to 54.4% and the retirement age population increasing by over 8% to 29.8%. There are 30,000 military personal and their dependents based in Wiltshire and this will increase by 4,000 by 2019 with many relocating from Germany. The Council's Cabinet takes most of the executive decision and the Council is currently led by two Corporate Directors who report to the Leader and the Cabinet. They are supported by 13 Associate Directors. Along with other local authorities the Council is receiving less funding from central government and is using the social care precept to help to invest £13.6m over the coming three years. Wiltshire has reinvigorated its relationships with providers and through the creation of 18 Area Boards is working to find solutions to local issues that make the most effective use of all the resources available to individuals and their communities.

10. From the information that the team gathered from the documents that they read and the interviews conducted there appeared to be hard to fill posts at all levels throughout the Health and care partnership, not just within social care. Vacancy rates were reported to be up to 30% when sickness absence was added to vacancies. The team received evidence from all the providers that they met that they were experiencing difficulties in attracting staff. One example given was of a nursing home that had been 'down-graded' to a residential home because they were unable to recruit nurses. Factors that contributed to the difficulties in recruitment included relatively low levels of unemployment that made caring roles unattractive and those with the appropriate skills hard to find. It was not lost on the team that one of the successes of the Council's economic plans has been to increase employment. However, with fewer people looking for work the pool of potential social care workers has shrunk and more needs to be done to work collaboratively so as to avoid losing time and resources on failed recruitment drives.
11. The Council operates a corporate management model with a matrix management approach. This allows for clear lines of management with reporting lines to other senior officers on relevant areas of work. The team acknowledged that this choice of operating model was taken to encourage information sharing and avoid silo working.
12. There was a clear understanding and recognition from the leadership of the Council of the demands on Adult Social Care, which was reflected in the budget allocations.

Strategic key messages 1

Strengths

- Strong political leadership.
- Openness to innovation and change.
- Motivated workforce eager to implement new ways of working.
- Improving relationships with partners.
- History of staff responding to direction and adapting to change.
- Potential of community focussed approach and an asset based model that promotes independence.

13. The team saw evidence of strong political leadership. They also heard from a number of sources that since his appointment the portfolio holder had engaged fully with the service, talking with and listening to staff, providing a clear direction and that this was appreciated by the staff and providers that the team met.

14. The team was impressed with the quality of staff that they met. People were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways. Staff had adapted well to various innovations including remote working and matrix management and that this willingness to embrace change provided a sound basis for any future integration arrangements. People expressed that they were proud to work for the Council and said that it was a good place to work.

15. The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.

16. Improving relationships had increased the partnership's ability to engage further with and develop the potential of communities to help themselves. There was a focus on people being made aware of their existing assets, including skills and abilities and this model was used to promote independence.

Strategic key messages 2

Areas for consideration

- Ensure all staff are clear on the corporate vision.
- Define and agree the model for integration.
- Define the broader commissioning approach and broadcast it.
- Establish clearer lines of communication, both vertically and horizontally, with simple, consistent messages.
- Raise the profile of service users and carers further by increasing co-production.
- Connect the disparate recruitment processes, including independent providers.
- Refresh the access route to ASC in line with the corporate strategy.

17. The team heard that a lot of work had been undertaken to make staff aware of the corporate vision and that some of the impact of this work had been reflected back in the recent staff survey. Staff could describe the outcomes based approach for an individual and what this meant in terms of satisfaction and achievement of goals. However, the majority of the people the team met were not readily able to describe the vision and how their work contributed to achieving this. More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy. Given the matrix approach to management, these lines of communication need to be consistently applied across the organisation so as to address any potential for silo working and reluctance to share information between departments and more widely with partners

18. The staff that the team met expressed their willingness and readiness to work towards an integration with Health. There were examples of good cross-organisational working and cooperation, including the GP Demonstrator sites and so the word 'integration' may need to be clarified as to what this means. The staff whom the team met were not able to state clearly what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.

19. More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions. Healthwatch Wiltshire and the newly formed

voluntary sector forum are well placed to work in partnership to take forward this approach.

20. The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers, in both Health and social care, for the same scarce resource to meet the needs of the shared client group.
21. There needs to be a clear 'front door' to accessing Adult Social Care (ASC) services. In particular the Council's website does not provide sufficient information or user friendly access into ASC services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Well Led

Strengths

- There is direction and challenge from the Cabinet Member which is welcomed.
- Experienced senior officers have mature relationships with strategic partners.
- There is some evidence of good working practices in safeguarding and associated services for vulnerable people.
- Area Boards connect corporate and local agendas.
- There is now a positive relationship with Health and the voluntary sector.
- The Health and Wellbeing Board is making a positive contribution.

Areas for Consideration

- Staff are eager to know what the model(s) of integration will be and the timeline for implementation.
- There is room to bring ASC and other services within the Council closer together.
- Learning Disabilities and Mental Health appear to be remote from the rest of ASC and would benefit from being included in the outcome focussed commissioning approach.
- Whilst there are numerous initiatives underway, there is a culture of staff repeatedly refer to it being “early days”.
- Clarify the ASC vision and therefore what needs to be commissioned and delivered.

22. The Portfolio Holder was well informed and ensured that he had been briefed on relevant issues since taking up the post in the summer of 2016. The team was informed that there was an increased level of challenge and direction for the service and that this was welcomed by staff.

23. Whilst children’s safeguarding received high profile attention there may be more that could be done to ensure that all elected members of the Council know and understand their roles and responsibilities with regards to safeguarding adults. It was the team’s view that giving all elected members an awareness on safeguarding and safeguarding responsibilities needs some stronger focus and the opportunity for this will arise after the May elections.

24. Relationships with partners at a senior officer level were reported to be improving. Staff were able to bring a great deal of experience to these relationships, which ensured that mature and informed debate took place. The Voluntary Sector forum, with its elected representatives forming an executive steering group, was well placed to engage in an increasingly constructive way. It was recognised that this was a relatively recent development with significant potential to develop relationships further and ensure service users were better able to access appropriate services. The team heard evidence regarding community and voluntary sector expertise in community asset based developments that could be more widely utilised by the Council and its partners. Relationships with Health were also improving and there were significant opportunities to consider how potential closer working arrangements might be put in place. The team received evidence from Health partners within the Clinical Commissioning Group (CCG) that they experienced good working relationships with council colleagues. Significant effort has gone into mending these relationships and all partners will need to maintain this focus to ensure that trust is developed and agreed ambitions are achieved. The recently formed joint commissioning teams showed significant potential in assisting with this agenda.
25. The team received wide ranging and consistent support for the Local Area Boards. These were clearly viewed as a strength with significant potential for the Council to engage with local communities; both in how services are prioritised and delivered and in how information is gathered from residents and brought back into the Council. Public Health also provided the Local Area Boards with Joint Strategic Assessments at area level so that they could consider what their priorities should be and to see if they had achieved their Health outcome objectives.
26. The Health and Wellbeing Board (HWB) was seen as being a model of good practice and had recently received a national award for the way in which it conducts its business. The CCG representatives spoke positively about the strength of the board and the opportunities it presented for more and closer joint working to take place. Relationships between partners were seen as mature, which enabled robust and constructive two-way challenge to take place.
27. In the view of the team there needs to be a clearly articulated vision of what integration will look like, with an indicative timetable as to when this will be achieved. The team heard evidence from throughout the Council that staff did not know the partnership's integration intentions and this led to uncertainty with regards to roles and functions within the workforce. An on-going communication stream, including recognition of what was not yet known and the conversations that were happening with partners to develop a shared understanding, would be welcomed by the staff and would help ensure their continued engagement in the process.
28. The team received evidence from some of the staff that were met that suggested they perceived ASC to be somewhat separate from other Council services. It was recognised that with Wiltshire becoming a unitary authority other areas of the Council were the focus of remodelling, especially those not traditionally covered by a county council or that needed particular attention and that ASC was not subject to the same level of focus. More now needs to be

done to encourage a two-way dialogue to ensure that all service areas understand how they interlink and how best to support each other in achieving corporate objectives for the benefit of Wiltshire residents. An increased level of dialogue would also support staff's understanding of the ASC vision regarding what is commissioned and how the commissioning process takes into account service user needs, both present and future.

29. In the team's view Learning Disabilities (LD) and Mental Health (MH) provision should be commissioned and given the same level of scrutiny as other ASC services. It was recognised that these are specialist services and require distinct considerations. However, they may benefit from the outcome focussed approach applied to other services. With regards to MH more attention could be given to those younger adults with low level MH issues as well as those resulting in older adults as a result of dementia and associated needs.
30. It was clear to the team that Wiltshire was engaged in a number of significant programmes and initiatives including Help to Live at Home (HTL@H), Area Boards and the providers forum. However, on numerous occasions the team heard the phrase "Early days" used when talking about how effective and impactful these initiatives were seen to be. More could be done to demonstrate to staff, partners and residents what changes are taking place, how these are being assessed and at what stage they are at in their implementation. For example, the team heard about a number of 'good practice' initiatives, both in the commissioning and provider fields. These need to be celebrated and more widely shared to encourage further expansion and development.

Person Centred and Outcome Focused

Strengths

- The focus on individuals rather than process is understood and valued particularly in the HTL@H with high levels of satisfaction reported.
- Early evidence from HTL@H and GP Demonstrator pilots is promising.
- Providers support and champion the outcome focused model.
- The locality staffing infrastructure supports Older People's delivery.
- An asset based approach to promoting independence is satisfying for both service users and staff.

Areas for Consideration

- Lack of workforce capacity is having a negative impact and has the potential to compromise outcomes and cause staff to revert to a task focus approach.
- There is an opportunity further to develop local relationships using Area Boards.
- An increased focus on outcomes is a critical success factor.
- Commissioning would benefit from closer integration of Public Health.
- Escalate and extend the benchmarking and detailed understanding of costs and long-term benefits of service provision.

31. The team heard from providers that they recognised the benefits of working with the Council and that the operating model was strong. They appreciated being part of a system that looked at the needs of the individual and then determined the best way of ensuring that these were met. Providers considered that they were part of the system and could recognise when needs had been met. They were then able to move care forwards for the individual in an agreed and integrated way, without delays created by waiting for others in the system to authorise changes. The Council's staff working within provider organisations (Mears and Somerset Care) reported high levels of satisfaction and good working relationships. The HTL@H approach that focuses on individual outcomes and an empowered, partnership way of working to achieve these, provides a good model for the future direction of LD and MH specialist services.

32. The team heard from service users, providers and frontline staff that the focus on what the individual and their local community could do to support themselves was widely recognised and appreciated. Identifying, using and enhancing these assets went far beyond physical resources and encouraged people to consider their skills, ability and time. The Voluntary Sector Forum and Healthwatch Wiltshire are well placed to support the Council and its Health

and other partners in developing a community asset based/coproduction approach to commissioning and delivery of key services.

33. Some providers, including Somerset Care, were unable to deliver their contracted amount of care due to difficulties in recruiting staff. The team heard that there was a lack of capacity in the wider workforce and this had an impact on providers' ability to attract staff. The lack of workforce capacity limits the ability to deliver creative solutions (including time to discuss options and potential solutions with service users and their support networks) and constrains the focus of effort on delivering agreed tasks. Further engagement with providers and others in the wider potential social care workforce about how to address capacity, including how existing staff might be used differently, may help keep the current vibrant model going
34. There was evidence from staff that they appreciated the focus on outcomes for individuals and that this was a satisfying and rewarding approach for their work. However, it was also reported that not all staff considered this to be the case and that some were concerned that this might have a negative impact on their job, particularly for those who were seen to be working in a more "traditional" delivery role. More could be done to ensure the culture of working in an outcome focussed way is adopted right the way across the whole social care workforce.
35. The team heard that there was a willingness from Public Health to integrate further with the Council. Public Health was already integrated within Wiltshire Council and especially in relation to Trading Standards, Community Safety, Leisure Service and community hubs. More could be done to identify cross directorate/cross partnership issues for joint work, such as; road accidents and the challenge of isolation in a rural community with limited transport links. Systems thinking work had been done for the Older People's journey but the same needs to be done for mental health, which will help inform the development of services in the future. The CCG looks at particular types of mental ill health but the Public Health focus is across the whole population and has a preventative focus. There is also an opportunity to integrate more fully the council's five Public Health Specialists' expertise on data analysis, needs assessment, evidence-based outcomes and community development approaches, to inform commissioning decisions across key areas of the Council's work. Opportunities are in place through the newly formed joint commissioning teams with Health for service user experiences to be made known and to inform future co-production commissioning models, including a refocus on early interventions and prevention, for example in mental health commissioning. The team heard of some good initiatives, such as Social Prescribing and ASIST (MH awareness/suicide prevention training), both of which would benefit from being further developed in Wiltshire.
36. More could be done to develop the benchmarking of costs of service provision and how this information is used to inform the commissioning process. Services that might benefit from this approach include LD, as well as considering the weekly costs of home care. A systematic programme of benchmarking to benefit the planning and management of care should include the monitoring of the medium and long-term benefits including the number of: slips, trips and falls, reduced admissions to hospital, earlier discharge,

progression beyond needing any professional support, etc. and might benefit all services and support the commissioning approach.

Promotes a sustainable and diverse market place

Strengths

- There are strong, trusted partnerships between commissioners and strategic providers.
- Some good networking and active community engagement is evident.
- Area Boards are showing potential for better networking with local third sector organisations to aid market development.
- The plans to share information (Single View) are very promising.
- Wiltshire Care Partnership is well engaged and there are improving relationships.

Areas for Consideration

- The recruitment and retention issues are a primary concern for all organisations and are inhibiting progress on developing initiatives.
- Customers, carers, operational staff and providers want to be more involved in developing commissioning intentions.
- There is significant untapped resource in the community that can help shape commissioning and delivery.
- The in-house LD services require reviewing and re-commissioning.

37. The team heard evidence that the Area Boards were enabling greater engagement with local communities and local voluntary organisations. Although it was acknowledged that it was “Early Days” on in the journey of how Area Boards might support and encourage communities to contribute to the wider delivery of adult social care there was recognised potential. Representatives from the Voluntary Sector told the team that there was a significant and as yet untapped resource in local communities. Greater consultation and coproduction would help access and engage this resource and the Area Boards might be a key way in which this is done. However, there needs to be a mechanism for coordination and sharing of good practice that will enable those organisations that have a wider geographical presence to effectively engage in the process; as well as minimising the potential for unnecessary duplication. Ensuring that one person was responsible for providing an overview of activity, facilitating access for providers so that they could provide larger scale solutions (delivered to local specification) would help maintain cost effective delivery.

38. The team was impressed with the creation of the Single View information system whereby Health and Social Care can share information, seeing the elements of each in one place. This has significant potential to increase

efficiency and ensure that an individual's needs are considered in a consistent and transparent way.

39. Providers spoke highly about the change in relationships with the Council since the development of the Wiltshire Care Partnership. There appeared to have been a change in the way in which the voluntary sector was able to engage with each other and the Council and dialogue was more meaningful and productive. The partners had elected members to represent them at a strategic level and they considered this smaller group was beginning to be more effective in ensuring the voice of providers was more clearly heard and through them, so was the voice of their service users.
40. Due to a lack of capacity in the wider workforce, organisations recruiting for care posts are often competing against each other and targeting the same potential recruit. More could be done to share information across organisations (even where they are offering slightly different rates of pay or terms and conditions) so that resource and effort are not wasted. People will move between employers for a relatively little increase in wages and this has significant transactional cost implications for the employers involved. Considering how outcomes for a service user might be achieved in different ways may help reduce the need for traditional employment models. There is potential to work even more closely with the Ministry of Defence so that as the planned increase in military personnel occurs over the coming years, their families may contain people who have the necessary skills and want to work in Social Care. Providing some Public Health/health promotion volunteer and training opportunities to the military community has been a useful stepping stone to workforce development elsewhere in the country, for example, Health Trainers and Breast feeding champions.
41. There is a difference in the rates offered to providers of home care when spot purchasing and contract purchasing. These need to be resolved so that there is a clearer understanding and planning for the costs of provision.
42. The service users, carers and frontline staff from across the partners whom the team met were all keen to be more involved in developing the Council's commissioning intentions. More of "You said, we did" style of communication would be useful in demonstrating their influence were they are already engaged. From the team's meetings with carers in a variety of situations it was clear that carers did not feel their contribution was fully valued by the Council. The work of National Voices offers a number of examples of good practice in collaborative commissioning and service user engagement. (Please see appendix 2. for references, links and further information).
43. Evidence from the GP Demonstration Site indicated that because of the joint work with social care the participants were able to identify others within their communities who could offer support to those in need. Examples included Age UK and the volunteers they attracted who come in to help. The Customer Coordinators also held a great deal of knowledge about those people within their area who could potentially offer support on a voluntary basis. More should be done to support these routes, including work through the Area Boards, to identifying and developing those who wish to volunteer. This could include promoting the role of volunteer carers so that they are more highly valued and recognised within society.

44. In the team's view the current arrangements for LD are ready to be reviewed and recommissioned in line with other Council services. This approach could include considering where best the existing expertise and skills are used and ensure that a customer focused approach to outcomes delivery continues to be promoted and further developed.

Workforce Strategy

Strengths

- The Council is seen to be a good employer and staff repeatedly said “this is a good place to work”.
- Staff are loyal, enthusiastic and motivated.
- There is a willingness to learn and improve.
- The organisation is committed to supporting and developing staff.
- Local co-terminosity (with NHS and Area Boards) is an advantage and is valued.
- Outcome based commissioning model in the pilot sites are using a creative skill mix, which enhances capacity.

Areas for consideration

- Implement a single, coherent Health and Social Care workforce strategy as agreed in the STP.
- There needs to be a clear philosophy and plan on joint commissioning that informs workforce decisions.
- The good data that is available needs to be used to inform the way forward.
- Area Boards and Community Engagement managers have potential to help build the wider local workforce capacity and link to ASC.
- Mapping the current workforce could facilitate a review of how skills could be redeployed to create capacity.
- Identify and address training needs of commissioners.

45. It was clear to the team that staff in Wiltshire, at all levels, were dedicated, enthusiastic and motivated. The team heard staff say on numerous occasions that Wiltshire was “a good place to work”. Staff respected senior leaders and said that they had confidence in senior staff. Recent staff surveys also showed that staff were positive about their work.

46. Staff appreciated and valued the current flexible working arrangements, including working from home. However, more opportunities could be found for discussions and information sharing between colleagues.

47. Staff said that they were willing to learn new ways of working and to develop their skills where necessary. There was evidence that continuing professional development was supported and the Council has provided learning

opportunities. There is scope to undertake further planned development, both within the Council's workforce and with the wider social care workforce.

48. The team noted that the draft Sustainability and Transformation Plan (STP) contained an agreement to develop a coherent Health and Social Care workforce strategy. This needs to be developed swiftly so that staff and partners are clear about what they are working towards and what skills will be required in the future. A concerted and coordinated approach to addressing the wider social care workforce issues could have a significant impact on the whole system's ability to address Delayed Transfer of Care by ensure there was sufficient and appropriate care in the community. Once a clear understanding of what integration will look like has been agreed, then the skills the workforce will require to operate this new model can be determined. This may then mean that some staff and their existing skills can be usefully deployed in new areas.
49. The Council and Health need to agree and publicise their joint commissioning intentions. Once this is in place the appropriate skills can be planned for and developed. The HWB may provide a useful forum and catalyst to ensure that plans are put in place and then delivered upon.
50. Whilst there were development opportunities for various professional staff groups there did not appear to be a strategic approach to ensuring the skills of those in commissioning roles were developed so that a consistent standard was maintained. The Council may wish to consider the Skills for Care and the Commissioning Academy programmes as a way of providing relevant staff with a set of standards to operate within. Other options may include delivering in-house programmes or working with colleagues, which could include those within CCGs as well as other local authorities, on a regional basis to develop staff skills and share good practice.

Moving forward

- Widely promote the corporate vision (One Council) and define the social care ambition.
- Be clear on integration intentions – and deliver them.
- Improve data sharing across Health and Social Care (building on current examples of good practice e.g. LD IT system).
- Combine Quality data into one database.
- Review and refresh the ASC strategies, in particular customer access and digital communications.
- Promote the positive aspects of working in the extended Health and Social Care sector.
- Develop a workforce strategy and training plan.

51. Ensure that the corporate vision is widely circulated and that all staff understand how their work relates to achieving the vision. The ASC element for achieving the vision needs to be clearly linked to the other corporate services and priority areas so that it is not seen as separate.
52. The team heard strong evidence that the time is right for working with Health to create clear integration intentions. Staff at all levels were keen to know what integration will mean; for themselves, for the way they work and for the people they support. They expressed a want to move forward with integration, whatever this might look like. There is also a willingness from senior Health partners to engage on this agenda. This now needs to be driven forward with pace.
53. The team saw examples of data sharing between Health and Social Care, including the LD IT system and the Single View and Care First used by one of the GP Demonstrator sites that were already bringing benefits to service users. This approach and sharing of IT platforms needs to be rolled out to other parts of the adult social care system so that data sharing becomes the norm.
54. Data used to support quality monitoring and improvement was held on numerous, separate spread sheets. These should be brought together in one database so that appropriate data can be gathered and analysed without duplication or information being missed.
55. Further promote the role of paid carers so that the public develop a greater appreciation of those providing care. This is important as more carers will need to be recruited to meet the demands of aging population. Those providing care need to have their efforts valued so that their status is considered alongside others working in the Health and care system.
56. More work needs to be done to improve customer access into the Council's systems, particularly when using the Council's website. There needs to be

clarity about how people access the Council's services, particularly those within ASC. There needs to be clarity as to whether there is one 'front door' or multiple access points and how the Council engages with its customers. More information needs to be provided to help those wishing to access a service, stating what is available and what they will need to do to access this. Once people receive a service there was evidence that they were generally happy with the service; difficulties occurred in knowing how to get the service in the first place.

57. There is a clear, written corporate vision for the Council and this is included in the STP. Within this there also needs to be a clear vision for ASC and the role it plays in achieving the overarching corporate vision. This should include the future ambition for ASC and how this is achieved through the commissioning and delivering of services as well as increasing the capacity of people to take decisions to improve their own wellbeing. There could be clarity about what people can expect from the Council if they are eligible to receive ASC services and this needs to reflect the changing relationships and circumstances within the Health Care system.

Contact details

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Read the Adults Peer Challenge Reports here http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE

APPENDICES

Appendix 1: The Commissioning for Better Outcomes Standards

These standards set out ambitions for what good commissioning is, providing a framework for self- assessment and peer challenge. The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	<ol style="list-style-type: none"> 1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations	<ol style="list-style-type: none"> 3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	<ol style="list-style-type: none"> 6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers

Appendix 2: Links and References for Co-production and Service User Engagement

Compiled to support the Local Government Association CBO Peer Review for Wiltshire Council, their partners and the Wiltshire Community – February 2017

Distinctive principles of co-production

- Co-production conceives of service users as active asset-holders rather than passive consumers.
- Co-production promotes collaborative rather than paternalistic relationships between staff and service users.
- Co-production puts the focus on delivery of outcomes rather than just 'services'.
- Co-production may be substitutive (replacing local government inputs by inputs from users/communities) or additive (adding more user/community inputs to professional inputs or introducing professional support to previous individual self-help or community self-organising).

Why co-production is an important topic for local government

Elke Löffler, Governance International, elke.loeffler@govint.org

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

A Narrative for Person-Centred Coordinated Care - A Service Users definition of Co-production

National Voices - NHS England Publication Gateway Reference Number: 00076

"...Co-production changes all this. It makes the system more efficient, more effective and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued – and altogether more transforming for those who use it."

Phil Hope MP, then Minister of State for Care Services, March 2009

Social Care and CP

<http://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/>

<http://www.scie.org.uk/publications/guides/guide51/files/guide51-easyread.pdf>

<http://www.ndti.org.uk/what-we-do/voice-choice-and-control/SCIE-coproduction-in-social-care/>

Developing CP

https://www.nesta.org.uk/sites/default/files/the_challenge_of_co-production.pdf

https://www.nesta.org.uk/sites/default/files/right_here_right_now.pdf

<http://www.govint.org/our-services/co-production/achieving-change-how-to-do-co-production-of-public-services/>

<http://www.govint.org/our-services/co-production/scaling-it-up-and-making-it-stick-moving-to-sustainable-co-production/>

CP and Public Services – Local Government and Health

<http://www.birmingham.ac.uk/Documents/college-social-sciences/government-society/inlogov/discussion-papers/inlogov-co-production-chapter.pdf>

https://www.nesta.org.uk/sites/default/files/public_services_inside_out.pdf

<http://qualitysafety.bmj.com/content/early/2015/09/16/bmjqs-2015-004315.full>

<https://www.england.nhs.uk/wp-content/uploads/2014/11/realising-value-spec-11-14.pdf>

Why CP is important for Local Government:

http://www.govint.org/fileadmin/user_upload/publications/coproduction_why_it_is_important.pdf

Engaging Community and Users, Best Practice:

http://scholar.google.co.uk/scholar?q=co+production+and+user+engagement+best+practice&hl=en&as_sdt=0&as_vis=1&oi=scholart

<http://www.mycustomer.com/selling/sales-performance/from-passive-customers-to-active-co-producers-the-role-of-co-production-in>

<http://www.scie-socialcareonline.org.uk/what-is-the-role-of-voluntary-community-and-social-enterprise-vcse-organisations-in-care-and-support-planning--a-discussion-paper/r/a11G000009T9YtIAK>

Role of VSSE in Care and Support Planning

http://www.nationalvoices.org.uk/sites/default/files/public/publications/what_is_the_role_of_vcse_organisations_in_care_and_support_planning.pdf

Untapped Potential: Bringing The Voluntary Sector's Strengths To Health And Care Transformation

<http://www.thinknpc.org/publications/untapped-potential/>

Supporting Good Health: The Role Of The Charity Sector

<http://www.thinknpc.org/publications/supporting-good-health/>

Charities In Health: Rules Of Engagement

<http://www.thinknpc.org/blog/rules-of-engagement/>

National Voices' Vision For Person Centred Coordinated Care

<http://www.nationalvoices.org.uk/sites/default/files/public/national-voices-narrative-leaflet.pdf>

National Voices Publications – Engaging People and Communities

<http://www.nationalvoices.org.uk/publications/our-publications>

Training and development for CP

<http://www.scie.org.uk/training/co-production/>
<http://coproductionnetwork.com/page/about-coproduction>

Compiled to support the Local Government Association CBO Peer Review for Wiltshire Council, their partners and the Wiltshire Community – February 2017

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Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Wiltshire Better Care Fund - Delivery Plan and Commissioning Intentions 2017/18

Executive Summary

- We now have a very clear position for the Better Care Plan locally and nationally with a clear statement of intent for 2017/18 and beyond. There is also an opportunity to align the additional investment from the Government into Adult Social Care (circa £5.8 million in 2017/18) which will further aim to improve flow through the system. (details of which are outlined in the main plan)
- There has always been a strong commitment to integration in Wiltshire with the prevailing view being that the Better Care Plan neatly complimented an existing strong commitment to integrated service delivery.
- The Better Care Plan is well established across Wiltshire, leading schemes, managing the system in terms of flow and increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The BCP plays a key role in managing pressure across the system and its impact continues to be monitored by the whole system with established system wide governance processes in place.
- Several key schemes are being continued into 2017/18 and we would expect to see further improved performance in the next 12 months and a key commitment of all partners to maximise outcomes from existing schemes, priorities and expenditure. Enhancing the relative return on investment is of key importance during 2017/18 considering the challenging financial picture across health and social care and the requirements for improved performance and efficiency across the system.
- Underpinning the continuation of key schemes must be the commitment to deliver integrated care at the point of need and at as a local a level as possible. In addition, there is a need to maximise the opportunities that will be presented because of the integrated community services contract.
- Given the challenging timescales associated with the national approval process, the Health and Wellbeing Board is asked to approve the direction of the Better Care Plan for 17/18 and its supporting Commissioning Intentions and approve submission to NHS England. Further policy guidance on the future of the Better Care Plan nationally is expected after the June General Election and it may be that a further iteration of the Better Care Plan is required to meet new planning requirements, but it is not possible to determine those planning requirements at this stage.

This document therefore provides

- An overview of the Better Care Plan (BCP) approach in Wiltshire during 2017/18, it should be noted that this builds on the approach we have taken since 2014 and is underpinned by a more detailed strategy and plan (previously published and now updated)
- A breakdown of the BCP budget for 2017/18 (appendix 1) updated to reflect the additional monies provided by the Government for Adult Social Care
- A detailed overview of the key commissioning intentions for 2017/18(appendix 2)

Proposals

The Health and Well Being Board are asked to :

1. Approve the proposed Better Care Plan approach for 2017/18
2. Approve the Budget for 2017/18 and associated commissioning intentions for 2017/18 at appendix 1 and appendix 2 respectively.
3. Agree continuation of the Section 75 agreement that guides the delivery of the Better Care Plan into 2017/18

Reason for Proposal

The Better Care Fund is one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. The local BCP budget is outlined at appendix 1 and outlines the mandated expenditure for 2017/18 and includes the additional £5.8 million allocated for adult social care in 2017/18. This will continue to be managed as a pooled budget across the Council and CCG through s75 and s256 agreements. Following approval by the Health and Wellbeing Board the plan for 2017/18 with supporting documents will be submitted to NHS England for final sign off and approval. The plan will then be monitored by NHS England through the quarterly review process and regular bi – monthly updates presented to the Wiltshire Health and Well Being Board.

Tracey Cox (Wiltshire CCG)
Carolyn Godfrey (Wiltshire Council)

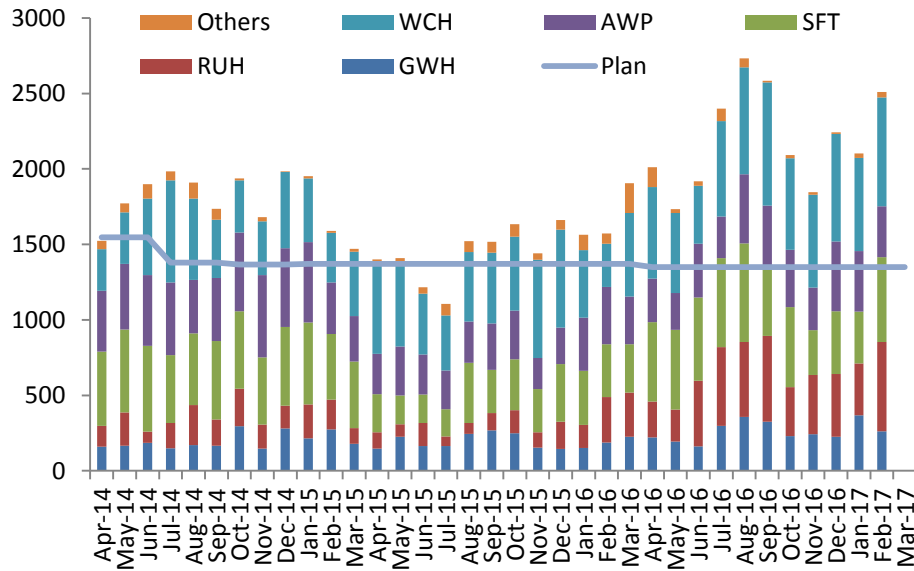
18 May 2017

Subject: Wiltshire Better Care Fund - Delivery Plan and Commissioning Intentions 2017/18

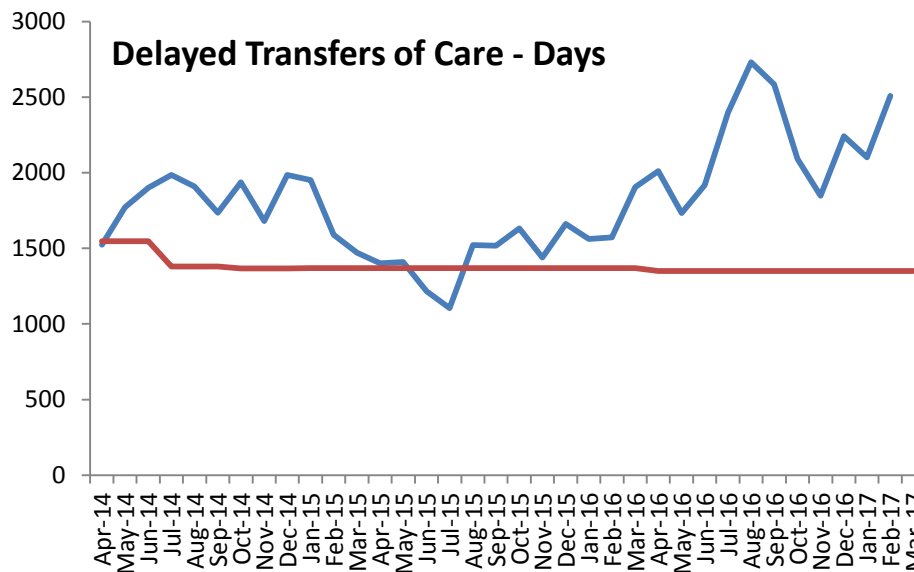
Section 1- Purpose of the report

- To outline the approach to the Better Care Plan and commissioning intentions for 2017/18
- We now have a very clear position for the Better Care Plan nationally with a clear policy statement on 17/18 and beyond.
- There has always been a strong commitment to integration in Wiltshire with the prevailing view being that the Better Care Plan neatly complimented an existing strong commitment to integrated service delivery. The wider system has played a key part in driving this change forward.
- The Better Care Plan is well established across Wiltshire, leading schemes, managing the system in terms of flow and pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The BCP plays a key role in managing pressure across the system and its impact is evidenced, supported by system wide governance processes in place.
- Several key schemes are being continued into 2017/18 and we would expect to see further improved performance in the next 12 months and a key commitment of all partners to maximise outcomes from existing schemes, priorities and expenditure.
- Reducing delayed transfers of care across the system is a key priority for 2017/18 given the increase in 2016/17 and the delays experienced across our system.

Delayed Transfers of Care in Wiltshire 2014-2017
Delayed Transfers of Care by Provider



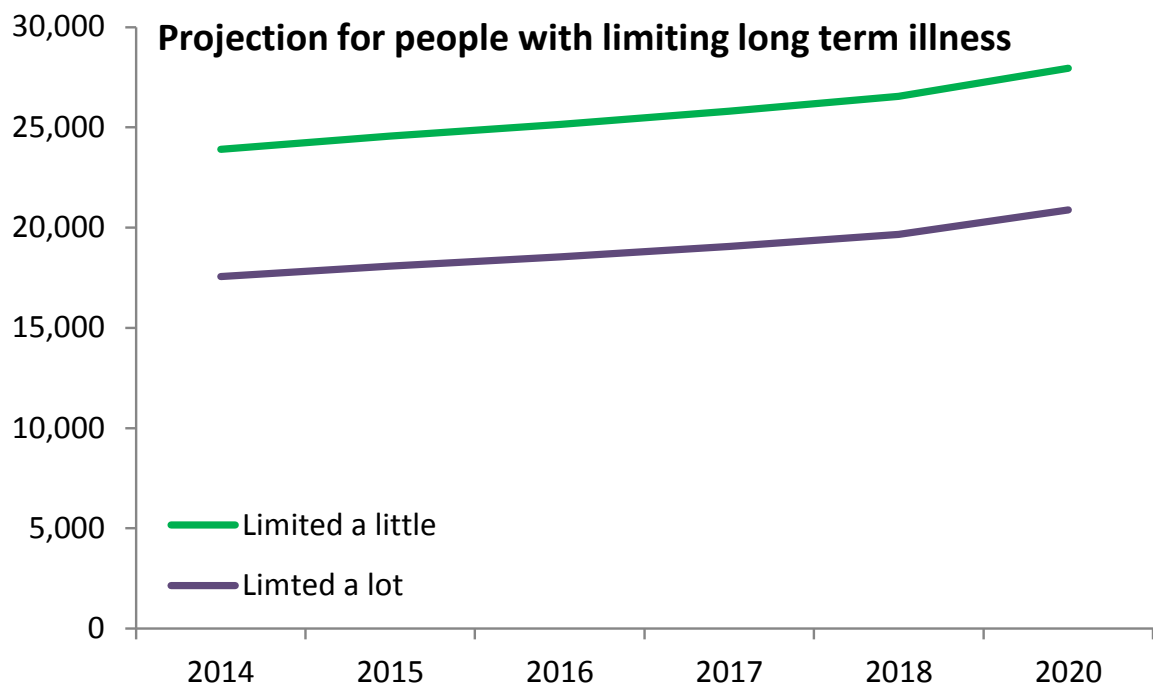
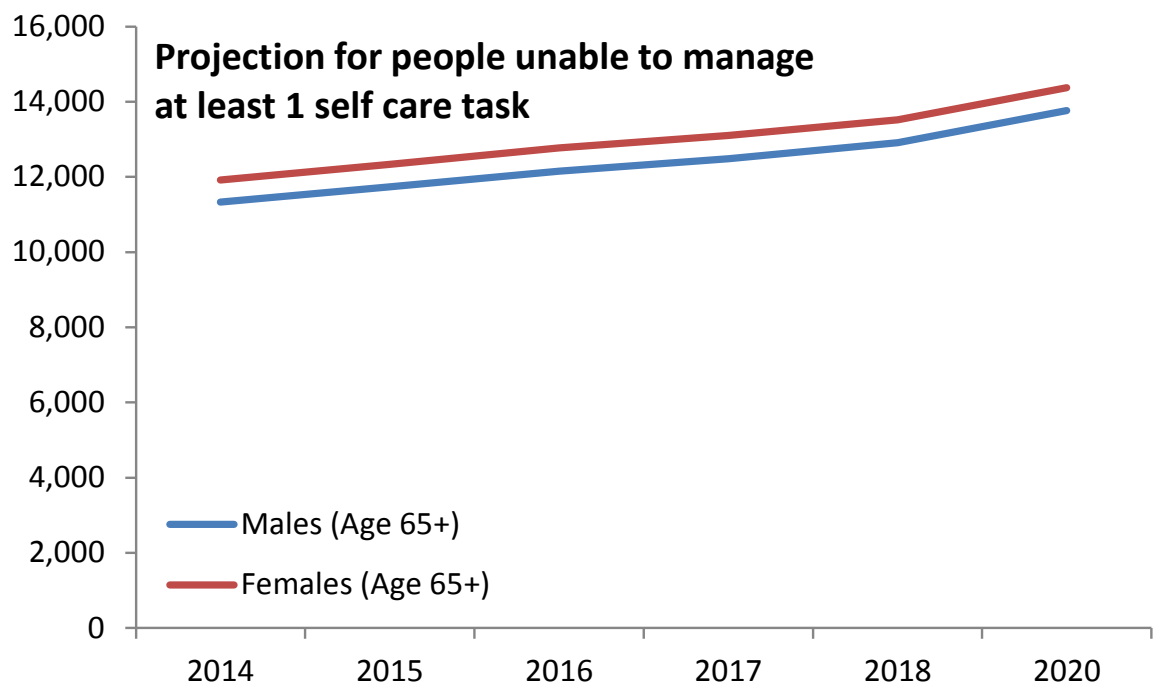
Delayed Transfer of care – Delayed Days

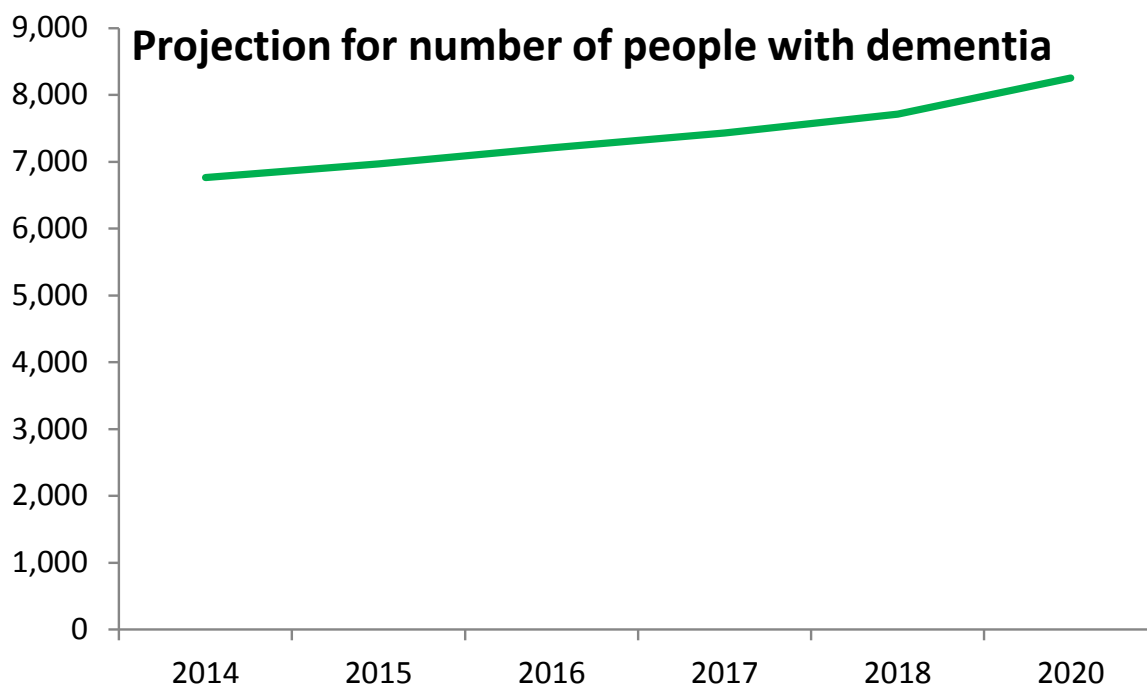


As graphs and data highlight that whilst there was a relative reduction in delayed transfers of care in 2015/16, there was a marked increase in delays during 2016/17 due to a series of service restrictions, significant increase in demand and reduced capacity. The key service priority for 2017/18 is to reduce the level of delays across the system. There also remains a strong ambition to transition more patients to full independence as quickly as possible to reduce reliance on statutory services. This remains a significant challenge when you consider the increase in the volume of patients over the age of 65 (as highlighted in the graph in Section x) and the associated levels of frailty.

The graphs below highlight the scale of the challenge associated with an ageing population increasing levels of frailty and complex comorbidities. As the projections below suggested we are likely to see an increase in our dependent population and highlights the need to ensure we mobilise and transition our

elderly population to early independence ideally in a home setting in the community.

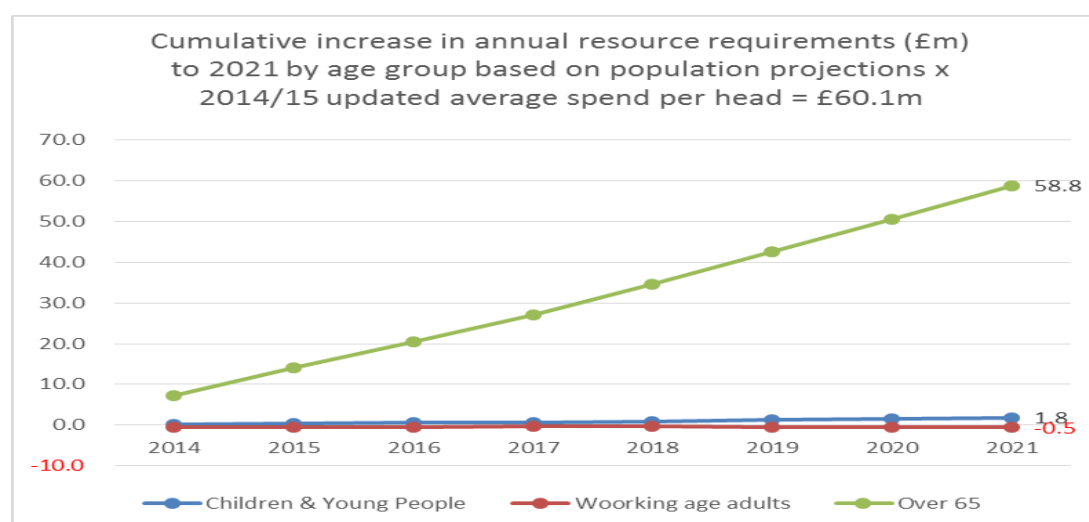




The Better Care Plan for Wiltshire will continue to have associated admission avoidance and length of stay reduction targets and these are summarised in the main document. Underpinning the continuation of key schemes must be the commitment to deliver integrated care at the point of need at as a local a level as possible as well as maximise the opportunities that will be presented because of the integrated community services contract.

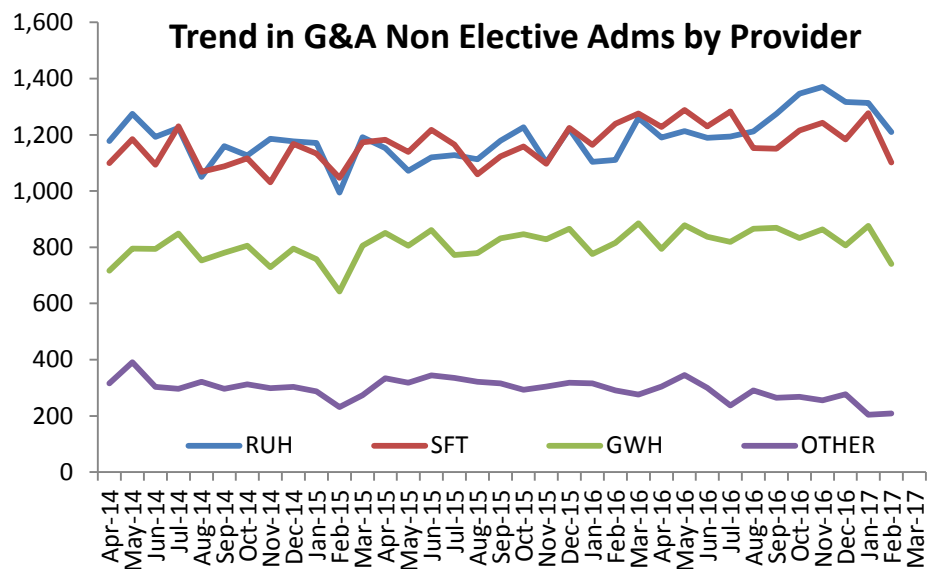
There is an emerging linkage between the Better Care Plan and the STP process across Wiltshire and the key schemes within this programme are crucial in ensuring the long-term sustainability of the health and care system during this challenging period of austerity. As a result, we would expect to see a clear return for all investment made and develop a system wide process which reviews all schemes and areas of investment.

Section 2 – The Demographic challenge and the impact of population growth on resource requirements (older people) – Cumulative



Wiltshire Population aged 65 and over, projected to 2030					
	2014	2015	2020	2025	2030
People aged 65-69	30,300	30,600	28,500	31,800	36,700
People aged 70-74	22,200	23,300	29,600	27,600	30,800
People aged 75-79	17,700	18,100	21,600	27,600	25,900
People aged 80-84	13,000	13,400	15,500	18,800	24,300
People aged 85-89	8,300	8,600	10,000	12,000	14,900
People aged 90 and over	5,100	5,300	6,700	8,700	11,300
Total population 65 and over	96,600	99,300	111,900	126,500	143,900

There is set to be a marked increase in the volume of residents over the age of 65 which will generate increased pressures on a range of statutory services



As the information above sets out, given the levels of population growth for the over 65s there would be a significant cost associated with doing nothing, and as the evidence demonstrates the Better Care Plan in Wiltshire has been successful in reducing the hospital admission impact of such growth. Any future investment through the Better Care Plan needs to ensure it is targeted at the high risk, high cost cohorts and reduces ongoing demand on statutory services and demonstrate a clear return on investment.

Section 3 - The legacy of the Better Care Plan in Wiltshire

The Better Care Plan in Wiltshire retains a strong reputation nationally and as the data demonstrates we are making strong progress across number of performance indicators. Expectations remain high and it is crucial that the system continues to embrace integration through the Better Care Plan and take it forward with even greater pace during 2017/18

The Better Care Plan programme of schemes alongside others in the system have played a key part in reducing the impact of such demand across the system, a high number of complex patients are being managed through our alternative schemes in the community. Increased acuity and complexity in the

community has been managed by a wider range of specialist services being commissioned and provided in the community (such as the care home liaison programme for patients with dementia and the 72-hour end of life pathway). The key local platform for the Better Care Plan in Wiltshire remains the 22 integrated teams in place across the county and the key aim during 2017/18 is to support the implementation of these at a greater pace and ensure that functional integration and co-location of services at the point of need becomes a reality in Wiltshire across adult community services and adult social care.

The Adult Community Service contract

This is now mobilised and fully operational in its first full year of delivery in 2017/18, the Wiltshire Health and Care Model plays a critical role in delivering operationally the aims and ambitions of the Wiltshire Better Care plan and programmes led by Wiltshire Health and Care such as the High Intensity Care Programme and the Home First will play a key role in managing crisis reducing demand across the system and improving flow

Maintaining a focus on prevention

The Prevention Board has been refocused and has a very ambitious work plan to deliver in line with the key recommendations from the Wiltshire Older Persons Review. This approach will ensure that we reduce dependency as we transition patients through various pathway stages and ensure more residents will be maintained in their own home for longer. We will deliver this with targeted prevention programmes, signposting and navigation services, education programmes for patients and carers and bespoke training and support for staff across Wiltshire.

Section 4-Response to the National Key Lines of Enquiry

Responding to the National Key lines of Enquiry (KLOE)

Plans for use of the Better Care Fund

How we work together

- Commissioning, service delivery and transformation have been jointly developed by the council the CCG and provider partners and there is a strong commitment to delivering the key schemes, with all plans jointly agreed and signed off by the Wiltshire Health and Wellbeing Board.
- The Wiltshire Health and Wellbeing Board have all provider organisations as members and this ensures a strong ongoing public commitment to the programme.
- Our key aim remains to continue to reduce DTOCs across the system and to reduce NEL admissions, as well reducing LOS by circa 2 days.

BCF achievements

- Since 2014 the Better Care Plan in Wiltshire has played a key part in integrating services at the point of need and delivering a range of effective out of hospital services.
- The BCF in Wiltshire was one of only five national FastTrack sites and has had a demonstrable impact on service provision,
- We have historically managed the impact of demographic growth for the over 65s in relation to non-elective admissions over the 3 years of the Better Care plan and perform well against the NHS England average for non-elective admissions for the over 65s. However, it should be noted we have seen an increase in the volume of emergency admissions for the over 65s in 2016/17 compared with previous years.
- We have increased the number of patients who remain independent 91

days' post discharge and reduced the number of long term placements in nursing and residential care.

- The key message here is not only are our schemes managing crisis they are also reducing dependency throughout the pathway

Reducing DTOCs

- Whilst excellent progress was made in 2015/16 in reducing the volume of delayed transfers of care and delayed days across Wiltshire, we have seen an increase in the number of delays during 2016/17 over the assumed plan. Therefore, a key focus in 2016/17 is to reduce delayed transfers of care back to the levels of 2015/16 in the first instance and then progress towards further improvements
- Our key scheme relevant to DTOCs very much focuses on early mobilisation, transfer and ensuring longer term independence of the service user. As such the key scheme is the Wiltshire Rehab Support Worker programme which focuses on moving patients home as soon as they are "medically stable" with enhanced domiciliary and health care in the patient's own home. This scheme commenced in Q4 2016/17 and there is a system wide commitment to ensure its success. Additional funding of circa £1.2 million per annum from the Better Care Plan has been provided.
- We have redesigned intermediate care provision in Wiltshire with a movement towards 70 contracted ICT beds in 9 identified homes across the county.
- Where possible we will be looking to discharge patients earlier in the acute pathway whether that is in A&E and AMU assessment areas or as soon as the patient reaches medical fitness on an acute ward. through programmes such as acute trust liaison, urgent care at home or the recently launched rehab support workers programme.
We have also commissioned an enhanced urgent care at home service to provide additional bridging support across a 7-day period to support further discharges from the acute hospitals
- We have also launched a new approach to managing patient Choice Across Wiltshire which has overseen a reduction in choice related delays and has been adopted as an area of good practice by our neighbouring CCGs

Section 5 - The Better Care Plan Approach in Wiltshire

Our Better Care Plan is built upon our overriding vision of care as close to home as possible, with home always as the first option.

This vision is delivered by a 2-stage transition;

Stage 1 – focus was very much on discharging people from hospital to home as soon as they are medically stable usually through an integrated package of care. This will enable the long-term independence of the service user.

Stage 2 retains the focus on long term independence with the aim being able to transition patients off package of care towards long term independence in their own home. Our performance during 2014/15 and 2015/16 demonstrated we are achieving this for the clear majority of the frail elderly population in Wiltshire and whilst we made further progress during 2016/17 we did due to a range of factors see a general increase in delayed transfers of care across our system. This is a key area of improvement during 2017/18

We are clear about the challenges facing us and know that without a change in the health and care system there is a significant risk that service quality will decline. The Better Care Plan has been the key driver for out of hospital care in Wiltshire and has provided a very strong case for change which is evidence based and recognised and understood by the whole system. The Better Care plan has been running for the last 3 years and has provided a strong framework for integration, transformation and system wide delivery across Wiltshire

Personalisation and the “this is me “agenda “

Our vision for better care is based upon the outcomes which are set out in our Joint Health and Wellbeing Strategy and these are based on what our population tell us they want. These draw on the overarching definition of good integrated care, developed by National Voices, which looks at the delivery of care from an individual’s perspective:

Care Planning and coordination *“My care is planned by people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes”*

My goals/outcomes: *“All my needs as a person are assessed. Care planning: I work with my team to agree a care and support plan “*

Communication: *“I tell my story once. I am listened to about what works for me, in my life. Decision making including budgets: I am as involved in discussions and decisions about my care, support and treatment as I want to be.”*

Transitions: *“When I use a new service, my care plan is known in advance and respected.”*

What difference will this make to patient and service user outcomes?

Within the next 5 years, we expect that the plan will have the following impact, as seen from a patient and service user perspective:

- ✓ My care is planned with people who are working together to understand my needs and those of my carers
- ✓ I will receive the highest standards of care in my own home
- ✓ I will not have to unnecessarily admit to hospital or stay there longer than I need to
- ✓ I am involved in all decisions about me and my care
- ✓ I am always kept informed and I always know who to contact if the need arises
- ✓ I am looked after in a place of my choosing
- ✓ I don’t have to keep repeating myself to lots of different professionals
- ✓ I have a named person to go to when I need them
- ✓ I understand my condition and how it will affect me
- ✓ If things get worse I have a plan to help me cope
- ✓ I can have my care needs met in my place of residence
- ✓ I have good advice and sufficient information so I know how to look after myself and stay well
- ✓ I have a local support network around me that meets my wider (holistic) needs

Section 6 - Our performance baseline moving forward

The following provides a summary of the progress made by the Better Care Plan during 2016-17, this is the foundation on which our priorities are based for 2017/18.

Activity and Outcomes

- 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. This suggests admission avoidance activity in the community is supporting patients before admission becomes necessary and causing increased acuity of admissions in hospital. This resonates with messages from the 3 acute hospitals in Wiltshire who have all experienced an increase in complexity and acuity of admissions through A&E.
- 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. This has in effect negated the significant progress we made in reducing delayed transfers of care in 2015/16 and led to more beds being used than planned.
 - Delays peaked at 124 in June while delayed days peaked at 2,732 in July. Since then we have seen month on month decreases to November which is the latest available data.
 - Average delayed days per admissions has reduced from around 2.3 in 2015-16 to 1.7 in 2016-17
 - Average number of monthly delays in 2015-16 was 63 and is 103 in 2016-17 (to December).
- The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) remains around the 86% target.
- Permanent Placements to care homes for those aged 65 and over are again on track to be below the 550 target.
- 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.
 - 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%. It

also does better on DEM05 achieving 86.3% compared to an England average of 84.6%.

Section 7- The Key Challenges for the Wiltshire Better Care Plan 2017/18

- 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 is to increase care capacity across the system and the rehab support workers will be a key scheme 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 every stage of the pathway.
- Financial allocations and the scale of financial pressures and savings required across the partnership will impact on the ability of partners to commit to new initiatives beyond the BCP, therefore 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. To achieve this even more rigour needs to be applied to benefits realisation with more sophisticated, integrated and co-produced methodologies for risk modelling and reducing impact
- There will need to be a further focus on developing a commissioning framework for integrated commissioning across LA and NHS partners 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

Section 8 - Laying the foundation for service integration

High level aims and ambitions for the Wiltshire Better Care Plan are outlined below

Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the opportunities and outcomes for integration.	Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support.	Increase the capacity, capability and sustainability of integrated services, so that professionals and the public have confidence that more can be delivered in the community in the future.
Seeking to Support the reconfiguration of	Manage an effective and efficient pooled budget	Develop Wiltshire's "medium term

<p>services from acute to community settings in line with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BSW STP <input type="checkbox"/> New models of care. 	<p>which is widened across the partnership to deliver the integration programme.</p>	<p>integration plan” including our approach to organisational forms and alignments</p>
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Section 9 - Mission Vision and Values moving forward

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 (which will aim to include both health and social care 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.
- **Reacting** to what the data tells us and **targets our interventions** in the right area (care homes, multi morbidities, high referring practise, and wards with a high Length of Stay (LoS).
- 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.
- **Increased responsibility for system change** rests with providers.
- **Forecasting** financial commitments moving forward and establishing the **social and economic return on investment**.

These principles are inherent to the transformation approach in place across Wiltshire.

Section 10- The Proposed Better Care Plan Budget for 2017/18

A detailed breakdown of the proposed 2017/18 BCP budget is provided at appendix 1

Budget Proposals 2017-18

1. Appendix 1 to this report shows the proposed budget for 2017-18 against each scheme. The key development for 2017-18 is the development of the Rehab Support Worker scheme previously agreed by this Board. Work has commenced to recruit workers and the maximum allocation for 2017-18 has been proposed at £1.2 million. It is proposed that expenditure and activity be reviewed during the financial year 2017-18 to establish whether the scheme is delivering the required outcomes in support of the overall better care plan.
2. It should be noted that this budget statement and position for 2017/18 will still need some updating for inflation, it will also need to reflect any additional funding for adult social care announced in the March budget, this will be clearer once we have the conditions of the grant etc.

Further Developments 2017-18 – Integrated Community Equipment Budgets

3. The community equipment budget is currently operated as an aligned budget outside of the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. In 2016-17 the total community equipment budget is £4.477 million.
4. It is proposed that from 1 April 2017 the community equipment budget is incorporated within the BCF pooled budget. This would be on a non-risk transfer basis, i.e., each partner would continue to have responsibility for their own element of the budget in respect of year end variances.
5. In making this change it is anticipated that efficiencies can be achieved through improved joint management of the spend. There is some work to do to clarify the elements of the budget spent on Children's Services and whether that can be incorporated in to the BCF.
6. Due to the capacity to amend the current legal agreements it is proposed that the management of the community equipment budget will be moved in to the BCF from 1st April 2017 and that the Joint Business Agreement and Section 75 Agreement will be amended at the earliest opportunity to formalise this position.
7. What will also be managed as part of the Better Care Plan for 2017/18 is the additional £5.8 million investment into adult social care (detailed provided below)

Section 11- Use of additional Adult Social Care Funding in 2017/18

Additional funding for adult social care provides an opportunity to develop and implement a transformation plan for the adult social care service; invest in development of reablement services in the county and further develop the domiciliary care market to ensure adequate capacity in the market to enable people to maximise their independence and remain at home. This work will help to improve the flow from the acute providers and throughout the whole system. The government has been under heavy pressure to assist both the NHS and social care services, as the pressures of budget cuts and growing demand have had a significant impact upon services.

In Wiltshire, the additional funding represents £5.8m for 2017/18, £5.1m for 2018/19 and £2.4m for 2019/20. This money is non-recurring.

Main considerations

- The importance of a strategic approach to the commissioning of services and for the extra resources for adult social care to be deployed as part of a whole systems economy is widely recognised.
- As such, Wiltshire Council and Wiltshire CCG are working with strategic partners in health and in the third sector to create and develop a market economy that is sustainable and has its focus on community resilience and market capacity to meet the demographic demands placed upon it
- The Council has further recognised that it needs to transform its Adult Social Care services to ensure a more responsive service that maximises independence. The integration agenda will impact on how all services are delivered in the future and there is a need to ensure that Adult Social Care is fit for purpose and able to respond to the opportunities for integration.

There are challenges in respect of domiciliary care which impact on safe and timely discharges from hospital. There is limited capacity in the market, impacting on DTOC rates. There is currently no framework for spot purchases and given the state of the market, other contracting arrangements should be considered. It should also be noted that

- HTLAH provides a very limited reablement service. There is scope to make more use of this vital element of a modern care service to manage demand and promote independence.
- The development of Home First is dependent on capacity within the domiciliary care market to provide ongoing support to people post their period of Home First, without this flow Home First will be unable to deliver the agreed outcomes.
- The Council and health partners recognise that there may be a need for short-term pragmatic spend to respond to crisis but that this should be avoided where ever possible to ensure the development of a sustainable model.

As part of the aim to support the development of a sustainable whole system, ensuring people are discharged from hospital in a safe and timely manner it is proposed that the focus of the additional, non-recurring, resources is on:

- Redesigning the hospital discharge process
- Developing a reablement service that supports Home First
- Increasing capacity in the domiciliary care market
- Wider transformation of Adult Social Care (including front door)
- Responding to demand pressures within SEND/LD
- Home First operational pathway lead
- National Living Wage pressures

Financial implications

- In Wiltshire, the additional funding represents £5.8m for 2017/18, £5.1m for 2018/19, £2.4m for 2019/20. This money is non-recurring.
- the funding forms part of the Better Care Plan, which operates as a pooled budget and is
- subject to the requirements of the Section 75 agreement (currently being

- updated).
- Initial Better Care Plan commissioning intentions for Wiltshire for 2017/18 have already been drafted, recognising that the full policy guidance is still awaited (in addition to the policy framework) and that the BCP budget statement and position for 2017/18 will still need some updating for inflation and will need to reflect the additional funding for adult social care.
 - As such, the additional funding brings the total Better Care Plan funding to:

Funding	Budget allocation
CCG BCF Contribution (transfer to WC)	22,672
CCG BCF Contribution (cost paid directly by CCG)	8,559
WC BCF Contribution	4,250
Additional Adult Social Care Funding	5,810
Disabled Facilities Grant	2,551
Total Funding	43,842

Section 12 – QIPP and efficiency targets associated with the Wiltshire Better Care Plan 2017/18

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 managing the expected growth of admissions. Through several 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:

Our ambition is to continue to limit emergency admission growth to 0% 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). An overview of the key QIPP schemes relevant to the BCP have been finalised and shared with each acute trust. A detailed delivery schedule is in place for 2017/18 to support delivery

Scaling up to deliver change at pace

Below is a summary of the activity level projections associated with relevant schemes in the Better Care Plan, it is on this basis that the QIPP and associated efficiency assumptions are made

Scheme	Planned activity levels 2017/18
Step Up Intermediate Care Community Hospital	Improve flow to 25 patients a month = 300 admission per annum to be avoided
Step Up Intermediate care Sarum	12 patients per month = 144 admissions to be avoided per year
Urgent Care at Home	80 per month =960 cases per annum
Palliative Care -72-hour pathway	Include SFT and upscale to 16 a month = 192 palliative care admissions managed in a different setting
Discharge flow	2017/18 numbers
ICT beds (70 beds)	Reduce LOS further to achieve 60 cases managed by month = 720 discharges facilitated per annum
Community Hospitals Beds	Reduce LOS and delays in community hospital beds to achieve an additional 15 discharges month = 180 additional discharges per annum
Rehab Support Workers scheme	If the additional 30 carers are appointed in line with plan then the aim in stage one from April 1 st will be to deliver additional discharges across the system. The assumed impact is currently being quantified by each of the A&E Delivery Boards
Spot purchase and specialist beds	Maintain 120 per month
HTLAH activity	Maintain 900 a month

Section 13 - Outline commissioning intentions Better Care Plan 2017/18

The information presented at appendix 2 below provides a summary of the outline commissioning intentions of the Better Care Plan in Wiltshire for 2017/18.

Section 14- Governance arrangements for the Better Care Plan

We see strong joint governance as a key step towards integration. The Wiltshire Health and Wellbeing Board will continue to oversee the delivery of Better Care. Health providers all sit on our Health and Wellbeing Board and have been fully involved in the development of the Better Care Plan and the scoping and

implementation of the key schemes within the Better Care Plan for Wiltshire. The Health and Wellbeing Board has driven the implementation of the Better Care Plan across Wiltshire and developed a culture of collective responsibility and vision for change. Progress against the Better Care Plan is reviewed at the meeting and it is the forum where all key decisions in relation to the Better Care Plan are made. The effectiveness of the Wiltshire Health and Wellbeing Board is well recognised nationally - named as the Health and Wellbeing Board of the Year at the recent LGA awards.

Elements of our plan that require key decisions will, as required, be reported to the CCG Governing Body and to the Council's Cabinet. We have a Joint Commissioning Board for Adults' Services and many of the emerging service changes have been developed and overseen by this Board.

We have several existing joint arrangements between the Council and the CCG, including pooled budgets for carers' services. These agreements all sit within a single overarching Joint Business Agreement which is overseen by the Joint Commissioning Board. We have a joint integration programme team, led by a jointly-appointed programme director and including specialist capacity from the Council's System's Thinking Team and information management team.

The Integration Director chairs the BCP Finance and Governance Group which meets monthly and oversees the performance of the key work stream and the BCP budget. The Group will also prioritise areas for decision by the Joint Commissioning Board, providing effective oversight and coordination. Monthly update reports on the delivery of Better Care and the use of the pooled funds go to our Joint Commissioning Board. The Joint Commissioning Board has developed a dashboard of performance outcomes which it monitors at every meeting. This dashboard will be expanded to include the key performance outcomes for the Better Care Fund.

There will be bi-monthly public reports on the delivery of Better Care. These reports will be circulated to the Council's Cabinet, the CCG's Governing Body and the Health and Wellbeing Board. In this way, we will ensure that the leadership of the CCG and the Council have clear and shared visibility and accountability in relation to all aspects of the joint fund.

There is effective engagement at the political interface with a BCP Task and Finish Group being set up, this is a local authority member chaired scrutiny group and evaluates the performance of the plan on behalf of the Health Select Committee. This further enhances the accountability of the better care plan and ensures a stronger connection with the local community it serves through their elected representatives

We also ensure that the public are informed of progress; we publish a monthly BCP Newsletter.

We also work with our Older People's Reference Group and with Health watch Wiltshire to ensure that we develop our patient and customer feedback and can respond to people's views. The work we have taken forward with Healthwatch Wiltshire has been recognised nationally as a good example of proactive patient engagement on the Better Care Plan.

We also continue to engage with each of the 18 Area Boards in Wiltshire ensuring the key messages and priorities of our better care plan are heard as widely as possible.

There is a commitment to action and ongoing evaluation across each of the key schemes and we will be moving the system to a daily review of core activity and performance indicators

There are also strong linkages between the Better Care Plan Governance Group and the Wiltshire Health and Wellbeing Board. Following approval at Health and Well Being Board the plan for 2016/17 with supporting documents (such as the DTOC action plan) will then be submitted to NHS England at the end of April 2016 for final sign off and approval.

The plan will then be monitored by NHS England through the quarterly review process. An established risk management framework is in place and the plan is also subject to review via the Board Assurance Framework.

The main target population impacted on by the Better Care Plan is the over 65 years' age group with the aim to ensure that there is accessible care in place for all who need it at the point they need it regardless of age, sex and religious denomination

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 services

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.

Responding to the recommendations of the BCP Task Group – Action Plan 2017/18

Recommendation /Theme Area	2017/18 actions	Timescale
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	<ul style="list-style-type: none"> • Integrated discharge programmes now in place at GWH, RUH and SFT with 	<p>Live</p> <p>Go live from April 1st</p>

Recommendation /Theme Area	2017/18 actions	Timescale
<p>create a “bottleneck” in the system, making delayed discharges unavoidable.</p>	<p>consistent leadership, processes and pathways</p> <ul style="list-style-type: none"> • Rehab support workers (additional 30 WTE carer resource) to be rolled out across Wiltshire • Formal alignment of dom care support within the integrated discharge programmes at each hospital and providing “in reach” support to ICT beds and community hospital beds • Regular joint reviews between HTLAH and community teams 	<p>Go Live from April 1st</p> <p>Live</p>
<p>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.</p>	<p>There will be an ongoing focus on choice delays during 2017/18 in the following ways</p> <ul style="list-style-type: none"> • Moving to one consistent choice policy for the RUH economy (BANES, Wiltshire and Somerset) • Supporting staff in having applied the policy with focus on having the “difficult conversation “ • Formal review to take place in May 2017 with outcomes to be shared with the HSC. 	<p>Go Live from April 1st</p> <p>Completed across the system, apart from GWH who will undertake training in May</p>
<p>Recommends monitoring of the Better Care Plan against its five national performance areas (below) as a topic for scrutiny</p>	<p>There is a detailed monthly performance dashboard in place across the BCP and this will be</p>	<p>Go live from April 1st</p>

Recommendation /Theme Area	2017/18 actions	Timescale
<p>under the 2017-21 Council:</p> <ul style="list-style-type: none"> f) Admissions to residential and nursing care g) Success of reablement and rehabilitation h) Delayed transfers of care (DTC) i) Avoidable emergency admissions j) Patient and service user experience 	<p>maintained during 2017/18 and enhanced in the following ways</p> <ul style="list-style-type: none"> • Alignment with relevant public health data • Link to the ASC performance management framework • Ensure patient views and experience continue to underpin all we do with ongoing engagement of health watch to review identified services • Bi annual update on performance to HSC 	
<p>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.</p>	<p>February Health and Wellbeing pre-meet focused on single view and endorsed on a system basis the need to roll this system out across the Wiltshire Health and Social Care Economy.</p> <p>There are currently 2 pilots underway and the way will be to standardise this approach across Wiltshire in 2017/18 in partnership with all public-sector partners</p>	Ongoing
<p>Considering the significant workforce challenges faced in Wiltshire, commit to</p> <ul style="list-style-type: none"> • Implementing a clear and attractive career structure for the care sector • Expanding and utilising the skills of staff across the health care system 	<p>All the recommended actions are inherent within the Better Care Plan workforce plan and commissioning intentions for 2017/18 and will be scrutinised by the Joint Commissioning Board.</p> <p>These actions will also be addressed across the</p>	Ongoing

Recommendation /Theme Area	2017/18 actions	Timescale
<ul style="list-style-type: none"> • Promoting the principles of integrated working within all partners' recruitment and induction strategies • Protecting public confidence in the workforce's skills. 	<p>wider STP footprint as this is recognised by all parties as a key system risk</p>	
<p>Demonstrate the ambitious commitment to integration required to address the demographic and financial challenges faced by:</p> <ul style="list-style-type: none"> • 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. 	<p>It is recognised by all that the Better Care Plan played a key role in shaping the foundations for integrating services at the point of need in Wiltshire. The next stage is to progress towards more formal integration in several key areas. Some identified key priorities for 2017/18 include</p> <ul style="list-style-type: none"> -further development of the integrated team's platform with co-location of health and social care teams -development of a system wide transformation board -functional co location of teams (integrated discharge an important step) -looking at how organisations can align more formally from an operational and strategic perspective -considering the wider implications of the STP and what the best fit is for Wiltshire 	Ongoing
<p>Consider how the "Your Care, Your Support" online portal is developed 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</p>	<p>A great deal of work has been carried out in this area with the aim of accelerating delivery over the next year, this includes</p> <ul style="list-style-type: none"> -System tutorials led by Healthwatch Wiltshire for 	Ongoing

Recommendation /Theme Area	2017/18 actions	Timescale
<p>from local websites and more prominent guidance for self-funders.</p>	<p>social care staff -aim to roll out tutorials to staff working across the integrated teams - development of a more effective and integrated communications plan to increase awareness and traffic through the site - focused engagement and training programmes in areas such as End of Life and Long Term Conditions.</p>	

The above recommendations and actions will form a key part of the Better Care Plan approach during 2017/18

Section 15 Conclusion

- The Health and Well Being Board are asked to review the Better Care Plan Delivery Plan for 2017/18 and approve the outline commissioning intentions at Appendix 2 and Better Care Plan budget for 2017/18 as outlined at appendix 1
- In line with the Better Care Plan Budget for 2017/18, the Health and Well Being Board are asked to approve the suggested approach for the management and allocation of the additional £5.8 million investment into Adult Social Care
- The Board are asked to note and give strategic approval to the necessary legal agreements between the Local Authority and CCG (through s75) which will provide the framework for the Better Care Fund and underpin the Better Care Plan.
- The Board are asked to agree that any further amendments to the Better Care Plan of final submission and following feedback from moderation and NHS England can be signed off if necessary by the Chair and Vice Chair.

Report author: James Roach, Joint Director of Integration Wiltshire Council and Wiltshire CCG

Appendices:

Appendix 1: The proposed BCP Budget for 2016/17

Appendix 2: Outline Commissioning Actions

APPENDIX 1**BETTER CARE PROGRAMME BUDGET FOR 2017/18**

Funding	Budget allocation 2017/18 £'000s
CCG BCF Contribution (transfer to WC)	22,672
CCG BCF Contribution (cost paid directly by CCG)	8,559
WC BCF Contribution	4,250
Disabled Facilities Grant	2,551
Total Funding	38,032

Work Stream	Budget allocation 2017/18 £'000s
Intermediate Care	12,330
Protecting social care	9,183
Integrated Community Equipment Services - ICES	5,102
Access, Rapid Response, 7-day working	3,829
Other Council Schemes	2,551
Care Act	2,500
Self care, self support (prevention)	1,753
Management & Administration	350
System reserve	334
Invest in Engagement	100
Grand Total	38,032

BCP Budget position 2017/18 including the additional Adult Social Care Monies

Funding	Budget allocation 2017/18 £'000s
CCG BCF Contribution (transfer to WC)	22,672
CCG BCF Contribution (cost paid directly by CCG)	8,559
WC BCF Contribution	4,250
Additional Adult Social Care Funding	5,810
Disabled Facilities Grant	2,551
Total Funding	43,842

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Working in partnership with



Better Care Plan 2017/18

APPENDIX 2- Commissioning intentions

Outline commissioning intentions Better Care Plan 2017/18

The information below provides a summary of the outline commissioning intentions of the Better Care Plan in Wiltshire for 2017/18. These have been reviewed and discussed at the February JCB and the CCG Governing Body in March.

For purposes of reference schemes are colour coded as follows

- **Green** for schemes under the direct commissioning and delivery responsibility for the Better Care Plan
- **Amber** for schemes led by other contracts and programmes but act as key enabler for the Better Care Plan Programme

Intermediate Care Services (bed based and non-bed based) <i>Strategic Intention – Maintaining independence and Integrated teams</i>			
Description	Provider Impact	Baseline	Target 2017/18
Deliver county wide intermediate care services enabling proactive discharge from our 3 acute hospitals and integrated case management (70 Beds) – this includes both step up and step down services	WCC/WHC	50 admissions per month 600 admissions per annum	60 admissions a month 720 admissions per annum
Expanding the role and impact of integrated teams (co located health and social care teams) in relation to -Systematic, targeted case-finding. -management of high risk patients -supporting discharge from acute hospitals -working with intermediate care homes to deliver trusted assessment models - joint training and development programmes with each intermediate care	WHC/GPs	N/A	N/A
An identified keyworker who acts as a case manager and coordinator of care across the system All GP practices have care co-ordinators although roles vary across the County- need to ensure this is aligned with the discharge management strategy in Wiltshire being taken forward under the Better Care Plan.	GP, s	N/A	N/A

<p>Adequate and flexible provision of step up and step-down home-based and bed based rehabilitation and re-ablement services with enough capacity and responsiveness to meet the needs of everyone who might benefit. (continued approach), this will be delivered by</p> <p>70 ICT beds Community integrated teams (incorporating HTLAH) Rehab support workers</p>	<p>WHC</p>	<p>See below</p>	<p>See below</p>
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Good discharge planning and post-discharge support			
Description	Provider Impact	Baseline	Target 2017/18
Full roll out of the Wiltshire wide rehab support workers programme (30 additional rehab support workers across the system) from 1 st April	WHC /Acute Trusts	Full scheme roll out from 1 st April 2017	21 discharges a week 1091 discharges per annum
Continued delivery of integrated discharge teams and processes at each of the 3 acute hospitals in Wiltshire	System wide	TBC	Core business levels at circa 1200 discharges per annum from the acute trusts
Building on the existing urgent care model (referenced below in the admission avoidance section) provide additional bridging support across the system, this is pending the improvements in general care provision	Medvivo and acute trusts	The aim is to provide 6 additional care shifts across a 24/7 period	See numbers below
Continued commissioning of 70 intermediate care beds across the system to support discharge planning and rapid access to reablement and rehabilitation in the community	WHC /WCC	As above	See numbers above
Improve flow and reduce length of stay in community bedded capacity (Community hospital beds and ICT). Key areas of focus include <ul style="list-style-type: none"> - Review of staffing models - Alignment of HTLAH support - Relaunch service action plans - Twice weekly escalation and performance management calls 	WHC	Currently in scoping stage	The aim is to achieve an additional 15 discharges a month from CH beds. This will provide an additional 180 discharges per month over and above current levels

Crisis management and admission avoidance			
Description	Provider Impact	Baseline	Target 2017/18
<p>Urgent care at home</p> <p>Continued commissioning of Urgent care at home available through Access to Care. This will need to be underpinned by the provision of additional domiciliary care bridging resource to support demand from all parts of the system and increase the volume of discharges. There will be an explicit target for UCAH to move back to performance levels delivered in 15/16 which was circa 80 cases per month management</p>	<p>Medvivo /WHC /Acute Trusts</p>	<p>65 cases per month</p> <p>780 cases per annum</p>	<p>80 cases per month</p> <p>960 cases per annum</p>
<p>Step Up Intermediate care (Community Hospitals)</p> <p>Phase 1</p> <p>Continue to commission existing community hospital step up pathway in Warminster and Savernake but this needs to be underpinned by a clear system strategy and commitment to step up. (15 beds)</p> <p>Phase 2</p> <p>Wiltshire Health and Care have committed in their contract to convert 50% of community hospital bed capacity to step up, transition to this level will commence during 2017/18</p>	<p>WHC</p>	<p>15 patients per month</p> <p>180 patients per annum</p>	<p>25 patients Per month</p> <p>300 patients per annum</p>

<p>Step up intermediate care in South Wiltshire (Care Home based)</p> <p>Given the lack of community hospital beds in the south, 10 step up beds are commissioned through a care home provider, this will continue in 2017/18 with a new provider and GP led delivery model</p>	<p>WHC /GPS</p>	<p>8 patients a month</p> <p>104 patients a year</p>	<p>12 patients a month</p> <p>144 patients a year</p>
<p>Enhancing Care at the interface</p> <p>We have developed and should continue to resource pathways for admission avoidance and discharge planning at each acute hospital. This will build on the existing Access to Care Model with hospital clinical leadership.</p> <p>AWP in reach for dementia has been reviewed and will be strengthened in 2017/18 in relation to the care home liaison programme.</p> <p>There is also a need to ensure greater linkage to and platforming of the frailty hub programme being progressed by Wiltshire Health and Care</p>	<p>AWP/ WHC /3 acute trusts</p>	<p>N/A</p>	<p>This will need to be scoped with AWP and Wiltshire Health and Care</p>

<p>Community geriatrics and the Wiltshire High Intensity Care programme</p> <p>Community geriatrician coverage across Wiltshire, need to link in more formally with established community teams. It is also recognised that our admission avoidance approach needs to be consistent across a 7-day period.</p> <p>Developing robust “interface” care with each acute hospital, enhancing the ATL model and diverting appropriate patients to established models of care in the community (for discharge and admission avoidance).</p> <p>The role of community nurses, matrons and therapists in the high intensity care programme also need to be clarified and defined</p> <p>Roll out of the High Intensity care programme, this will be led by Wiltshire Health and Care and will focus on</p> <ul style="list-style-type: none"> - Step up care in the patient's home - Acute geriatric pathways in the community - Frailty hub approach at community hospitals - Integrated team approach 	<p>WHC /3 acute trusts</p>	<p>Need to be agreed with WHC</p>	<p>Need to be agreed with WHC</p>
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<p>Equitable access to specialist palliative care services for frail older people.</p> <p>Need to recognise that 30 % of all hospital non- elective admissions are for patients with a life limiting diagnosis.</p> <p>Need to;</p> <ol style="list-style-type: none"> 1. Improve identification of patients who have <12 months to live. 2. Progress implementation of treatment escalation plans across system. 3. Reshape role of the community end of life team (GWH Community services) ensure they take a more proactive case management approach to patients on an end of life pathway. 4. Continue commissioning of the 72 hour EOL pathway. 5. Review and agree future role of hospices in the EOL agenda. 	<p>Dorothy House Hospice and Salisbury Hospice</p>	<p>10 cases per month</p> <p>120 cases per annum</p>	<p>16 cases per month</p> <p>192 cases per annum</p>
<p>Single point of access available to facilitate access to community services to manage crisis at home with specialist opinion and diagnostics. (continuation)</p>	<p>Medvivo /3 acute trusts and WHC</p>	<p>As part of UCAH</p>	<p>As part of UCAH</p>

Prevention and early intervention			
Description	Provider	Baseline	Status
<p>Ensure a preventative based approach is taken at all stages of an older person's pathway of care</p> <p>The key priorities in 2017/18 are to</p> <ul style="list-style-type: none"> • 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 	WCC	n/a	n/a
<p>Workforce development strategy</p> <p>Adequate clinical training for care home staff; both registered and non-registered workers learning together on-site as part of an overall quality improvement programme. (continued approach), this is being delivered by the underpinning Wiltshire Workforce Strategy which is detailed below</p>	Whole system	n/a	n/a

Supporting core social services and integration			
Description	Provider	Baseline	Status
<p>Shared assessments</p> <p>Shared assessment frameworks across health and social care should lead to a Personalised care plan for everyone, where the individual and their careers are key participants in any decision made,</p>	WCC	n/a	n/a
<p>Integration of information</p> <p>Continued development of the Single View of the Customer approach across Wiltshire in 2017/18 to further ensure that adequate and timely information is shared between services whenever there is a transfer of care between individuals and services</p>	WCC	n/a	n/a

<p>Carers support</p> <p>Carers are offered an independent assessment of their needs and signposted to interventions to support them in their caring role. (Will be accelerated as part of the care act work).</p> <p>Offer assessments and support to carers and by commissioning an information portal that has within it a self-assessment tool for carers that enable them to access the care they need, when they need it.</p> <p>Work with Practices through integrated teams to hold registers of carers and ensure linkage in terms of case management and follow up care.</p> <p>More formal involvement of the voluntary sector in the provision of care. There is a need to ensure we derive maximum benefit from commissioned voluntary and 3rd sector services</p>	<p>WCC</p>	<p>n/a</p>	<p>n/a</p>
<p>Personalised commissioning</p> <p>The presence of personal budgets in Wiltshire and the revised national direction on personalisation requires us to look at how we can expand our approach to personal budgets and the personalisation agenda.</p> <p>There is an opportunity to link this in with the work of identified voluntary sector organisations.</p> <p>Roll out of personal health budgets to be accelerated during 2017/18</p>	<p>WCC</p>	<p>n/a</p>	<p>n/a</p>

<p><u>Dementia services</u></p> <p>A comprehensive service for those with dementia must be available and accessible this will include</p> <p>Dementia strategy and action plan has been developed, but we need to target the gaps in care and need to ensure a more community focused /crisis intervention based model of care. Through the Better Care Plan, we are already looking at;</p> <ul style="list-style-type: none"> • Care Home Liaison services. • Focused support to AWP in relation to discharge planning. • Acute “in reach “programmes for dementia. <p>Dementia diagnosis rates have increased across the county – need to ensure that once patients are diagnosed they are moved to appropriate service for ongoing care and management. The registers must serve a purpose and provide a platform for future case management.</p>	<p>AWP</p>		
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Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Progress and next steps in raising standards of mental health for children and young people in Wiltshire

Executive Summary

This report provides an update on Wiltshire's Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing as well as news on the development of a new child and adolescent mental health service which aims to transform service delivery and improve outcomes.

Improving children and young people's mental health provision continues to be a top national priority. Only recently, the Prime Minister delivered a speech promising additional support for children and young people's mental health problems, outlining plans to focus on prevention by providing additional teacher training in schools. Further to this, Theresa May announced a review of Child and Adolescent Mental Health Services (CAMHS) led by the Care Quality Commission, and a fresh Green Paper on children and young people's mental health to set out plans to transform services in schools, universities and for families.¹

The rationale for the sustained focus on this agenda is clear – half of mental health problems start before the age of 14 and 75% by 18.² Bearing in mind that 1 in 4 of the population has a common mental health disorder and the economic and social costs of mental illness equate to £105bn (similar to the entire annual NHS budget), it's common sense to invest in good quality support for children and young people.³ This argument is strengthened further by figures that show mental illness disproportionately affects young people⁴ yet the Government has acknowledged that the provision of mental health services to children is one of the biggest NHS weak spots.⁵

Set against this backdrop, Wiltshire's Local Transformation Plan continues to bring Children's Trust partners together from across the whole system to implement new initiatives and services that are focused on making it easier for children and young people to access good quality emotional wellbeing and

¹ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

² 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing', Department of Health, 17 March 2015, online at www.gov.uk/government/publications/improving-mental-health-services-for-young-people

³ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

⁴ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

⁵ Hunt, Jeremy (The Secretary of State for Health), Topical Questions, House of Commons Hansard, Volume 615, 11 October 2016, online at www.parliament.uk, 23 April 2017

mental health support within their communities. With children and young people involved every step of the way, key achievements to date have included the successful launch of an online counselling service for teenagers and the co-location of mental health workers in many secondary schools.

These developments alongside others are beginning to transform and improve service provision, with Wiltshire performing well against many key performance indicators in a recent national report by the Education Policy Institute.⁶ Overall, Wiltshire is a good performing local authority area despite a modest per capita expenditure on CAMHS.⁷

Nonetheless, despite good progress being made there is still much work to be done before local services reach the expected national standard by 2020/21. Nationally, key areas of development include reducing waiting times, providing better crisis care, reducing the numbers of children being treated far from home and/or on adult wards and reducing hospital admissions for self-harm and mental health conditions. Clearly, resolving gaps in local support and delivering radical improvements to the way in which services are provided is key to ensure that the most vulnerable children and young people in our communities have access to the high-quality support and services they need.

Considering the increased funding for CAMHS given to all Clinical Commissioning Groups (CCG's) in 2017/18, our expanded and refreshed transformation plan sets out the changes we will make to promote, protect and improve children and young people's mental health and wellbeing. In doing so, it outlines the significant challenges facing CAMHS locally and sets out our vision for commissioning a modern child and adolescent mental health service which responds to the changing needs of children and young people in Wiltshire.

Proposal(s)

It is recommended that the Board:

- i) Notes the progress to date on the implementation of the CCG Local Transformation Plan for Children and Young People's Mental Health and Wellbeing;
- ii) Scrutinises the Local Transformation Plan and its performance to ensure it is reflective of local needs, is compliant with national expectations and is targeting efforts and resources in the right way to improve services;
- iii) Notes the progress being made to develop a new child and adolescent mental health service, to go live on 1 April 2018.

⁶ Frith, Emily, 'The Performance of the NHS in England in transforming children's mental health services', Education Policy Institute, March 2017, online at <https://epi.org.uk/report/nhs-performance-childrens-mental-health/>

⁷ Frith, Emily, 'The Performance of the NHS in England in transforming children's mental health services', Education Policy Institute, March 2017, online at <https://epi.org.uk/report/nhs-performance-childrens-mental-health/>

Reason for Proposal

Raising standards of mental health for children and young people is a top national priority and as a condition of increased investment, the Government requires every area to have a Local Transformation Plan for Children and Young People's Mental Health and Wellbeing which sets out how improvements to mental health provision will be made.

NHS England requires that Wiltshire CCG works with key partners from across the whole system (including schools, the voluntary and community sector and importantly children, young people and those who care for them) to develop and review the transformation plan to ensure it is reflective of local needs and is delivering improvements. Improving transparency in child and adolescent mental health is a key part of the Government's vision for change. The Health and Wellbeing Board has a pivotal role in scrutinising the local CCG transformation plan and tracking its performance at a local level.

Presenter name:	Tracey Cox	Carolyn Godfrey
Title:	Acting Accountable Officer	Corporate Director
Organisation:	Wiltshire CCG	Wiltshire Council

18 May 2017

Subject: Progress and next steps in raising standards of mental health for children and young people in Wiltshire

Purpose of Report

1. To provide an update on Wiltshire's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing as well as news on the development of a new child and adolescent mental health service which aims to transform service delivery and improve outcomes.

Background

2. In November 2016, the Wiltshire Clinical Commissioning Group (CCG) expanded and refreshed the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing as required by NHS England. The plan details how the CCG will use the extra funds committed to this agenda to support Wiltshire's goals for change and improvement across the whole child and adolescent mental health system. The revised plan and its priorities were approved by the Wiltshire CCG Governing Body and later endorsed by the Health and Wellbeing Board in December 2016.
3. The development of Local Transformation Plans is a condition of increased funding to the CCG for improving children and young people's mental health service provision and form an essential part of the Government's strategy to deliver substantial improvements to CAMHS by 2020/21. Children and young people have developed a 'youth friendly' version of Wiltshire's updated plan which is included as Appendix 1.
4. Child and Adolescent Mental Health continues to be a top national priority. In January 2017, the Prime Minister announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities.⁸ Key highlights included:
 - New support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff;
 - A thematic review of child and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not;

⁸ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

- A new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families;
 - Further alternatives to support people in the community and the promotion of new models of community based care such as crisis cafes and community clinics;
 - Plans to rapidly expand treatment by investing in and expanding digital mental health services.
5. The rationale for the Governments sustained focus on improving children and young people's mental health provision is clear. It is well documented that half of mental health problems start by the age of 14 and 75% by 18.⁹ When considering that 1 in 4 people have a common mental health disorder and the economic and social costs of mental illness equate to £105bn (similar to the entire annual NHS budget), its common sense to invest in good quality mental health services and support for children and young people.¹⁰ This argument is strengthened further when taking into account figures that show mental illness disproportionately affects young people¹¹, yet in 2016 the Health Secretary Jeremy Hunt acknowledged *"the provision of mental health services to children is one of the biggest weak spots in NHS provision today"*.¹²

Main Considerations

Outline of progress towards achieving proposals set out within Future in Mind (the Government's national vision for improving children and young people's mental health)

Local priorities

6. Through the Local Transformation Plan key partners from across the whole system (including children, young people and those who care for them) are continuing to work in partnership to implement new initiatives and co-design services that are tailored to children and young people's needs. This is being enabled through effective Children's Trust arrangements as well as increased funding to the CCG for children's mental health.
7. This financial year (2017/18), all CCG's across the country have been given an 18% uplift in funding to support the implementation of Local Transformation Plans. For Wiltshire CCG, this equates to an increase of £175k, bringing the total transformation budget to £1.15m per year. The funding excludes specific money for eating disorders which remains the same at £245k per annum. The funding for CAMHS transformation is

⁹ 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing', Department of Health, 17 March 2015, online at www.gov.uk/government/publications/improving-mental-health-services-for-young-people

¹⁰ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

¹¹ 'Press release – Prime Minister unveils plans to transform mental health support', Prime Minister's Office, 09 January 2017, online at www.gov.uk, 23 April 2017

¹² Hunt, Jeremy (The Secretary of State for Health), Topical Questions, House of Commons Hansard, Volume 615, 11 October 2016, online at www.parliament.uk, 23 April 2017

recurrent, will continue to grow year on year until 2020/21 and is included within the overall CCG budget allocation. The table below provides a summary of the funding, its purpose and forecasted uplift.

	2015/16	2016/17	2017/18	2018/19	2019/20
Early Intervention	£ 610,565.00	£ 973,840.00 (59% uplift)	£ 1,149,131.20 (18% uplift)	£ 1,390,448.75 (21% uplift)	£ 1,557,302.60 (12% uplift)
Eating Disorders	£ 243,924.00	£ 245,000.00	£ 245,000.00	£ 245,000.00	£ 245,000.00

8. Further to the funding outlined above, Wiltshire has been successful in securing monies from the Health and Justice Commissioner to enhance CAMHS support for:
- Children and young people who display harmful sexual behaviour (£40k per annum) – a joint initiative across Wiltshire and Bath and North East Somerset;
 - Children and young people who come into contact with the Sexual Assault Referral Centre (£50k) – a joint initiative across Swindon and Wiltshire.
9. In view of the additional funding available and considering local needs as agreed by the CCG Governing Body and Health and Wellbeing Board in late 2016, the following local priorities are now in the process of being implemented:

Key priorities for 2017

More prevention and early intervention

- Expanding the number of Thrive Hubs from six to twelve secondary schools in areas of greatest need
- Continuing to invest in CAMHS learning disability support
- Bringing together an offer of mentoring and befriending support for children and young people with a focus on those considered to be at higher risk of developing emotional wellbeing and mental health problems
- Providing improved information and help for parents
- Putting more support in place for children and young people who have autism and those who have experienced domestic abuse

Improved access – the right type, at the right time, in the right way

- Enhancing digital services including the OnYourMind website to provide easier access to the right help
- Using social media to raise awareness and tackle stigma and discrimination
- Enhancing Primary CAMHS services to provide improved access to the right support for children and young people, including provision of online and face-to-face counselling
- Rolling out self- and online referral to CAMHS across the whole county
- Putting CAMHS in Accident and Emergency departments
- Improving our eating disorder service
- Getting help right for those children and young people who are the most vulnerable in our communities

Collaborative service delivery

- Developing a new integrated CAMHS service to include the removal of tiers and help closer working across children's services
- Developing a plan with NHS England to help reduce hospital admissions and time spent in hospital
- Improve the skills of those who work with children and young people

10. A breakdown of spending plans for 2017/18 is included as Appendix 2. These were agreed by the CCG Governing Body and Health and Wellbeing Board in November and December 2016. They are based on the updated CCG budget for CAMHS transformation for 2017/18, which includes the 18% uplift as highlighted above.

Local performance

11. A key part of the Government's national vision for raising standards of mental health for children and young people includes improving transparency and accountability. This is particularly important, morally right and economically prudent considering the significant investment in public funds to this agenda. We owe it to our children and young people that funding is making a positive local impact.
12. NHS England guidance sets out an important role for Health and Wellbeing Boards in the scrutiny of Local Transformation Plans to ensure they are reflective of local needs, are compliant with national expectations, are delivering the improvements required and are targeting efforts and resources in the right areas. To support Health and Wellbeing Boards in this endeavour, NHS England launched a new '[Mental Health Five Year Forward View Dashboard](#)' in 2016, which tracks the performance of local Clinical Commissioning Groups.
13. Helpfully, the Education Policy Institute recently published a national report, [The performance of the NHS in England in transforming children's mental health services](#), which examines the progress made by the Government in improving children and young people's mental health services (CAMHS). Using the findings of the report, an overview of Wiltshire's performance is given below based on 10 key measures included within the Mental Health Five Year Forward View Dashboard.

Clinical Commissioning Group performance on children's mental health

14. This measure analyses progress on the transformation of local child and adolescent mental health services as set out in the Government Strategy Document Future in Mind and the Five-Year View for Mental Health. Each Clinical Commissioning Group is given an overall % score based on their response to six questions on their progress in transforming services in a self-assessment framework.
15. Using the Education Policy Institute's report, to support the Health and Wellbeing Board in its scrutiny role, the self-assessment questions are given in the table overleaf with an explanation of why they are important and Wiltshire CCG's response to each.

Question	Explanation	Wiltshire CCG response
Has the CCG, working with partners updated and republished the assured Local Transformation Plan (LTP) from 2015/16 which includes baseline data?	All CCG's were required to develop an LTP as a condition for receiving increased government investment for CAMHS. This question assesses whether the CCG has a focus on improvement with a clear and transparent plan.	Fully compliant
Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?	Children's transformation included a focus on improving eating disorder service provision. Every CCG was given specific funding for eating disorders and national guidance, including an access and waiting time standard to ensure children and young people get access to the right level of care.	Fully compliant
Is the children and young people's eating disorder team commissioned by the CCG part of a quality assurance network?	A quality assurance network has been established for providers of children and young people's eating disorder services to help improve standards and share models of best practice.	Fully compliant
Does the CCG have collaborative commissioning plans in place with NHS England for Tier 3 (specialist community) and Tier 4 (inpatient) CAMHS?	CCG's are required to develop a collaborative commissioning plan between community services and inpatient care with the aim of reducing hospital admissions and stop children and young people having to go far away from home for a CAMHS bed. A key objective is to provide more care within the local community so that children and young people can be treated close to home in happy and comfortable environments.	Partially compliant – actions have been identified within the LTP to improve collaboration, however, like other CCG's across the South region, Wiltshire CCG is waiting for guidance from NHS England Specialist Commissioning on how to progress this plan. This is important as NHSE Specialist Commissioning are responsible for the commissioning of Tier 4 CAMHS.
Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) transformation objectives?	There are challenges to be overcome to ensure the right workforce is in place to improve the child and adolescent mental health system, including making sure staff are trained to deliver evidence based treatments. Many providers are experiencing recruitment difficulties and those professionals working in universal services and primary care often report lacking the skills and confidence to identify and respond to children and young people's mental health concerns. This question assesses whether CCG's have a robust multi-agency workforce development plan in place to address these issues.	Partially compliant – Wiltshire CCG has developed a draft workforce development plan in collaboration with Swindon and B&NES. The plan requires further work, to include joint agency sign up and a comprehensive review of the current CAMHS workforce.

<p>Is the CCG forecast to have increased its spend on mental health services for children and young people by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of resources allocated from the Autumn Statement 2014 and Spring Budget 2015?</p>	<p>This question is important because the funding to improve children and young people's mental health has been added to each CCG's general budget (its baseline allocation) rather than being ring-fenced). This indicator allows NHS England to assess whether the funding has been spent on improving children's mental health.</p>	<p>Fully Compliant for 2015/16 and 2016/17</p>
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16. For each question CCG's were rated as 'Fully Compliant', 'Partially Compliant' or 'Not Compliant'. The CCG's overall % compliance is calculated by NHS England by adding together the individual scores for each question. The response to each question is given an individual score based on a scoring criteria set out by NHS England. The values are then added together to provide an overall score for the CCG. The total possible score for the indicator is 6 and the % of the total possible score available is calculated as: $\% \text{ compliance} = 100 \times \text{CCG's score} / \text{total available score}$.
17. Based on this scoring criteria, Wiltshire has a % compliance score of 85%. This puts Wiltshire's performance above the national standard of 83.3% (which nearly three quarters of CCG's failed to meet) and in the top quartile of CCG's nationally. To ensure this performance is sustained the Health and Wellbeing Board will want to maintain a sharp focus on the CCG's response to the self-assessment framework which will be required annually by NHS England.

Performance against the 10 Key Performance Indicators

18. A summary of Wiltshire's performance against all 10 key performance indicators included within the Dashboard is given below. Overall, Wiltshire is performing well on many of these, however, there are some key areas for development – which are shared nationally. These are outlined below:
- Inpatient care performance - including reducing the number of children and young people admitted to hospital and length of stay (no of bed days). This is an important objective for the CCG because good performance in this area is an indication that sufficient emotional wellbeing and mental health support is available within the community, meaning that children and young people are treated close to home, in a relaxed and happier environment.
 - A national wide issue that has been identified is the inappropriate treatment of children and young people on adult wards. Data is only available at a regional and national level and locally it will be important to ensure this is not the case for children and young people in Wiltshire.

- Crisis care – Wiltshire needs to move to full compliance in respect of crisis care, to include a plan to develop a funded model of crisis care for children and young people who present in the community and in acute hospital settings.

Indicator		Change	Latest Reporting Period	Indicator value (annual objective)	Trend	Better is...	Relative performance of CCG in relation to national median
CYP(i)	CCG IAF mental health transformation milestones- Total CYPMH score	↔	Q2 2016/17	85%	↔	↑	Better than
CYP(ii)	Number of new CYP under 18 receiving treatment in NHS funded community services in the reporting period	↑	Q2 2016/17	185	↑	↑	Better than
CYP(iii)	Proportion of CYP with eating disorders seen within 1 week (urgent) or 4 weeks (routine)	PLACEHOLDER (AWAITING DATA FROM MENTAL HEALTH SERVICES DATASET)					
CYP(iv)	a. Total number of bed days for CYP under 18 in CAMHS tier 4 wards	↓	Q2 2016/17	551	↓	↓	Worse than
	b. Total number of admissions of CYP under 18 in CAMHS tier 4 wards	↓	Q2 2016/17	23	↓	↓	Worse than
CYP(v)	a. Total bed days of CYP under 18 in adult in-patient wards	<i>National and regional measure only</i>					
	b. Total number of CYP under 18 in adult in-patient wards	<i>National and regional measure only</i>					
CYP(vi)	CCG IAF mental health transformation milestones- Crisis Q1b answer	↔	Q2 2016/17	Partially compliant	N/A	↑	N/A
CYP(vii)	a. CYP MH total planned spend - excluding learning disabilities and eating disorders (£k)	N/A	2016/17	5637	N/A	N/A	N/A
	b. CYP MH planned spend: eating disorders (£k)	N/A	2016/17	244	N/A	N/A	N/A

Wiltshire spend on CAMHS per capita

19. For two of the indicators, CCG's have been asked to provide details of their total planned spend on mental health (excluding learning disability and eating disorder services) and to state separately their total planned annual spending on eating disorders. Using this information, the Education Policy Institute within its recent report has provided a comparison of spend on CAMHS by identifying a per capita spending figure based on the latest estimates of the 0-18 population for each Clinical Commissioning Group.
20. The findings show a wide variation in the levels of planned expenditure on children's mental health per capita across the country. CCG's in the top quarter spend over £52 per capital and those in the bottom quarter spend £23 or less per capita. Wiltshire has been placed in bottom two per capita ranges at £28-52 per capita. Consequently, the dashboard reveals that Wiltshire is a good performing local authority area despite a small per capita expenditure on CAMHS.

Outlining the future vision for commissioning children and young people's mental health services and how this fits with the Local Transformation Plan and Sustainability and Transformation Plan

What are we doing?

21. As part of the local drive to transform mental health service provision, Wiltshire CCG and Wiltshire Council are working with other local authorities and Clinical Commissioning Groups in Swindon and Bath and

North East Somerset to develop a new Child and Adolescent Mental Health Service. This new service will go live on 1 April 2018.

22. In Wiltshire, a series of engagement events are currently underway to give children, young people, parents/carers and adults who work with children the opportunity to determine what the new service should look and feel like. This is about making sure the new service puts children and young people at the heart of everything it does.

Why a new service?

23. The current model for CAMHS was developed a long time ago and although it was useful at the time, children and young people's needs have changed, the world has changed and we now need a modern service fit for today and for the future. To give one example of changing need – over the last 10 years there has been a massive rise in the development of digital services, with many of us living a significant part of our lives online. Although social media has helped people to communicate more easily, it's also had negative impacts. For example, children and young people using their phones late at night has resulting in some not getting enough sleep. Also, bullying no longer stops at the school gates – its 24/7. Consequently, a new service is needed which can help to address these modern challenges.
24. Following a competitive tender process, Oxford Health NHS Foundation Trust has been selected as the preferred provider. Commissioners are now working with the Trust and key stakeholders to shape the service delivery model so that it meets the needs of children, young people and families in Wiltshire. Children and young people were involved in the tender evaluation process.

How will the service be different?

25. The new service will focus more on early intervention and prevention, providing easier access to the right support and improving care for our most vulnerable children and young people. Some examples of how the service will be different are given below.

Service improvements

More Focus on early intervention and prevention

For example, co-locating mental health workers in most secondary schools.

Improved access

For example, making sure that there is no wrong front door and that all children and young people referred to CAMHS get an offer of the right help they need. The new service will also enable children, young people and their parents/carers the option to self-refer rather than going to a GP or teacher.

Improved support for vulnerable children and young people

For example, the new service will enhance the provision of community based support to help remove barriers to help for Looked After Children and Care Leavers. CAMHS staff will also work much more closely alongside social workers to provide a more joined up approach so that children and young people don't have to re-tell their life stories to multiple teams and professionals.

How does the new service fit with the Local Transformation Plan and Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan?

26. The new service reflects the local vision for improving children and young people's mental health in Wiltshire by enhancing early intervention and prevention, providing simpler and quicker access to the right support and improving provision for the most vulnerable and disadvantaged children and young people.
27. In line with the local Sustainability and Transformation Plan (STP) and Five Year Forward View, the co-commissioning of the service across the Bath and North East Somerset, Swindon and Wiltshire geography will help to provide increased sustainability and a better, more consistent experience and quality of care for children, young people and their families. This will be achieved by removing service tiers; encouraging improved coordination between mental health services, GP's, schools, the local authority and voluntary and community sector; and providing evidence based interventions and treatment that works in non-stigmatised settings, close to home.
28. Across the STP geography we face similar challenges in relation to children and young people's mental health and importantly we share the same common goal to improve outcomes. Consequently, it makes absolute sense for commissioning organisations to work together on this agenda which is a priority for all those involved. Working in this way provides opportunities going forward to jointly focus efforts and resources on those areas in most need of improvement.

Next Steps

29. Whilst work has begun to transform and improve mental health service provision for children and young people in Wiltshire, it's clear that there is still much work to be done before local services reach the expected standard. For example, despite recent improvements there are still big challenges to be overcome including reducing waiting times, providing better crisis care and reducing the numbers of children being treated far from home and reducing hospital admissions for self-harm and mental health conditions.
30. The focus over next 12 months shall be to see through the successful implementation of the priorities set out within the expanded and refreshed Local Transformation Plan. Further to this, a key objective will be to work with partners from across the whole system to co-design and launch a modern fully integrated child and adolescent mental health service which is tailored to children and young people's needs.
31. To help ensure that local performance in relation to child and adolescent mental health services is maintained, it will be important for the Health and Wellbeing Board and its partners to ensure progress on the following key areas:

- Retaining a sustained focus on service improvement through the ongoing scrutiny of the Local Transformation Plan;
- Developing a clear and funded plan to improve crisis care for children and young people;
- A strategy to reduce the number of children being treated far from home and/or in adult wards;
- Ensuring that Wiltshire continues to increase its investment in line with its share of the £1.4bn additional funding announced with Future in Mind. This is particularly important considering Wiltshire's small per capita expenditure on children's mental health;
- Developing an effective joint agency workforce development plan to ensure the right workforce is in place to improve the whole child and adolescent mental health system.

Presenter name:	Tracey Cox	Carolyn Godfrey
Title:	Acting Accountable Officer	Corporate Director
Organisation:	Wiltshire CCG	Wiltshire Council

Report Authors:

Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness, Children's Services, Wiltshire Council

James Fortune, Lead Commissioner, Children's Services, Wiltshire Council

Date: 20 April 2017

Appendices

Appendix 1 – Children and Young People's Version of Wiltshire's Local Transformation Plan

Appendix 2 – Planned budget for CAMHS transformation 2017/18

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Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Mental Health and Wellbeing Strategy – Additional update following Annual report on progress

Executive Summary

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.

This report was presented to the Health and Wellbeing Board in November 2016 and, following on from this, a request was made for a shorter version of the report headlining some top line messages about achievements resulting from activity connected to the strategy.

This covering report now outlines the approach that has been taken in order to meet this request by utilising an infographic presentation which will be presented at the Health and Wellbeing Board on 18th May 2017.

Proposal(s)

It is recommended that the Board:

- i) Notes the information contained in the presentation

Reason for Proposal

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 presentation will give a further update on the results of action towards this aim.

Presenter names:

**Frances Chinemana, Associate Director Public Health, Wiltshire Council
Ted Wilson, Community and Joint Commissioning Director
and Group Director, Wiltshire CCG**

18 May 2017

Subject: Mental Health and Wellbeing Strategy – Additional update following Annual report on progress

Purpose of Report

1. This item provides a further update on progress against the six overarching outcomes of the Mental Health and Wellbeing Strategy by highlighting some of the achievements against the priority areas of activity in the strategy's implementation plan.

Background

2. The overarching aim of the Joint Mental Health and Wellbeing Strategy is to create environments and communities by 2021 that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.
3. The Wiltshire Joint Mental Health and Wellbeing Strategy was developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) and was presented as a draft to the Wiltshire Health and Wellbeing Board, CCG Governing Body and Cabinet in July 2014. Approval for the draft strategy to be published for a three month consultation period to run from September 2014 until December 2014 was agreed and in May 2015 an update on the consultation process, the updated strategy and a draft implementation plan was taken to the Health and Wellbeing Board, CCG Governing Body and Cabinet.
4. Approval was granted at these meetings to form a Wiltshire Mental Health and Wellbeing Partnership Board to ensure delivery of the outcomes within the strategy and to return to the Health and Wellbeing Board with a finalised implementation plan and an update on progress.
5. In April 2016 the final implementation plan for delivery of the strategy was approved by the Health and Wellbeing Board, CCG Governing Body and Cabinet, to be published and sit alongside the Mental Health and Wellbeing Strategy, and it was agreed that an annual report on progress would be provided to the Health and Wellbeing Board with the first report scheduled for November 2016.
6. This report was presented to the Health and Wellbeing Board in November 2016 and, following on from this, a request was made for a shorter version of the report headlining some top line messages about achievements resulting from activity connected to the strategy.

7. This covering report now outlines the approach that has been taken in order to meet this request by utilising an infographic presentation which will be presented at the Health and Wellbeing Board on 18th May 2017.
8. The approach taken draws on successful Community Area JSA utilising infographics and top level data to illustrate some of the top level achievements for each of the 6 key areas of activity. There is one infographic slide for each area.

Main Considerations

5. To note the progress against the aims of the Mental Health and Wellbeing Strategy to date

Next Steps

7. The next annual report against the Strategy will be produced during Summer 2017 and it is proposed that the next report provides 2 elements:
 - A set of infographic slides to outline the headline messages
 - A more detailed report containing stories, case studies and performance against the strategic measures

Presenter Names:

Frances Chinemana, Associate Director Public Health, Wiltshire Council

**Ted Wilson, Community and Joint Commissioning Director
and Group Director, Wiltshire CCG**

Report Author: Karen Spence, Public Health Specialist, Wiltshire Council

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Healthy Mind Healthy Life

onyourmind.org.uk



A plan to support children and young people's emotional wellbeing and mental health in Wiltshire



Our Vision

This is a plan that identifies the emotional and mental health needs of children and young people in Wiltshire and explains what we will do to address them.

“For Wiltshire’s children & young people to have opportunities to thrive and enjoy good mental health now and throughout their lifetimes.

We want children & young people to be able to bounce back when life gets tough.

When they need more help with how they are feeling we want to be sure that they know where to go so that they get back to good mental health and wellbeing quickly.”

Wiltshire’s Children and Young People’s Trust Emotional Wellbeing and Mental Health Sub Group

(a partnership from across education, health, social care, the voluntary and community sectors, children, young people, parents and carers - working to understand mental health and deliver effective services for children and young people)

Achieving the vision

NHS England has awarded Wiltshire additional funding to develop better mental health services for children and young people. Some of this funding has been allocated by the Government to enhance our **local eating disorder service**. The rest will be spent on services that children, young people, parents, carers and our multi-agency partners have told us they need.

By delivering this plan, we want children and young people to be able to say...

- I am supported to live healthily
- I am respected, listened to and involved
- I am supported to live independently
- I receive care and support tailored to my individual needs
- I have an excellent experience from the services I receive
- I understand what support is available and services are accountable to me
- I am kept safe from avoidable harm

What have Wiltshire's young people told us?

- We should help them **earlier** by giving them good coping skills and support when they first need it
- They would like high quality support and treatment which is **simple** and easy to access
- Those who need help the most should be **supported when they move** between schools or years
- Services must be designed to **meet individual needs**

"Information about local support and services and how this can be accessed should be improved"

"Tackle stigma and discrimination"

"More help could be given to help children and young people build their self-esteem and confidence"

"Help and support should be easier to access, as close to home as possible"

"Better mental health awareness, education and support are needed in schools"

What will we actually do?

We will deliver a wide range of projects, services and actions that have been identified to meet the three main objectives of this plan. We are going to invest in a number of key priorities and will work hard to:

- improve waiting times
- stop children and young people having to re-tell their stories
- provide clarity on what services there are locally and who can access them
- make sure that problems are tackled earlier so that they do not reach crisis point
- put an end to children and families being 'bounced around' when a mental health service is not appropriate



Objective 1

Promote good mental health, build resilience and identify and address emerging mental health problems early on.

We will

- Provide training for staff working with children and young people in schools and health services, to include developing a network of GPs as locality mental health 'Champions'
- Establish 'Thrive Hubs' in six secondary schools to help build children and young people's resilience, support parents/carers, and promote mentally healthy schools
- Make better use of digital services to improve access to services and support including online counselling and a dedicated website for children and young people's emotional wellbeing and mental health
- Develop better understanding of the causes of mental health related Accident & Emergency attendances and admissions and use this to help improve early and community based support for children and young people, and reduce pressure on hospitals
- Provide additional mentoring to primary age children and a peer mentoring project for secondary pupils at risk of developing or experiencing social, emotional and/or mental health difficulties
- Encourage more children and young people to engage in local youth activities within their communities to help improve their health and wellbeing



Objective 2

Provide children, young people and families with simple and fast access to high quality support and treatment they need.

We will

- Develop a new Child and Adolescent Mental Health Service (CAMHS) which better meets the needs of children and young people
- Establish a clear pathway for children and young people with emotional wellbeing and mental health needs so that they get access to the right service at the right time
- Provide the option for children and young people to self-refer to CAMHS
- Invest more funding in community and school based counselling, to reach more children and young people
- Develop much closer partnership working between schools and specialist CAMHS
- Co-locate CAMHS mental health workers within Wiltshire Council Children's Services
- Enhance the community based eating disorder service so that it can provide a quicker response



Objective 3

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

We will

- Strengthen links between CAMHS and adult services to include an extended CAMHS service for care leavers where appropriate
- Enhance our CAMHS Outreach Service for Children and Adolescents (OSCA) which provides support and treatment in community settings
- Place mental health practitioners within teams working with vulnerable children and young people (Looked After Children and those who are victims of Child Sexual Exploitation and Abuse)



How will we know we are making a difference?

To make sure that we are getting it right for children, young people and their families, we will monitor progress regularly.

We will also:

- Publish this plan on local websites to include the Clinical Commissioning Group and Wiltshire Council
- Continue to improve the involvement of stakeholders (including children and young people) in the development, delivery and review of this plan
- Publish an annual report on child and youth mental health, setting out main achievements, areas for improvement and required action
- Ask all those organisations delivering mental health and wellbeing services to publish plans for improvement each year

For further information about this plan and the services that are being developed and delivered please email:

childrenstrust@wiltshire.gov.uk

Planned budget for CAMHS transformation 2017/18

Income	2017/18
Transformation Funding for Early Intervention	£1,149,131.00
Transformation Funding for Eating Disorders	£245,000.00
Health and Justice Commissioner Funding (Harmful Sexual Behaviours)	£40,000.00
Health and Justice Commissioner Funding (Sexual Assault Referral Centre)	£50,000.00
TOTAL INCOME	<u>£1,484,131.00</u>
Expenditure	
Joint agency workforce training and development fund (CYP IAPT).	£30,000.00
Early Intervention and Prevention within schools, early year's settings and primary care.	
<i>Thrive Hubs (CAMHS staffing and school grant support)</i>	£208,412.00
<i>Parenting Programmes</i>	£38,482.00
<i>Primary School Mentoring</i>	£40,000.00
<i>Early Help Access Mgt</i>	£60,375.00
Digital services including OnyourMind website, social media and online CAMHS referrals.	
<i>Website coordination and development</i>	£16,051.00
24/7 CYP MH crisis resolution, liaison and home treatment	£153,000.00
Primary CAMH Services (including counselling)	
Access Coordination	£110,724.00
Early Help Service Senior Therapists	£142,809.00
Evidence based talking therapy and interventions	£140,000.00
Online counselling services	£91,800.00
CSE/LAC Team Therapist	£53,553.00
Community based eating disorder service	£306,425.00
Specialist CAMH support for CYP with harmful sexual behaviours (Health and Justice)	£40,000.00
Specialist CAMH support for CYP who come into contact with the SARC (Health and Justice)	£50,000.00
Stakeholder Communication and Participation	£2,500.00
TOTAL EXPENDITURE	<u>£1,484,131.00</u>

Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Mental Health Crisis Care Concordat Update

Executive Summary

I. The report provides an update on the quality of care for those experiencing mental health crisis and how well partners in the system are working together to provide this.

Proposal(s)

It is recommended that the Board:

- i) Notes the development in combining the Swindon and Wiltshire Crisis Care Concordats.
- ii) Approves the draft Terms of reference for the Swindon and Wiltshire Crisis Care Concordat.
- i) Considers the latest available data against key indicators at Appendix 3.

Reason for Proposal

At the September 2016 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 a brief update is provided against these.

Ted Wilson

**Chair, Swindon & Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

Subject: Mental Health Crisis Care Concordat Update

Purpose of Report

1. This report presents an update following the September 2016 Mental Health Crisis Care concordat paper, detailing progress in Wiltshire to improve Crisis Care Pathways.

Background

2. Following the September 2016 Board meeting, key stakeholders and partners (Wiltshire Police, Wiltshire Clinical Commissioning Group, Swindon Clinical Commissioning Group, Wiltshire Council, Swindon Borough Council and AWP) involved in managing crisis care for individuals experiencing mental health crisis in Swindon and Wiltshire attended a Mental Health Summit in October 2016 and a subsequent meeting in March 2017. It was acknowledged at the latter meeting that review project mapping of the 136 pathway across Avon, Wiltshire and North Somerset for children and adults being led by the Alexander Group has informed areas requiring development to improve crisis care, which will also enable the requirements of the Police and Crime Act to be realised. Those present were in support of the continuation of this work, a summary of which is presented in this report.

Update on Key Areas

Mental Health Crisis Care Concordat Delivery

3. Since January 2017 Wiltshire and Swindon Crisis Care Concordats (S&W CCC) have united, with two formal meetings committing to developing a joint action plan with the objective of addressing the crisis care pathway issues across the footprint. Terms of reference provided in appendix 1. The S&W CCC has agreed to meet on a monthly basis in order to ensure robust review of crisis care, develop a joint action

plan, which will be taken forwards with operational task and finish groups who will proactively address crisis care pathways. Therefore the main Concordat will retain strategic oversight and development of the concordat agenda whilst the operational groups will ensure timely progress and implementation of the action plan.

4. The year 2 joint action plan is in development and is anticipated to be finalised in the May 2017 meeting; following its completion a draft will be submitted to the Board. At present the S&W CCC are working through the locality specific actions to ensure these are closed down with all actions either completed or devolved to other oversight groups, whilst in tandem we draft the new plan. The enormity of developing and delivery a joint action plan has been acknowledged. As a result a business case to recruit a dedicated S&W CCC lead will be drafted for consideration by the multiagency partners.
5. The S&W CCC has established the first operational task and finish group to inform the 136 pathway development in the East, ensuring that the requirements of the Police and Crime Act can be sustainably met. This group will be responsible for overseeing the implementation of the supported outcome following the AWP public and staff consultation regarding the East Place of Safety provision [further detail about this is provided in the next section of this report].
6. Key work stream updates from the S&W CCC action plan are as follows:
 - Development of an enhanced Access Service Model for secondary care mental health services: CCG review completed, however progression of the review was overtaken by internal restructuring completed by AWP to address vacancy pressures against service demand and cost pressures.
 - Implementation of the Section 12 Doctor review: The Alexander Group 136 review has identified that timely access to section 12 Doctors is a challenge, although to varying degrees across the AWP footprint. As a result Wiltshire CCG is working with all AWP Commissioning CCGs to develop a trust wide solution to ensure timely access to section 12 Doctors. It is expected this will entail devolving the section 12 Doctor budget to AWP in order to enable a contract to be established for this provision on a dedicated rota as opposed to the current adhoc sourcing of section 12 Doctors which currently results in regular delays in mental health act assessments.

AWP Developments to the Places of Safety in the East

7. In 2016 AWP, with the support of the Wiltshire CCC chair, acquired £320,000 capital funding from the Department of Health to improve health based places of safety (PoS) in Wiltshire and Swindon by increasing the number of places available across the county from three to four. The motivation to change and improve the provision relates to the need to ensure facilities are fit for purpose, also to resolve the difficulties regarding provision of adequate staffing. If these services are not improved in a sustainable way, there is a risk that the current facilities in Sandalwood and Fountainway will need to be closed if they are unable to meet CQC standards, which may result in out of area placements being required.

8. AWP are currently engaged in a public consultation process regarding the proposed development to the East PoS provision and have proposed four options (see appendix 2 for consultation letter and supporting document):
 - **Option 1** Upgrading the existing suites currently available in Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon; no change in location of suites.
 - **Option 2.** Close Fountain Way and Green Lane sites in Wiltshire and upgrade the suite at Sandalwood Court in Swindon.
 - **Option 3.** Close Sandalwood Court in Swindon and upgrade Fountain Way and Green Lane sites in Wiltshire.
 - **Option 4** Close Fountain Way site within Wiltshire and at Sandalwood Court in Swindon and relocate the places of safety to Green Lane with 4 suites rather than the 3 suites currently available.

AWP present option 4 as the preferred option as Green Lane provides suitable infrastructure, admission activity indicates this would be the most suitable location and in reducing to one PoS site this will address the staffing issues, and should pose an attractive opportunity for staff seeking to work in a specialist environment.

9. AWP held an engagement event in Swindon in March which was well attended by members of the public, local authority representatives from Swindon, Wiltshire and Emergency Duty Service, third sector representative, Service Users, Carers and Robert Buckland the local MP. Many pertinent concerns were raised during the event which have been recorded and will be collated together with feedback from the Wiltshire events and the Trust website. Public Consultation dates for Wiltshire

were planned for May, however owing to the purdah period for the General Election they have been postponed, and are expected to recommence in June 2017.

Alexander Group s136 Review

10. The Alexander Group have been commissioned to complete a system wide review of s136 pathway and experiences with the objective to improve the experience that people and organisations have of the 136 pathway. To date a number of stakeholder engagement workshops have been held to decipher the “as is” and review and test the “to be” 136 pathways. Four key areas for quick wins have been identified:

- Section 12 Doctor provision.
- Achieving parity in the management of under 18s.
- Conveyance for those detained on a section 136.
- Information sharing across providers supporting individuals experiencing a mental health crisis.

11. The “to be” pathway is currently going through a process of scenario testing, with all stakeholder engaging to ensure the proposed pathway developments address regular and complex challenges relating to the 136 pathway. The outcome of which is expected to lead to refinements to the recommendations to be taken forwards in the governance and programme planning stages. A six month implementation programme is expected to realise the pathway developments.

12. The next whole system meeting will take place in Chippenham on the 30th May co-chaired by the two Police and Crime Commissioners.

Data

13. Appendix 3 presents the system wide indicators relating to 136 activity requested by the Board, with additional indicators specific to police use of 136 powers. This data is monitored by the S&W CCC and will be analysed to ensure the issues and challenges in delivering optimal crisis care are understood and addressed.

Ted Wilson

**Chair, Swindon & Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

Report Authors: Georgina Ruddle, Wiltshire CCG

**DRAFT: Swindon & Wiltshire Multi-Agency Mental Health
Crisis Care Concordat Group**

Terms of Reference

1. Introduction

The 2014 Mental Health Crisis Care Concordat commits to:

- *“working together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first”*
- *Ensuring provision of 24/7 support in mental health crisis care*
- *Keeping the service user central to service developments*

This important national policy initiative proposes a range of countrywide NHS England/DoH/ Home Office/CQC/Public Health England and Royal College initiatives together with a desire for local organisations to sign up to the commitment to work together to address these issues.

The S136/Place of Safety Multi Agency Group has worked well to address the specific issues around adult & child places of safety in Wiltshire and has a good mix of Police, Ambulance, frontline staff, clinicians, managers and commissioners. Consequently it was proposed to build upon the expertise of this group and extend the membership to create a new Crisis Care Group to properly address the ambitions of the Concordat.

2. Aim, Purpose and Scope

Each participating organisation supports the ambitions of the Concordat and agrees that improvements need to be made and sustained. Just as the Concordat establishes a national agreement of principles, the ambition is for every local area to commit to agreeing and delivering their own Mental Health Crisis Declaration. This should include:-

- Establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in Wiltshire and Swindon.
- To carry out a gap analysis of current demand for these services against available service provision.
- The development of a shared action plan and a commitment to review, monitor and track improvements.
- A commitment to cease the use of Police Stations as places of safety, except in exceptional circumstances as defined by the Police and Crime Bill 2017, by setting an ambition for fast-track assessment process for individuals whenever a police cell is used.
- Evidence of sound local governance arrangements.
- A shared goal which delivers crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services.
- Parity of esteem – to put mental health on a par with physical health, and close the gap between people with mental health problems and the population as a whole.
- Every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Concordat.

- To ensure effective linkage with Community Safety Partnerships.
- 24/7 Mental Health Crisis Care Services

3. Membership

The following organisations/services will need to be represented;-

- Swindon and Wiltshire Adult and Child Mental Health Commissioners (linking with Substance Misuse Commissioners)
- AMHPs/EDTs/Social Work from Wiltshire & Swindon Councils
- Wiltshire Police
- AWP (PCLS/Intensive/Inpatient Place of Safety)
- AWP (LDWISS)
- CAMHS – Oxford Health
- Ambulance – SWAST
- A nominated rep from Wiltshire self-harm group – PH
- A nominated rep from Swindon self-harm group - PH
- GP with urgent care interest – and to link with GP OOH service
- Acute Psychiatric Liaison Consultant (to link with RUH,GWH and SDH services)
- ED rep.
- Third sector rep

Arrangements will be made by the Group to ensure that service users and carers are involved in the development of services and in evaluating the outcome of the Action Plan

2. Governance & Chair

2.1 Governance

Given that this working group covers both adults and children the governance will inevitably be complex. Overall accountability for the work programme will be undertaken by commissioners, individual provider agency actions and working protocols will be under the governance arrangements for each organisation.

Therefore the governance framework can be summarised as follows;-

Swindon & Wiltshire Commissioning

- Adult Issues - The Mental Health and Disabilities Joint Commissioning Board.
- Child Issues – Children’s Joint Commissioner.

Swindon & Wiltshire Health and Wellbeing Boards will be responsible for;

3. Approving the TOR
4. Approving the plan of work
5. Receiving progress reports and minutes
6. Considering changes to service design/provision and reviews of performance.
7. Linking with Acute/Urgent Care Commissioners where appropriate.

All Participating Service Provider Agencies;-

- Ensuring that attendees have appropriate levels of authority in order to participate.
- Ensuring that organisational governance processes, both clinical and managerial are adhered to.
- Ensuring that any proposed changes to service delivery are properly approved by their organisation.

3.2 Chairing the Group.

The Crisis Group will be chaired by a Senior Agency Representative covering Wiltshire and Swindon, and be supported by a deputy chair who will be nominated by the group

- The group will meet monthly.
- AWP will contribute to the admin support to the group by providing the data collation.

5. Expected Outcomes

The complexity of crises may mean that individuals need support for several aspects of their crisis. This means having their mental health issues understood within the context of their family, cultural or community setting and other urgent needs, such as self-harm, alcohol or drug misuse, or pregnancy. People should be able to expect a whole system response.

Therefore the core principles and outcomes are –

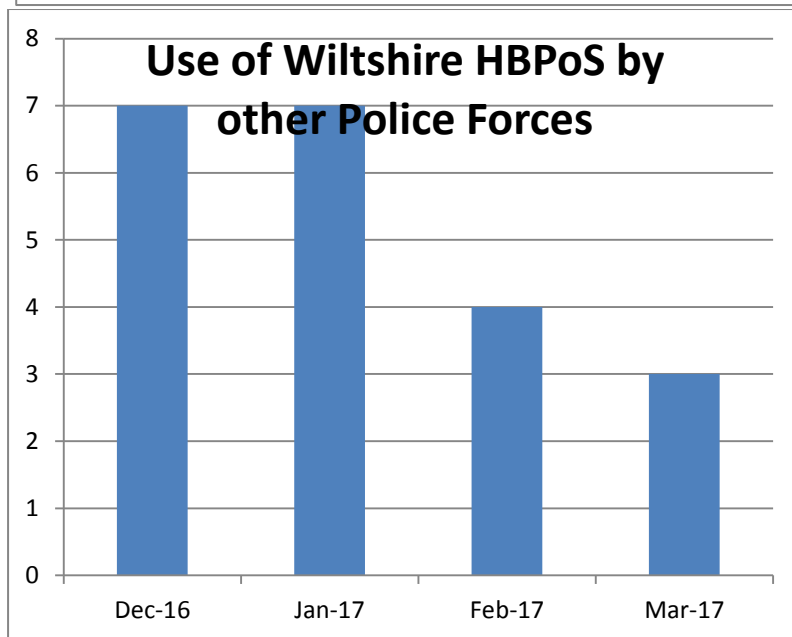
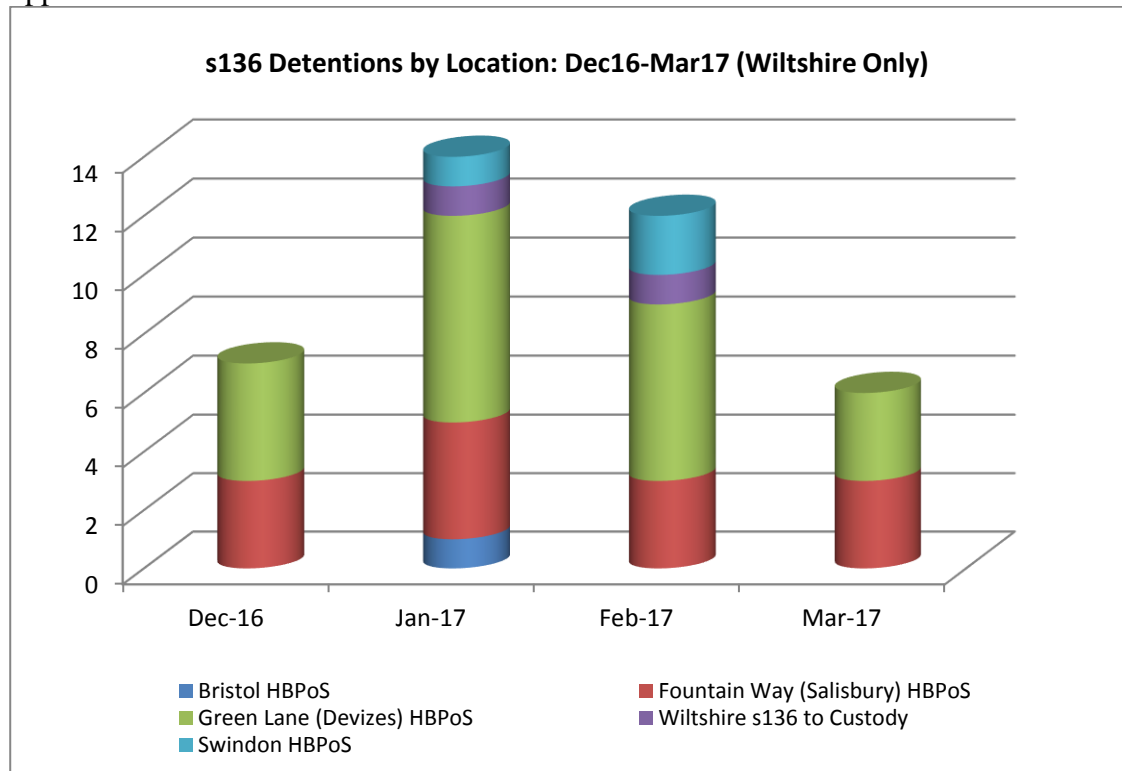
- Access to support before crisis point – early intervention can include a single point of access to a multidisciplinary mental health team, a joined up response from services with strong links between agencies.
- Urgent and emergency access to crisis care - People in crisis are vulnerable and will be kept safe, have their needs met appropriately and be helped to achieve recovery.
- Equal Access – people will have equal, appropriate access.
- Access and new models of working for children and young people – children and young people with mental health problems, including children in care, care leavers and those leaving custody in the youth justice system, should feel supported and protected at all times.
- People in crisis in the community where police officers are the first point of contact will receive appropriate help and the police will be supported by health services, including mental health services, ambulance services and Emergency Departments.
- Review services now and therefore expected outcomes. Changes to services to be more specific.
- Monitoring of outcome measures (Annex 1).

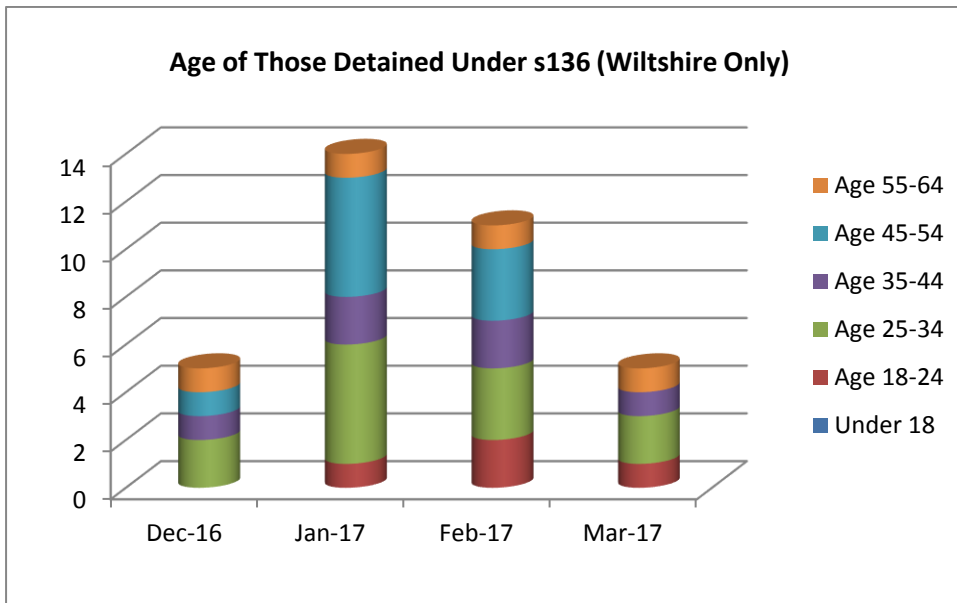
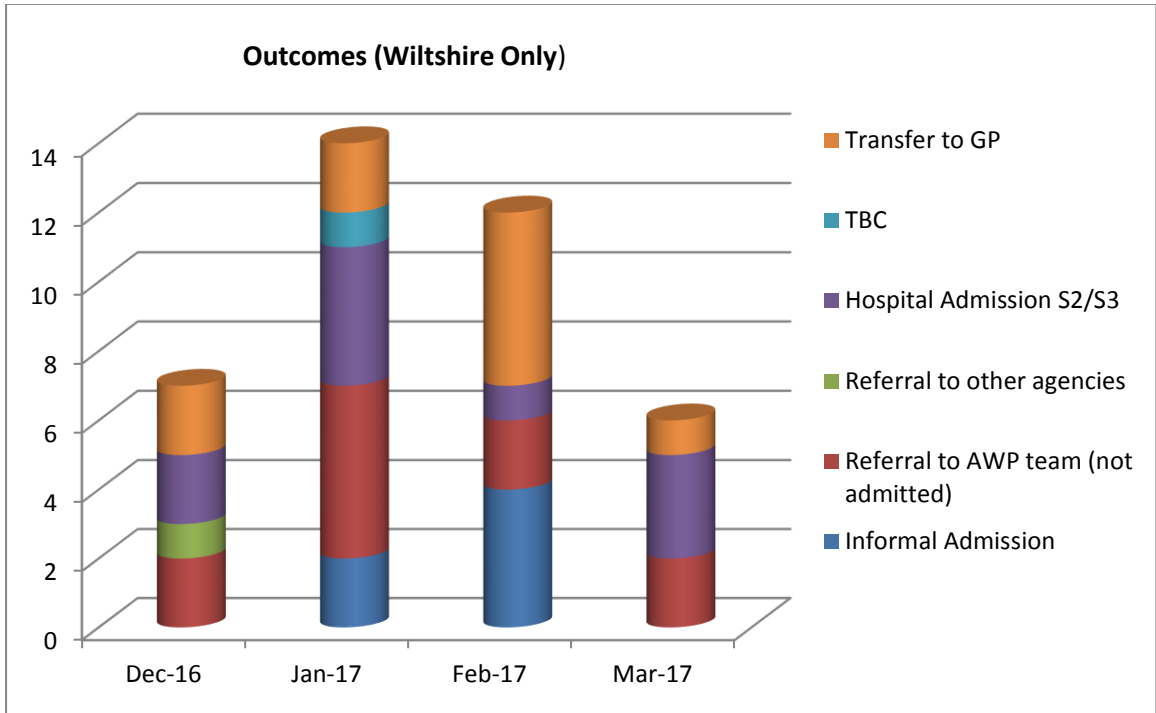
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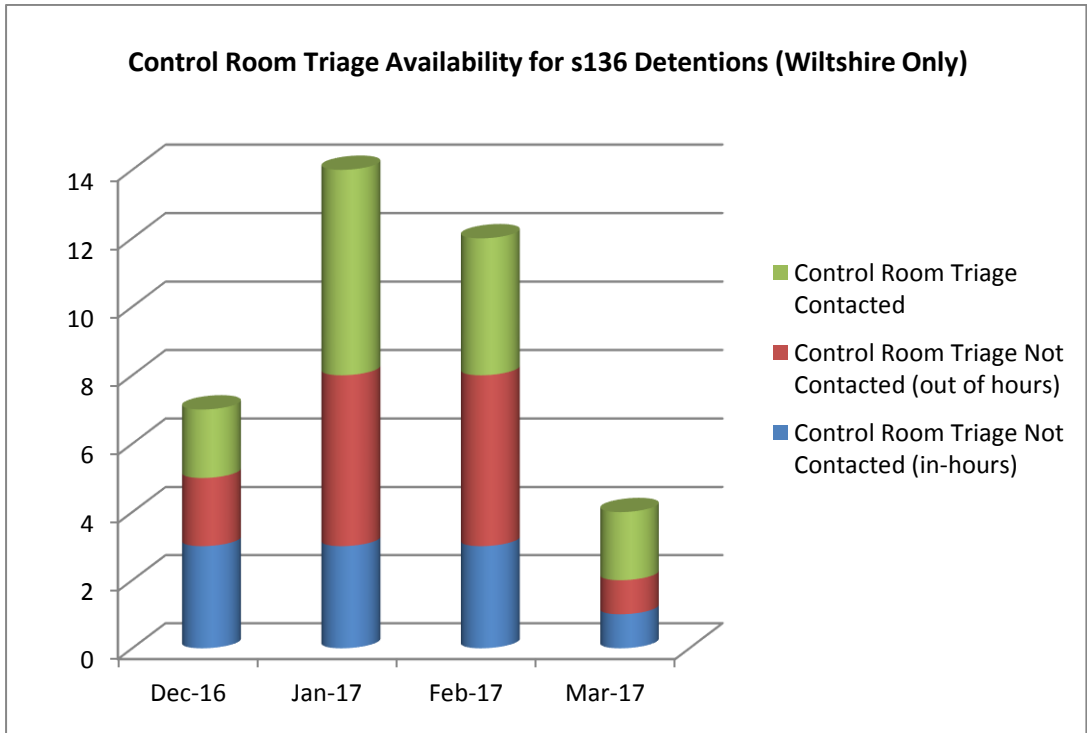
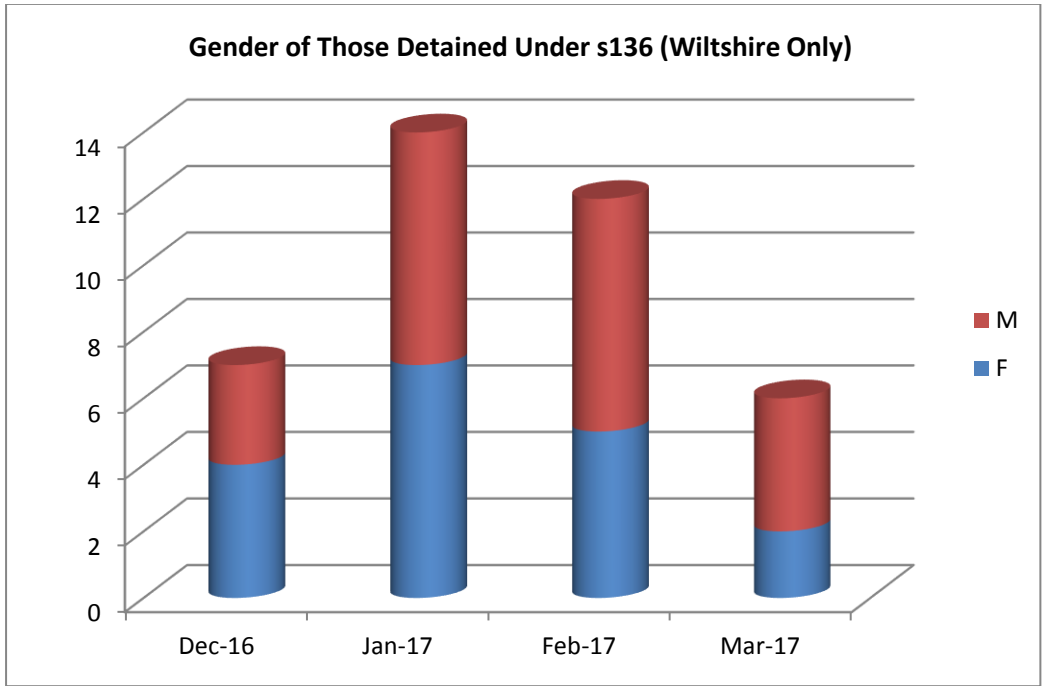
Swindon and Wiltshire Crisis Care Indicators:

- Time to assessment once in place of safety
- % of cases exceeding 3 hours till assessment as per Mental Health Act Code of Practice
- Reasons for any delay (e.g. intoxication or availability of AMHPs or s12 doctors)
- % of cases exceeding 24 hours in a place of safety.
- Use of places of safety by out of area patients (with referring authority and the power detained under).
- Number of occasions East PoS is not accessible, reason and alternate PoS used.
- Total s136 to custody and to Health Based Places of Safety
- Total s136 in custody when threat of harm to self or others; and % and number of times 'non-exceptional' patients are held in custody
- Age, gender and ethnicity of those detained under s136.
- Whether those detained are currently open to or previously on known to MH services in the last 12 months.
- Time s136 detainee held in custody (including time till assessment and time until transfer thereafter); to be reported per individual held in custody, to be split by exceptional cases and breaches.
- How often Wiltshire police are unable to consult mental health professionals before using Section 136, with reason for inability to consult coded.
- How many detentions under s136 are appropriately conveyed for a full Mental Health Act assessment (usually s2), once assessed by medical authorities
- Number of times the Police are required to convey a mental health patient due to the non-availability of an ambulance.
- Outcome of PoS admission.
- Number of times individuals are conveyed to A&E, additional detail regarding number of occasions police are required to wait and support, and the number of individuals who are assessed immediately.
- Use of alternative PoS's.

Appendix 3







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Avon and Wiltshire Mental Health
Partnership NHS Trust
Jenner House
Langley Park
Chippenham
SN15 1GG

21 March 2017

Tel: 01249 468000

Dear Sir/Madam

Consultation on changes to Place of Safety

Avon and Wiltshire Mental Health Partnership NHS Trust is proposing to change the way it delivers services to people who are taken to the Trust's place of safety under section 136 of the Mental Health Act 2007. The proposed change relates to Wiltshire and Swindon.

The Trust is therefore consulting with stakeholders including service users, carers, families, voluntary and community groups in order to gauge their comments and feedback about the proposed changes.

The Trust currently provides place of safety suites located within the Fountain Way and Green Lane sites in Wiltshire and at Sandalwood Court in Swindon.

A review carried out by the Trust's clinical and operational executive team found that the Trust's places of safety were inadequate in terms of environment and staffing. This evaluation was supported by the Care Quality Commission's assessment.

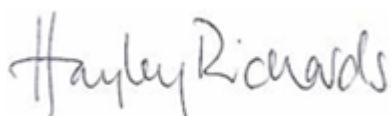
A number of options have been considered and the Trust is now consulting on a proposal to close the places of safety at Fountain Way and at Sandalwood Court and relocate them to Green Lane with four suites rather than the three currently available

I enclose a copy of the consultation paper which sets out the proposal in more detail and would be grateful for your comments.

The consultation is running for six weeks from 20 March 2017 to 30 April 2017 and will include public meetings. Feedback can also be given by [email](#) or by taking part in an [online survey](#).

More information about the events and the consultation is available on [AWP's website](#).

Yours faithfully



Dr Hayley Richards MRCGP, MRCPsych
Chief Executive
Avon and Wiltshire Mental Health Partnership NHS Trust

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CONSULTATION DOCUMENT

Improving the Provision and Quality of Place of Safety Suites

1. What is this Consultation Document about?

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is proposing to change the way it delivers mental health services to those people who are taken to the Trust's Place of Safety under a section 136 of the Mental Health Act 2007.

The change in service that is proposed relates to Wiltshire and Swindon.

This paper sets out:

- The reasons for making the service change
 - All options that have been considered
- The benefits associated with the proposed service changes to people who may be taken to a place of safety.

2. What is a Consultation?

Consultation in the NHS is a process of dialogue in which the objective is to influence formal decisions made by the NHS. Through consultation people who use NHS services are invited to give their views on proposed changes to those services.

The NHS has a legal duty to involve and consult with patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The outcome of public consultation is an important factor in health service decision making which will be fully taken into account. It is, however, one of a number of important factors. Others include clinical, financial and practical considerations. The results of public consultation do not represent a vote on or a veto over, any form of change.

3. Why should you read this Consultation Document?

AWP is committed to involving service users, carers, families, voluntary and community groups and other stakeholders in making changes to provide the best service possible services to children (under 18s) and adults, who may have reason to be taken to a Place of Safety.

We want to hear from all members of the community and propose to consult on the proposed changes and involve stakeholders in how we implement changes to the provision of places of safety, so that they are focussed on the experiences and needs of service users.

Consultation is intended to help us and our partners secure services of the highest quality possible that meet the needs of local patients and represent the best value for money.

Please take the time to read this consultation document and let us know what you think. Your views are important in helping us to make decisions about how we deliver our services.

4. What is a Place of Safety?

One of the sections of the Mental Health Act (Section 136) allows for someone believed by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place where a mental health assessment can be carried out. The purpose of the assessment is to determine if the person is in need of any care and treatment.

In some circumstances, hospital staff authorised within the Mental Health Act can also detain a person and remove them to a place of safety.

5. Who is involved in a Mental Health Act assessment?

Approved Mental Health Professionals (AMHP's) are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. The AMHP's role includes arranging for the assessment of the person concerned by two medical practitioners who must be independent of each other and at least one of whom should be a specialist in mental health – known as a Section 12 approved doctor. Preferably one of the medical assessors should have previous acquaintance with the person being assessed.

What is our Current Provision in Wiltshire and Swindon?

AWP currently provides place of safety suites located within the Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon, as follows:

- Green Lane Hospital, Devizes (1 bed)
- Sandalwood Court, Swindon (1 bed)
- Fountain Way Hospital, Salisbury (1 suite-bed)

Places of safety at Southmead Hospital in Bristol are available for people in the west side of the geographic area covered by AWP.

6. What is the Case for Change?

A review carried out by the Trust's clinical and operational executive team found that the physical environment of the Trust's places of safety were not of the quality we want to provide and require refurbishment.

The issues with the current provision of suites is that:

- Some are in unsuitable premises for the detention and assessment of highly distressed people, including young children who are brought into our care.
- They are difficult for staff to work effectively in and do not have consistent staff available to support people waiting for assessment.
- There are often problems with locating qualified health professionals (AMHPs and Section 12 approved doctors) in a timely way.
- There have been incidents where delays have occurred and the suites have become full. This has led to service users being detained in police custody suites, or A&E units which are not the best place for service users to be detained, especially for children and young people.
- The Trust needs to improve its infrastructure of suites to support the police effectively in balancing their duty to protect the safety and welfare of the community.
- Our service users and carers tell us that when they do not receive the most appropriate care, it can cause very distressing experiences for them which can be long lasting.

It is important to recognise that some of these problems are not unique to the Trust as many other areas of the country experience similar problems. The most up to date national data on Section 136 detentions show that in 2013/14 there were more than 23,000 such cases. Many of those detained were held in police cells, which are not suitable for those in distressed circumstances and can in some situations exacerbate the distress felt by individuals and lead to serious consequences (Mental Health Act Commission, 2007).

AWP is committed to providing person centred places of safety that provide a safe environment, and are staffed by highly trained mental health professionals. Good quality suites will provide a safe environment, and an increase in the number of suites will also minimise delays to assessment. This will help health professionals to make suitable arrangements for any care and treatment required by a service user. This can include being discharged home with the right support or finding a suitable mental health bed for further assessment and or treatment.

7. Who will be affected by this change?

These changes affect children (under 18 years old) and adult service users who may be detained under Section 136 or Section 135 of the Mental Health Act. They also affect service users' carers and families.

The service changes proposed by AWP will also have implications for the following organisations and the way they work:

- Police
- Ambulance trust
- Clinical Commissioning Groups
- Local Authorities
- NHS trusts
- Voluntary and community groups providing support and advice on mental health
- AWP staff

8. What were the options for change?

A number of options were considered including:

Option 1 Upgrading the existing suites currently available in Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon; no change in location of suites.

Option 2. Close Fountain Way and Green Lane sites in Wiltshire and upgrade the suite at Sandalwood Court in Swindon.

Option 3. Close Sandalwood Court in Swindon and upgrade Fountain Way and Green Lane sites in Wiltshire.

Option 4 Close Fountain Way site within Wiltshire and at Sandalwood Court in Swindon and relocate the places of safety to Green Lane with 4 suites rather than the 3 suites currently available.

After careful options appraisal:

Options 1-3 were not considered feasible because:

- There is insufficient space at sites to expand the number of suites other than at Green Lane Hospital
- The cost of building
- Increased demand for qualified and specialist staff to serve suites
- Analysis of admission activity across the three suites showed that Green Lane has had the highest rate of admissions of the three units during 2016/17 (year to date).

Option 4 was deemed the best option for the following reasons:

- Green Lane building infrastructure – there is space to expand the size of the suite to 4 beds.
- Admission activity supports this being the optimal site for development
- Reducing the Place of safety units from 3 to 1 will reduce the overall staffing requirements and be attractive to staff wanting to work in a specialist environment.

9. What are we consulting on?

After careful consideration, the Trust is only consulting on one option - Option 4.

Option 4 will provide a 4 bedded unit staffed by a dedicated multi-disciplinary team. The Devizes campus has sufficient estate to expand the provision of a place of safety suite and is easily accessible by road.

We know that people will be concerned about the increased travelling time that service users will experience travelling from Swindon and Wiltshire to Devizes. Green Lane is located in Devizes is easily accessible via road and is 27 miles from Fountain Way and 27 miles from Sandalwood Court. The respective journey times via ambulance are approximately 45 minutes and 45 minutes, dependent on traffic.

We ask people to consider the extra travelling time against the benefits as described below.

10. Pre-Consultation Feedback

The Trust has been working with local organisation on pre-consultation, with a range of stakeholders to gauge their comments and feedback about the proposed changes.

During a productive meeting held on the 29th July 2016, the following stakeholders all supported the proposed option of the East Place of Safety at Green Lane Hospital in Devizes:

- Oxford Health Foundation NHS Trust (Children and Adolescent Mental Health Service provider for BANES, Swindon and Wiltshire)
- Wiltshire Clinical Commissioning Group
- Wiltshire County Council
- Wiltshire Police
- Wiltshire Local Delivery Unit
- Avon and Wiltshire Partnership NHS Trust including Swindon LDU and Specialised LDU (Learning Disability)

Concerns were raised during the meeting by Swindon Clinical Commissioning Group and Swindon Borough Council.

11. What are the benefits of the change?

The key benefits of the proposed change can be summarised as:

- Increased capacity (beds)
- Access to the right professionals
- Improved accessibility to other specialist staff and health services
- Supporting recruitment and retention
- Supporting cross-agency working
- Efficiency and cost benefits
- Clinical effectiveness

A description of these benefits is as follows:

Increased capacity (beds)

The place of safety suite at Green Lane can be expanded to include 4 suites supporting the Government led changes that adults should no longer be detained under Section 136 in police custody, except under exceptional circumstances.

The Unit would provide increased capacity across the east of the Trust.

Access to the right professionals

The provision of high quality suites at Green Lane hospital will be supported by a specialist nursing team who will establish a safe, caring environment for detainees and who will work effectively in a multi-disciplinary way with the other key professionals such as the AMHPs and the Section 12 approved doctors.

Access to other specialist staff and health services

The Green Lane hospital site operates 24 hours a day and 7 days a week and has access to a wide range of specialist staff. They will continue to work collaboratively with all parts of the Wiltshire and Swindon area.

Supporting recruitment and retention

We believe this proposal will help us in our recruitment and retention strategies by providing the right environment and skill mix of staff, supporting the delivery of high quality services.

Supporting cross-agency working

The consolidation of the suites will enable work closely with different agencies across geographical boundaries throughout the east of the Trust. We will be able to share best practice and initiatives including positive risk taking and Multi Agency care planning with involvement from Wiltshire Police, both AMPH Services, and Intensive Teams across the areas of Wiltshire and Swindon.

Efficiency and cost benefits

Option 4 makes the best use of the estate at an affordable cost.

It also offers staff efficiencies, making it easier to deploy staff to work at the unit, reducing costs and providing service continuity. This ensures we spend money for our services wisely.

The co-location of suites onto one site will reduce the Trust environmental footprint by rationalising its estate and providing sustainable services that can be delivered. This would also be a significant development within the B&NES, Swindon and Wiltshire Sustainability and Transformation Plan.

Clinical Benefits

As well as sustaining safety improvements for detainees and staff, it will offer staff peer group support to develop and maintain best practice such that they can become a centre of excellence.

We also plan to establish a clinical network to ensure learning and sharing of best practice across AWP's Place of Safety suites.

12. How you can have your say

Following on from the pre-consultation, we want to engage more widely and consult local communities about the proposed service changes. Specifically we want to hear from local service users, carers and their families, local community and voluntary groups as well as other stakeholders.

Our website has a page dedicated to this consultation which includes:

- consultation document
- consultation feedback form

Our consultation is running for 6 weeks from Monday 20/3/2017 to Sunday 30/4/2017. We want to hear your views and comments about the proposed changes.

You can make your views known by:

- By email: awp.placesofsafetyfeedback@nhs.net
- By completing the feedback form available on the Trust's website.
- By telephone: Chippenham: 01249 468 261 or
Freephone: 0800 073 1778
- By writing to:
Places of Safety Feedback
Avon and Wiltshire Partnership Mental Health NHS Trust
Jenner House
Langley Park Estate
Chippenham
Wiltshire
SN15 1GG
- By attending any of the three consultation events. These will be held in Swindon, Salisbury and Devizes. Further details of the consultation events will be announced on the Trust's website.

Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: The national Memorandum of Understanding “An integrated approach to the identification of carers health and wellbeing needs”

Executive Summary

NHS England have published a template Memorandum of Understanding (MoU) to promote working together between Adult Care, the NHS and Third Sector organisations that support carers. It is proposed that the attached MoU, which is based on this national template, is adopted by the Wiltshire Health and Wellbeing Board.

Proposal(s)

It is recommended that the Board:

- i) Notes the progress with regards to the draft Carers Strategy and Implementation Plan;
- ii) Adopts the Memorandum of Understanding “An integrated approach to the identification and assessment of carers health and wellbeing needs” and commits to working together to deliver against the principles in the MoU.
- iii) Endorses the MoU as a document to which all partner organisations supporting carers in Wiltshire could sign to show their commitment to the principles set out within the document, and to the delivery of the Carers Strategy and Implementation Plan.

Reason for Proposal

To demonstrate the commitment of all members of the Health and Wellbeing Board to the duties of co-operation and promotion of wellbeing in relation to carers, and to a wider commitment to recognise and support carers.

Presenter name: Sue Geary

Title: Head of Service (Adult Care Community Commissioning)

Organisation: Wiltshire Council

18 May 2017

Subject: The national Memorandum of Understanding “An integrated approach to the identification of carers health and wellbeing needs”

Purpose of Report

1. To present, and give context to, the attached Memorandum of Understanding - An integrated approach to the identification and assessment of carers' health and wellbeing needs – (the MoU) and propose that the MoU is adopted by the Wiltshire Health and Wellbeing Board and that the board commits to working together to deliver against the principles set out within it.

Background

2. Nationally, the Strategy for Carers has been delayed and its publication, originally planned for autumn 2016, has been postponed. Initially, the revised publication date was late November 2016, and then spring 2017. The current position on the national strategy is that there is no firm timescale for its completion.
3. Wiltshire undertook a large-scale consultation on its own Carers Strategy in the summer of 2016, but took the view that its publication should be delayed to take account of the new National Strategy. In order to maintain an impetus on actions to support carers, we have continued in the co-production of an implementation plan with representatives across the whole system, including carers' representatives.
4. The national template for a Memorandum of Understanding “An integrated approach to the identification and assessment of carers' health and wellbeing needs” is an NHS England document. Its development was informed by the contributions of members of The Association of Directors of Adult Social Services, the regional Carers Policy Network meetings, the Department of Health and NHS England and national and local carer support organisations. The template is intended to be a resource to help promote working together between Adult social care services, NHS commissioners and providers, and third sector organisations that support carers, irrespective of their age, with a specific focus on developing an integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care.
5. It's secondary purpose is to provide clarity and ensure consistency around the language of care and caring as, in some cases, different sectors of

care are not clear about their duties under the relevant legislation, that the duties of co-operation between agencies are not clearly understood, and that there are variations in understanding of some of the terms used.

5. Within Wiltshire, we would also hope that the MoU is a key document in setting out a commitment from all signatory organisations to work together in delivering on the Wiltshire Carers Strategy. Carer Support Wiltshire have been involved in the development of this MoU and support its implementation in Wiltshire. Spurgeons Young Carers also support the MoU. It has been circulated to all current members of the Wiltshire Carers Action Group including Wiltshire Parent Carer Council, hospices, acute hospitals and other statutory and voluntary organisations who provide support to carers in Wiltshire with a view to them being invited to sign up to the MoU following its adoption by the Health and Wellbeing Board.
6. The Council and the CCG have worked together on the commissioning of services for carers for over 5 years and there is a pooled budget in place which supports this. Progress had already been made against the principles within this new national MoU and this progress is detailed in Appendix 2 of this report.

Main Considerations

6. The national MoU published by NHS England, is a template to be adapted to suit local context and circumstances. Appendix 1 sets out a draft MoU for Wiltshire.
7. As outlined in the MoU, in order to fulfil our duties under the Care Act and Children and Families Act, local authorities, the NHS and third sector organisations that support carers must co-operate. The Care Act 2014 specifically requires local authorities and NHS organisations to do so. The MoU details the commitments which each member organisation of the Health and Wellbeing Board makes in order to meet this duty.
8. Within Wiltshire, the Wiltshire Carers' Action Group already exists and this would likely be the best forum to ensure that the principles within the MoU are applied and that the Wiltshire Carers Strategy is implemented. Work has been undertaken to review the membership of the Wiltshire Carers' Action Group to ensure it reflects membership across the whole health and social care system.

Recommendations

10. It is recommended that the Health and Wellbeing Board
 - i) Notes the progress with regards to the draft Carers Strategy and Implementation Plan;
 - ii) Adopts the Memorandum of Understanding "An integrated approach to the identification and assessment of carers health and wellbeing needs" and commits to working together to deliver against the principles in the MoU.

- iii) Endorses the MoU as a document to which all partner organisations supporting carers in Wiltshire could sign to show their commitment to the principles set out within the document, and to the delivery of the Carers Strategy and Implementation Plan.

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Head of Community Commissioning
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Appendix 1

Memorandum of Understanding

Supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs

1. Introduction

This memorandum of understanding (MOU) sets out the agreed approach to supporting the implementation of an integrated approach to the identification and assessment of carers' health and wellbeing needs across Wiltshire. The document has been developed from a national template published by NHS England and others. It has been supported by key partners in the health and social care system who are committed to working together for carers of all ages.

2. What is a carer?

A carer could be someone of any age, including a child, who provides unpaid support (excluding voluntary work) to a family member or friend who could not always manage without help. This could be caring for a relative (a parent, grandparent, sibling, child, spouse, partner) or friend who is ill, frail, disabled or who has mental health or substance misuse problems.

Wiltshire carer definitions:

Carer: Someone (aged 18 or over) who helps another person in their day to day life, usually a relative or friend, who could not always manage without that support. This is not the same as someone who provides care professionally or through a voluntary organisation.

Parent Carer: A parent, or other adult with parental responsibility, who cares for a child or young person who requires more care and support than other children or young people of the same age.

Young Carer: A child or young person who cares for another person. This may be someone in their family who needs looking after because they have a disability or illness. It could be a brother or sister or a parent or grandparent. A young carer should not have to do so much caring that it makes them upset, unwell or miss school.

3. Key principles

The integrated approach to identifying and assessing carers' health and wellbeing needs rests on a number of supporting principles.

3.1 Principle 1 - Carers will receive an integrated package of support in order to maintain their physical health and emotional well-being

The role of the GP, as the one person all carers have access to, is recognised as being paramount in supporting carers and maintaining the capacity of carers to care. There is a need to improve the registration of carers, including young carers, in primary care so that the needs of carers can be identified more quickly and before their health and wellbeing deteriorates. Thus GPs have a unique opportunity to make a telling contribution to improving the lives of carers of all ages and regardless of the age of the person they are caring for.

3.2 Principle 2 - Carers are supported and empowered to manage their caring role and their life outside of caring

- Referral to the local carer support organisation is the best way to ensure that carers receive the support they need when they need it.
- Carers will be supported to exercise choice and make well-informed decisions about the support options available to them.
- The wellbeing needs of the carer's family will be taken into account when identifying suitable support.
- The carer will be supported to plan for life beyond caring.
- Young carers will be seen as children first.

3.3 Principle 3 - All health and social care staff will be aware of the needs of carers and of referral routes to access local support. NHS staff will recognise signs of distress and diminished capacity that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. NHS staff will also be aware of local carer support organisations so that the carer can be sign-posted.

In some cases it may be appropriate for health and social care staff and education professionals to make the referral on behalf of the carer. It is acknowledged that, in order to identify carers and any needs for support they have, health and social care staff and education professionals would benefit from carer awareness training. Provision of carer awareness training in health and social care induction and ongoing professional development programmes is acknowledged to be desirable.

3.4 Principle 4 - Carers will be supported by the improved sharing of information between health, social care, education professionals and carer support organisations.

One of the biggest risks to carers is the failure to share information sensibly. We will work to remove the burden of carers having to repeat information and will reduce the barriers to effective sharing of information.

Improved sharing of information will help to identify vulnerable carers earlier, improve the identification of carers and their support needs, and improve the responsiveness of support to the changing needs of carers.

3.5 Principle 5 - Carers will be respected as expert care partners and will be involved in the planning of care for the cared for, including being involved in shared decision-making, and in the planning and redesign of services.

- Carers will be involved in the planning of care for the person they care for in a way that is appropriate to their age, understanding and circumstances.
- Carers will have their views taken into account when planning care in advance.
- Carers will be fully engaged in the planning, redesign and shaping of services. Services will be continuously monitored and reviewed, with carers' inputs, in order to demonstrate where desired health and social care outcomes are being achieved and to identify those areas in need of improvement.

3.6 Principle 6 - The needs of vulnerable carers, particularly those at key transition points, will be identified early.

This will enable carers to access preventive and other support resources to meet their needs as they approach key transition points:

- Being identified as, or identifying themselves as, a carer
- Changes in the condition of the person they care for
- Young carers as they leave primary school and approach secondary school
- Young carers as they move from adolescence to adulthood
- Parents as carers, particularly parents of children with physical or learning disabilities as they leave the family home
- Changes in employment status (reducing hours, leaving work or going back to work)
- Changes in their own health
- Recognition of additional support needs towards the end of the caring role and of the needs of bereaved carers.

4. Understanding the duty of co-operation

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children.

In several places, the Act makes provision for all carers, including young carers. This “whole system” approach bestows a duty of co-operation on local authorities and all agencies involved in public care.

What is the duty of co-operation?

The Care Act now makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, housing, and the Care Quality Commission (CQC).

Who has the duty to co-operate?

Relevant partners of a local authority include any other local authority with which they agree it would be appropriate to co-operate and the following agencies or bodies who operate within the local authority’s area including:

- NHS England
- Clinical Commissioning Groups
- NHS trusts and NHS Foundation Trusts
- Any NHS-funded service
- Job centres
- Justice - the Police, prisons and probation services
- Education services
- Housing.

Source: Chapter 15 of the statutory guidance

The NHS England Planning Guidance, *Five Year Forward View into Action*, sets out how the NHS will seek to implement its duties under the above acts, including a clear expectation that, “CCGs alongside local authorities...draw up plans to identify and support carers and, in particular, working with voluntary sector organisations and GP practices, to identify young carers and carers who themselves are over 85, and provide better support”.

Further, “In developing plans, CCGs should be mindful of the significant changes to local authority powers and duties from April 2015 under the Care Act 2013[sic]. Plans

should focus on supporting young carers and working carers through the provision of accessible services, and services for carers from vulnerable groups”.

Copies of the NHS England Planning Guidance can be accessed by clicking on the icon below:



NHS England
forward-view-
planning.

5. Understanding the duty to promote wellbeing

The general duty of a local authority towards individuals, under Section 1 of the Care Act 2014 is “to promote that individual’s well-being”. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person, and that person should be enabled to participate as fully as possible in decisions at every stage in their care.

What is “wellbeing”?

Wellbeing is a broad concept and it is described as relating to the following areas in particular:

- personal dignity, including treatment of the individual with respect
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation.
- the individual’s contribution to society.

Source: Chapter 1 of the statutory guidance

There is no hierarchy to these areas, and all should be considered of equal importance when considering “wellbeing” in the round, for the individual concerned.

Further, wellbeing cannot be achieved simply through crisis management; it must include a focus on delaying and preventing care and support needs from developing and escalating, and on supporting people to live as independently as possible for as long as possible.

It is recognised that social care and voluntary sector care practitioners may not always be qualified to clinically assess a carer’s physical or mental health. Where a health need is identified as part of the assessment, the carer should be referred back to their GP so

that this health need may be addressed.

6. Understanding the duties to address the needs of Young Carers, Parent Carers and to adopt a “whole family approach”

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. The Children and Families Act 2014 sets out new rights to improve how young carers and their families are identified and supported, and extends the right to an assessment of their support needs to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

This change also introduces a requirement to make an assessment on the appearance of need. The new provision works alongside measures in the Care Act 2014 to enable a “whole-family approach” to assessment and support, for example in addressing the inter-related needs of young carers and their families.

The intention of the whole family approach is for local authorities and their partner agencies to take a holistic view of the person’s needs, in the context of their wider support network. The approach must consider both how the adult or their support network or the wider community can contribute towards meeting the outcomes they want to achieve (see above), and whether or how the adult’s needs for care and support impacts on family members or others in their support network.

There is a particular need for NHS bodies and the local authority to work closely when planning to support the discharge of patients from hospital and this is covered by Schedule 3 of the Care Act 2014.

7. Delegation of authority for carers’ needs assessments

The Care Act 2014 provides for local authorities to delegate some, but not all, of their care and support functions to other parties. This power to delegate is intended to allow flexibility for local approaches to be developed in delivering care and support, and to allow local authorities to work more efficiently and innovatively, and provide better quality care and support to local populations. However, as with all care and support, individual wellbeing should be central to any decision to delegate a function.

Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out.

The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

Where a local authority delegates its responsibility for carers' needs assessments, it needs to assure itself that these assessments are compliant with the Care Act.

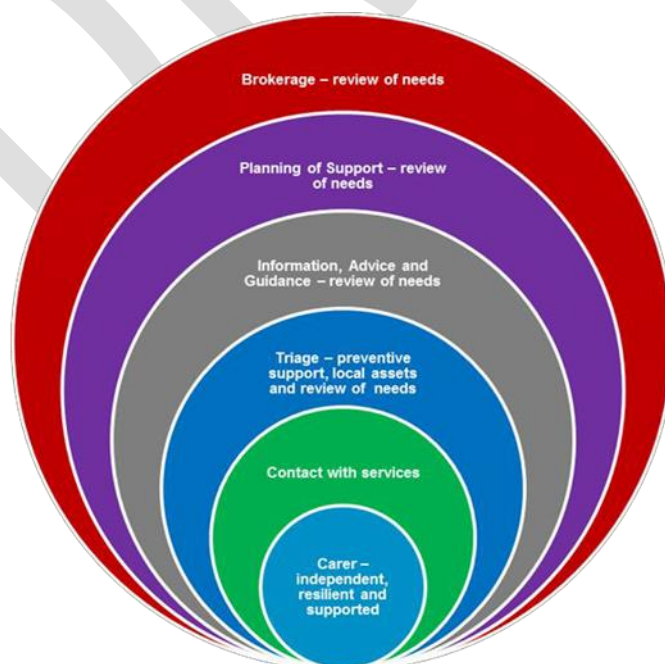
8. An integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care

The aim of this work is to develop an integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care to:

- a. Maintain the independence, physical health and emotional wellbeing of carers and their families
- b. Empower and support carers to manage their caring roles and have a life outside of caring
- c. Ensure carers receive the right support, at the right time, in the right place
- d. Respect the carer's decision about how much care they will provide and respect the carer's decision about not providing care at all

This pathway was co-designed with input from regional ADASS Carer Policy Network meetings, national and local carer support organisations, NHS England regional nursing staff and members of individual clinical commissioning groups. The proposed combined pathway sits on a number of supporting principles which are discussed more fully below and which will be used to support and promote the implementation of a combined process across health and social care.

The proposed integrated approach for identifying and assessing carers' and wellbeing needs



The central aim is to keep the carer at the centre, or core, of the “onion”. This preserves the carer’s independence, their family and social network relationships, and their ability to undertake their caring role. The carer’s GP has a crucial role in supporting and maintaining carer health and wellbeing and to initiate the discussion about the carer’s support needs.

9. Benefits of the integrated approach

- Focus is on supporting the independence of carer and the wellbeing of the carer and their families
- Needs of carer and their families are identified as, or before, they arise
- Fast track to preventive and low-level support, including wellbeing checks
- Safeguarding issues highlighted more quickly
- Reduced carer/family crisis and breakdown
- Avoids placing the carer in a potentially lengthy bureaucratic process that might not meet their actual needs
- Avoids unnecessary referral to more complex services and reduced unnecessary demand on these more complex (and more costly!) services
- Identification of other local assets available to support the carer
- Emphasis on meeting the needs of the carer as, or before, they arise
- Support needs of the carer are continually reviewed
- The carer is supported at key transition points, including as they approach the end of their caring role

10. Moving forwards

The commitment made by organisations who sign this Memorandum of Understanding will support the implementation of the Wiltshire Carers Strategy. The implementation of the strategy will be led and monitored by the Wiltshire Carers Action Group.

Implementation of the strategy will include improving awareness and understanding of carers, their families, and local carer support. This will include ensuring that professionals in the local authority and partner agencies are aware of the specific requirements concerning carers of the Care Act 2014 and amendments to the Children and Families Act and accompanying Guidance and Regulations. It will also include raising awareness and understanding of carers and the caring role in the wider community to contribute building resilient communities where carers feel understood, respected and supported within and by their community.

11. Thinking Carer across the system

By supporting carers we are also supporting the person they care for. No one should have to care alone. In order to ensure that carers receive the right support at the right time and in the right place, carers should be referred to the local carer support organisation to have their immediate wellbeing needs addressed, regardless of which service or agency is contacted first.

Partnership working and co-operation is key to providing joined up seamless services. This will include joint working between the local authority, the NHS, voluntary organisations, education, public health, housing and local communities to support carers.

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Signature	Name and Role	Organisation	Date
		Wiltshire Council	
		NHS Wiltshire Clinical Commissioning Group	
		Salisbury Hospital Foundation Trust	
		Bath Royal United Hospital	
		Great Western Hospital	
		South West Ambulance Service NHS Foundation Trust	
		Avon and Wiltshire Mental Health Partnership	
		Healthwatch Wiltshire	
		Carer Support Wiltshire	

Appendix Two

Progress to date in delivering against the principles in the Memorandum of Understanding

The draft Wiltshire Carers' Strategy was co-produced by Wiltshire Council and Wiltshire carers with input from a wide range of other stakeholders. It identifies the following as the priorities for Wiltshire over the next 4 years:

- *To maintain carers' health to enable them to continue caring (should they wish to)*
- *To holistically identify the needs of carers and the person they care for*
- *To continue to invest in early intervention and prevention services*
- *To improve the identification of young carers, carers of people suffering from mental health issues and carers of people who misuse substances such as alcohol and drugs.*
- *To support communities to become more carer aware and supportive of carers living within them*

It commits:

- *To ensure that the strategic direction for the commissioning of health and social care services reflect the local needs of carers whilst still reflecting national policy and guidance.*
- *To work together with carers, the people they care for and their families holistically to improve individual outcomes for carers, with a special focus on identifying 'hidden carers'.*
- *To encouraging Wiltshire communities to offer local services to meet the needs of carers close to where they live, with a clear focus on reducing isolation and providing early intervention and prevention solutions.*
- *To provide services that support carers in crisis.*

These will be measured against the following outcomes:

- *Carers have improved physical health, mental health and wellbeing*
- *Carers are empowered to make choices about their caring role and to access support and services*
- *Carers have the best financial situation possible, and are less worried about money*
- *Carers' needs, and the value of carers, are better understood in Wiltshire*
- *Carers influence services*

Below is a summary of progress already made towards delivering against the principles in the MoU.

Principle 1 - Carers will receive an integrated package of support in order to maintain their physical health and emotional well-being

Through the Investors in Carers scheme, Primary Care in Wiltshire is already, in partnership with Carer Support Wiltshire, seeking to identify and support carers in a number of practical ways. GP surgeries are often the first port of call for carers and are often best place to identify them. This is a key theme within the carers strategy implementation plan.

GPs are encouraged to identify young carers so that they can receive an assessment which will enable young carers to be identified as Children in Need if caring responsibilities are inappropriate and detrimental to their health and wellbeing. Spurgeons Young Carers Wiltshire offers support and advice to educational settings to support the needs of young carers.

Principle 2 - Carers are supported and empowered to manage their caring role and their life outside of caring

Wiltshire produces a directory of services and organisations who can offer carers information, advice and support. Carer Support Wiltshire monitor referrals from source, enabling them, with support from commissioners, to offer targeted carer awareness to organisations who need it to improve their carer awareness and referrals to Carer Support Wiltshire who can then help the carer identify which organisations are best placed to give them further information, advice and support which is relevant to their personal circumstances. Where these circumstances are complex, the carer can be referred to adult care services, or children's services, in order that a joint assessment, both carer and cared for person, can be undertaken.

Carer Support Wiltshire take an asset-based approach, encouraging carers to consider what support is available to them from family, friends and the wider community, prior to considering whether the carer is in need of funded social care support.

Carers can access information, advice and support from Carer Support Wiltshire for up to 18 months after the caring role ends. This may be in relation to employment and volunteering opportunities or other support depending on the needs of the individual.

Principle 3 - All health and social care staff will be aware of the needs of carers and of referral routes to access local support. NHS staff will recognise signs of distress and diminished capacity that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. NHS staff will also be aware of local carer support organisations so that the carer can be sign-posted.

There is a carer awareness programme in Wiltshire, delivered by Carer Support Wiltshire with support from commissioners as needed, and for young carers delivered by Spurgeons Young Carers Wiltshire, which seeks to improve carer awareness, and awareness of our statutory duties towards carers and the sources of information, advice and support available to carers in Wiltshire

Principle 4 - Carers will be supported by the improved sharing of information between health, social care and carer support organisations

Being identified as a carer on a GP record will generate a READ code on the carer's personal medical record and this will accompany that carer whenever and wherever they use the NHS (by being shown on the Summary Care Record). In addition to providing for 10 categories of carer, the SCR allows for the carer to identify who they care for.

Care First is used in Wiltshire by social care professionals and Carer Support Wiltshire to record when a carers assessment is undertaken and a relationship is set up within Care First linking the records of the carer and the person they care for.

Information sharing between Spurgeons Young Carers Wiltshire and the local authority is developing to better track and monitor young carers and the services they receive from young carer support services and children's services.

While the above enable information to a certain extent, it is acknowledged that this is an area with significant scope for development and improvement. This includes scope for exploring the potential of the Wiltshire Single View Programme to improve information sharing which will improve our ability to support carers

Principle 5 - Carers will be respected as expert care partners and will be involved in the planning of care for the cared for, including being involved in shared decision-making, and in the planning and redesign of services.

The draft carers strategy and implementation plan builds on work already undertaken for the Care Act and Children and Families Act to ensure that a holistic and whole family approach is taken when considering the needs of carers and the people they care for. The Carers' Strategy was co-developed with a wide range of carers and other stakeholders.

The Wiltshire Carers Involvement Group, administered and chaired by Carer Support Wiltshire and attended by adult care commissioning representatives, also gives carers the opportunity to raise issues both about carers' needs, and support available to them, as carers and the needs of, and support available to those they care for.

Principle 6 - The needs of vulnerable carers, particularly those at key transition points, will be identified early through improved risk stratification.

Currently, young carers who are transitioning from primary school to secondary school are supported by Spurgeons, the commissioned service for young carers in Wiltshire. Carer Support Wiltshire was successful in bidding for funding to work with young adult carers, aged 16-25, to support them in their transition from adolescence to adulthood and, as this project has come to an end, work is

underway to commission assessments and support for young carers to meet our Care Act duty to them as they approach 18.

The SEND service works with families where young people are both under and over the age of 18. Whilst children are under the age of 18 the needs of parent carers are incorporated into the holistic single assessment which is in use across children's services. Provision is usually made as part of a Child in Need plan. As young people approach 18 years of age the service moves to adult services assessment and provision, this includes a separate carer's assessment if required. The child and adult legislation is different and the service works with families to make a seamless transition.

Carers who have been bereaved can access support from Carer Support Wiltshire for up to 18 months following the death of the person they care for. Those who are suffering from complex grief can be referred by their GP to Cruse for specialist counselling and support.

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