Wiltshire Council

Where everybody matters

AGENDA

Meeting:	**HEALTH AND WELLBEING BOARD**
Place:	**The Kennet Room - County Hall, Trowbridge BA14 8JN**
Date:	**Tuesday 19 September 2017**
Time:	**2.00 pm**

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:

Cllr Baroness Scott of Bybrook OBE	Leader of Council
Dr Peter Jenkins	CCG Chairman
Dr Andrew Girdher	CCG -Co-Chair of NEW Group
Dr Toby Davies	CCG - Chair of SARUM Group
Christine Graves	Chairman - Healthwatch
Nikki Luffingham	NHS England
Angus Macpherson	Police and Crime Commissioner
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Dr Richard Sandford-Hill	CCG - Chair of WWYKD Group
Cllr Ian Thorn	Liberal Democrat Group Leader
Cllr Jerry Wickham	Cabinet Member for Adult Social Care, Public Health and Public Protection

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	Chief Officer/Chief Finance Officer - CCG
Toby Sutcliffe	Clinical Director for Wiltshire
Chief Executive or Chairman Great Western Ho spital	Nerissa Vaughan
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection

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AGENDA

1 **Chairman's Welcome, Introduction and Announcements***(Pages 7 - 10)*

- CQC Inspection of Children's Community Services
- Signing of the Carers Memorandum of Understanding

2 **Apologies for Absence**

3 **Minutes***(Pages 11 - 18)*

To confirm the minutes of the meeting held on 13 July 2017.

4 **Declarations of Interest**

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

5 **Public Participation**

The Council welcomes contributions from members of the public.

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

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 14 September 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 **Friday 15 September 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 **Better Care Plan***(Pages 19 - 60)*

To receive an update on the delivery of the Better Care Plan for Wiltshire; and how the commissioning intentions as approved are being delivered in the context of the latest national planning requirements, including delayed transfers of care trajectories.

Responsible Officers: Carolyn Godfrey, Linda Prosser
Report author: Sue Shelbourn-Barrow

7 **Adult Social Care Transformation Programme** *(Pages 61 - 66)*

An update on the delivery of the Adult Social Care Transformation.

Responsible Officers: Carolyn Godfrey
Report author: Alison Elliott

8 **Adult End of Life Care Strategy Implementation Plan** *(Pages 67 - 132)*

To outline the implementation plan for the end of life care strategy, with input and discussion from local hospices. An update on the implementation plan for children will be provided at the next meeting.

Responsible Officers: Carolyn Godfrey, Linda Prosser
Report author: Kate Blackburn, Ted Wilson, Gail Warnes

9 **School Health and Lifestyle Survey** *(Pages 133 - 136)*

A presentation on the results of the recent school health and lifestyle survey for Wiltshire and update on the ongoing work on healthy schools.

Responsible Officers: Carolyn Godfrey
Report author: Sarah Heathcote, Nick Bolton

10 **Workforce Strategy** *(Pages 137 - 144)*

To receive an update on the delivery of the local Workforce Strategy.

Report author: Jenny Hair

11 **Domestic Abuse and Substance Misuse** *(Pages 145 - 152)*

To receive updates on the commissioning of support services related to:

a) domestic abuse; and
b) substance misuse.

Responsible Officers: Carolyn Godfrey, CAO
Report author: Tracy Daszkiewicz and Kate Blackburn

12 **Pharmaceutical Needs Assessment** *(Pages 153 - 282)*

To approve the Pharmaceutical Needs Assessment for consultation.

Responsible Officers: Tracy Daszkiewicz
Report author: Steve Maddern

13 **Wiltshire Safeguarding Children Board Annual Report** *(Pages 283 - 324)*

To receive the annual report of the Wiltshire Safeguarding Children Board for 2016/17.

Responsible Officers: Mark Gurney, Independent Chair

14 **Strategic Outline Case (SOC) for Chippenham, Melksham and Trowbridge - Update**

To provide an update on the Strategic Outline Case (SOC) for Chippenham, Melksham and Trowbridge. Ahead of an update paper to be provided, a link to the paper considered by the CCG in July is included below.

http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Paper-10-Strategic-Outline-Case.pdf

Responsible Officers: Linda Prosser, Interim Accountable Officer - Wiltshire CCG

15 **Date of Next Meeting**

The next meeting will be 9 November 2017.

16 **Urgent Items**

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Chairman's announcement

CQC Inspection of Wiltshire Children's Community Services in Wiltshire

A team of CQC inspectors visited Children's Community Healthcare Services in April this year as part of a comprehensive inspection. The CQC have now published their report following that inspection and have rated the services provided by Virgin Care as 'good', with 'outstanding' for care.

Inspectors noted the robust, visible person-centred culture within children's community services. They reported that staff always focussed on the needs of children and young people and put them at the heart of everything they did. Children, young people and their parents and carers also reported that they were fully involved in their care and treatment and that relationships with staff were strong, caring and supportive.

The inspection report has also provided areas for improvement, including our joint strategic work on developing an integrated therapy service. Many of the proposed improvements are already part of the transformation plans shared with the Health and Wellbeing Board earlier this year. These will be fully implemented following the recent agreement on an estates strategy.

I am sure you will join me in thanking every one of our colleagues working in children's community services for their hard work and dedication in delivering such a good service to support children and families in Wiltshire.

The full report can be read here:
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7848.pdf

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Signing of the Carers Memorandum of Understanding

At the last meeting members of the Health and Wellbeing Board agreed to adopt the Memorandum of Understanding “an integrated approach to the identification and assessment of carers’ health and wellbeing needs” and commit to working together to deliver against the principles in the MoU.

Signing of the Memorandum took place today, shortly before the Health and Wellbeing Board, on 19 September 2017.

The Principles of the Carers’ Memorandum are as follows:

Principle 1 - Carers will receive an integrated package of support in order to maintain their physical health and emotional well-being
Principle 2 - Carers are supported and empowered to manage their caring role and their life outside of caring
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.
Principle 4 - Carers will be supported by the improved sharing of information between health, social care, education professionals and carer support organisations.
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.
Principle 6 - The needs of vulnerable carers, particularly those at key transition points, will be identified early.

An update on delivery against these principles was provided at the last meeting of the Wiltshire Health and Wellbeing Board and further updates on progress and delivery of the Wiltshire Carer’s Strategy will be provided at future meetings.

The Health and Wellbeing Board would like to put on record its thanks for all those who undertake vital caring responsibilities and will seek to support carers in the ways outlined above.

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Wiltshire Council
Where everybody matters

HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 13 JULY 2017 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chair), Dr Peter Jenkins (Vice Chairman), Dr Andrew Girdher, Christine Graves, Nikki Luffingham, Angus Macpherson, Cllr Laura Mayes, Dr Richard Sandford-Hill, Mick Stead, Linda Prosser, Cllr Jerry Wickham and Carolyn Godfrey, Brian Stables and Cara Charles-Barks

112 Chairman's Welcome, Introduction and Announcements

The Chair welcomed all the meeting and made the following announcements:

Pharmaceutical Needs Assessment (PNA) 2018

As part of the requirement to undertake a Pharmaceutical Needs Assessment, a survey had been set up to seek residents' views. The PNA is being led by Public Health and supported by a stakeholder steering group. A draft would be considered in September, prior to a formal consultation period, and will return for final consideration in January 2018.

Dr Peter Jenkins

The Chair stated that Dr Peter Jenkins, the Clinical Chairman at Wiltshire Clinical Commissioning Group, would step down from his role at the end of September following a two-year term. She thanked him for his contributions and wished him well for the future.

113 Apologies for Absence

Apologies were received from Dr Toby Sutcliffe, Roger Hill
Dr Andy Smith, Dr Toby Davies and James Scott.

114 Minutes

The meeting considered the minutes of the meeting held on 18 May 2017.

Resolved

To approve and sign the minutes of the previous meeting held on 18 May 2017

115 **Declarations of Interest**

There were no declarations of interest.

116 **Public Participation**

There were no public questions.

117 **Statement of Intent on Integration**

The Chair and Vice-Chair presented the Statement of Intent on Integration which set out the ambitions of partners for developing health and social care integration in the next few years.

Issues highlighted in the course of the presentation and discussion included: that Wiltshire Council had agreed its Business Plan for next 10 years, and that integration was one of the main priorities; the shifting of emphasis onto prevention and early intervention; that this complemented the joint work underway on children, the importance of social activities in promoting good health; how best to share risk and rewards across different services in the Health & Social Care system as a whole; the issues of shared governance and the role of the joint Commissioning Board; the importance of performance management; the agreement of the CCG Board to jointly appoint with Wiltshire Council a Corporate Director; how best to align budgets for shared issues; how specific issues about data sharing can be addressed; the importance of engagement with service users and carers; the importance of explaining which serviceservices were in scope; how best to communicate with the public to help them understand the changes and develop a narrative on integration with Healthwatch Wiltshire; and how best to involve the acute hospitals in the plans. At the conclusion of the discussion, the meeting;

Resolved

1. **To formally endorses the Statement of Intent.**

2. **To receive further updates**

118 **Carers**

Sue Geary, Wiltshire Council, presented the Memorandum of Understanding (MoU) which proposed an integrated approach to the identification and assessment of carers' health and wellbeing needs.

Issues highlighted in the course of the presentation and discussion included: the consultation undertaken in preparation of a strategy; that the formal adoption of

the strategy had been delayed to take into account the national carers strategy, but that this had been delayed; that an action plan had been developed in line with the draft strategy; that in the interim a template MoU had been developed, and that this had been tailored for Wiltshire; the involvement of different groups in the development of plans including Wiltshire Carers Partnership.

In response to the presentation, the Police & Crime Commissioner stated that he would be happy to present the MoU to the Local Criminal Justice Board which included a wider list of partners.

At the conclusion of the discussion, the meeting;

Resolved

i) To note the progress with regards to the draft Carers Strategy and Implementation Plan;

ii) To adopt 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) To endorse 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.

iv) To continue to encourage other, willing, partners to sign up.

119 **<u>End of Life Care Strategy</u>**

Ted Wilson, Wiltshire CCG, and Kate Blackburn, Wiltshire Council, introduced the report which presented the refreshed End of Life Care Strategy for Adults 2017-2020.

Issues highlighted in the course of the presentation and discussion included: the work building on the first strategy developed in 2014; the progress that had been delivered, and the actions monitored by the joint board; how the voluntary sector are involved; that priorities should be reaffirmed, and how it aligns to national guidance; how Health Watch Wiltshire had taken a lead on some of the public engagement activities; the favourable national and regional average comparisons on certain indicators include allowing increasing number of people to die at home; that a future joint report would be delivered later in the year; how ambulances services are involved and appropriate care given; the importance of increased awareness amongst the community and the conversation should continue to use plain English; the improved out of hours access to palliative drugs; the improvements made to access to information and support given to hospitals; and that the strategy related to adults only, but that there was work

ongoing with children and their families (including on the implementation of the latest NUCE guidance).

At the conclusion of the discussion, the meeting;

Resolved

i) To support the refreshed Wiltshire End of Life Care Strategy for Adults 2017-2020.

ii) To agree to an update on the delivery of the implementation plan with attendance from local hospices in the autumn.

iii) That officers should consider how best to refer, in the strategy, to the services available to children.

120 Implementation of GP Five Year Forward View in Wiltshire

Jo Cullen, Wiltshire CCG, presented the report which provided an update on the five year programme.

Issues highlighted in the course of the presentation and discussion included: the previous consultation undertaken and the updates given to the Board; the delegated responsibilities to CCG from NHS England to procure primary services; the work undertaken regarding workforce and resilience; the progress made in year two of the plan, and the areas that will continue to need focused attention; the increasing number of practices that are facing resilience issues, for example practices closing; how partners work together to transfer people to other practices; that 19% of GPs are over 55, and the difficulties of recruiting staff to Wiltshire; how different service models and officer roles could be used to reduce the burden on GPs; (given 1 in 4 consultations could be undertaken by someone else); how best to meet improved access expectations; the impact of Brexit on recruitment; whether enough GPs are being trained; the implications of the larger age profile; the national initiatives to develop a broader team of multidisciplinary primary care staff and develop better telephone triage; the importance of educating patients; the evidence, including that from CQC inspections, shows that Wiltshire has some of the very best GPs, who are delivering service transformation despite significant pressures.are over 55, and the difficulties of recruiting staff to Wiltshire; how different service models and officer roles could be used to reduce the burden on GPs (given 1 in 4 consultations could be undertaken by someone else); how best to meet improved access expectations; the impact of Brexit on recruitment; whether enough GPs are being trained; the implications of the larger age profile; the national initiatives to develop a broader team of multidisciplinary primary care staff and develop better telephone triage; the importance of educating patients; the evidence, including that from CQC inspections, shows that Wiltshire has some of the very best GPs, who are delivering service transformation despite significant pressures.

Following the conclusion of the discussion, the meeting;

Resolved

i) To note the progress and work to date in developing the General Practice Forward View (GPFV) Stage 2 Plan, recognising the role and input from the GP Resilience Board in providing clinical leadership and oversight of the resilience programmes;

ii) To note the complexity and synergy of the programmes under GPFV – such as the Integrated Urgent Care procurement to expand general practice capacity; the Estates and Technology Transformation Fund for development of investment in infrastructure; GP IT programmes to link to the Local Digital Roadmap work; the Vulnerable Practice programme with increasing numbers of practices in crisis; and training programmes for all staff groups to develop and enhance the widening skill mix of the primary care workforce;

iii) To note the GPFV Plan builds on the Wiltshire Primary Care Offer in place from April 2016 as a 3 year programme - based on the principles delivering primary care services at scale to support increased efficiencies and address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services in primary care; and

iv) To note the details in the GPFV about the future models of care for larger organisational forms - Multi Specialty Community Providers or Primary and Acute Care Systems; with the commitment the foundation of NHS Care will remain the list based system of general practice.

121 **Integrated Urgent Care Procurement**

Jo Cullen, Wiltshire CCG, presented the item which provided an update to the Board on the procurement of integrated urgent care

Issues highlighted in the course of the presentation and discussion included: that the procurement exercise had been running since autumn 2016; the role of an urgent care clinical advice hub; the complex nature of urgent care; the work of Health Watch Wiltshire to help the project to understand the issues faced by the public; the issues of transport, particularly for those in more rural areas; the impact of the military population; that the joint procurement had included services across the Banes and Wiltshire STP footprint; that NHS England had included urgent dental care in the procurement; that the project had moved into a preferred provider stage, and hoped to award contract in September; and that out of hours mental health services for children were not included in the procurement but that the links were recognised.

At the conclusion of the discussion, the meeting;

Resolved

To note the update

122 **Joint Strategic Assessment**

Kate Blackburn, Wiltshire Council, presented the report which provided an update on the Joint Strategy Assessment (JSA).

Issues highlighted in the course of the presentation and discussion included: the relevant statutory responsibilities of the board; the work undertaken specific to each community area; how the data had changed and how it was reflected in the document; how better benchmarking was undertaken against authorities with similar profiles; how the data can be shared with partners; and how the definition of wellbeing could draw upon the carers' definition.

At the conclusion of the discussion, the meeting;

Resolved

- **i) To note the need to update the Health & Wellbeing JSNA for Wiltshire;**
- **ii) To agree to support the work of Wiltshire Council to update the HWB JSNA in the format outlined below;**
- **iii) To examine where action at a strategic level might continue to encourage further action across Strategic Partner Organisations to improve the Health & Wellbeing of the Wiltshire population.**

123 **Healthwatch Wiltshire Annual Report**

Lucie Woodruff presented the Annual report from Health Watch Wiltshire (HWW).

In the course of the presentation and discussion, the issues highlighted included: that this was HWW's fourth annual report; the engagement with the public on services such as dementia; the powers available to visit and review services; the role of volunteers in delivering the services; how the website and social media is being used to make contact; that dementia, and general primary care remained a priority; the work towards becoming accredited for support and development of volunteers; that local wellbeing guides had been developed; the improvement to information on Dementia and End of Life care; the creation of the Young Listeners project, which had received some national recognition; the priorities for action going forward including children and young people, particularly engaging secondary pupils; the project to set up Youth Watch Wiltshire; the planned visits of a HWW to each community area; how partners

can work with HWW to share intelligence and best practice; that the charity behind HWW had won the contract to provide similar services in the Somerset and Gloucestershire areas, but HWW frontline staff would remain separate and service would not be diminished but enhanced through a central office with specialists undertaking research.

The Chair thanked HWW for their update and for their constructive work in Wiltshire.

At the conclusion of the discussion, the meeting;

Resolved

1. **To note and comment on the content of the Annual Report**

2. **To recognise the progress which has been made during 2016/17 in fulfilling the statutory duties of a local Healthwatch**

3. **To take up the offer for Healthwatch Wiltshire to share the outcomes from its engagement work as appropriate in the future.**

124 **Wiltshire Safeguarding Adults Board Annual Report**

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

Issues highlighted in the course of the presentation and discussion included: the impact of the ageing population on the work of the board; that over 4000 concerns had been raised with less than 10% requiring further investigation; that the demand does appear to be levelling off following years of increases; that 60% of concerns were raised by professionals with 17% requiring further investigation; the plans to better integrate staff dealing with safeguarding issues through a multi-agency safeguarding hub (MASH)) for adults; the development of new staff guidance and training to raise awareness; the launch of a new website; that financial support had been secured from the Police and the CCG to add to the contributions from Wiltshire Council; that good support was being provided from partners; that recommendations for two safeguarding adult reviews had been received and lessons learnt can be reviewed; that work was ongoing to cement the relationship with Children's Board to cover transition issues.

The Chair, Richard Crompton, specifically thanked partners involved in World Elder Abuse day, and stated that he looked forward to continue to work with partners to raise the profile of the issues regarding the Board and its work.

In answer to a question from Councillor Jerry Wickham, Richard Crompton that in some performance measures some authorities delivered a nil return which

would then skew the national average, but that Wiltshire's performance was similar to authorities of a similar size.

At the conclusion of the discussion, the meeting;

Resolved

i) **To note the publication of the Wiltshire Safeguarding Adults Board Annual Report**

ii) **To agree to support the work of the Wiltshire Safeguarding Adults Board**

iii) **To agree to an annual update from Wiltshire Safeguarding Adults Board and to receive additional items as required (including annual business plans and safeguarding adults reviews).**

125 **Date of Next Meeting**

It was noted that the date of the next meeting would be changed, and that partners would be informed once a date had been arranged.

126 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.12 pm)

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

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

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Better Care Fund Plan 2017-19

Executive Summary

I. The BCP 2017-19 submissions was originally submitted to the Health and Wellbeing Board (HWB) in early 2017 outlining the proposals that have been set out at a high level in the final plans.

II. The Better Care Fund (BCF) plan and supporting papers were submitted on 11 September 2017 to NHS England incorporating a narrative and numerical plan, including a Delayed Transfers of Care (DTOC) 8 high impact action plan.

III. The submission provides a foundation to develop a robust governance structure that will inform the Wiltshire DTOC plan and trajectory (to include DTOC, Stranded patients that include Continuing Health Care and dementia patients/people who use services).

IV. The HWB will receive formal programme updates as a minimum quarterly in 2017-18.

Proposal

It is recommended that the Board:

i) Note the submission dated 11 September 2017

Sue Shelbourn-Barrow
Director of Transformation and Integration
Wiltshire CCG and Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Better Care Fund Plan 2017-19

Purpose of Report

1. To share the Better Care Fund (BCF) 2017-19 plan encompassing delayed transfer of care (DTOC) 8 High Impact Challenges which has been updated following the submission to the Board early in 2017.

Background

2. The Better Care Plan (BCP) is 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. The BCF is based upon the outcomes which are set out in our Joint Health and Wellbeing Strategy and within national policy.

Main Considerations

3. Overall the BCP provides a foundation to take forward the commitments stated within the Health and Wellbeing Board Strategy on behalf of the Wiltshire population. The BCP incorporates an 8 high impact challenges plan, which will provide a framework to develop a DTOC (including CHC, stranded and dementia patients) and trajectory, with an expectation to accelerate actions to reduce DTOC and Length of Stay in non-home settings.

Next Steps

4. The HWB will receive regular updates from the BCF on progress against the BCP encompassing DTOC plan and trajectories, transformation and integration using BCF to pilot projects.

Sue Shelbourn-Barrow
Director of Transformation and Integration
Wiltshire CCG and Wiltshire Council

Report Author: Sue Shelbourn-Barrow Director of Transformation and Integration Wiltshire CCG and Wiltshire Council

Planning Template v.14.6b for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Selected Health and Well Being Board:

Wiltshire

Data Submission Period:

2017-19

Summary

<< Link to the Guidance tab

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£7,041,889	£7,282,953
Total iBCF Contribution	£5,810,359	£7,210,533
Total Minimum CCG Contribution	£28,470,322	£29,011,258
Total Additional CCG Contribution	£2,760,678	£2,219,742
Total BCF pooled budget	**£44,083,249**	**£45,724,487**

Specific Funding Requirements for 2017-19	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£3,828,724	£3,900,000
Mental Health	£0	£0
Community Health	£5,102,000	£5,100,000
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£34,373,634	£34,500,000
Other	£778,891	£2,224,487
Total	**£44,083,249**	**£45,724,487**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£2,551,000	£2,550,000
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£5,150,013	£4,581,934
Other	£389,446	£1,112,244
Total	**£8,090,459**	**£8,244,178**
NHS Commissioned OOH Ringfence	£8,090,458	£8,244,177

Additional NEA Reduction linked Contingency Fund	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£3,828,724	£3,900,000
Mental Health	£0	£0
Community Health	£5,102,000	£5,100,000
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£21,521,385	£21,940,000
Other	£778,891	£2,224,487
Total	**£31,231,000**	**£33,164,487**

BCF Expenditure on Social Care from Minimum CCG Contribution	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum			
Planned Social Care expenditure from the CCG minimum		£21,521,385	£21,940,000
Annual % Uplift Planned		**#VALUE!**	**1.9%**
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	10,796	10,599	11,033	10,645	10,740	10,537	10,982	10,585	**43,073**	**42,844**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	10,796	10,599	11,033	10,645	10,740	10,537	10,982	10,585	**43,073**	**42,844**
Additional NEA reduction delivered through the BCF									**£0**	**£0**

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and	**Annual rate**	504	469

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at	**Annual %**	86.7%	86.7%

4.4 Delayed Transfers of Care

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population	**Quarterly rate**	1,517	1,235	1,016	950	842	765	765	761

5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to	Does your BCF plan for 2018/19 set out a clear plan to meet this
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been
Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)
Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)
Source of Funding = CCG Minimum Contribution

*****Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' form the minimum CCG contribution that
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Integration and Better Care Fund

Narrative Plan Template 2017/19

Better Care Support Team

Area	Wiltshire
Constituent Health and Wellbeing Boards	Wiltshire
Constituent CCGs	NHS Wiltshire CCG

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Introduction / Foreword

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 and this is being enhanced through a Joint Council & CCG Post encompassing the Director of Adult Social Care and CCG Accountable Officer role.

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 and into 2018/19 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 is a 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.

What is the local vision and approach for health and social care integration?

Our Better Care Plan is built upon our overriding vision of care as close to home as possible, with home always 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 and 2018/19.

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. Moving forward the Better Care Plan will be looking at prevention strategies both for the population to remain as healthy as possible but also through assistive technology as both will help the population remain out of hospital and reduce long term care needs.

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?

By 2020 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 be unnecessarily admitted 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

Background and context to the plan

The Wiltshire Health & Wellbeing Board oversees the production of the Health and Wellbeing JSNA (http://www.intelligencenetwork.org.uk/health/jsa-health-and-wellbeing/) which is currently being updated and due to be published in November 2017. The following information is taken from the JSNA and where appropriate has been updated.

Wiltshire is a large, predominantly rural and generally prosperous county. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Stonehenge and Salisbury Cathedral. The relationship between the city of Salisbury and the larger towns in Wiltshire and the rest of the county has a significant effect on transport, employment, travel to work issues, housing and economic needs.

Wiltshire's population is ageing more rapidly than England or the South West, reflected by growth of 17.5% in the number of people aged 65 or over between 2011 and 2016. This is substantially greater than the 13.2% increase in England or 14.0% increase in the South West. The table shows the population projection to 2030, given the levels of population growth for the over 65s

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

Table 1 – Age 65+ Population Growth

This represents growth of 48% in 15 years compared to England (41%) and South West (38%), 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 demonstrates a clear return on investment. We are also looking at ways of integrating other wider services offered by the Council and the Voluntary Sector to support the wider

population. Initiatives like Warm & Safe Wiltshire which help insulate and update boilers in the homes of older people help to ensure existing homes remain a cost effective options for residents.

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 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.

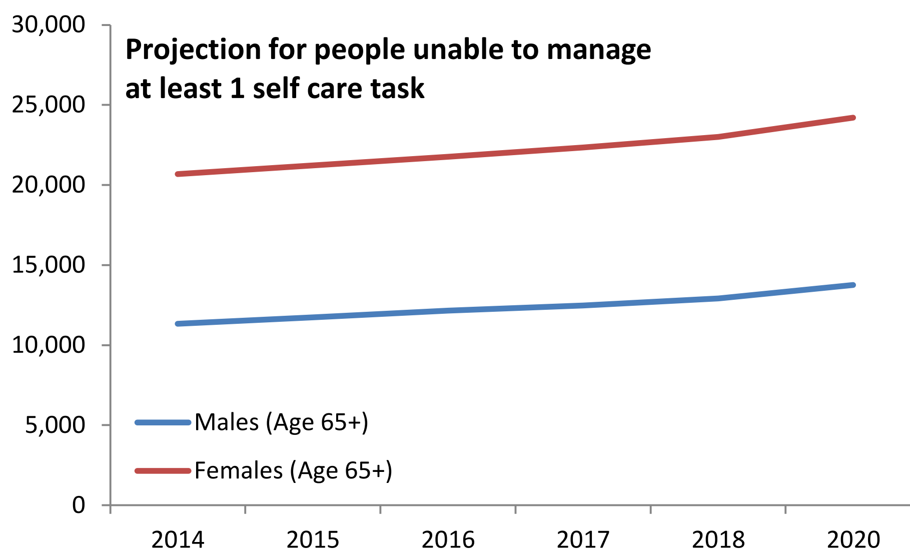

Figure 1 – Projection for people unable to manage at least 1 self-care task

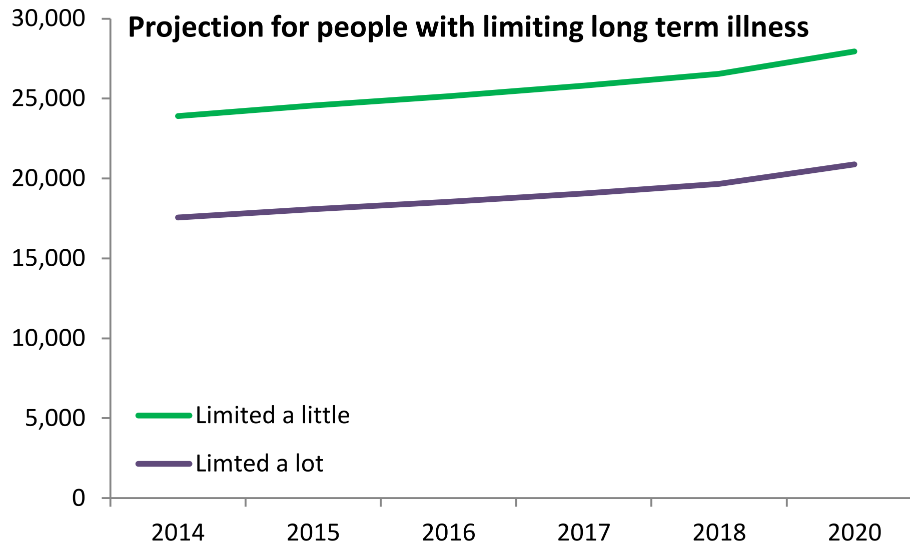

Figure 2 – Projection for people with limiting long term illness

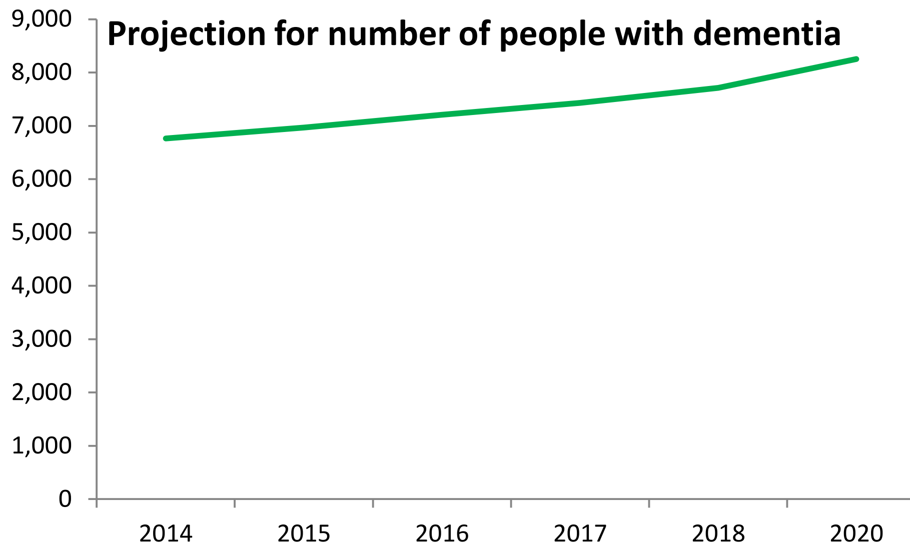

Figure 3 – Projection for People with Dementia

The Better Care Plan for Wiltshire will continue to have associated admission avoidance and length of stay reduction targets. Underpinning the continuation of key schemes must be the commitment to deliver integrated care at the point of need at as 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.

The Adult Community Service contract 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 Home First will play a key role in managing crisis reducing demand across the system and improving flow

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.

Progress to date

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 4.0% (1,657 admissions), growth in those aged 65 and over was 2.3% (464 admissions) which is 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.

This represents a reduction in potential admissions of around 1,500. The Wiltshire rate of emergency admissions in the population aged 65 and over remains lower than the average for England. This is also reflected in the national integration dashboard which shows Wiltshire has the 10th lowest rate of admission for those aged 65 and over.

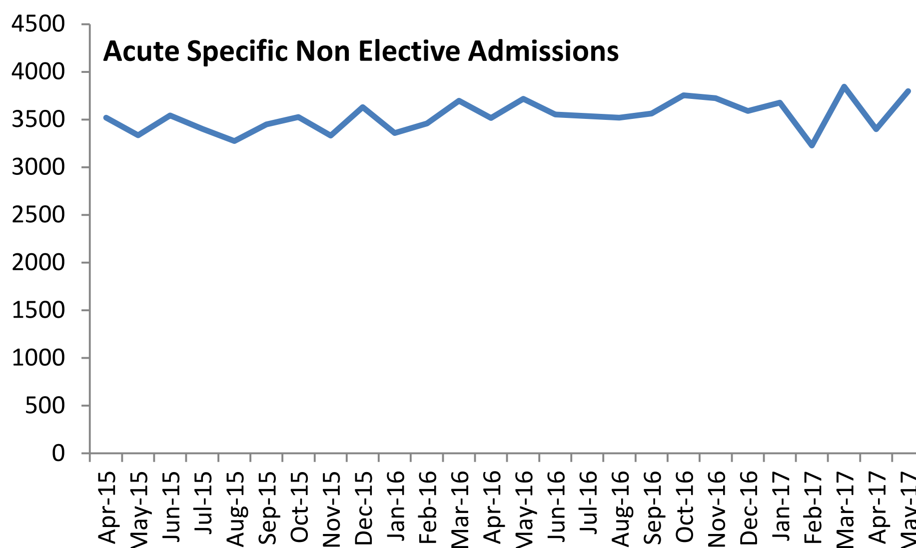

Figure 4 – Trend in Acute Specific Non Elective admissions

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.

Our Urgent Care at Home scheme supports admission avoidance and discharge facilitation, the graph shows the trend in activity for this scheme

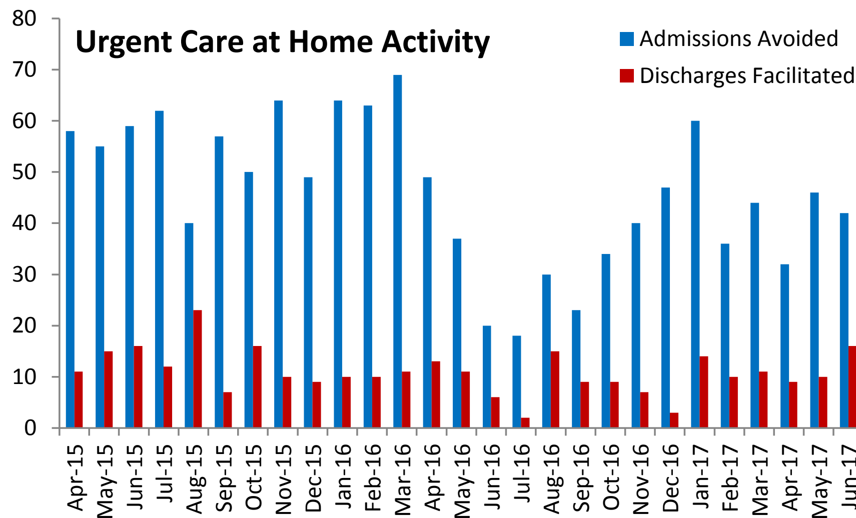

Figure 5 – Trend in Urgent Care at Home Activity

The provider of this scheme was subject to CQC restriction in early 2016-17 which is why activity levels dipped in the middle of 2016. Following the restriction we re-tendered the service and have a new provider who is currently looking to increase the number of session available on this scheme. In terms of admission avoidance activity performance remains strong with around 80% of those referred not going to hospital.

The figure shows that 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. The average number of daily delayed days in 2015-16 was 49.0, in 2016-17 this increased to 73.8 as a result of the issues outlined above.

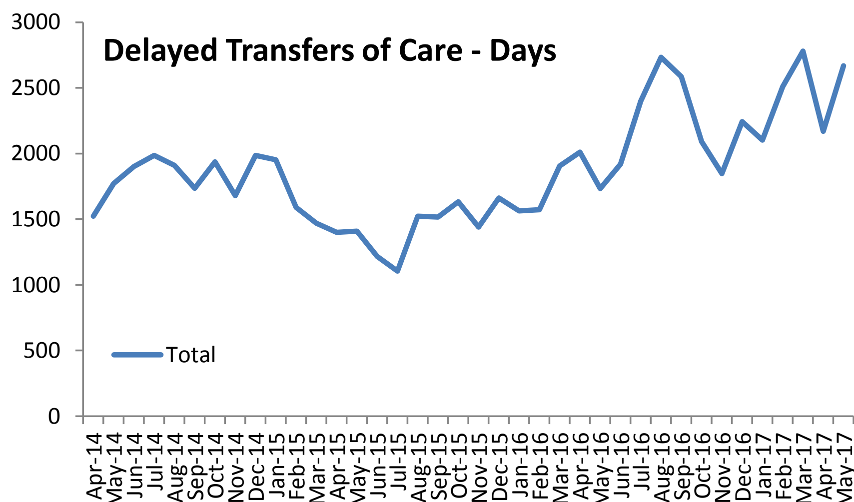

Figure 6 – Trend in Delayed Transfer of Care

The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) has reduced slightly to around the 80% target, though the nationally reported figure is lower due to issues with data collection. The figure shows the trend up to the latest available data.

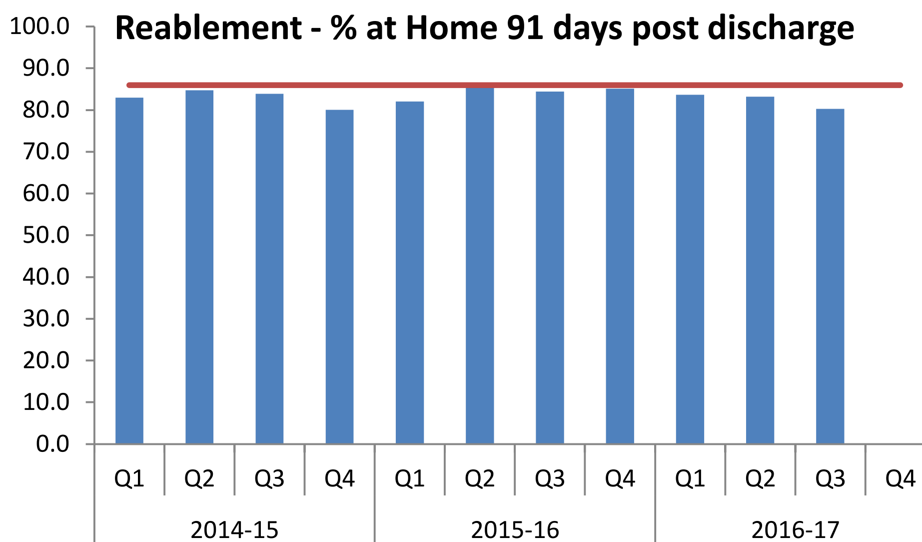

Figure 7 – Trend in % of people at home 91 days post discharge from Hospital

Permanent Placements to care homes for those aged 65 and over remain comparatively low and falling. While this is a success for the system it is likely to increase the pressure on the demand for care at home.

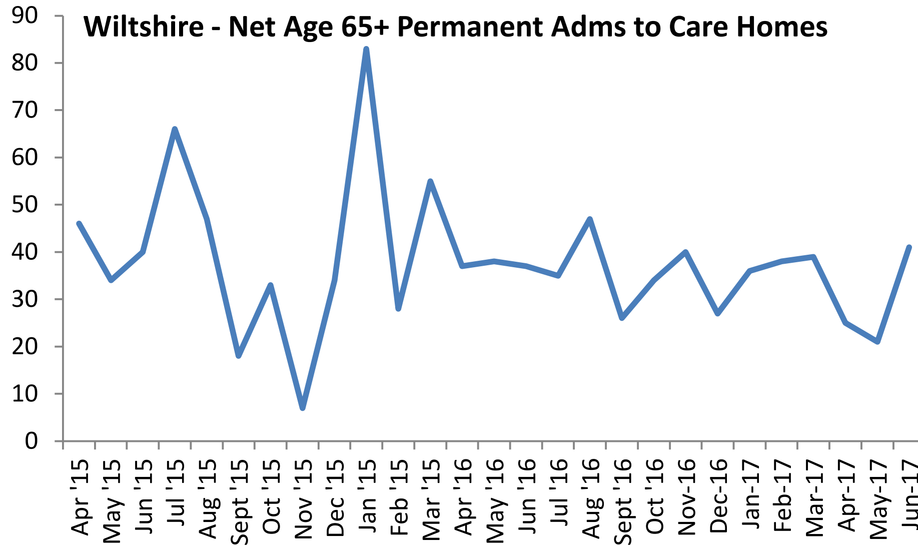

Figure 8 – Trend in number of new, Age 65+ permanent admissions to a care home

Dementia Diagnosis rate is now less than 1% below target and the CCG is working with GP practices to achieve the national target by year end.

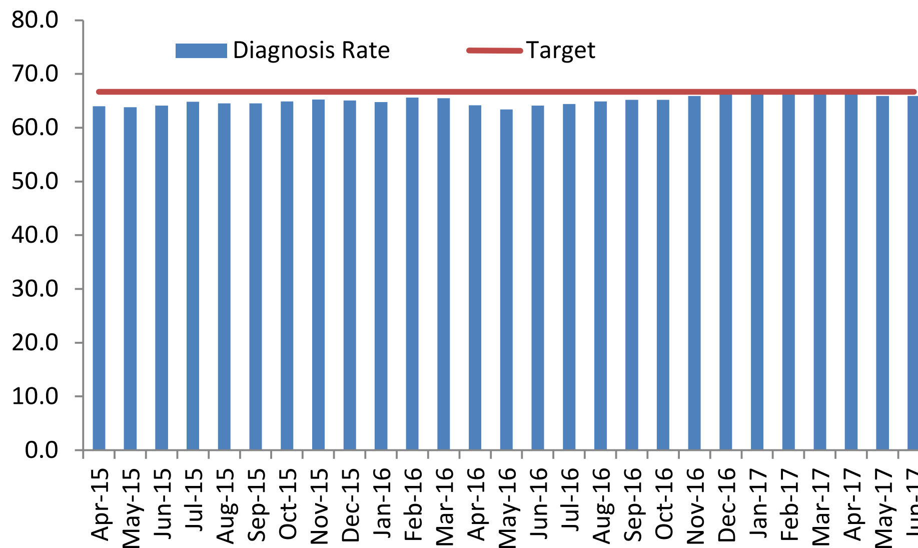

Figure 9 – Trend in Dementia Diagnosis Rate

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%.

Better Care Fund plan

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. Our ASC Market Position Statement is currently being updated as part of the ASC transformation programme to ensure it reflects the innovative approaches being developed by the programme.
- 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 services from acute to community settings in line with: BSW STP New models of care.
- Manage an effective and efficient pooled budget which is widened across the partnership to deliver the integration programme.
- Develop Wiltshire's "medium term integration plan" including our approach to organisational forms and alignments

The key development for 2017-18 is the development of the Home First initiative with 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. During 2017-18 the CCG will be tendering for Integrated Urgent Care and we will ensure this aligns with the ASC Transformation Programme and other BCF Programme.

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. 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.

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.

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.

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 from the Integrated BCF.

The tables outline the jointly agreed commissioning intentions for 2017-19. The targets for 2018-19 are set at the same level as 2017-18 and will be reviewed and amended accordingly in light of in year performance and impact.

Care Services (bed based and non-bed based) ***Strategic Intention – Maintaining independence and Integrated teams***				
Description	**Provider Impact**	**Baseline**	**Target 2017/18**	**Target 2018/19**
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	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	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	N/A
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 70 ICT beds Community integrated teams (incorporating HTLAH) Rehab support workers	WHC	See Below	See Below	See Below

Discharge planning and post-discharge support				
Description	**Provider Impact**	**Baseline**	**Target 2017/18**	**Target 2018/19**
Full roll out of the Wiltshire wide rehab support workers programme (30 additional rehab support workers across the system) from 1st April	WHC /Acute Trusts	Full scheme roll out from 1st April 2017	21 discharges a week 1091 discharges per annum	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	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	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	See numbers above
Improve flow and reduce length of stay in community bedded capacity (Community hospital beds and ICT). Key areas of focus include - Review of staffing models - Alignment of HTLAH support - Relaunched 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	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**	**Target 2018/19**
Urgent care at home 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	Medvivo /WHC /Acute Trusts	65 cases per month 780 cases per annum	80 cases per month 960 cases per annum	80 cases per month 960 cases per annum
Step Up Intermediate care (Community Hospitals) **Phase 1** 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) **Phase 2** 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	WHC	15 patients per month 180 patients per annum	25 patients Per month 300 patients per annum	25 patients Per month 300 patients per annum
Step-up intermediate care in South Wiltshire (Care Home based) 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	WHC /GPS	8 patients a month 104 patients a year	12 patients a month 144 patients a year	12 patients a month 144 patients a year
Enhancing Care at the interface 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. AWP in reach for dementia has been reviewed and will be strengthened in 2017/18 in relation to the care home liaison programme.	AWP/ WHC /3 acute trusts	N/A	This will need to be scoped with AWP and Wiltshire Health and Care	

There is also a need to ensure greater linkage to and platforming of the frailty hub programme being progressed by Wiltshire Health and Care				
Community geriatrics and the Wiltshire High Intensity Care programme 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. 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). The role of community nurses, matrons and therapists in the high intensity care programme also need to be clarified and defined Roll out of the High Intensity care programme, this will be led by Wiltshire Health and Care and will focus on - Step up care in the patient's home - Acute geriatric pathways in the community - Frailty hub approach at community hospitals - Integrated team approach	WHC /3 acute trusts	Need to be agreed with WHC	Need to be agreed with WHC	
Equitable access to specialist palliative care services for frail older people. Need to recognise that 30 % of all hospital non-elective admissions are for patients with a life limiting diagnosis. Need to; 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	Dorothy House Hospice and Salisbury Hospice	10 cases per month 120 cases per annum	16 cases per month 192 cases per annum	16 cases per month 192 cases per annum

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.				
Single point of access available to facilitate access to community services to manage crisis at home with specialist opinion and diagnostics. (continuation)	Medvivo /3 acute trusts and WHC	As part of UCAH	As part of UCAH	As part of UCAH

Prevention and early intervention			
Description	**Provider Impact**	**Baseline**	**Status**
Ensure a preventative based approach is taken at all stages of an older person's pathway of care The key priorities in 2017/18 are to 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
Workforce development strategy 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	Whole system	n/a	n/a

Supporting core social services and integration			
Description	**Provider Impact**	**Baseline**	**Status**
Shared assessments 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,	WCC	n/a	n/a
Integration of information 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	WCC	n/a	n/a
Carers support 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). 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. Work with Practices through integrated teams to hold registers of carers and ensure linkage in terms of case management and follow up care. 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	WCC	n/a	n/a
Personalised commissioning 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. There is an opportunity to link this in with the work of identified voluntary sector organisations. Roll out of personal health budgets to be accelerated during 2017/18	WCC	n/a	n/a

Dementia services A comprehensive service for those with dementia must be available and accessible this will include 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; • Care Home Liaison services. • Focused support to AWP in relation to discharge planning. • Acute "in reach "programmes for dementia. 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.	AWP		

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, will include the following;

- Simplified access to core services through one number for the whole system.
- Effective Triage which increase use of alternatives such as assistive technology, 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.

Risk

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 0-64 age groups.

The Wiltshire Better care plan can demonstrate positive impact in terms of reducing the volume of avoidable emergency 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 Home First will be a key scheme in this regard alongside the LA's development of a Reablement Service 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 will 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 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.

Issues around Information Governance and the sharing of data predominantly for reporting purposes is a risk which we are actively working on. This builds on the work on the Single View of the Customer project which has been ongoing in Wiltshire for a couple of years.

National Conditions

National condition 1: jointly agreed plan

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.

How the plan was developed and agreed:

The Health & Wellbeing Board met in May 2017 and agreed the budget and commissioning intentions for the Better Care Fund for 2017-18. The board also agreed to delegated authority to the Chair and Vice Chair of the Health & Wellbeing Board to approve any required submission if it was unable to bring this to a full meeting of the Board. The next Board meeting is the 19th September 2017, so this submission has been signed off by HWB in accordance with the delegated powers.

The local Joint Commissioning Board, which includes representation from the Council, CCG and Providers has reviewed and approved the plan and targets. In addition the DTOC trajectory has been reviewed and approved by the 3 A&E delivery boards which cover the main providers for the Wiltshire population.

How our integration is developing

NHS Wiltshire CCG and Wiltshire Council and also actively pursuing closer integration of Health and Social care in the County with the joint appointment of a CCG Accountable Office and Director of Adult Social Care. This appointment will be responsible for realising the ambition outlined in the Joint Health & Wellbeing Strategy and the Better Care Plan.

The Council, CCG and all NHS providers are working together to develop an Accountable Care System for Wiltshire. Whilst, this is in the early stages there is strong commitment to progress at pace.

Wiltshire Council is currently reviewing its Accommodation Strategy; this will look at Nursing, Residential and Extra Care Housing provision.

National Conditions (continued)

National condition 2: social care maintenance

The Council has 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 will 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.

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.

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. 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

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

National condition 3: NHS commissioned out-of-hospital services

The key development for 2017-18 is the development of the Home First 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.

The Home First Scheme is Wiltshire Health and Care (WHC) providing additional capacity in the form of Rehabilitation Support Workers (RSW) being employed directly as part of the Core Community Teams. The proposal has a strong evidence base and builds on the benefits of the Homefirst initiative trialled in 2015-16 which demonstrated a number of benefits in particular:

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

The RSWs will be trained to meet agreed therapy and domiciliary care needs of patients discharged from hospital as soon as they are medically fit. There is an opportunity for this ‘intermediate care at home’ immediately following an early discharge to be provided for a limited period of time by additional rehab/care staff. This additional capacity will work with OTs and community physios to assess the needs of the patients in their homes and provide early intense rehab and domiciliary care. This removes the need to assess in the hospital and allows a speedier discharge to a home setting into the care of clinicians who are more used to coping and managing patients with complex care needs. A number of options on how this can additional capacity can be provided are reviewed below.

In addition during 2017-18 we will be tendering for our Integrated Urgent Care Services which will bring together our out of hospital urgent care services under one umbrella to ensure we can maximise A&E attendance avoidance. This tender process will take account of the ASC Transformation programme which is already ongoing in Wiltshire Council to ensure we can maximise prevention opportunities across health and social care.

National Condition 4: Managing Transfers of Care

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 schemes is the Wiltshire Home First 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. 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.

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

The Transformation of Adult Social Care will deliver increased capacity in the market and establish a reablement service closely linked to Home First, improving the flow across the system.

The figure shows the level of ambition we are expecting to achieve with our plans to reduce delays in transfers of care.

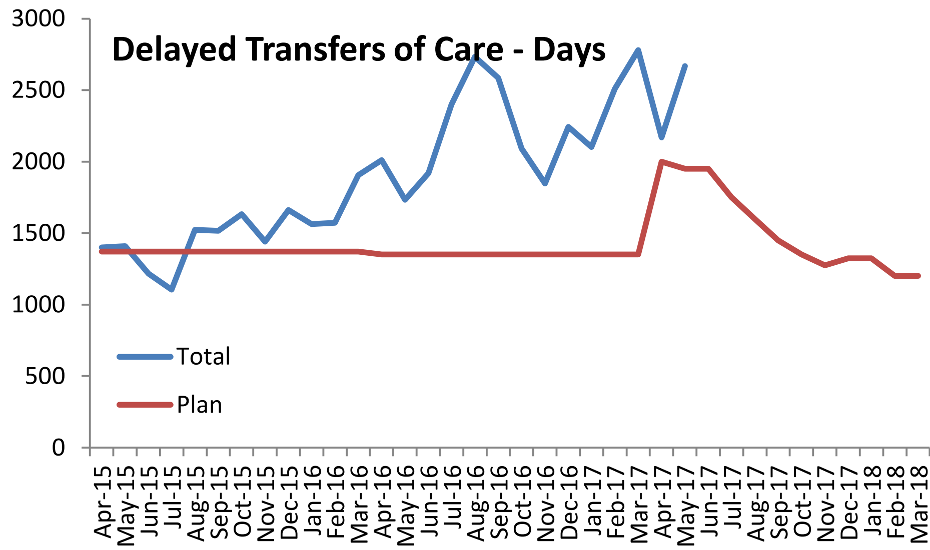

Figure 10 – Trend in Delayed Transfers of Care with Trajectory

Overview of funding contributions

Funding:

Source of Funding	2017-18	2018-19
CCG BCF Contribution (transfer to WC)	19,726,330	19,726,330
CCG BCF Contribution (schemes paid directly by CCG)	11,504,670	11,504,670
WC BCF Contribution	4,250,000	4,250,000
Disabled Facilities Grant	2,792,249	£3,033,313
Additional Adult Social Care Funding	5,810,000	£7,210,533
Total Funding	**£44,083,249**	**£45,724,846**

Expenditure by workstream

Analysis by Work Stream	2017-18	2018-19
Intermediate Care	18,207,385	18,200,000
Access, Rapid Response, 7-day working	3,828,724	3,900,000
Care Act	2,500,000	2,500,000
Self care, self support (prevention)	1,691,000	1,750,000
Protecting social care	9,183,000	9,250,000
Invest in Engagement (Healthwatch)	100,000	100,000
Other Council Schemes now in the pool	2,792,249	2,800,000
BCF Management and Administration	323,200	325,000
Integrated Community Equipment Services - ICES	5,102,000	5,100,000
Unallocated	355,691	1,799,846
Grand Total	**£44,083,249**	**£45,724,846**

The actual budgets for 2018-19 programmes will be agreed in Q4, following ongoing evaluations of the programmes and their outcomes.

Programme Governance

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 2016 LGA awards.

The diagram shows the governance structure for the Better Care Fund in Wiltshire:

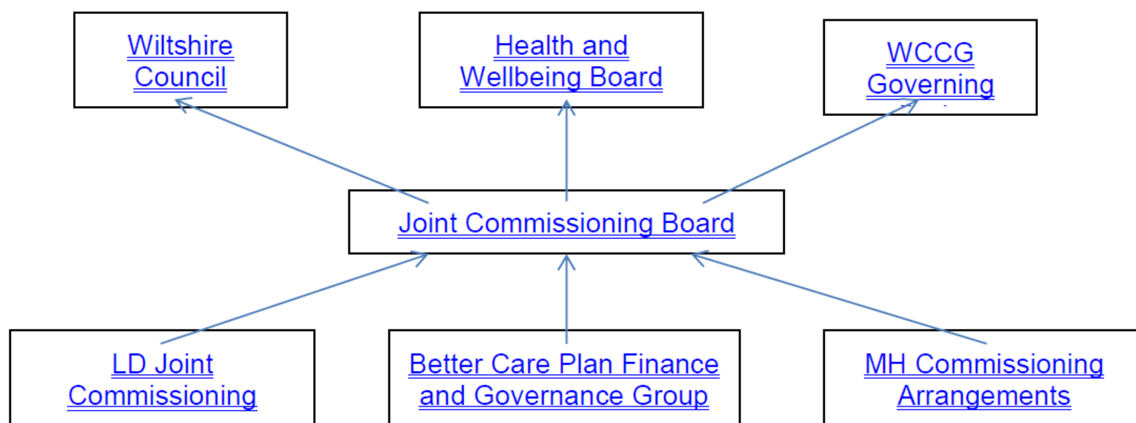

Figure 11 – Wiltshire BCF Governance Structure

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 BCP Finance and Governance Group is chaired by the Finance Director of the Council or CCG on an annually revolving basis. The group 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 they 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 has been effective engagement at the political interface with a BCP Task and Finish Group, this was a local authority member chaired scrutiny group and evaluates the performance of the plan on behalf of the Health Select Committee. This further enhanced the accountability of the better care plan and ensures a stronger connection with the local community it serves through their elected representatives which reported and made recommendations which are being acted on.

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 Healthwatch 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

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

National Metrics

Non-elective Admissions

Benchmarking data for Wiltshire shows we have one of the lowest rates of emergency admissions for the population aged 65 and over in England. As a result we are not setting targets for further reductions in admissions as part of the Better Care Fund. Some of the schemes funded by the Better Care Fund are designed to support other admission avoidance activity to help the CCG contain the growth in these admissions.

Admissions to residential care homes: How will you reduce these admissions?

Historically in Wiltshire we have had a low rate of permanent admissions to care homes, meaning substantial reductions are unrealistic. Our target is to continue a trajectory of small reductions in this target. Our aim is to continue with small reductions in the numbers which result in a decreasing rate due to our increasing elderly population. This will be achieved through the focus on prevention and the investment in Community Care.

Effectiveness of re-ablement: How will you increase re-ablement?

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 fromthe acute providers and throughout the whole system. The target is to improve the proportion of people able to remain at home post discharge from hospital.

Delayed transfers of care (DTOC) plan

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 2017/18 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 schemes is the Wiltshire Home First 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.

We are in the process of establishing a Wiltshire wide DTOC Programme Board which will have representatives from the CCG, Council and Providers. This board will review progress on the DTOC Trajectory across Wiltshire which will then feed into the 3 A&E Delivery Boards which the Wiltshire System supports.

The Adult Social Care Transformation programme will increase capacity in domiciliary care, reablement and improve the flow across the system and represents a core element of strengthening care at home.

Approval and sign off

The Commissioning Intentions and Budget were approved by the Wiltshire Health and Wellbeing Board at its meeting on the 18th May 2017. The Board also agreed to delegate sign off the national submissions to the Chair and Vice Chair of the Board.

The September submissions relating to the Better Care Fund were approved by Cllr Baroness Scott (HWB, Chair) and Dr Peter Jenkins (HWB, Vice Chair)

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Adult Social Care Transformation

Executive Summary

The government has recognised the need to assist both the NHS and social care services, as the budget challenges and growing demand have had a significant impact upon services.

Therefore, in the March Budget, the government announced new money for Adult Social Care in England; £1bn in 2017-18, with a further £1bn over the following two years. Mr Hammond also announced £100m to help improve the flow of patients through accident and emergency departments, and £325m in capital funding to help implement plans for closer co-operation between the NHS and local authorities in some parts of England.

Adult Social Care supports people eligible under the Care Act 2014 who are over 18 years and have a learning disability, a mental health problem, a physical disability, a drug or alcohol problem or who are older and frail.

The Council, CCG and all health providers (GWH, SFT, RUH, WH&C, AWP) first met on 5th April 2017 to agree the Adult Social Care Transformation programme and the use of the additional social care monies provided to Wiltshire Council. The partners agreed that this money should not be spent on additional IC beds, but on supporting people to stay in their own homes.

The ASC Transformation Programme aims to deliver sustainable services that support individuals to maximise their independence and build on their individual strengths and those of their families and communities. This paper informs the Health and Wellbeing Board of progress to date.

Proposal(s)

It is recommended that the Board notes the progress to date.

Reason for Proposal

To ensure that the Health and Wellbeing Board is fully informed of this significant transformation programme

Alison Elliott
Lead Transformation Consultant
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Adult Social Care Transformation

Purpose of Report

1. To inform the Health and Wellbeing Board of the Adult Social Care programme and report progress to date.

Background

2. The government announced additional monies for Adult Social Care in the Budget, recognising that the budget challenges and growing demand have had had a significant impact upon services.

3. The new money for social care — £1bn in 2017-18, with a further £1bn over the following two years — was intended to support Adult Social Care in a number of ways and to ease pressure on hospitals. In Wiltshire, this relates to £5.8m for 2017/18, £5.1m for 2018/19, £2.4m for 2019/20. It is important to recognise that this money is non-recurring.

4. The grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

5. The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.

6. In terms of the wider context, the funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers. This includes maintaining adult social care services, which could not otherwise be maintained, as well as investing in new services, such as those which support best practice in managing transfers of care.

7. Wiltshire Council fully recognises the importance of possessing a strategic approach to the commissioning of services and the employment of these extra resources for adult social care to be deployed as part of a whole systems economy.

8. The Council, CCG and all health providers (GWH, SFT, RUH, WH&C, AWP) first met on 5th April 2017 to agree the Adult Social Care Transformation programme and the use of the additional social care monies provided to Wiltshire Council. The partners agreed that this money should not be spent on additional IC beds, but on supporting people to stay in their own homes. It was recognised, however, that to relieve immediate pressures pragmatic spend would be required. The additional resources have therefore been spent on;
   - Increased ambulance capacity at SFT to ensure people are discharged in a timely manner
   - Contribution to the cost of a Home First operational pathway lead
   - Increasing domiciliary care capacity in Salisbury
   - Increased short term care home capacity

9. The ASC Transformation Programme aims to deliver sustainable services that support individuals to maximise their independence and build on their individual strengths and those of their families and communities.

10. ASC in Wiltshire recognises that to achieve this aim it must address a number of challenges including providing an improved customer service, developing a seamless response with our partners, a focus on prevention and the creation of a diverse and sustainable market. The key areas of focus are:
      - Developing a model of prevention
      - Developing a reablement service that supports Home First
      - Increasing capacity in the domiciliary care market
      - Reviewing the residential and nursing care home capacity
      - Redesigned customer journey

11. A Transformation Programme Board was established in June 2017 to provide robust governance of the programme. The Wiltshire Adult Social Care Transformation Programme will deliver against five key objectives
   1. To manage demand more effectively, including investing in prevention, and be financially sustainable
   2. To ensure all services are structured efficiently and effectively across the whole system to improve flow and access to the right care at the right time in the right place.
   3. To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
   4. To work more efficiently and effectively with our partners utilising integrated systems and technology
   5.To implement a Reablement Service and increase the capacity within the domiciliary care market

12. Progress to date is set out below in the following areas:

   Commissioning intensions and market position statement
   A review of the council's strategies and market position statement has been carried out. The Transformation Board approved the review and

agreed the need to increase capacity to develop these strategies further to support the transformation programme and market development.

Domiciliary Care Market Development
An update paper was presented and approved by the Transformation Board on the 18th July and a domiciliary care options and recommendations paper will be presented in September.

Reablement Service & Customer Journey
Financial modelling of demand for the front door, reablement and domiciliary care is currently being worked on. Initial work was presented to the transformation board with a business case being presented in September.

Learning Disability Market
A business case has been approved which sets out the need for additional capacity to deploy a cost and progression model for packages of care. The recruitment to increase capacity is underway along with the development of processes and templates for delivery.

Engagement
A communication plan has been developed and agreed by the Board in June. Staff, customers, carers and the public are fully engaged in developing the Programme through all staff meetings, workshops, involvement in the individual projects, engagement with Health and Wellbeing Boards supported by WSUN.

Financial Implications
The funding allocation to Wiltshire is as follows

2017-18 £5.8m
2018-19 £5.1m
2019-20 £2.9m

The funding is non-recurrent and must be spent in accordance with the conditions of grant as outlined in the body of the report. An initial budget has been produced for 2017-18 with key areas of spend including additional capacity to lead and support the transformation, support for the delivery of savings targets agreed in the 2017-18 budget (as part of the overall transformation work) and some additional resource in the south of the county as outlined above. Currently £1.9m remains unallocated in 2017-18 however business cases for the main workstreams will be presented to the Board in September.

Next Steps

13. The Transformation Board meets monthly and is responsible for monitoring progress against the programme plan and timeline. The Transformation Programme also reports to the Joint Commissioning Board.

14. It is intended that the redesigned Adult Social Care service, the reablement service and the increased domiciliary care capacity will go live in May 2018.

Alison Elliott
Transformation Consultant
Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Adult End of Life Care Strategy Implementation Plan

Executive Summary

On 13 July 2017 the Adult End of Life Care Strategy; 2017-2020 (Appendix 1) was presented and approved at Health and Wellbeing Board. As agreed, the Implementation Plan (Appendix 2) to support the delivery of this Strategy would be developed through the End of Life Programme Board prior to submission to Health and Wellbeing Board in September.

The Implementation Plan will work to ensure best use of the existing resources, building on what has been done to date and develop specific project mandate(s) to continue the collaborative work with and between provider organisations.

The Implementation Plan outlines the prioritised actions to be implemented within the next three years and takes into account the responses from public engagement activities. It encompasses specific outcomes, activities and deadlines to help to ensure that momentum is maintained and that the right progress is achieved in a timely manner.

This Implementation Plan was approved by Wiltshire's End of Life Programme Board on 24 August 2017.

Proposal(s)

It is recommended that the Board:

i) Discuss and approve the Implementation Plan

Reason for Proposal

At a local level, we remain committed to pursuing continuous improvement and identifying new innovations to drive developments in our End of Life Care services. The Adult End of Life Care Strategy was jointly developed by Wiltshire CCG and Wiltshire Council and the Implementation Plan seeks support this and strengthen our priorities and ensure that the commitments and aims to continued service improvement remain relevant.

Presenter name: Ted Wilson
Title: Community and Joint Commissioning Director
Organisation: Wiltshire Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Adult End of Life Care Strategy Implementation Plan

Purpose of Report

This Implementation Plan supports the delivery of the Wiltshire End of Life Care Strategy for Adults 2017-2020. The plan will work to ensure best use of the existing resources, building on what has been done to date and develop specific project mandate(s) to continue the collaborative work with and between provider organisations.

Background

Direction of Travel

The population of Wiltshire in 2016 was approximately 475,870 and this is predicted to rise to 492,630 by 2021[1]. Around 4,000 Wiltshire residents die each year with the majority of deaths occurring in adults over the age of 65, following a period of chronic illness. Wiltshire's population is also aging, with the percentage of over 65 year olds predicted to rise from 20.6% in 2016 to 22.3% by 2021[2]. Life expectancy in Wiltshire is 80.9 for men and 84.1 for women, higher than the regional and national averages[3]. Healthy Life Expectancy is also higher in Wiltshire for females and males compared to national and regional averages[4]. These increases will mean that services for older people are likely to experience increases in demand and there will be a need to plan ahead.

Nationally, most people (67%) express a wish to die at home, but only 22% actually do and 7% of people wish to die in hospital but 51% do. However, 60% of those who initially express a preference to die at home say they would change this view if doing so without support.

In 2015/16 Wiltshire Clinical Commissioning Group (CCG) was ranked 1st in the region for the (lowest) percentage of deaths which take place in a hospital at 38.8% compared to 47% nationally. Home deaths were 26.1% compared to a national average of 23.1%. Overall, 55% of Wiltshire patients died in their usual place of residence with the national average, for 2015/16 at 45.85%.

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[1] Based on Office of National Statistics (ONS) interim population projections based on the 2011 Census [http://www.intelligencenetwork.org.uk/population-and-census/].

[2] Based on Office of National Statistics (ONS) interim population projections based on the 2011 Census [http://www.intelligencenetwork.org.uk/population-and-census/].

[3] ONS. 2015. Life Expectancy at Birth and at Age 65 by Local Areas in England and Wales, 2011-13. See: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-370972

[4] ONS. 2015. Healthy Life Expectancy at Birth for upper-tier local authorities 2011-13. See: http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/healthy-life-expectancy-at-birth-for-upper-tier-local-authorities--england/2011-13/index.html

Process
We are committed to hearing the voices and stories of patients in order to find out what is working well and identify areas for development. Therefore, during the development of the Adult End of Life Care Strategy, it was shared with the following groups to inform its development:

- Wiltshire Dementia Delivery Board
- Carer Support Wiltshire
- Wiltshire Carers Involvement Group
- Spurgeons
- Wiltshire EoL Programme Board

In addition, Healthwatch Wiltshire facilitated three public events in Salisbury, Royal Wootton Bassett and Bradford on Avon in November 2016. Appendix 3 details the public engagement report.

Feedback from the public engagement sessions highlights a number of areas which were important to people who were at the end of life and their unpaid carers:

- Symptom control (especially controlling pain).
- Being treated with respect and dignity.
- Choice – about the location where end of life care is provided.
- Information – provided in an accessible manner for patients and carers.
- The importance of having early discussions about individual wishes.
- Support for unpaid carers and family members.
- High quality staff with end of life training and the ability to put it into practice.
- Continuity of care from clinical professionals and domiciliary carers.
- Good communication between professionals and with the patient and family.

As such, this plan outlines the prioritised actions to be implemented within the next three years (2017-2020) whilst taking into account the responses received from the public engagement activities.

Summary of Priorities
As outlined in the Strategy, the continuing key priorities are:

- For individuals to be able to access appropriate high quality care at all times, to include access to information, education and support to inform decision making and choice relating to end of life care
- To provide improved patient, carer and family centred care.
- To develop a community approach to end of life care with flexibility of services.
- To ensure individuals are empowered to plan for their end of life care.
- To ensure all providers competent in delivering high quality EOL care.
- To support the people of Wiltshire to be cared for and die in their preferred place of care.

Recognising that significant progress has been made in recent years in terms of improving the care of individuals who are approaching the end of life and their carers and that there are a range of high-quality services across the local healthcare economy, there are still important areas for development. Utilising the

public feedback that we received to shape ongoing work and service development and the national framework of Ambitions for Palliative and End of Life Care, progress on whether the aims of Wiltshire's End of Life Strategy are being achieved will be measured by:

- Increase in advance care plans and Treatment Escalation Plans offered
- Reduction in emergency admissions to hospital of people who are approaching end of life care
- Increase in people who die in their preferred place
- Increase in engagement with communities about end of life
- Improved care at home

Subsequently, the Implementation Plan encompasses specific outcomes, activities and deadlines to help to ensure that momentum is maintained and that the right progress is achieved in a timely manner.

Conclusion

This Implementation Plan is intended to support Wiltshire's End of Life Care Strategy, which sets out the local vision for end of life care as personalised, well co-ordinated and empowering patients to make informed choices about their care. Wiltshire's vision is that all patients at end of life, together with those closest to them, are able to express their needs and wishes, and that as far as clinically appropriate and practically possible, these needs and wishes are met.

Partnership working has remained key for many years in delivering improvements in End of Life Care across Wiltshire. Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector will be fundamental to our approach as we move forward.

The improvement in service delivery that is expected from the delivery of the strategy, through this plan, will require ownership and leadership from across the system in partnership with carers, patients, families and others that are important to them.

Next Steps and Recommendations

In September 2015, the National Palliative and End of Life Care Partnership published a national framework for local action 2015-2020[5] . This national framework for action sets out six 'ambitions' – principles for how care for those nearing death should be delivered at local level and eight principles which are the foundations to build and realise the ambitions.

Responsibility for implementing the ambitions of the new framework spans the commissioner and provider spectrum, putting onus not just on CCGs, but on providers, NHS England, Public Health England, local councils, and third sector organisations to take action, monitor progress and influence change.

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[5]Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 [http://endoflifecareambitions.org.uk/]

Acknowledging this, the Implementation Plan sets out to embed the ‘ambitions’ recommendations though:

- Personalised care planning
- Shared Records
- Evidence and information
- Involving and supporting carers
- Education and training
- 24/7 Access
- Informing Co-design of services
- Leadership

The Implementation Plan was approved by Wiltshire’s End of Life Programme Board on 24 August 2017 and will provide 6 monthly progress updates to Wiltshire’s Health and Wellbeing Board.

The Health and Wellbeing Board are invited to discuss and approve this Implementation Plan.

Presenter name: Ted Wilson
Title: Community and Joint Commissioning Director
Organisation: Wiltshire Clinical Commissioning Group

Report Authors: Gail Warnes
Commissioning Manager, Wiltshire Clinical Commissioning Group

healthwatch Wiltshire

Public Engagement on the Wiltshire End of Life Care for Adults Strategy 2017-2020

An independent voice for the people of Wiltshire

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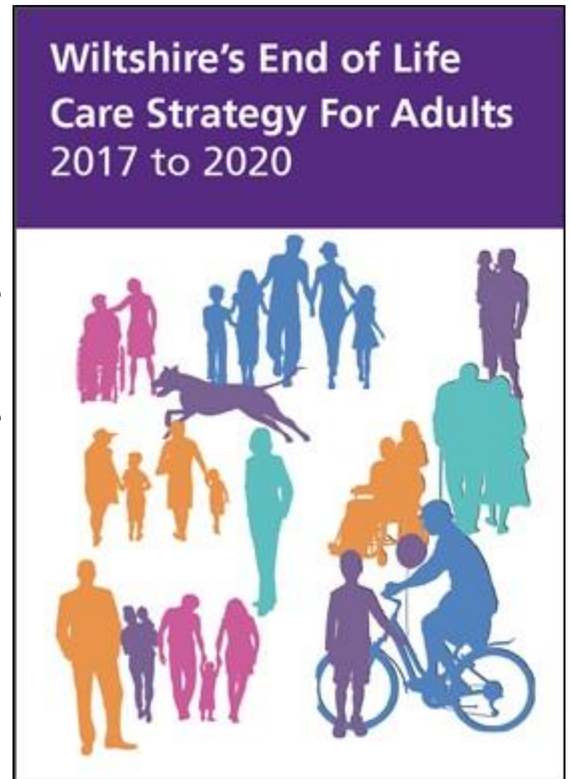
Background

About four thousand people die each year in Wiltshire. Most are older people who had been living with a chronic condition. Compared to ten years ago, more people in Wiltshire are dying at home or in a hospice, and fewer in hospital. Care to support people at the end of life is provided by a range of services including hospitals, hospices, care homes, pharmacies, social care agencies, charities, GPs and community services.

NHS Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council are refreshing the Wiltshire End of Life Care Strategy, and are interested to hear what people think is important in end of life care. This will help them to develop their plans for end of life care in Wiltshire.

Healthwatch Wiltshire was asked by NHS Wiltshire CCG and Wiltshire Council to help gather public feedback on the draft strategy. The feedback will be used to shape the plan for delivering services in the future.



What we did

1. Pre-engagement

The draft strategy was shared with members of the Healthwatch Wiltshire readers' panel (volunteers who read and comment on documents). Nine volunteers fed back with a variety of comments, covering readability, content and potential areas for further work. This feedback was shared with the strategy authors, and was used to inform the version of the strategy used in the wider public engagement.

2. 'Starting a Conversation' events

Healthwatch Wiltshire facilitated three public events called, 'Starting a Conversation about End of Life Care'. At each event, a representative from NHS Wiltshire CCG explained the strategy and plans for end of life services in Wiltshire and answered questions from members of the public. There was also an opportunity for people to feed their views and experiences into discussions in small groups and a chance to visit information stalls held by different organisations which deliver services and support to Wiltshire people at the end of their life (and their families).

“Your voice is our voice”

3. Online questionnaire

An online questionnaire was hosted on the NHS Wiltshire CCG website between 16th November and 13th December 2016. People who were unable to attend the events were encouraged to complete the online survey.

4. Other opportunities to provide views and experiences

Healthwatch Wiltshire work with Dorothy House Hospice on user involvement. The User Advisory Group kindly agreed to look at the strategy and how it links with that of the hospice. Salisbury Area Board Health and Wellbeing Group also provided its views about end of life care. We also examined issues around end of life care raised with us by members of the public as part of our ongoing monitoring of the quality of services.

Who we spoke to

We heard from 91 people in total.

We held public meetings in Salisbury, Royal Wootton Bassett and Bradford on Avon in November 2016. These were attended by members of the public and professionals from various organisations providing services to people at the end of life.

Table 1: Breakdown of engagement numbers

Venue	Members of the public	Health and Social Care professionals	Healthwatch Wiltshire staff and volunteers
Salisbury	9	8	5
Royal Wootton Bassett	7	10	8
Bradford on Avon	5	10	7

5 people fed back on the strategy and end of life care in the county through the online questionnaire.

10 members of the Dorothy House User Advisory Group reviewed the strategy and fed back to us. 7 members of the Salisbury Area Board Health and Wellbeing Group also fed back about end of life care.

“I feel better informed and have a better understanding of the objectives of the strategy.”

Engagement participant

We asked people these questions:

General

- If you are at the end of life, or caring for someone who is, what is most important to you?
- What needs improving now?
- What support does an unpaid carer caring for someone at the end of life need?

Format of strategy

- How easy is the strategy to read? Is it clear?
- Do you feel more informed about end of life care after reading the strategy/ coming to the event today?

Content of strategy

- Is what Wiltshire Council and NHS Wiltshire CCG are doing, and intend to do, right to ensure good end of life care in Wiltshire?
- In terms of the strategy and end of life care, what else could they be doing in the next 3 years? (Do you think there is anything missing from the strategy?)
- Are the success measures right for the strategy? Anything else they should measure?
- What actions do you think need to happen for the strategy to be successful?

Other feedback

- Do you have any other comments on the strategy?
- Do you have any other comments on end of life care?

We used our wider and previous engagement to add to the general feedback about end of life care. People raise things that they feel are important or missing from current services with us through our monitoring of the quality of services and investigations into particular topics, such as dementia.

What people told us

1. Feedback on the strategy format

There was mixed feedback on the format of the strategy. Some people felt that it was clear and well presented, while others found it more difficult to read. This may reflect the variety of people who participated, some members of the public and some members of health or social care organisations.

"It is a nicely presented, clear document."

Engagement Participant

A number of people questioned who the strategy was aimed at, and did not feel that the public was the target group for this document. Acronyms and jargon were not always explained.

“Too much management speak.”

Engagement participant

Members of the public felt that it was written from the perspective of professionals and providers, viewing the public as patients, rather than everyone as people.

The size of the document was mentioned as too large by a number of groups and individuals, with one describing it as “overwhelming”. Participants also felt that it was difficult to look at online and assumed it would be expensive to print out. Participants said that they wanted a simplified or easy read version or summary. They said what they would find most useful would be a two-page document which included sign-posting to services (based on what was offered through the strategy) and phone numbers to access them. The ‘Strategy on a page’ (page 6 of the draft document) was designed to be an accessible, simple to read summary of the strategy. Some groups liked this section and found it helpful in understanding the strategy, while other people felt that this was too wordy and did not contain the information that they would want from a public version.

“A short easy read version for the public is needed.”

Engagement participant

“The strategy is just a professionally presented document laying out lots of good intent but with little accountability... I notice that it is not marked “draft”… I wonder if anything we say will be taken into consideration?”

Engagement participant

Feedback was also received about the way some of the information was laid out. For example, white writing on a colour background can be difficult for some people to read, particularly people with visual impairments. Some participants felt that the graphs were difficult to understand.

2. Feedback on the strategy content

People felt that the strategy lacked information on what would happen next, including targets and concrete actions, and who would be accountable for these. At the meetings, the commissioners emphasised that the public feedback would be used towards the creation of an implementation plan. However, there was an expectation from the public that a strategy would include this information.

“Overall the Wiltshire end of life strategy lacks warmth and a simple vision statement.”

Engagement Participant

“The Wiltshire vision is clear and reinforced throughout the document.”

Engagement participant

Members of the public thought that there was a lack of focus on unpaid carers, although reference is given to the Carers Strategy.

Respondents felt that some consideration of people from different cultures, religions and those without a religion would be beneficial.

3. Feedback about the success measures or “what we want to achieve”

> “Success measures should be measured by an impartial outside body.”
> *Engagement participant*

Most participants agreed that the goals laid out in the strategy as “what we want to achieve” (page 6 of the draft strategy) were admirable and good goals. However, there were questions about how they would be prioritised, and delivered.

Questions were asked about how improvements could be made given the current shortages of trained staff.

> “The emphasis should be on people, not policy.”
> *Engagement participant*

People thought that the goal of increasing the number of advanced care plans and treatment escalation plans was only worthwhile if the use of them was also monitored. They felt that the true test was whether they were used and successfully enabled peoples’ choices to happen. They considered the care to be more important than just having the paperwork in place.

A reduction in complaints about providers of care involved in end of life services was also suggested as a goal for the strategy.

> “All is dependent on the communication skills, kindness and dedication of the staff delivering the end of life care.”
> *Engagement participant*

> “The strategy is actually rather short on strategic actions to be taken to achieve the stated goals.”
> *Engagement participant*

> “It was good to read the patient/family/carers are the focus and especially they would continue to listen to the needs of the local population.”
> *Engagement participant*

4. What is important to people at the end of their life?

People who took part in the engagement identified a number of areas which were important to people who were at the end of life and their unpaid carers:

- Symptom control (especially controlling pain).
- Being treated with respect and dignity.
- Choice – about the location where end of life care is provided and ensuring individual wishes around particular care options are respected
- Information – provided in an accessible manner for patients and carers, covering what is available (that the person is eligible for) and what they can expect. Every group said that online information was insufficient, and hard copy and face to face information was also vital.
- The importance of having early discussions about individual wishes, and decisions such as Power of Attorney, and Advance Care Planning. This was especially mentioned in relation to people who are living with dementia.
- Support for unpaid carers and family members, including a single key person supporting a person at the end of life and their unpaid carers, coordinating all the professionals involved in care and able to signpost to other sources of support.
- High quality staff with end of life training and the ability to put it into practice.
- Continuity of care from clinical professionals and domiciliary carers.
- Good communication between professionals and with the patient and family.

Many of these are areas that fall within in the draft strategy priorities. However, these are also combined into the aims in the current (2014-2016) strategy. We know that there are people for whom these aims are not always achieved. People who took part in the engagement identified areas that they thought could be improved:

1. The 'visibility' of death and the societal view of dying, and the encouragement of early discussions about peoples' wishes and options;
2. Recognition that someone is coming to the end of their life, so information/services/support can be accessed without delay;
3. Availability of domiciliary care, and responsiveness of systems to adapt to reflect changing circumstances requiring changes in the amount of care (both especially raised in relation to Continuing Health Care, but also more generally);
4. More communication and collaboration between services and less duplication across services;
5. Communication with family members and dying patients, especially those with disabilities or who are otherwise potentially isolated;
6. Patient and carer access to information held about them by professionals;

7. The number of people with dementia referred for end of life or palliative care services;
8. Waiting lists for services, such as bereavement counselling;
9. Availability of end of life and caring skills training for unpaid carers (for those willing to be involved in this role);
10. More support for unpaid carers so that they can spend time with the dying person, not spend their time and energy doing the caring tasks (for those who want it);
11. Support locally for carers, as travelling long distances to access support groups deters people who don't want to spend a lot of time away from their loved one and the effort of travelling was perceived as undoing any of the benefit from support groups;
12. Inconsistency of services across the county, with not everyone able to access all services;
13. Access to medications, including out of hours, especially for people who are without their own transport or otherwise unable to go to pharmacies themselves, and information on pharmacies stocking end of life medications;
14. Inclusion of professionals from beyond health and social care as part of caring communities, such as religious leaders (where appropriate), housing staff, postal workers and solicitors involved in end of life planning;
15. Anticipatory prescribing of equipment as well as medication.

"It reads as being closely aligned to national guidance."

Engagement participant

Some of the feedback we received related to areas beyond Wiltshire, for example the difficulties people face in completing national forms to claim benefits, and the content of national media. Representation of resuscitation in films and on TV may create unrealistic expectations of success. The cost of arranging Lasting Powers of Attorney were also mentioned.

Local people strongly felt that people needed to have earlier conversations about death and dying, within families and in the wider community. Suggestions were made of having end of life champions in local communities.

There were also concerns that any changes happening in health and social care (either within the strategy or beyond it) were more about cost-cutting than about patient welfare. People felt unclear as to how the strategy fits with other developments in health and social care, such as Sustainability and Transformation Plans. For those attending the meetings, this was explained in response to questions. People were interested where funding came from for end of life care. Concerns were raised as to how parts of the strategy could be implemented until personal health budgets were in place, especially as it was felt that these were "in their infancy".

Positive feedback was received about hospice provision, including the outreach and hospice at home services.

Feedback from participants at the meetings included how useful they found the information about services that was available from the information stands.

"Make the strategy more positive and less verbose."

Engagement participant

Challenges

The timescale for this project has been tight. Delays in preparing the draft strategy and online questionnaire meant we weren't able to publicise the events and opportunity to feedback online as much as we wanted. We invited stand holders and asked our volunteers to share information in their communities before the strategy was available, and started publicising to the voluntary and community sector and the wider public a fortnight before the first event, before the survey was online. Obviously, this is not ideal, as people who may have wanted to feed in may not have been able to do so at a convenient time. This may have contributed to the low response rates.

Many of the people who participated through the engagement had not had the opportunity to read the strategy in advance. This meant that they were not able to feed back in depth on the content and format of the strategy, but were still able to share their views about end of life care and what is important to patients and unpaid carers.

Recommendations

1. Commissioners should consider the priorities and concerns raised by the people involved in the engagement when finalising the implementation plan.
2. Once the strategy and implementation plan has been finalised, commissioners should produce a short, accessible document for the public. This should also include signposting information for patients or carers to access services.
3. Future engagement on health and social care related strategies needs to consider how to make the strategy easily available to participants in advance of engagement, to give people an opportunity to read it properly and then be able to comment.

Acknowledgements

Many thanks to the members of the public and organisations who attended the events and shared their feedback. Further thanks to the organisations who shared information at the events, and who publicised the project. We are also grateful to the organisations who invited us to their events to discuss the strategy. Thanks to the members of the Healthwatch Wiltshire Readers' Panel for their comments and Healthwatch Wiltshire volunteers who helped facilitate the events.

Definitions

End of life

"People are considered to be approaching the end of life when they are likely to die within the next 12 months, although this isn't always possible to predict. This includes people whose death is imminent, as well as people who:

- have an advanced incurable illness such as cancer, dementia or motor neurone disease
- are generally frail and have co-existing conditions that mean they are expected to die within 12 months
- have existing conditions if they are at risk of dying from a sudden crisis in their condition
- have a life-threatening acute condition caused by a sudden catastrophic event, such as an accident or stroke".

[*Source: NHS Choices*[(1)]]

Unpaid carer

Healthwatch Wiltshire uses the term unpaid carer to describe anyone who provides care to another person, outside of a professional role. This includes adult carers who are caring for another adult (such as a spouse, relative or friend), parents who are caring for a child who has additional health needs, and young people (including children) who have a caring role.

About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent consumer 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.

healthwatch
Wiltshire

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(1) www.nhs.uk/Planners/end-of-life-care/Pages/what-it-involves-and-when-it-starts.aspx

Why not get involved?

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Like us on Facebook: Healthwatch Wiltshire

January 2017
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Implementation Plan to support delivery of End of Life Care for Adults in Wiltshire: 2017-2020

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
Personalised care planning	All individuals considered to be in the last year of life, will have an opportunity for informed discussion and planning for End of Life Care involving those important to them. Advance Care Plans (ACP) and Treatment Escalation Plans (TEP) will allow individuals to express their preferences for care, set personal goals, and consider appointing a Lasting Power of Attorney.	Each local provider will develop a plan to support implementation of ACP's and TEP's. This should include training for relevant staff groups (GPs, care home staff, community nurses, hospital staff and other professionals). The training will ensure that staff have the necessary knowledge and competence to use these forms in their daily practice.	All EoLC providers and Commissioning Leads	March 2020	• ACP/TEP care home training available in 2016. Additional training sessions to be made available during 2017/18 • ACP used by Community Teams • TEP has STP footprint
Shared Records	The ACP and TEP will be available to the individual, their carer and all services involved in care delivery. Locally this also refers to sharing access to SystmOne (also known as EPaCCs). Where records are shared individuals are more likely to have well coordinated care and are more likely to have their EoLC preferences met.	A robust and clinically safe implementation plan for EPaCCs will continue through the Wiltshire Interoperability Programme. The plan will include appropriate education and training for all relevant staff groups and will secure full collaboration from providers across Wiltshire.	Wiltshire Interoperability Board	March 2019	• Adult Community Services, 50 GP practices, Out of Hours services, now all using SystmOne. • A SystmOne EoL template screen implemented has been rolled • Wiltshire Interoperability Board commenced 2016, key objectives include joining up information sharing across health and between health and social care via SystmOne and the national Enriched Summary Care Record

Evidence and information	Service providers will participate in an agreed range of metrics to collect robust anonymous data, to support quality improvement. As a consequence more comparable information will be available about local services and about the individuals who are accessing the services (and by default information about who are not accessing services) Local health and social care commissioners and providers will sensitively collect and use a wide range of information, including seeking feedback from service users.	There are a range of voluntary national audits and surveys that need to be considered with a view to local organisations contributing data. The CCG will complete the EoL Self Assessment tool to share with EoL Board members to discuss opportunities for improvement which should be adopted locally. The EoL Commissioner Lead will continue to work with the regional EoL SW Reference Group to participate in data collection tools.	EoL Providers and CCG EoL Lead	March 2020	• Providers have revised service specifications (where WCCG is lead Commissioner), relevant KPI's and metrics • EoL Programme Board will include patient stories to evidence patient/family/carer experience of services
Involving and supporting carers	The carer will continue to be acknowledged as part of the caring team, as appropriate. Outcomes for carers should include increased health and wellbeing, reduced isolation and involvement in planning their loved one's care. All population groups should experience improved access to support depending on their specific needs.	Carers now meet eligibility criteria for assessment and support if they have needs arising from providing care to another adult, which poses a risk to their own health or wellbeing. This includes support to: • carry out their caring responsibilities; • maintain a habitable environment; • develop and maintain relationships;	Social Care EoL Lead	March 2020	• Carers EoL information available through Your Care Tour Support website • Carers handbook is in development and will include hard copy information on EoL services/organisations in Wiltshire
Education and training	Every professional will be competent to play their part in the delivery of good EoLC. Local commissioners and providers will seek the support of and use existing training opportunities and develop new training programmes (as appropriate).	The core system-wide training to be provided to different staff groups will be defined by the EoL Programme Board. The providers will then consider how they will deliver this training. This work needs to link into wider workforce development planning processes.	EoL Board and providers	March 2019	• Each provider has internal EoL Training to include statutory training • Providers leading with accreditation schemes
24/7 Access	Every patient will have access to 24/7 services responsive to their needs; this is a system-wide expectation.	Commissioners will, working with their partners, review 24/7 access and develop a plan to address any shortfalls.	CCG EoLC Lead and providers	March 2020	• All 3 hospices in Wiltshire provide Hospice at Home

	Patients and their carers should receive more timely access to services, symptoms should be better controlled and unwarranted hospital admissions should be avoided.	The approach and format of this plan will be consistent with the wider strategic approaches being adopted by WCCG. The plan will be expected to demonstrate the extent to which there is equity of provision on a 24/7 basis and the extent to which the provision meets demand. The plan should include access to: • community nursing • medication • specialist palliative care • equipment • carer support • access to non-acute beds			services • Dorothy House Hospice delivery an additional Enhanced Discharge Service through BCF/CCG funds • Hospices provide advise lines • Medvivo deliver an Urgent Care at Home Service to include care for palliative patients
Informing Co-design of services	Commissioners and providers will involve and seek feedback of those with personal or professional experience of EoLC to inform plans. All health and social care systems will involve people who have personal experience of death, dying and bereavement. Through this process services should be more reflective of service users needs and be more easily accessed.	All providers and commissioners will provide evidence that the local population, professionals and other stakeholders have been involved in planning processes as appropriate.	CCG and WC EoLC Lead, provider organisations	March 2020	• Engagement work with providers and patients during the development of the Adult EoL Strategy • Healthwatch carried out an evaluation of the 72Hour Service, Better Care Fund pilot schemes to support a change in the models pathway to Enhanced Discharge Service, provided by Dorothy House Hospice • Each provider offers networks/forums for opportunity to provide feedback on their services
Leadership	WCCG and WC will create the circumstances necessary for action to improve EoLC. They will further develop plans to support cross-organisational	EoLC will remain a CCG priority. There should be consideration of the need for an annual EoLC forum, enabling	CCG EoLC lead, Social Care leads, provider	September 2018	• TEP has an STP wide footprint • Principle of an EoL STP summit agreed

	leadership and collaborative commissioning with the expectation of continued integration of EoLC providers. Commissioners and providers will ensure that clinical leadership for EoLC is at the heart of individual provider organisations. The role of programmes to promote public discussion of dying, death and bereavement (eg compassionate communities) will continue for local implementation.	all relevant partners to share emerging plans and identify opportunities for system-wide working. All organisations will confirm to the EoL Board that they have an executive lead and a named clinical lead for EoLC. These individuals will be accountable for the plans and processes related to EoLC within their organisation.	organisations		by CCG's and supported by Wiltshire's EoL Programme Board • Provider Strategic Partnership commenced to progress with practicalities of delivering strategy

Wiltshire's End of Life Care Strategy For Adults 2017 to 2020

Strategy prepared by:

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- Kate Blackburn, Public Health Consultant, Public Health, Wiltshire Council
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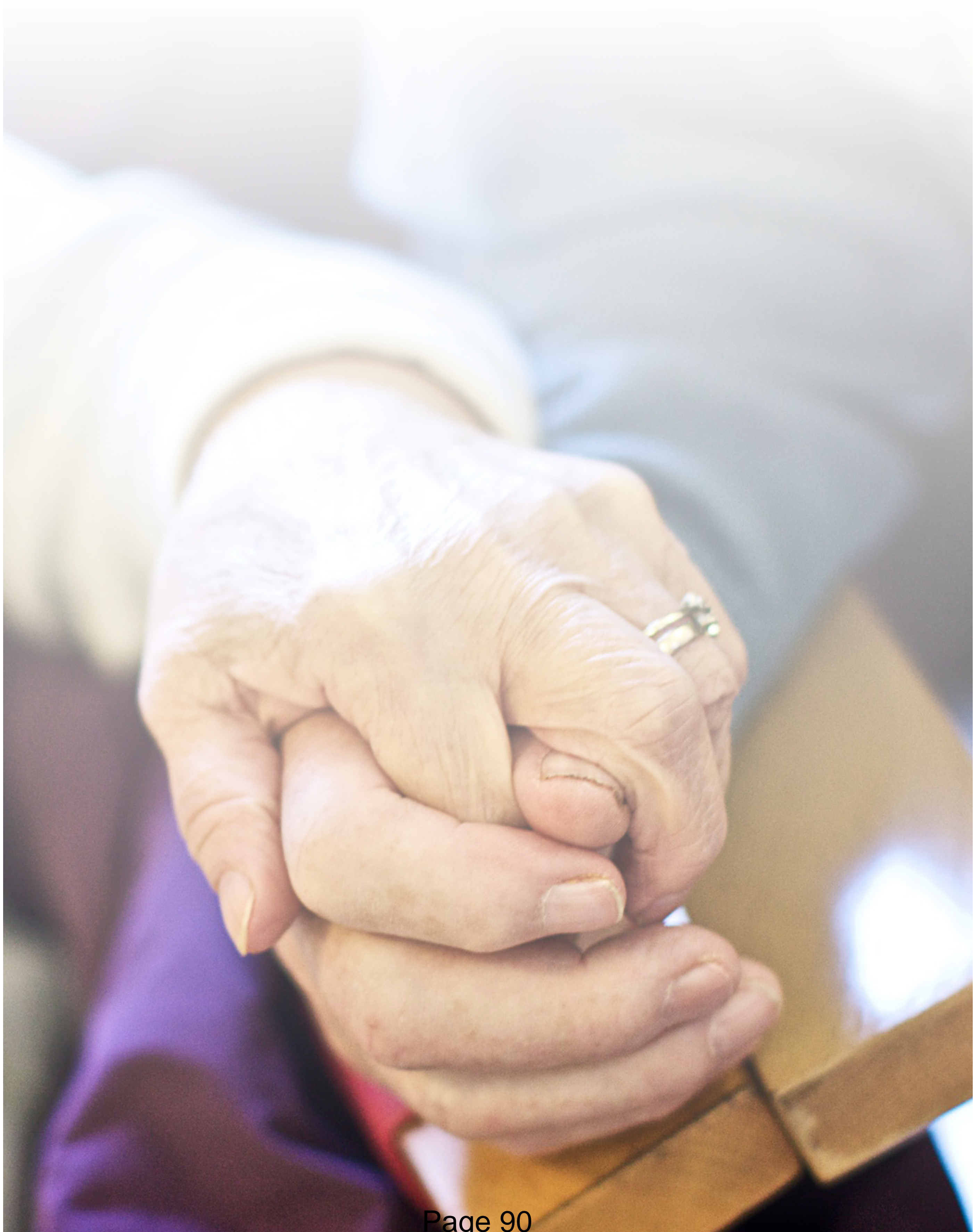

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> *How people die remains in the memory of those who live on.*

Dame Cicely Saunders (1918–2005) founder of the modern hospice movement

Foreword

On behalf of Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group, we would like to welcome you to our joint, refreshed, End of Life Care strategy for adults.

The provision of Palliative and End of Life Care for our patients represents one of the most challenging areas of health and social care practice, but also one of the most rewarding for the professionals involved. No two patients are the same, and we are privileged to be able to support and care for patients and their carers at this unique time in their lives. But we only have one chance to get it right.

It is vital that in addition to effective clinical practice we are also developing approaches to end of life care that include a focus upon improving health and wellbeing in the face of life-threatening/limiting illnesses, caregiving and bereavement, and actively involve patients in their own end of life care concerns.

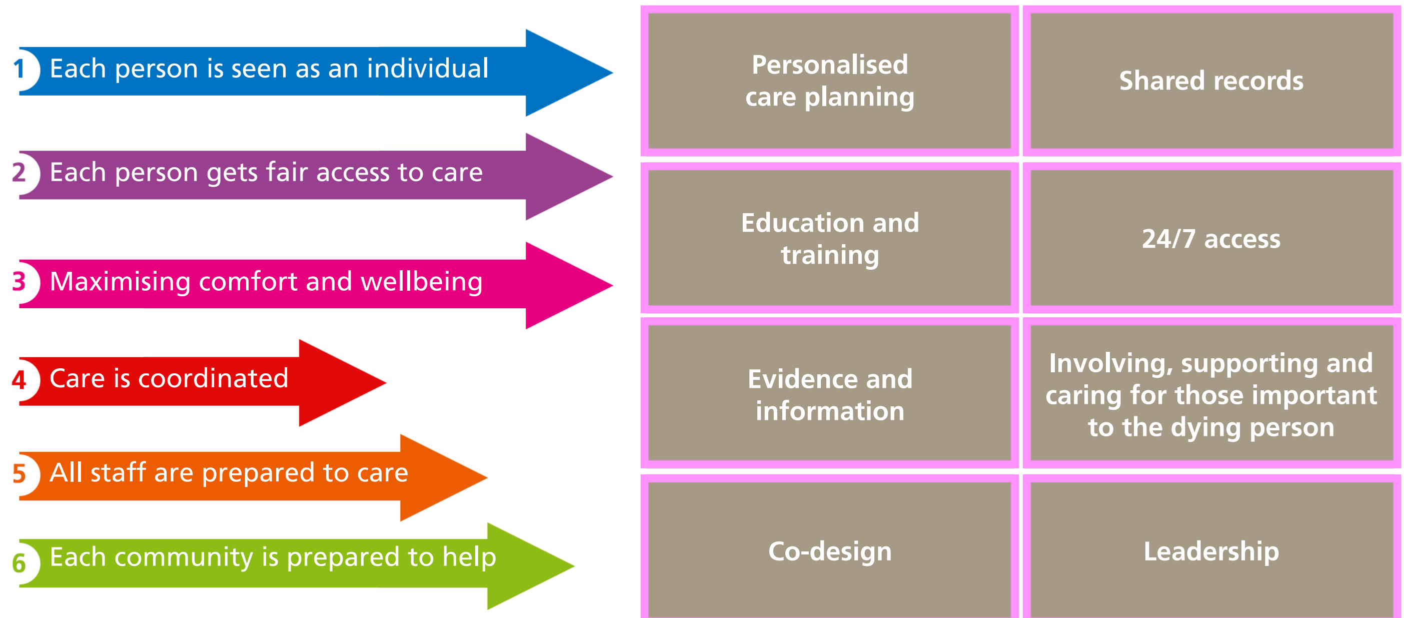
Wiltshire's End of Life Care Strategy sets out the local vision for end of life care which is personalised, well co-ordinated and empowers patients to make informed choices about their care. Our vision is that all patients at end of life, together with those closest to them, are able to express their needs and wishes, and that as far as clinically appropriate and practically possible, these needs and wishes are met.

This refreshed strategy reinforces our commitment to improving and developing end of life care and support services. It adopts a community approach to end of life care that integrates clinical, psychological, spiritual and social efforts in recognition that death, dying, loss and care take place in everyday life within the family and community. We will seek to raise awareness of death, dying, loss and care and provide a compassionate approach to end of life care which incorporates sustainable networks of care that adapt and are flexible depending on need and demand.

We will respond to national and local guidelines and best practice models, and listen to patients, carers and families so that we can continually enhance the quality of our services. This strategy builds on its predecessor that was first published in 2014. Since this time we have made significant progress and have worked collaboratively with our providers to implement a range of innovative end of life care services. Partnership working has remained key for many years in delivering improvements in End of Life Care across Wiltshire. Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector will be fundamental to our approach as we move forward.

This strategy clearly aligns with the aims of the Wiltshire Better Care Plan which is to provide more specialist care for the patient in their own home and community and take active steps to enhance the wellbeing and independence of the service user.

In September 2015, the National Palliative and End of Life Care Partnership published a national framework for local action 2015-2020[1]. This national framework for action sets out six 'ambitions' – principles for how care for those nearing death should be delivered at local level and eight principles which are the foundations to build and realise the ambitions:



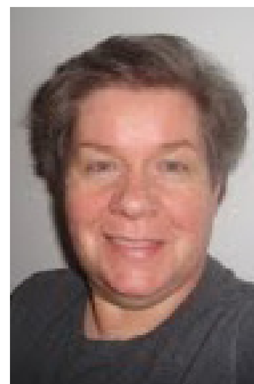
Responsibility for implementing the ambitions of the new framework spans the commissioner and provider spectrum, putting onus not just on CCGs, but on providers, NHS England, Public Health England, local councils, and third sector organisations to take action, monitor progress and influence change.

Acknowledging this, Wiltshire's refreshed End of Life Care Strategy sets out our aspirations for the coming years. We are also committed, in an environment where resources are constrained, to make best use of those available and to deliver value for money. This includes seeking the best experience possible for both patient and carers in the palliative period. As far as the patient's clinical condition allows, the aim is to deliver real choice for patients and meet their wishes, where possible, in the last phase of their life.

By working together to implement this strategy we are confident that we can continue to make a really positive difference to improved end of life care in Wiltshire.

Thank you

Dr Peter Jenkins
Chair, Wiltshire Clinical Commissioning Group



Frances Chinemana
Acting Director for Public Health, Wiltshire Council

End of Life Strategy on a page

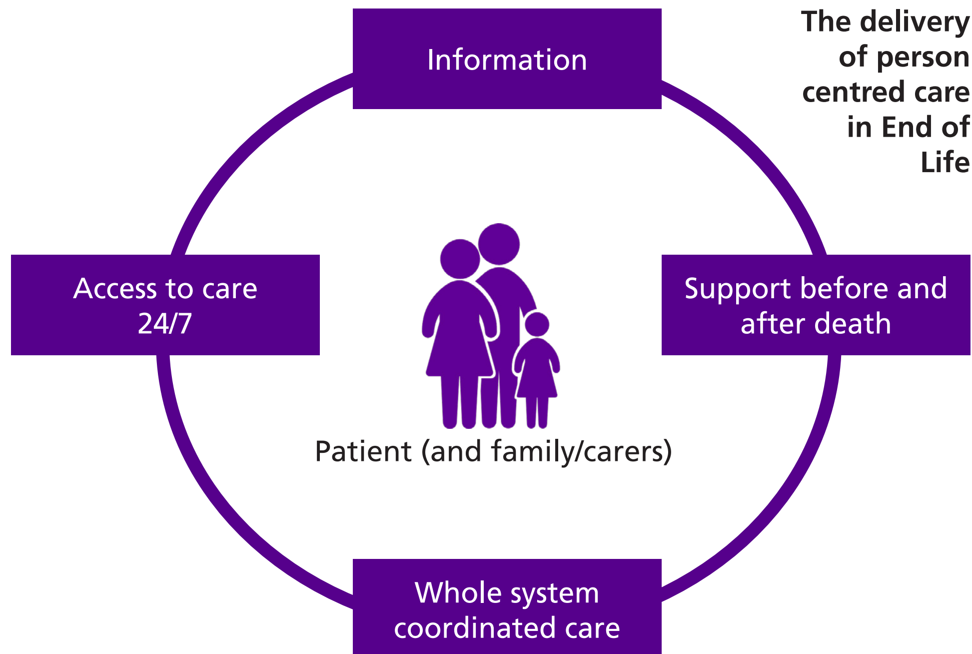
Vision: Our vision is that the patient and their family/carer receive the care and support that meets their identified needs and preferences through the provision of information, education and support and in the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patient's life

Priorities

- 24/7 accessible and appropriate high quality care
- Informed choice for patients and families
- Patient and family centred care.
- Integrated end of life care through further partnerships between all services and communities in recognition that end of life care requires a community approach
- Flexibility of services
- Value for money for services
- Empower individuals to plan for their end of life care
- Improve patient and family experience
- Skilled and competent providers delivering high quality end of life care
- Encourage and support people to think and plan for end of life at the earliest opportunity
- Support the people of Wiltshire to be cared for and die in their preferred place of care
- Reduce inappropriate transfers of care from all settings and faster discharge from hospital

What we are doing

- 72-hour service
- Enhanced Discharge Service
- Electronic Palliative Care Co-ordination systems
- Hospice @ Home
- Wiltshire Dying Well Community Charter
- Education and training
- Treatment Escalation Plans
- Advance Care Plans
- Community pharmacies



What we want to achieve

- Increase in advance care plans and Treatment Escalation forms
- Increase engagement with communities about end of life so that those affected by dying and death do not feel abandoned and socially isolated
- Reduction in emergency admissions to hospital of patients who are approaching end of life
- Increase in satisfaction of bereaved families and more support for them in times of crisis
- Increase in people who die in their preferred place
- Reduction in number of hospital bed days of patients wishing to die at home
- Improved care at home

Wiltshire's Aim

Our overarching vision for End of Life Care has remained unchanged for several years, along with our core values, goals and ways of working.

We want to make sure that the highest quality end of life care services are available, through integrated services which embed best practice to meet individual need, so that people at the end of their lives have a 'good death'. In addition we want to adopt a community approach to end of life care that integrates clinical, psychological, spiritual and social efforts to ensure that social isolation and stigma are reduced.

Effective and compassionate care and support will be in place for people who are approaching the end of life so that they can have a dignified, peaceful and supported end of their life. Carers and families will be supported through this time and after their loved one has passed away.

We want to ensure that people are given the support and information that helps them to make a clear choice about where and how they are cared for, supported and die. To make it possible for health and social care services to enable their wishes to be met as far as the patient's clinical condition allows.

Introduction

Wiltshire's End of Life Care Strategy was first published in 2014 and set out a three-year plan for the continued development of End of Life Care for Wiltshire residents. It is now considered to be an opportune time to revisit the strategy, to build upon achievements, and reaffirm our priorities for the next three years so that we will continue to enhance and improve End of Life Care services for the local population, at the individual, family and community level.

End of Life Care is an enduring priority at both national and local levels. At a national level, this is reflected by the fact that personalised and coordinated care are two areas identified in the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020[2].

At a local level, we remain committed to pursuing continuous improvement and identifying new innovations to drive developments in our services. This strategy has been jointly developed by Wiltshire CCG and Wiltshire Council. It seeks to strengthen elements of our previous End of Life Care Strategy and ensure that many of the commitments and aims to continue to remain relevant.

A range of factors influenced our refreshed strategy development, including national and local guidelines and policies, best practice models, feedback from patients and insights from health and social care professionals. The key objectives of this strategy are also to embed the recommendations from the National Palliative and End of Life Care Partnership ambitions framework, which builds on the 2008 Department of Health (DH) Strategy for End of Life Care[3].

It details the current understanding of need, reflects upon progress since the publication of the 2014 strategy, service provision within Wiltshire and the future plans to further develop integrated end of life care for adults. The improvement in service delivery that is expected from this strategy will require ownership and leadership from across the system in partnership with carers, patients, families and others that are important to them.

This strategy acknowledges the importance of current collaborative arrangements between the statutory, community and voluntary sector agencies and recognises that going forward these arrangements need to be strengthened further through local and regional strategic planning. This strategy will be implemented through the End of Life Programme Board and will report to Wiltshire's Clinical Commissioning Group Governing Body and Wiltshire Council's Health and Wellbeing Board.

Defining End of Life

The General Medical Council (2010)[4] has defined End of Life in the manner described below, and the National Institute for Health and Care Excellence adopted the same definition in their Quality Standard for End of Life Care for Adults[5], which was published in 2011.

Patients are 'approaching the end of life' when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

1. advanced, progressive, incurable conditions
2. general frailty and co-existing conditions that mean they are expected to die within 12 months
3. existing conditions if they are at risk of dying from a sudden acute crisis in their condition
4. life-threatening acute conditions caused by sudden catastrophic events.

General Medical Council (2010:8)

As noted in NICE's (2011) Quality Standard[6], "defining when a person needs end of life care is individual and dependent on the person's perspective and that of their health and social care professional".

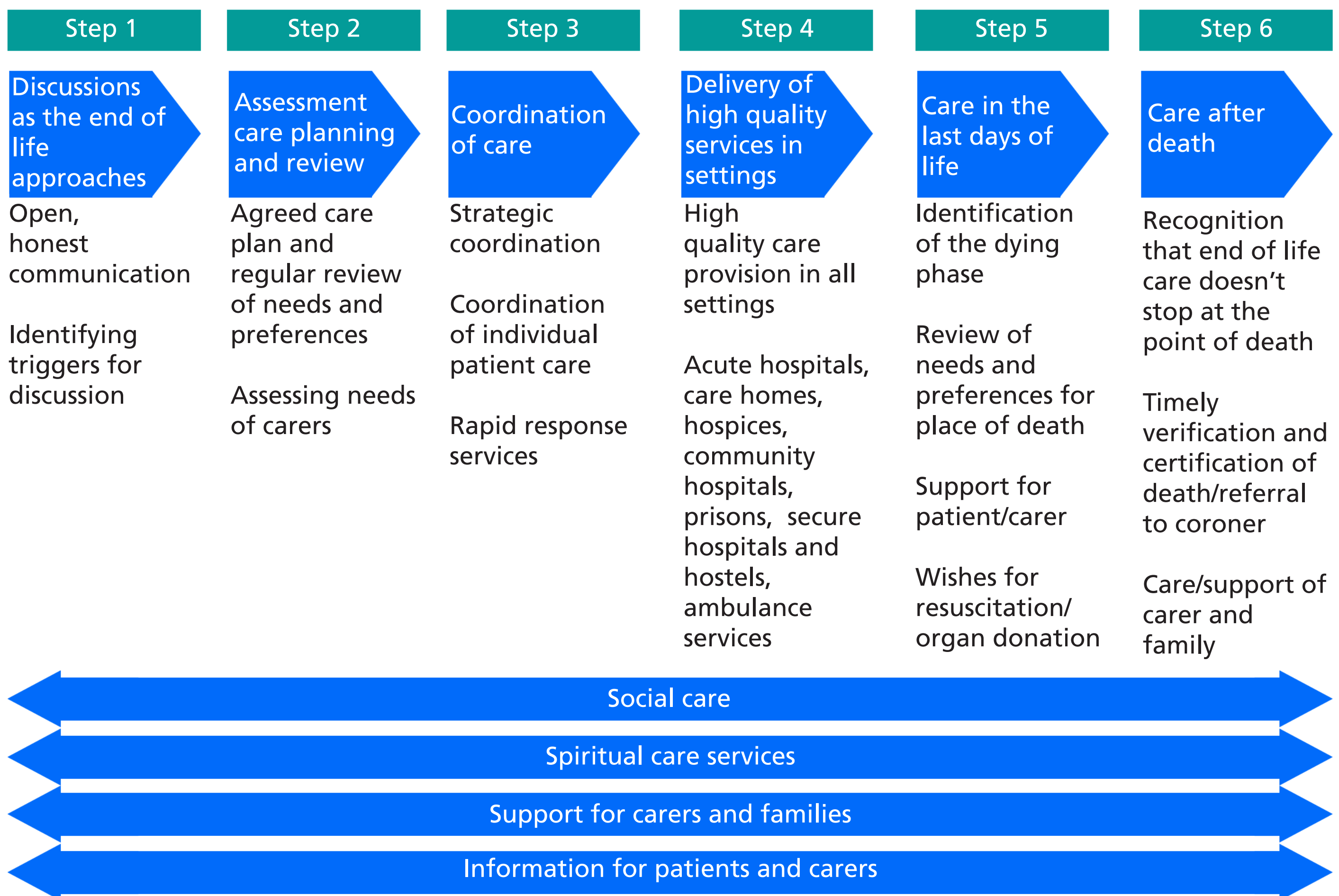
As a result of the complexities associated with identifying when individuals enter the end-of-life phase, many patients will require access to End of Life Care services for a period of time that is greater than a year.

National End of Life Policy

Wiltshire endeavours to keep abreast of, and be responsive to, national strategy, policy and relevant guidelines on end of life care.

Involving people, carers, families and others who are important to them in decisions about their end of life care and improving access to high quality care closer to home at end of life are both key issues for policy.

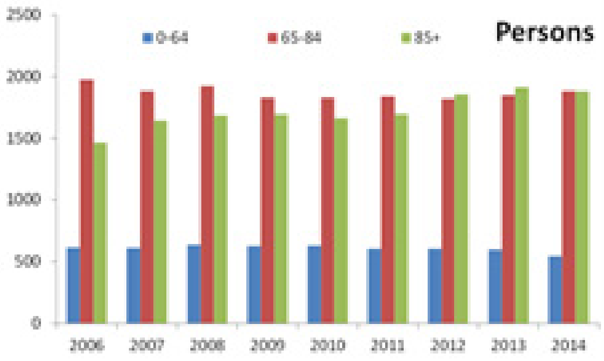
The Government's mandate[7] to the NHS Commissioning Board in 2013 stated that one of the objectives is to 'pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives'.



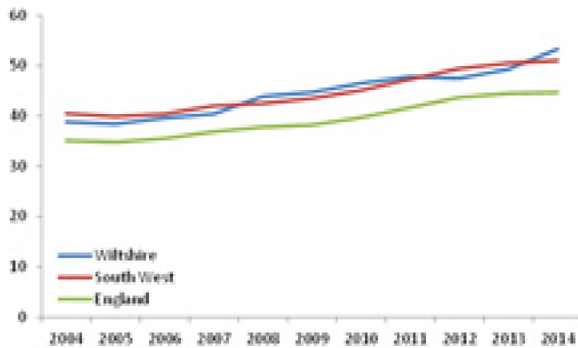
Source: The National End of Life Strategy (DH 2008)

Included in Annex 1 are brief commentaries on some fundamental areas of guidance which have also had an influence on this strategy's development.

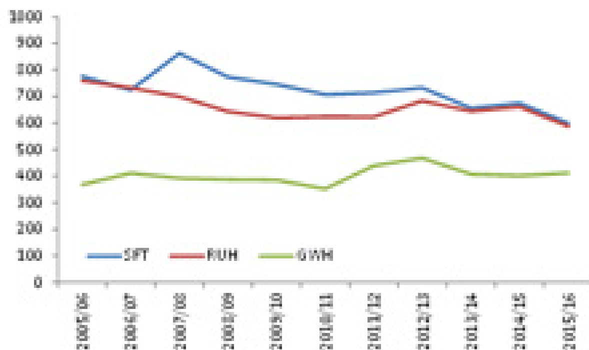
> *[The carers] knew what to do, what to expect ... [and] were more confident in looking after someone who was dying. They cared for the family as well as the patient.*
>
> **Healthwatch Wiltshire Evaluation of 72-hour pathway**



Trend in the number of deaths



Annual trend for the percentage death in the usual place of residence



Trend in the number of deaths at the 3 main acute trusts

> *"The Palliative care nurses were so professional and helpful – I really felt supported."*

Healthwatch Wiltshire Evaluation of 72-hour pathway

National and Local Context

The What We Now Know Report[8] (reflected in Annex 2) illustrates the needs of the national population for End of Life Care:

- There are changing trends in the age of death, with increasing numbers of deaths in people aged 85 and over and a decreasing trend in people aged 65 to 84. The older age group has a greater likelihood of frailty and multiple illnesses
- 36.2% of deaths in England are in the 85 and over age group. Approximately 50% of all female deaths occur in women aged 85 and over, and 30% of all male deaths.
- Although 70% of the public say they are comfortable talking about death, most haven't discussed their end of life wishes or put plans in place.
- Home is the preferred place of care and death for the majority of people and most do not change this preference. However, a substantial minority do not make home their first choice or change their minds.

The population of Wiltshire in 2016 is approximately 475,870. This is predicted to rise to 492,630 by 2021 . Wiltshire's population is also aging, with the percentage of over 65 year olds predicted to rise from 20.6% in 2016 to 22.3% by 2021.

Around 4,000 Wiltshire residents die each year. The majority of deaths occur in adults over the age of 65, following a period of chronic illness. Information suggests there has been a decline in the percentage of deaths happening in hospital from around 55% in 2006 to around 40% in 2014 which correlates with the percentage of deaths in a hospice or at home increasing.

More detailed end of life demographics is captured under Annex 2.

Wiltshire's End of Life Care Strategy will link closely with a number of other key strategies and work programmes including the Dementia Strategy, Cancer Strategy and Carers Strategy.

Wiltshire's Strategy

The End of Life Care Strategy is a refresh to reaffirm the vision and direction of travel for end of life care in Wiltshire. The work has and will continue to be taken forward by making the best use of existing resources within the system. Delivering the strategy, building on the work to date will need the development of a multiagency plan and will require resources in terms of staff, technology etc within and across organisations to work differently.

The strategy is underpinned by the principle of an active and compassionate approach to end of life, that ensures respect for, and dignity of, the patient and their family and carers. The continuing key priorities are:

- For individuals to be able to access appropriate high quality care at all times.
- For individuals, families and carers to have access to information, education and support to inform decision making and choice relating to end of life care
- To ensure informed choice for patients, carers, families and others who are important to them.
- To provide patient, carer and family centred care.
- To develop a community approach to end of life care which include health promotion, prevention and harm reduction and reduces the risks of social isolation and stigma.
- To have flexibility of services.
- To provide value for money for services.
- To ensure individuals are empowered to plan for their end of life care.
- To improve the experience for patients, carers, families and others who are important to them.
- To ensure all providers are skilled and competent in delivering high quality EOL care.
- To encourage and support people to start thinking and planning for end of life at the earliest opportunity and whilst they are well able to contribute to decisions affecting their future care.
- To support the people of Wiltshire to be cared for and die in their preferred place of care.
- To reduce inappropriate transfers of care from all settings.

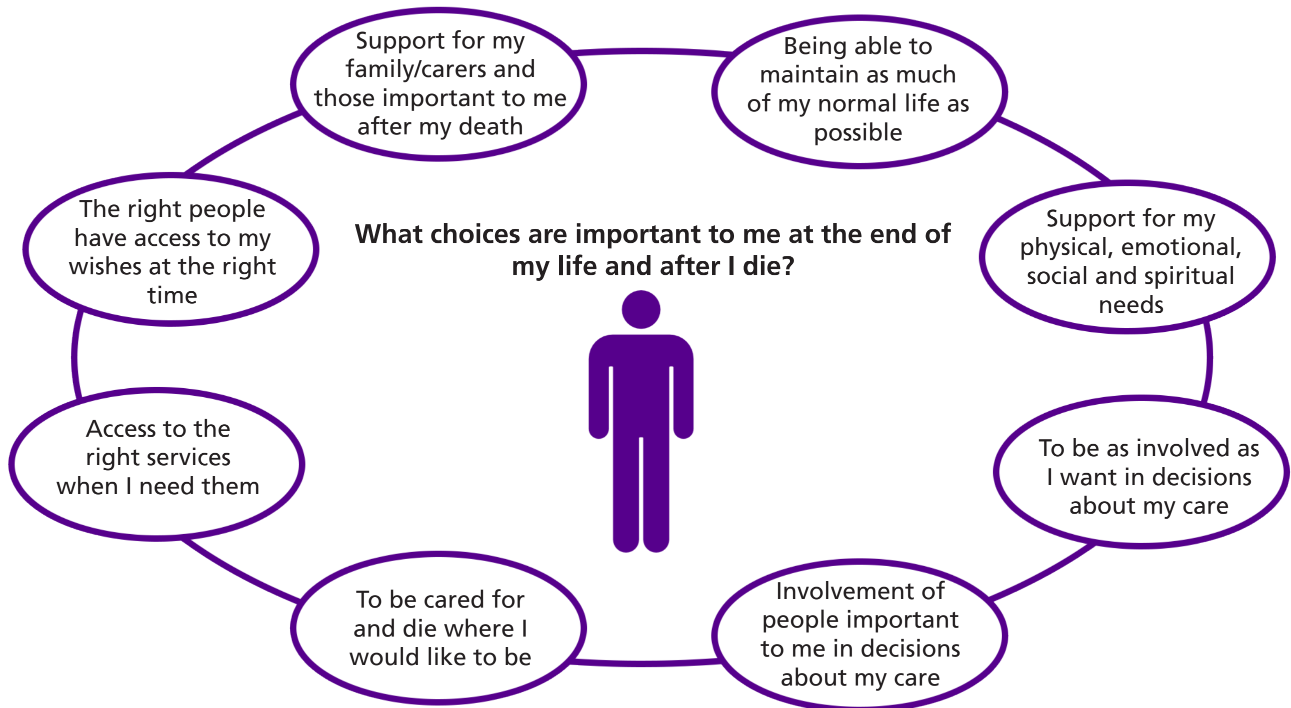
Patient and Public Perspectives

We are committed to hearing the voices and stories of patients in order to find out what is working well and identify areas for development. They help to reveal how progress in recent years has improved services and the quality of care for patients.

We intend to work with providers to ensure that feedback from patients who are approaching the end of life and their carers, families and others who are important to them is captured in a sensitive and meaningful way to ensure that it can be used to make continual improvements in the services which are offered and can help to inform commissioning decisions in the future.

> “*So nice they didn't rush away [after the person had died]… but they stayed until they felt you were ready to cope*”

Healthwatch Wiltshire Evaluation of 72-hour pathway



Exploring the Experience of End of Life Care

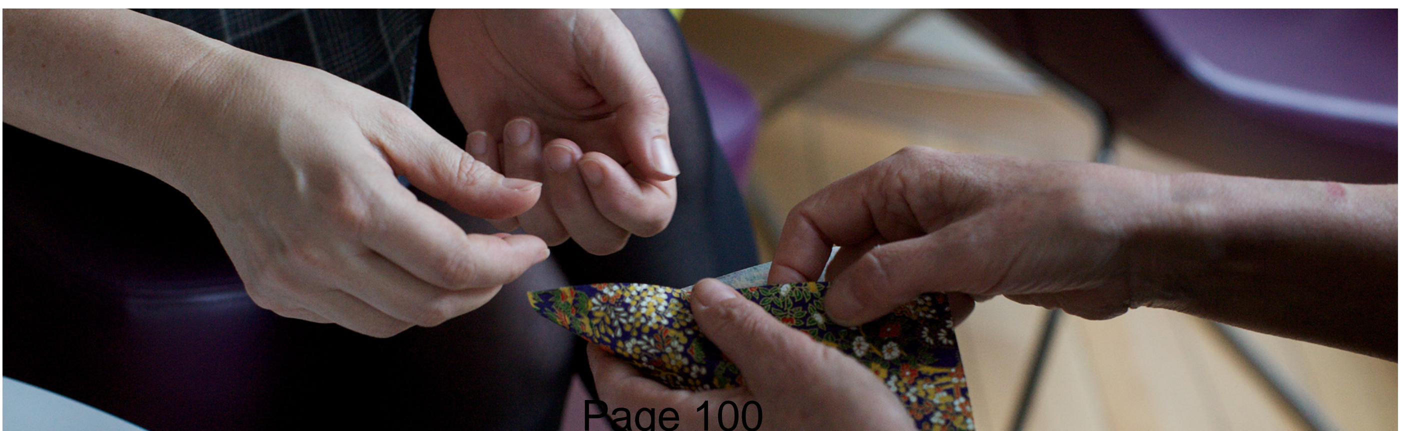
The Patients Association[9], on behalf of Wiltshire CCG, carried out a project to help understand the experience end of life care from relatives of people who had died in Wiltshire in 2014.
The project had three elements:

- a review of the large-scale Office for National Statistics (ONS) Survey for Bereaved People in relation to data for Wiltshire;
- a specifically designed semi-structured questionnaire for relatives of those who had died within the last year in Wiltshire;
- a small number of telephone interviews with relatives.

Forty people replied to the 17-question survey either by paper or online with 10 telephone interviews with people who had replied to this survey, to provide additional depth and insight into the survey findings.

Most respondents to the Patients Association survey rated their relative's end of life care highly, with 24 people saying that care overall in the last three months before death was Outstanding or Excellent; 10 rating it Good; three Fair and two Poor.

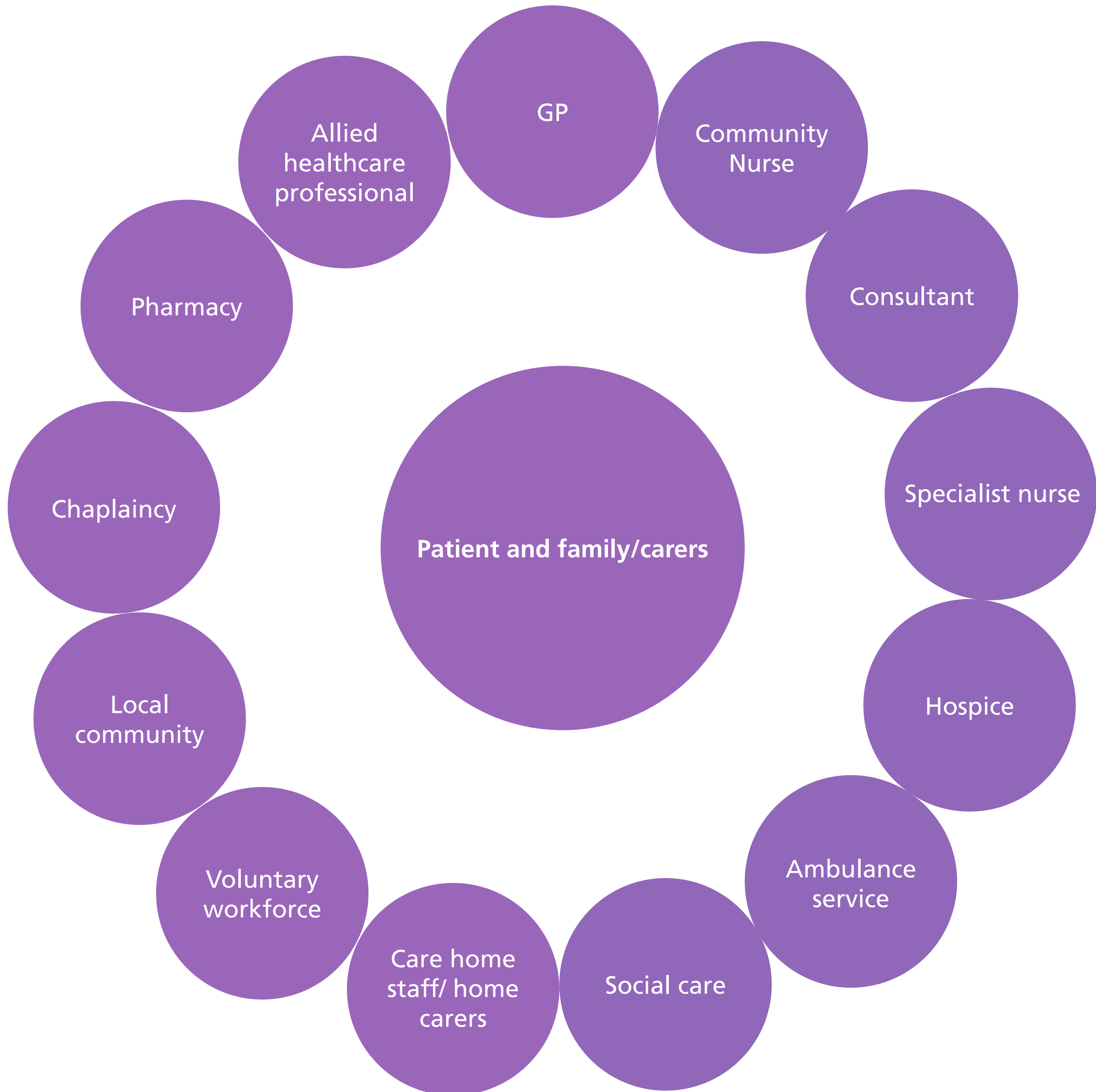
The report concluded with 7 recommendations that the CCG, its partners on the End of Life Programme Board and the health community in Wiltshire more generally, review and use the learning from the relatives to help develop future programmes of improvement.



End of Life Care in Wiltshire

Services

End of Life Care is provided by a range of professionals and services and is delivered in a range of settings across Wiltshire. Bearing this in mind, collaborative working is of fundamental importance in order to meet patients' needs and wishes during the final stages of their lives. Mechanisms to support effective joint working across the local healthcare economy are frequently explored.



The range of health, social and voluntary sector providers involved in End of Life Care

The Wiltshire End of Life Programme Board, which meets bi-monthly, brings together representatives from local providers of end of life care services (including hospices, hospitals and community services) and commissioners to explore issues which span organisational boundaries in order for solutions to be collectively established and taken forward. There is also patient representation at this forum to help to ensure that patients' voices guide service developments and changes.

Outlined in Annex 3 are the key End of Life Care services which are currently commissioned in Wiltshire.

What we are doing

The Better Care Fund (BCF)

72Hour Service

The Better Care Fund pilot schemes provide us with the extended opportunity to improve the delivery of more integrated end of life care designed around individual need. Work to date has included creating local integrated community teams to change the way care is delivered locally, to be more proactive and reduce dependence on acute hospital provision and to enable health and social care resource to be placed around needs of individual.

We have made good progress through the Better Care Fund's 72hr pathway concepts. In order to better support the needs of those with End of Life care needs, two of Wiltshire's hospices (Dorothy House Hospice Care and Prospect Hospice) delivered a pilot for a 72 hour rapid response enhanced End of Life care service, to provide care at home, up to 24 hours a day for up to 72 hours. This has recently commenced at Salisbury Hospice.

The aim of the 19-week pilot was to establish demand, capacity and process for an enhanced service for people with End of Life Care needs. It was designed to prevent inappropriate admissions to hospital and increase timely discharge from hospital, thus reducing unnecessarily prolonged stays.

Each hospice provided a skilled hospice at home carer that was available 24 hours a day (if required) to support any patients within the last year of life who have been assessed as medically stable for discharge or to remain at home with appropriate support.

To enable a seamless service across Wiltshire, the pilot integrated closely with out-of-hours medical services and the existing Urgent Care @ Home service. Joint working with Medvivo enabled the service to be integrated and coordinated across the area.

The service was delivered to 191 people between December 2014 and December 2015. Prospect Hospice supported 101 people, while Dorothy House Hospice Care provided care to 90 people.

Enhanced Discharge Service

Following the successful evaluation of the Hospice at Home 72 hour pilot, but taking into account the ongoing needs of our patients when admitted to hospital, Dorothy House Hospice Care have started a rapid discharge service in collaboration with the Royal United Hospitals Bath NHS Foundation Trust (RUH) and again funded through the Better Care Plan.

This service provides up to 24 hours of care, 7 days a week to facilitate timely discharge for Wiltshire end of life patients who are in the RUH. Whilst this service can only be accessed through the RUH palliative care team we are positive about how this service will help more of our patients to leave hospital quicker to be at home with family and friends.

> *"I hope to have something similar for me"*

Healthwatch Wiltshire Evaluation of 72-hour pathway

Electronic Palliative Care Co-ordination Systems (EPaCCS)

The End of Life Care Strategy (2008)[10] identified the need to improve co-ordination of care, recognising that people at the end of life frequently received care from a wide variety of teams and organisations. The development of Locality Registers (now Electronic Palliative Care Co-ordination Systems known as EPaCCS) were identified as a mechanism for enabling co-ordination.

EPaCCs enable the recording and sharing of people's care preferences and key details about their care at the end of life. EPaCCs enables details of a person's illness and their wishes to be shared to improve coordination of care and allow people's choices to be known to emergency and out-of-hours services. EPaCCs, through SystmOne, is being used in Wiltshire GP practices, hospitals, hospices and community services. Plans are also being developed to extend access to ambulance services.

Hospice @ Home Service

Hospice at home is an integral component of community end of life care bringing the skills, ethos and practical care associated with the Hospice movement into the home environment, putting the patient and those who matter to them at the centre of the care.

Hospice at home services aim to enable patients with advanced illness to be cared for at home, and to die at home if that is their preference. Care may be provided to prevent admission to, or facilitate discharge from, inpatient care for crisis management or for longer periods of care. Care may support times of rapid change, or may be for longer periods of support.

Care is intended to be of the highest possible standard to enhance the quality of life of patients, while supporting carers and families. Hospice at home often works in partnership with many other health and social care professionals to achieve this.

It provides personal care and support for patients and their carers and is recognised to be an important component of End of Life Care service provision which supports patients to remain in their own homes. The needs of the carers are an integral part of the service which aligns with the recognition that emergency services may be more likely to be needed if carers feel unsupported.

The Hospice at Home teams, provided by all 3 of Wiltshire's Hospice providers, work closely with other professionals and organisations in order to meet patients' needs and wishes during the final stages of their lives.

Wiltshire Dying Well Community Charter

Wiltshire's End of Life Programme Board has prioritised developing a Wiltshire Dying Well Community Charter. This will set out to outline a visible commitment by individuals, communities and organisations, working together to support the community we all live in, the people with a life limiting illness, their carers, families and all those who are important to them.

The Charter is a nationally led idea, but the ideas and commitments within it need to be ones that many local organisations will recognise as important and valid for our local community of Wiltshire.

A partnership group has been established to understand how we could best create a Wiltshire Charter as there is more to do to engage communities in the end of life so that those affected by dying and death do not feel abandoned and socially isolated. Importantly, that care for one another at times of crisis and loss is not simply a task for health and social care services but is everybody's responsibility.

Education and Training

We recognise that staff need to have high quality training and support to enable them to care effectively for patients who are approaching the end of life. Wiltshire CCG has a website page dedicated to providing details of our providers that deliver End of Life Care training.

Wiltshire's Community care provider is also providing training for staff who work in care homes, primary care professionals and those who work for agencies who provide community care, and includes areas such as communication skills, advance care planning and Treatment Escalation Plans.

> *"I am so grateful this service exists and that we were able to access it"*
>
> **Healthwatch Wiltshire Evaluation of 72-hour pathway**

Treatment Escalation Plans (TEP)

Treatment Escalation Plans, to improve the experience of patients, carers, families and others who are important to them, was launched across Wiltshire in December 2014. The aim is to ensure the wishes of patients and their families are communicated between health providers. This was developed as part of the multi-agency End of Life Programme Board and involved patient representatives, hospital and hospice staff and GPs.

The implementation of the plan is being supported by an education programme for staff and information for patients, carers, families and others who are important to them. Patients who have a Treatment Escalation Plan will be able to discuss the plan at any stage with health professionals and the plan can be altered to mirror the potential changing wishes of patients. Extensive detail to further support the implementation of TEP and to hopefully increase the number of patients in Wiltshire who are able to die in their preferred place, is captured on Wiltshire CCG's website.

Advance Care Plans

The National Council of Palliative Care states that:

> *"Advance care planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. If the individual wishes, their family and friends may be included. It is recommended that with the individual's agreement this discussion is documented, regularly reviewed, and communicated to key persons involved in their care. An ACP discussion might include:*
>
> - *the individual's concerns and wishes,*
> - *their important values or personal goals for care,*
> - *their understanding about their illness and prognosis,*
> - *their preferences and wishes for types of care or treatment that may be beneficial in the future and the availability of these."* [11]

Wiltshire's community services are currently piloting an advance care plan and the evaluation of this, in its current format, is due early 2017 in order this can be formally launched and embedded into practice.

Community pharmacies

A number of community pharmacies, including some which operate a 100 hour per week service, provide an Emergency Access Drugs Service. The pharmacists provide up-to-date information and advice on prescription writing and dispensing to support carers and relatives obtaining supplies of medicines needed for end of life care.

Next steps

In order to continue to deliver our end of life strategy and realise the benefits for patients, their carers and their families a more detailed implementation plan will be developed each financial year by the End of Life Care Programme Board. The plan will work to ensure best use of the existing resources, building on what has been done to date and develop specific project mandate(s) to take collaborative improvement work forward to ensure overall delivery of this strategy.

How we will continue to measure progress

To achieve our aims, we must recognise patients approaching the end of life, record their wishes and provide care to enable those wishes to be met, where the patients clinical condition allows. End of life is not a condition and measurements of cause of death have to be interpreted from conditions that you would expect to be palliative towards the end.

Therefore, to determine whether we are achieving this we will need to measure progress by the following performance indicators:

- Increase in advance care plans
- Increase in Treatment Escalation forms
- Increase in patients registered on GPs palliative care register
- Reduction in emergency admissions to hospital of people who are approaching end of life care
- Increase in satisfaction of bereaved families
- Increase in people who die in their preferred place
- Reduction in emergency admissions of people who are approaching the end of their lives from Care Homes
- Reduction in number of hospital bed days of patients wishing to die at home.

As highlighted in this strategy, End of Life Care has been a key area of focus for many years in Wiltshire and there is a strong commitment to pursuing continuous improvement.

Significant progress has been made in recent years in terms of improving the care of individuals who are approaching the end of life and their carers, and there are a range of high-quality services across the local healthcare economy. However, there are still important areas for development which need to be focussed on in the coming years and these are reflected in our reaffirmed commitment to the priorities which are set out in this strategy.

We are committed to continuing to listen to the needs, wishes and preferences of our local population and will use the feedback that we receive to shape ongoing work and service developments.

This strategy provides a vision and direction for end of life care service planning and delivery with the priorities described in this strategy revealling where we think we need to be focussing in the coming years.

To continue the drive for high quality end of life care in Wiltshire, an Implementation Plan will be developed by the End of Life Programme Board following approval of this Strategy. This will outline the prioritised actions to be implemented within the next three years and will take into account the responses from public engagement activities. This will encompass specific outcomes, activities and deadlines. Developing such an implementation plan will help to ensure that momentum is maintained and that the right progress is achieved in a timely manner.

Annex 1

Department of Health (2008)[12]
End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life
The aim of this strategy was to "make a step change in access to high quality care for all people approaching the end of life" (DH 2008:10). The strategy identified 12 key areas, listed below, together with associated actions and recommendations.

1. Raising the profile
2. Strategic commissioning
3. Identifying people approaching the end of life
4. Care planning
5. Coordination of care
6. Rapid access to care
7. Delivery of high quality services in all locations
8. Last days of life and care after death
9. Involving and supporting carers
10. Education and training and continuing professional development
11. Measurement and research
12. Funding

The Department of Health's Strategy highlighted the need to consider the entirety of the patient journey. The End of Life Care Pathway presented in this strategy is shown below, and the relevance and value of drawing upon this when developing services is still recognised.

National Institute for Health and Care Excellence (NICE) (2011)[13]
Quality Standard for End of Life Care for Adults
This NICE quality standard defines clinical best practice within this topic area and covers all settings and services in which care is provided by health and social care staff to all adults approaching the end of life. It does not cover condition-specific management and care or the clinical management of specific physical symptoms.

The quality standard for end of life care for adults requires that services are commissioned from and coordinated across all relevant agencies, including specialist palliative care provisions as well as the voluntary sector and encompasses the whole end-of-life care pathway. An integrated approach to provision of services is fundamental to the delivery of high-quality care to people approaching the end of life and their families and carers.

The standard includes specific, concise quality statements, of which there are 16 relating to the areas listed below.

- Identification
- Communication and Information
- Assessment, Care Planning and Review
- Holistic Support
- Coordinated Care
- Urgent Care
- Specialist Palliative Care
- Care in the Last Days of Life
- Care After Death
- Workforce

Actions for End of Life Care: 2014-16[14]

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Directors of Adult Social Services, charities and groups representing patients and professionals, developed a framework for action.

The document is one component of a wider ambition to develop a vision for end of life care beyond 2015. To work in partnership with all those in health and social care and ensure that living and dying well is the focus of end of life care, wherever it occurs. This framework is aimed at health, social care and community leaders. It builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

Leadership Alliance for the Care of Dying People; one Chance to Get it Right (2014)[15]

The Leadership Alliance for the Care of Dying People (LACDP) developed a new approach for the care of those in the last few days and hours of life. A range of organisations were involved in the development of the approach; the membership of the LACDP included regulatory bodies, professional colleges, national quality organisations, commissioning organisations, charities and academic institutions.

The report sets out five Priorities for Care, outlined below, which apply when it is thought that a person may die within the next few days or hours. These are transferable across settings and should be adopted and delivered regardless of where someone dies. The primary focus is on the needs and wishes of the dying person and their loved ones, who should be at the centre of decision-making regarding treatment and care. The Priorities will be monitored and reviewed, and there is the expectation that they will be revised and developed, based on feedback and findings of new research.

The Priorities for Care align with NICE Quality Standard for End of Life Care for Adults (2011).

Priorities for Care of the Dying Person

The Priorities for Care are that, when it is thought that a person may die within the next few days or hours…

1. This possibility is recognised and communicated clearly, decision made and actions take in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly
2. Sensitive communication takes place between staff and the dying person, and those identifies as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which included food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020[16]

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Adult Social Services, charities and groups representing patients and professionals has developed a framework for action in making palliative and end of life care a priority at local level.

The Ambitions for Palliative and End of Life Care framework, is aimed at local health and social care and community leaders. It builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

This national framework for action sets out six 'ambitions' – principles for how care for those nearing death should be delivered at local level:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

The framework identifies measures such as personalised care planning and shared electronic records that are needed to realise each of the six ambitions, and calls on Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards to designate a lead organisation on palliative and end of life care and to work collaboratively to bring people together to publish local action plans based on population based needs assessments.

Care of dying adults in the last days of life (NICE) (2015)[17]
This NICE guideline was produced in response to the removal of the Liverpool Care Pathway and the recommendations set out by the One Chance to Get it Right Report.

The guideline is intended for all healthcare professionals and other care providers who might be involved in the care of a person who is nearing death in any NHS setting. It is specifically aimed at non-specialists working in primary care or in care homes, and healthcare professionals working in a wide range of clinical specialties who do not have specialist level training in end of life care. It also provides a baseline for standards of care in settings that specialise in caring for people who are dying, such as non-NHS palliative care units and hospices.

This guideline provides recommendations to help healthcare professionals to recognise when a person is entering the last days of life or may have stabilised or be improving even temporarily; to communicate and share decisions respectfully with the dying person and people important to them; and to manage hydration and commonly experienced symptoms to maintain the person's comfort and dignity without causing unacceptable side effects.

The Choice in End of Life Care Programme Board's Whats important to me; A Review of Choice in End of Life Care (2015)[18]
This report identifies the issues people approaching the end of their lives are currently facing and offers a blueprint for how greater choice in end of life care can be achieved. The Choice in End of Life Care Programme Board was commissioned to provide advice to Government on how the quality and experience of care and support for adults at the end of their life, and those close to them, can be improved with greater and better choices. It provides advice on the steps that should be taken to ensure greater choice in end of life care for everyone when they need it, focused around 'a national choice offer' – meaning what should be offered to each person who needs end of life care.
The report also mentions the models of care that have been created for end of life care.

- Commitment to deliver choice in end of life care by April 2020.
- A new right in the NHS constitution for everyone to be offered choices.
- 24/7 end of life care for people being cared to be in place by 2019.
- A clear policy by the Government to make access to social care fast and free.
- More honest and open communication about issues to do with end of life.
- Better support for health and care professionals involved in end of life care.
- Improving awareness of end of life care amongst the public.

Department of Health (2016)[19]
The Government Response to the Review of Choice in End of Life Care

The Government commissioned the Review of Choice in End of Life Care (published February 2015) to provide independent advice on improving the quality and experience of care for adults at the end of their life, their carers, families and others who are important to them, by expanding choices. The Review found that people want to be given the opportunity to make choices relating to their end of life care, but they want their choices to be real choices, based on high quality end of life care services being available in all areas of the country and in all settings.

The Review made 30 recommendations.
In July 2016, the Government published their response to the Review. The response confirms that the Government accepts the recommendations of the Review. It goes on to outline the actions the Government are taking, led by organisations across the health and care system, to meet their ambition for all people to have high quality, personalised end of life care built around their needs.

The Response details the 6 commitments that the government has made to the public to end variation in end of life care across the health system by 2020. These are:

- honest discussions between care professionals and dying people
- dying people making informed choices about their care
- personalised care plans for all
- the discussion of personalised care plans with care professionals
- the involvement of family and carers in dying people's care
- a main contact so dying people and their families know who to contact at any time

The Government conclude that their vision is one of transformation and transparency for end of life care.

Annex 2

Need and Trends in Deaths

National

A review of the Liverpool Care Pathway was undertaken to find out why its implementation was unsuccessful. The What We Now Know Report illustrates the needs of the national population for End of Life Care:

- There are changing trends in the age of death, with increasing numbers of deaths in people aged 85 and over and a decreasing trend in people aged 65 to 84. The older age group has a greater likelihood of frailty and multi- morbidities.
- 36.2% of deaths in England are in the 85 and over age group. Approximately 50% of all female deaths occur in women aged 85 and over, and 30% of all male deaths.
- Population-based studies exploring patterns in the place of death in England between 1993 and 2010 found:
    - Hospital remains the most common place of death
    - An increase in home and hospice deaths mirrors the decrease in hospital deaths in cancer since 2005, and a reversal of British trends in deaths suggest that the National End of Life Care Programme made a difference in end of life care.
    - The proportion of deaths in inpatient hospices increased slightly among people with cancer and non-cancer (0.4% and 0.3%, respectively).
- Although 70% of the public say they are comfortable talking about death, most haven't discussed their end of life wishes or put plans in place.
- Home is the preferred place of care and death for the majority of people and most do not change this preference. However, a substantial minority do not make home their first choice or change their minds.
- Among high-quality studies and excluding outliers, estimates of a preference for dying at home ranged 31% to 87% for patients (nine studies), 25% to 64% for carers (five studies), 49% to 70% for the public (four studies).
- 20% of patients in the ten studies that examined preferences over time changed their preference for place of care or death as their illness progressed.
- A retrospective cohort study of 970 people using hospice services in South West England found that:
    - 75% of people using hospice services who had completed advance care planning (ACP) achieved their choice of place of death.
    - 11% of people using hospice services who had completed ACP died in hospital compared with 26.5% of those who had not completed ACP
    - The preferred place of death for people in hospices in South West England varied between those with cancer and non-cancer diagnoses.

Wiltshire

Around 4,000 Wiltshire residents die each year. The majority of deaths occur in adults over the age of 65, following a period of chronic illness. We live in an ageing society and it is important to understand the trends in mortality in order to understand need and to plan ahead. Figure 1 shows the trend in the number of deaths in three age bands.

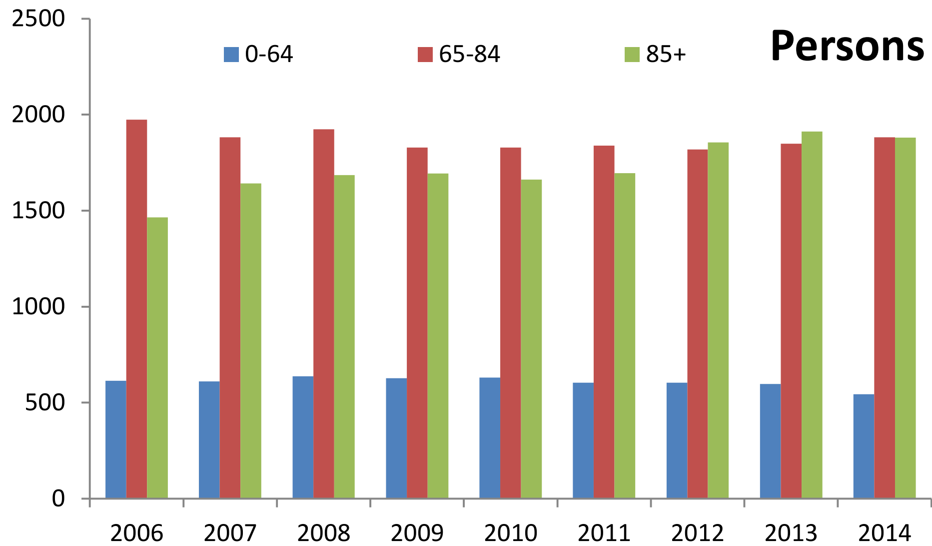


Figure 1

The number of deaths for those aged under 65 is fairly constant. In 2012 the number of deaths for those aged 85 and over was greater than for those aged 65 to 84. This trend has been seen nationally but in England and Wales there are still a greater number of deaths within those aged 65 to 84.

In Wiltshire we see a slight difference between the males and females. Figures 2 and 3 show the trend in the number of deaths by age band for males and females.

Figure 2 – Trend in the number of Males deaths by age band

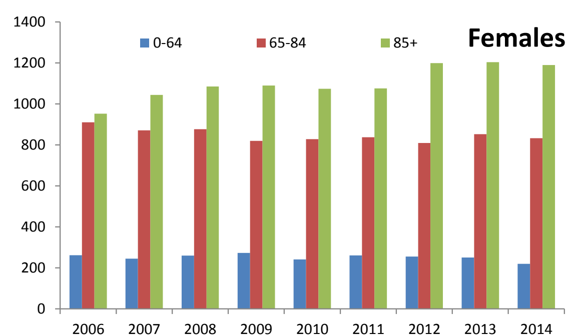


Figure 3 – Trend in the number of Female deaths by age band

In females the trends for both those aged 85 and over and those aged 65 to 84 are consistent with the national picture with increased numbers dying aged over 85 and reducing in the 65 to 84 year olds. In males there is a rise in the number of deaths in people aged 85 and over but deaths in those aged 65 to 84 are fairly consistent and substantially higher than the older age band.

There is little variation between the 3 CCG Groups in the number of percentages of deaths for those aged 85 or over

Preferences for Place of Care and Place of Death

National

The British Social Attitudes Survey, 7% said they would prefer to die in hospital, compared to two-thirds (67%) who would prefer to die at home. The South West survey found that these wishes differed slightly for those who were cancer patients compared to non-cancer patients.

Wiltshire
This data for Wiltshire is currently unavailable for all patients as the database being used at present is not recording this information in sufficient quantities. However, with the GP TPP system being used for EPaCCs, this information should be available going forward as the GPs already input a large amount of information regarding patients at end of life into their database, although at present it is not collated. It should be noted that people do also change their minds regarding their preferred place of death and this needs to be monitored as well.

However, for those looked after by Community Services (in own home), between August 2013 and July 2014, 92% of clients died in their place of choice. 84% had home as their preferred place of death.

Place of Death trends

National
The PRISMA survey across seven European countries determined people's preferences for place of death if faced with a serious illness such as cancer, had less than one year to live, and circumstances allowed them to choose. At least two thirds would prefer to die at home (69% across the seven countries,64% in England). Hospices and palliative care units are the second most common preference (20% across the seven countries. 29% in England).

Place of Death by Demographics

At the beginning of the 20th century it was common for people to die at home, but as the century progressed the rate of home deaths fell while the rate of hospital deaths increased.

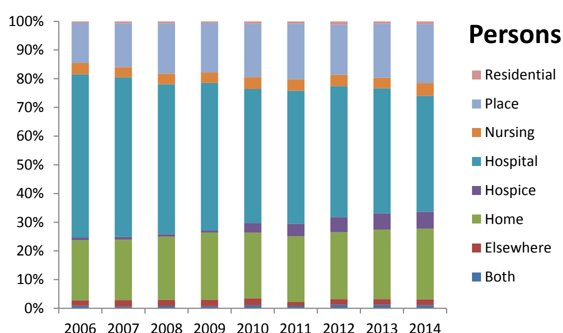


Figure 4 – All Age, All Cause Trend in Place of Death

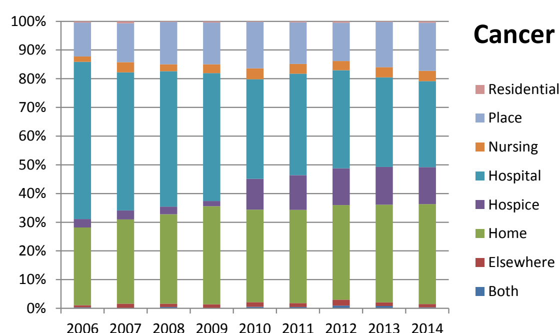


Figure 5 – All Age, Cancer Trend in Place of Death

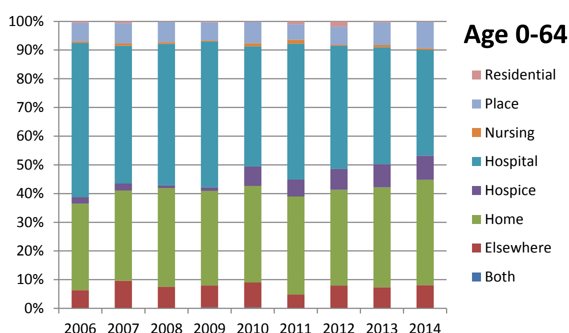


Figure 6 – Trend in Place of Death for those Aged 0 to 64

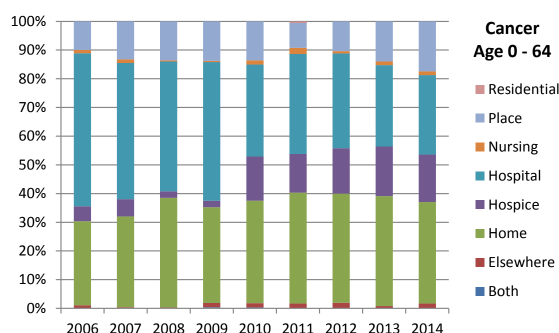
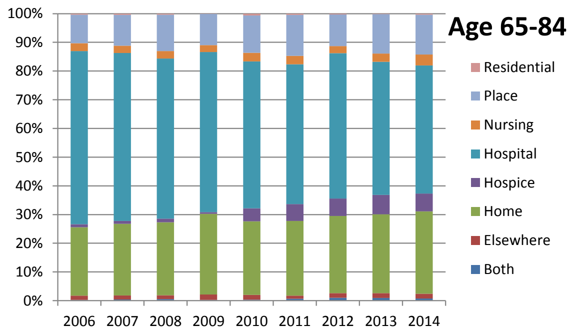


Figure 7 – Trend in Place of Death for those Aged 0 to 64



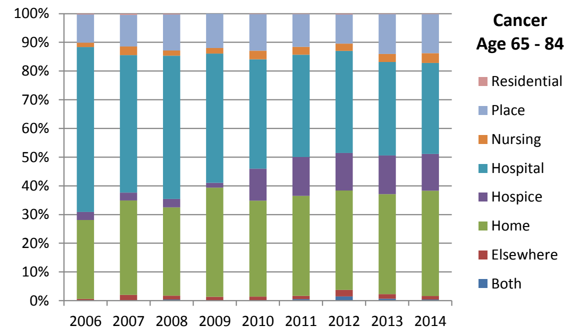


Figure 8 – Trend in Place of Death for those Aged 65 to 84

Figure 9 – Trend in Place of Death for those Aged 65 to 84

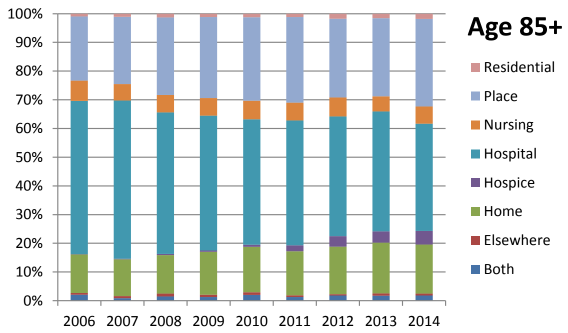


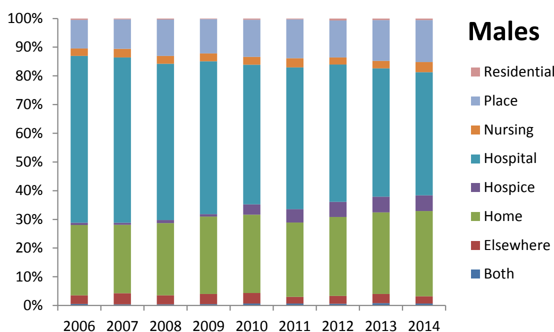
Figure 10 – Trend in Place of Death for those Aged 85+

Figure 11 – Trend in Place of Death for those Aged 85+

This shows the decline in the percentage of deaths happening in hospital from around 55% in 2006 to around 40% in 2014. For patients with Cancer the reduction is even greater from around 55% to around 30%. We also start to see the percentage of deaths in a hospice increasing, as is deaths at home. The percentage of deaths in a Residential or Nursing home has remained constant at around 5%.

Place deaths are those which we are unable to identify as home, or other communal establishment, the percentage of deaths in this group has risen from around 10% to around 20%. There are also differences by age bands, the percentage of those dying at home is greater in the 0 to 64 age group consistently around 30%. For those aged 65-84 the percentage dying at home has increased to close to 30%, while for those aged 85 and over the percentage it is still less than 20%

There is also variation by Gender and Figures 12 and 13 show the trend in place of death for males for all causes and cancer, while Figures 14 and 15 show the female trend.



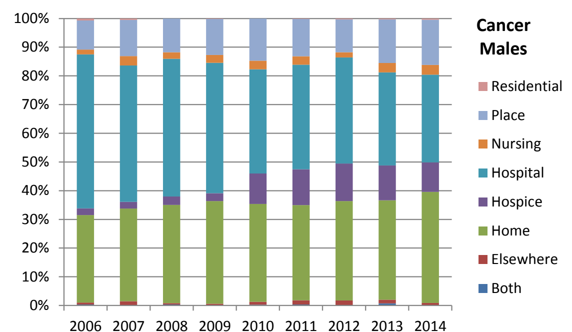


Figure 12 – Trend in the place of death, Males

Figure 13 – Trend in the place of death, Males

Figure 14 – Trend in the place of death, Females

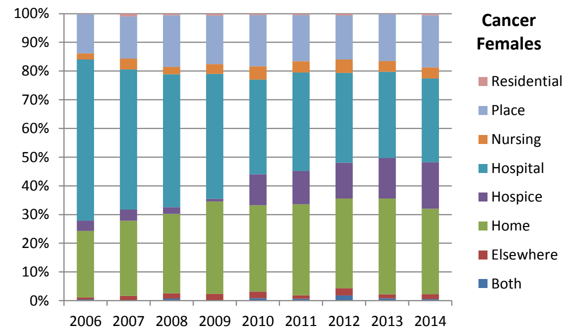


Figure 15 – Trend in the place of death, Females

The percentage of males dying at home or in hospital is greater than that for females. The percentage of females dying in hospital has also dropped by more than for males. The percentage of females dying in a nursing or residential home is greater than that for males.

Geographical Location

To analyse variation across the county we have looked at the trend in place of death for the CCG Groups. Figures 16, 18 and 20 shows the trend in place of death for all causes for the 3 CCG Groups while figures 17, 19 and 21 show the trend for deaths from Cancer.

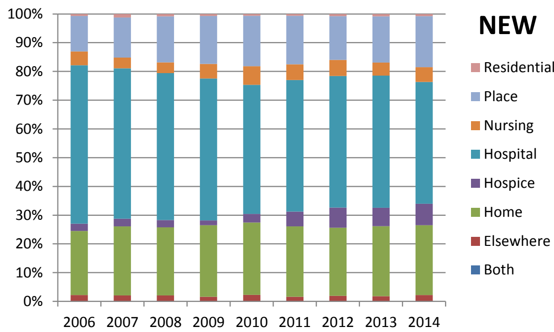


Figure 16 – Trend in Place of Death for NEW

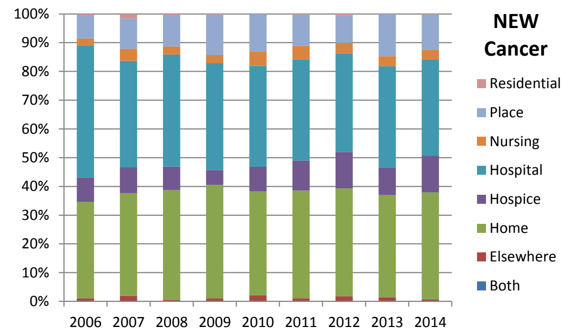


Figure 17 – Cancer Trend in Place of Death for NEW

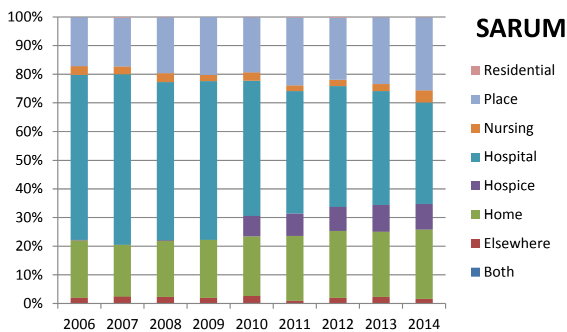


Figure 18 – Trend in Place of Death for SARUM

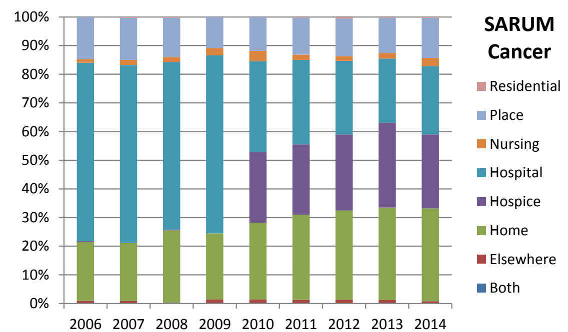


Figure 19 – Cancer Trend in Place of Death for SARUM

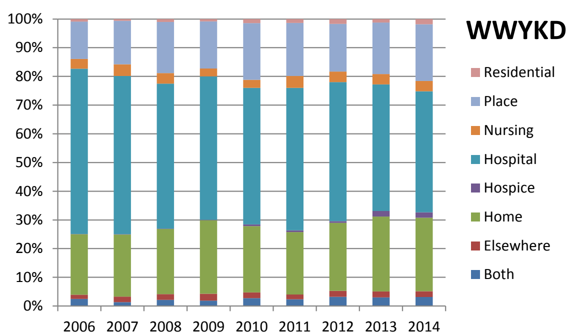


Figure 20 – Trend in Place of Death for WWYKD

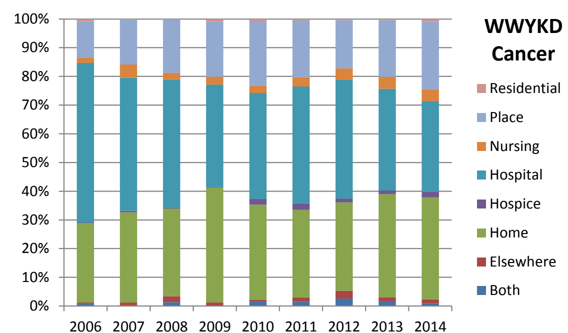


Figure 21 – Cancer Trend in Place of Death for WWYKD

The figures show a wider degree of variation in the 3 areas, NEW is closest to the Wiltshire average with a steady increase in the percentage of deaths at home with a reduction in the percentage of deaths in hospital. There is a small but growing percentage of deaths in a Hospice and this is larger for deaths from Cancer.

In SARUM the percentage of deaths in a hospice jumped from almost nothing to just under 10% for all deaths in 2010 and around 25% of deaths from cancer. This jump in hospice deaths was taken directly from hospital deaths and therefore suggests all that may have changed is the coding.

In WWYKD there are a very small percentage of deaths in a hospice for all deaths and cancer deaths, however there are a higher percentage of deaths in care homes and deaths at home also appear a little higher than the others.

For Community Areas, analysis of place of death of Wiltshire residents was carried out using data about those who died in 2012 and 2013 whilst being cared for by Integrated Teams. Initial analysis has been carried out according to the Office for National Statistics conventions which categorises deaths at care homes (LA and non-LA) and religious establishments as deaths 'at home'.

However, from postcode analysis it can be ascertained that sometimes a care home is a temporary residence. For this reason, the data presented here is split into 6 categories:

- homes;
- care homes and religious establishments as usual places of residence;
- care homes and religious establishments as temporary residences
- Wiltshire's Community hospitals;
- acute hospitals
- hospices

Deaths classified as happening elsewhere and deaths due to external causes, where the setting cannot be managed, are excluded from the analysis in line with ONS conventions.

Deaths at usual residence

CCG Level

The End of Life Care Profiles includes an indicator which measures the percentage of deaths in a person's usual place of residence. Figure 22 shows the annual trend for the percentage death in the usual place of residence for Wiltshire, the South West and England.

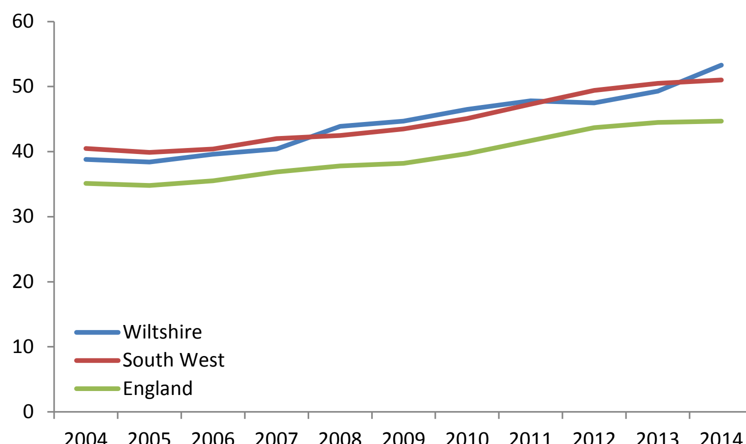


Figure 22

Wiltshire and the South West are around the same percentage and higher than the percentage in England. The percentage in Wiltshire has risen from just under 40% in 2004 to over 50% in 2014. To look at this locally within Wiltshire we have looked at the data in the Primary Care Database and refined the methodology to show the Wiltshire percentage of deaths where the place of death is the same as the usual place of residence or the place of death is coded as home. The trend by CCG Group and for Wiltshire is shown in Figure 23.

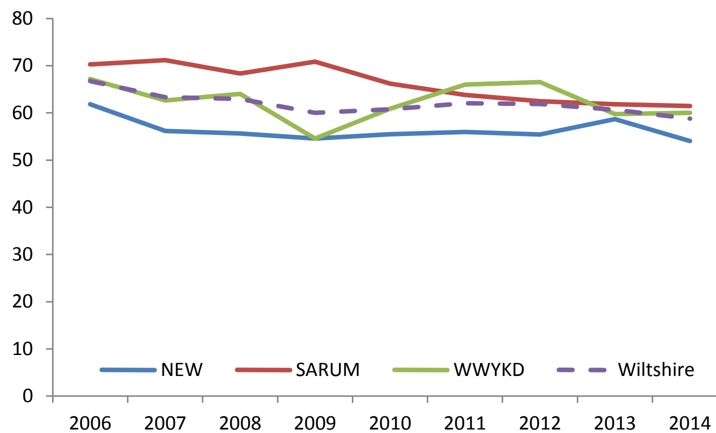


Figure 23

There is a generally a decreasing trend except in WWYKD where the trend was increasing until 2012 when it dropped and has not yet recovered. NEW has been consistently lower than the Wiltshire average. SARUM has also recently been above the Wiltshire average.

The national indicator count those coded as home and those in a care home which may slightly overstate the true percentage as it will include people temporarily in a care home. The local method looks at the address of the place of death and checks it is the same as the usual place of residence. In addition if the place of death is coded as home then this is also included as the usual place of residence.

Hospital Care in the Last Year of Life

National

Information comes from various surveys and audits. The main findings are:
Hospice patients who had advance care planning (ACP) spent significantly less time in hospital. The average time spent in hospital in the last year of life was 18.1 days for people with ACP compared to 26.5 days for those without. The average length of stay for people who die in hospital is 12.9 days.

Wiltshire

The majority of people die in hospital and it is therefore important that quality end of life care is provided. Figure 24 shows the trend in the number of deaths at the 3 main acute trusts which serve the Wiltshire population.

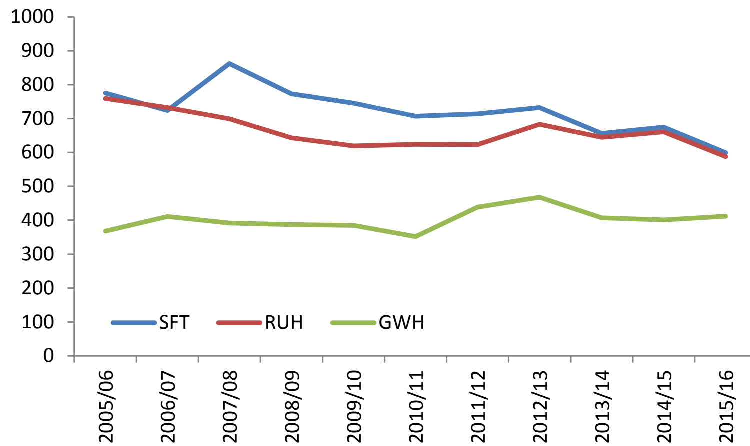


Figure 24

There has been a steady decline in the number of deaths of Wiltshire patients at both RUH and SFT, while admissions have increased by over a quarter. At GWH the number of admissions has almost trebled which is why we see an increasing number of deaths. The crude rate of deaths per spells shows a steady downward trend. Figure 25 shows the percentage of spells which receive palliative care from a specialist team in hospital by 10 year age band and hospital.

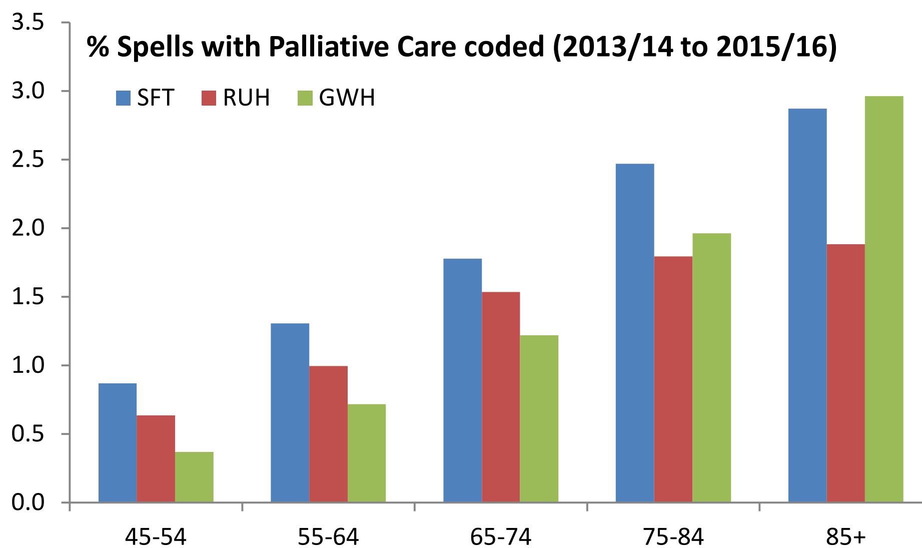


Figure 25

To be able to code palliative care within the hospital data the trust must have a specialist palliative care team. The proportion of spells with palliative care increases with age. As Salisbury FT has a linked hospice it may explain the increased proportion of spells with palliative care. Figure 26 shows the trend in the number of admissions with palliative care coding by hospital for the 3 main providers in Wiltshire.

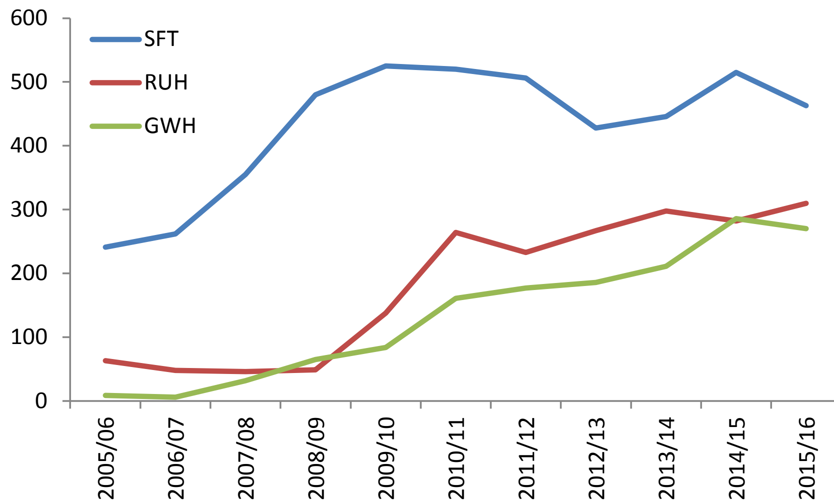


Figure 26

The number of spells at Salisbury was initially much higher than the other 2 trusts but Salisbury seems to have been steady at between 400 and 500 for the last 8 years while Bath and Great Western continue to see growth in numbers.

The earlier analysis looked at all admissions, for which palliative care represents only a very small proportion of admissions, we now look at admissions for neoplasm's which are more likely to involve palliative care in hospital in the later stages of the disease. Figure 27 shows the trend in the proportion of palliative care admissions which relate to neoplasms.

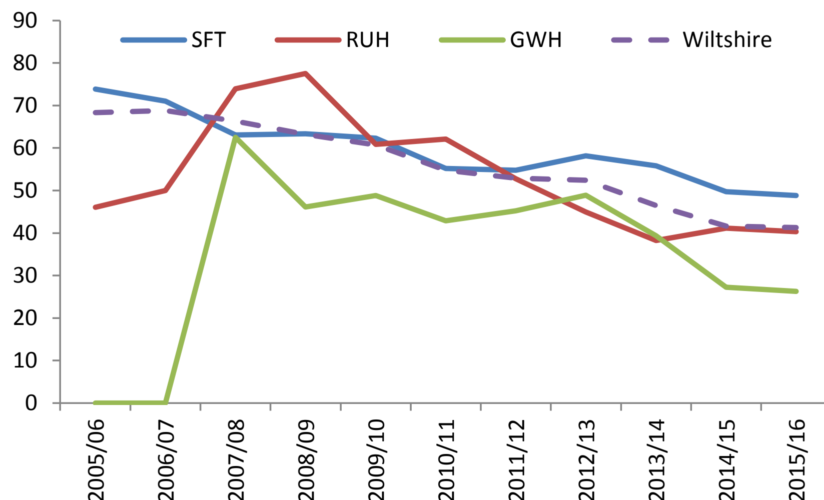


Figure 27

For Wiltshire this shows a reduction from around 70% to around 50%, while the 3 hospitals show variation historically they seem to have generally converged around the Wiltshire Average. This suggests palliative care is being used in hospital for a wider range of conditions.

Social Care in the Last Year of Life

National

Individuals with highest social care costs had relatively lower hospital costs, irrespective of age

- 24.9% received social and hospital care during the last year of life, 64.7% received only hospital care, 2.9% received only social care and 7.5% received neither
- 27.8% of people who died received some form of local authority-funded social care
- On average 14.9% of people who died had some residential or nursing care service in the last year of life
- In the final month before death 24.4% received social care (50% more individuals used care homes in the final months before death than 11 months previously)
- 51.9% of those aged 95 and over had some form of social care compared to only 6% of those under 55

Wiltshire

The above data was obtained from areas that either could already link health and social care data or could set up a linkage process. The data collected by Dr Foster will be linked if possible to social care data. At present, persons are not flagged up in social care as on an end of life care pathway. Going forward, for future this could be linked up as part of the Single View of the Patient work.

Specialist Palliative Care

The national survey of patients accessing specialist palliative care finds that nearly half of all people accessing specialist palliative care in the community died at home while less than a quarter dies in hospital. Figure 28 compares the percentage of 2012 deaths in Wiltshire against the national percentage of people accessing specialist palliative care services taken from the National Survey undertaken by the National Council for Palliative Care

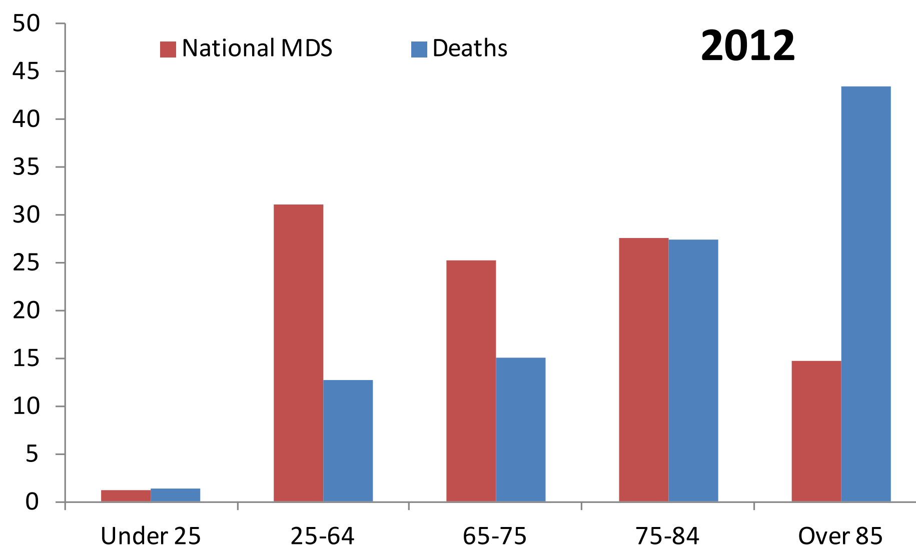


Figure 28

Most people nationally accessing specialist palliative care services are under 75 while most of the people who died were over 75. We have requested a local dataset for people in Wiltshire accessing specialist palliative care services.

Primary Care and Community Services in the last year of life

National

The national primary care snapshot audit in End of Life Care 2010/11 of the provision of EoLC based on use of Palliative Care/GSF Registers in primary care for 502 GP practices in 15 PCTs and 7,200 case notes, over a two-month period found 27% of people who died were included on the palliative care register and of these 23% had a non-cancer diagnosis. Most significantly though it found that those people included on the palliative care register were more likely to receive well-co-ordinated care (handover to out-of-hours, anticipatory prescribing, etc) and more likely to have been offered an advance care planning discussion and to die in their preferred place of choice.

Wiltshire

We can get an indication of the numbers of people registered as EOL on the quality and outcomes framework (QOF), which is part of the General Medical Services contract for general practices. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. From 58 GP Practices within Wiltshire, with 474,987 patients 708 are on the palliative care register (QOF for April 2012 to March 2013), however 30 practices did not participate in the palliative care QOF. This could mean they had no patients requiring palliative care, or that they chose not to participate in the QOF.

Integrated Teams

For the period August 2013- July 2014:

- 298 people on the ePEX EoL registers died. This is EoL care patients being cared for in their own homes by the community health staff.
- 92% died in their place of choice. 84% had home as their preferred place of death.
- There were 15,846 contacts recorded as palliative Care (with 1814 patients).
- If contacts for syringe drivers and fast track care were added this increases to
- 16,778 contacts for 1,836 patients.
- If all contact with patients with a malignancy diagnosis were included the figures were 24,024 contacts with 2,169 patients.
- There were 1547 deaths of patients on the Neighbourhood Teams caseload; 624 of these had received palliative care (40%), the 298 on the register account for 19%.
- The advanced care plan data is the weakest data area as it is entered at the time the patient is recorded on the end of life register, and often gets subsequently overlooked and is rarely updated. For those same 298 patients we are showing 31 with advanced care plans completed, 7 declined, 9 in progress with 251 still showing as not yet offered. There is no advanced care plan data for those not on the register.

Care Homes in the Last Year of Life

National

Areas with high percentages of hospital deaths have the lowest percentages of care home deaths. A qualitative study interviewing 63 care home residents over a year found that core to older people's ability to discuss end of life care is their acceptance of being in a care home, the involvement of family members in making decisions and the extent to which they believed they could influence decision making within their everyday lives.

Wiltshire

Wiltshire has a significantly lower percentage of hospital and hospice deaths than England as a whole, and significantly higher home and care home deaths (NEoLCIN, 2014). Further qualitative information may be gleaned from a survey of residents in care homes.

Quality of Care

National

National Survey of Bereaved People (VOICES): England, 2015

The National Bereavement Survey (VOICES) was commissioned by the Department of Health and administered by the Office for National Statistics (ONS). The key results for 2015 were:

- 3 out of 4 bereaved people (75%) rate the overall quality of end of life care for their relative as outstanding, excellent or good; 1 out of 10 (10%) rated care as poor.
- Overall quality of care for females was rated significantly higher than males with 44% of respondents rating the care as outstanding or excellent compared with 39% for males.
- 7 out of 10 people (69%) rated hospital care as outstanding, excellent or good which is significantly lower compared with care homes (82%), hospice care (79%) or care at home (79%).
- Ratings of fair or poor quality of care are significantly higher for those living in the most deprived areas (29%) compared with the least deprived areas (22%).
- 1 out of 3 (33%) reported that the hospital services did not work well together with GP and other services outside the hospital.
- 3 out of 4 bereaved people (75%) agreed that the patient's nutritional needs were met in the last 2 days of life, 1 out of 8 (13%) disagreed that the patient had support to eat or receive nutrition.
- More than 3 out of 4 bereaved people (78%) agreed that the patient had support to drink or receive fluid in the last 2 days of life, almost 1 out of 8 (12%) disagreed that the patient had support to drink or receive fluid.
- More than 5 out of 6 bereaved people (86%) understood the information provided by health care professionals, but 1 out of 6 (16%) said they did not have time to ask questions to health care professionals.
- Almost 3 out of 4 (74%) respondents felt hospital was the right place for the patient to die, despite only 3% of all respondents stating patients wanted to die in hospital.

Wiltshire
This data is now available at CCG level, however the data is only available for some questions covering overall quality of care, dignity and respect and support for the carer.

- Overall, and taking all services into account, 46.3% of those sampled (CI 41.6-51.0%) rated care in the last 3 months of life as excellent/outstanding compared to an England percentage of 43.2% (CI 42.7-43.7%). This is not significantly different.
- Responses for other areas are below, with ratings according to whether they are significantly higher than the England average (green), no significant difference (amber) or significantly lower (red):

Question	Area	Number	Weighted Percentage and Confidence Intervals
Support for Carers & Family			
Were you or his/her family given enough help and support by the health care team at the actual time of death?- 'Yes,definitely'	Wiltshire	428	59.5 (54.8-64.1)
	England	39,604	59.8 (59.3-60.3)
After he/she died, did staff deal with you or his/her family in a sensitive manner?- Yes	Wiltshire	418	94.7 (92.0-96.5)
	England	38,560	93.5 (93.3-93.8)
Looking back over the last three months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?- 'I was involved as much as I wanted to be'	Wiltshire	429	82.7 (78.7-86.0)
	England	39,121	77.9 (77.5-78.3)
Dignity & Respect			
Overall, do you feel that the care he/she got from the district and community nurses in the last three months was excellent?- 'Excellent'	Wiltshire	192	80.3 (73.9-85.4)
	England	19,037	78.6 (78.0-79.2)
Overall, do you feel that the care he/she got from the GP in the last three months was excellent?- 'Excellent'	Wiltshire	347	82.3 (77.9-86.0)

	England	30,959	72.4 (71.9-72.9)
During his/her last hospital admission, were he/she always treated with dignity and respect by Doctors?- 'Always'	Wiltshire	250	54.9 (48.7-61.0)
	England	24,396	57.9 (57.2-58.5)
During their last hospital admission, were he/she always treated with dignity and respect by Nurses?- 'Always'	Wiltshire	271	48.8 (42.9-54.8)
	England	26,679	49.9 (49.3-50.5)

Table 2: Wiltshire Quality of Care, Dignity and Respect

We can see that, apart from involvement in care and care from GPs in the last 3 months of life, the Wiltshire percentages are not significantly different from England as a whole (although low numbers means wide confidence intervals). It is interesting to note however, that when care during hospital admission is considered, the percentage drops for both Wiltshire and England.

Ethnic Groups

National

Population projections suggest that the numbers and proportions of people from black, Asian and minority ethnic (BAME) groups will continue to increase in the UK and they will represent a larger proportion of older people. Review of the literature reported unmet needs and/or disparities in palliative and end of life care for BAME groups.

Minority ethnic groups with non-cancer conditions and those with lower socio-economic status achieve lower rates of home death.

Compared with people with cancer and aged under 50, people with cancer and aged over 80 are less than half as likely to be prescribed strong analgesics.

Deprivation

Wiltshire

In addition to diagnosis there may be other inequalities related to age, ethnicity, culture, and sexuality, place of death and location of residence. There are differences in the proportion of deaths at home and in a care home, Figure 29 shows the trend by deprivation quintile.

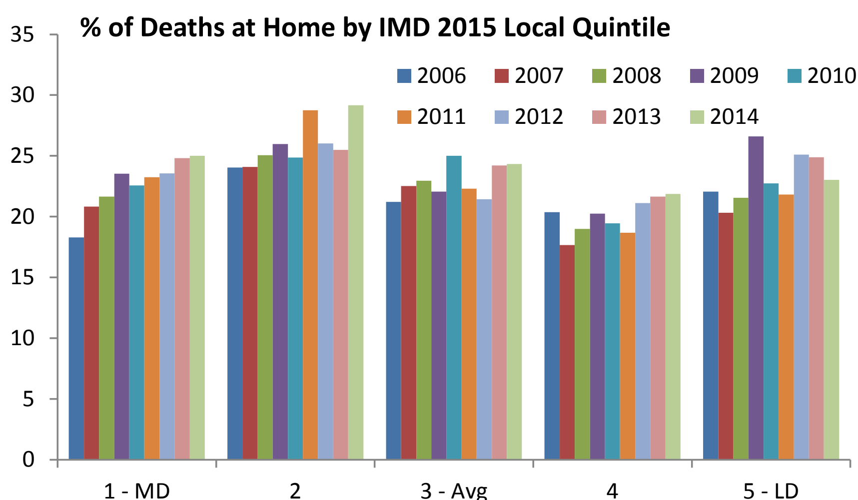


Figure 29

The variance is small by deprivation quintile but while in the least deprived quintile did initially increase they have now peaked, while in the least deprived quintile the proportion continues to rise. There is little variation when analysed by CCG Group but there is still variation within the Clusters, Figure 30 shows the proportion of deaths at home or in a care home by CCG Cluster and Group for 2012-14.

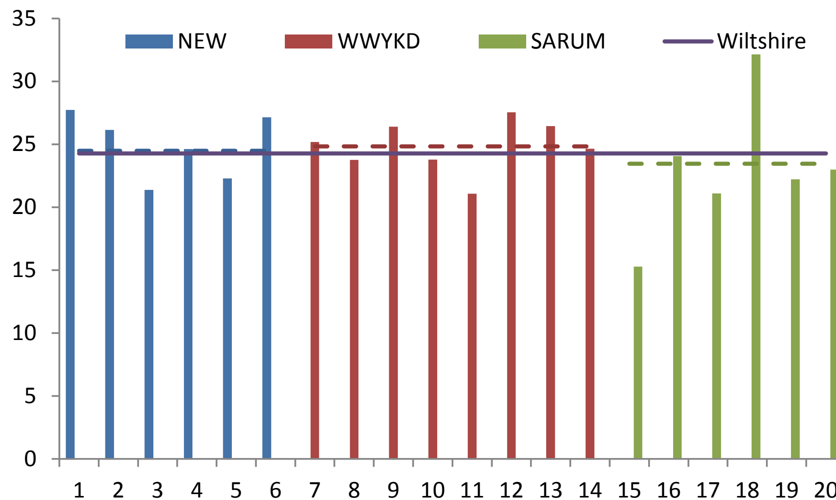


Figure 30

The proportion in NEW and WWYKD is generally around the Wiltshire Average and the majority of clusters within these groups are above the Wiltshire average. SARUM is slightly lower than the Wiltshire Average with all but 1 cluster above the Wiltshire average.

Ethnic Group
At present the percentage of non-white British people over 65 in the population is 0.8%:

	Wiltshire		South West		England	
	Number	**%**	**Number**	**%**	**Number**	**%**
White	84,836	99.2	1,024,632	99.0	8,250,504	95.3
Mixed/multiple ethnic grp	176	0.2	2,577	0.2	33,849	0.4
Asian/Asian British	260	0.3	4,396	0.4	236,275	2.7
Black/African/Caribbean/ Black British	158	0.2	3,097	0.3	114,575	1.3
Other ethnic group	58	0.1	742	0.1	25,326	0.3
Total	85,488	100	1,035,444	100	8,660,529	100

Table 3: Ethnic Group Wiltshire, South West and England

End of life profiles

The End of Life Care Profiles present indicators by Local Authority and CCG, to help commissioners and providers understand the end of life care needs of their populations.

The Wiltshire local authority profile was published in 2012 (http://www.intelligencenetwork.org.uk/EasySiteWeb/GatewayLink.aspx?alId=52494) while the CCG profile (http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/ccg_profiles) was published in April 2014. These provide a snapshot of Wiltshire's position compared to England. They can be used to benchmark and review Wiltshire's position over time.

The main points of interest contained in Wiltshire's profiles are:

- Wiltshire's population is older than England.
- There is a higher proportion of deaths in Wiltshire in older age groups than the England averages.
- Significantly more people in Wiltshire die at home / care home, and less in a hospital/hospice than the England average.
- Apart from liver disease deaths which are significantly lower, people in Wiltshire are dying of similar conditions in similar proportions to England.
- Terminal admission characteristics are similar to England.
- The number of care home & beds is similar to England.

Annex 3 – End of Life Care Services in Wiltshire

Hospices

Our hospices provide holistic end of life care for people with life limiting illnesses, supporting them to die in their preferred place of care. They attend to the physical, emotional, psychological and spiritual needs of people approaching the end of their life through day services, as an inpatient facility or at the patient's home. They offer a range of services for their patients, carers, families and others who are important to them that include clinical, nursing and therapy services, alternative therapies, counselling, respite care, chaplaincy, welfare and financial advice.

Currently the CCG provides funding to three hospices: Dorothy House Hospice Care in Winsley, Bradford-on-Avon, Prospect Hospice in Wroughton, Swindon and Salisbury Hospice to cover the south of Wiltshire.

Hospitals

It has been identified that given a choice most people would prefer to die at home, however for a substantial percentage the reality is that they will die in hospital, following an unplanned admission. Given this fact, it is essential that hospital teams develop effective skills and knowledge to communicate effectively with patients at the end of life and their families and identify their preferred place of death and DNACPR preference. Improved communication skills and earlier identification of people at the end of life attending A&E or following an unplanned admission will enable hospital staff to mobilise community services to support these patients to die in their preferred place, thus reducing the number of people who die in hospital when it is not their preference.

Provision of an appropriate care environment conducive to achieving a dignified death is also vital for those people actively dying in hospital where it is totally inappropriate to move them to another care setting.

Community Hospitals

There are 3 local community hospitals in Wiltshire who provide inpatient services for patients who choose to die within a community hospital setting within well equipped, supportive environments.

Care Homes

Most people admitted to a nursing or residential home will usually be approaching the end of their life and will die there. Caring for residents at the end of their life will therefore be core care provided by care home staff. To ensure that the Wiltshire population is well served with a high standard of end of life care, care home staff in Wiltshire need to be trained in planning end of life care and managing the dying phase. This can be complicated by the fact that there is a high turnover of nursing /residential home staff and a general lack of experience in providing end of life care.

GPs

Caring for people nearing the end of their lives is part of the core business of general practice. The GP and the primary care team are central to the delivery of end of life care in the community, working closely with health and social care professionals from across the interface of primary, community, secondary, voluntary and social care to support the terminally ill in their preferred place to die with dignity and be symptom free. GPs hold regular multidisciplinary team meetings with health and social care to review and update the care provided to people at end of life.

The GP is generally 'known' by a patients carer, family or others who are important to them and is best placed to help co-ordinate providers in EOL care delivery and initiate difficult conversations about prognosis, identifying preferences for care and death and DNACPR instructions. Care of the dying challenges general practice to respond with the best that the profession has to offer – clinical expertise, considered professionalism, personalised care and human compassion.

Out of Hours

Out of hours primary care is provided by Medvivo who have a large multidisciplinary team. Medvivo use a combination of GPs and Nurse Practitioners to deliver our face-to-face OOH service. Most of our GPs are local, working in daytime practice in Wiltshire and its neighbouring counties. Our Nurse Practitioners all have advanced clinical assessment, diagnostic and prescribing skills in addition to many of the practical skills often required during an OOH consultation. It operates 1830-0800 weekdays and 1830 Friday – 0800 Monday over weekends.

Community Nursing

End of life care is one of the core services provided by Community nurses who work closely with GPs, care homes and hospices, delivering EOLC to terminally ill people in their usual place of residence. Community nurses are often with patients during the dying phase. They play a pivotal role in the planning and co-ordination of end of life care and often provide supportive visits.

Third Sector

The third sector (charities other than hospices) provide important end of life services to the Wiltshire population in their own home. Wiltshire CCG commission Marie Curie to provide a planned night sitting service.

Social Care

Social care professionals pay a key role in the delivery of the end of life strategy for clients, carers and families. The assessment and support planning process delivers choice and control to the dying person to enable them to achieve an end of life which is in line with their needs and wishes. Wiltshire Council commissions a range of care and support, including care homes and domiciliary care, to meet the care and support needs of those who are nearing the end of their life for those who meet the eligibility criteria for funded social care. Information, advice and signposting to care and support options is also available to those who fund their own social care.

It is acknowledged that carers are key to enabling those who wish to die at home to do so. All carers are entitled to a carers assessment and Wiltshire Council commissions services which offer information, advice and a range of support for carers to enable them to maintain their own wellbeing.

South West Ambulance Service (SWAST)

SWAST clinicians are aware of the complexity of patients at the End of Life and the services available to refer patients as required as often 999 can be the first point of call for a deteriorating situation and it is important for the organisation to understand the most appropriate care required.

Community pharmacies

Wiltshire Community pharmacies currently provide an Emergency Access Drugs Service. This is a local enhanced service under which a select group of community pharmacies stock and supply a defined group of palliative and urgent care medicines. A number of these pharmacies operate a 100 hour per week service. The pharmacists involved can provide up to date information and advice on prescription writing and dispensing in order to reduce the number of difficulties experienced by carers and relatives in obtaining supplies of medicines needed at end of life.

Anticipatory prescribing

Anticipatory prescribing is essential to patients in the community with a terminal illness who have been assessed by a qualified healthcare professional as actively deteriorating and are in the last few weeks or days of life. Providing a good death at home is a vital part of modern General Practice but presents unique problems for the Primary care Team especially during the out of hours period when access to the patient's own General Practice and regular pharmacy may not be possible. Anticipatory prescribing is designed to enable prompt symptom relief at whatever time the patient develops distressing symptoms and is based on the premise that although each patient is an individual with individual needs, many acute events during the palliative period can be predicted and management measures put in place in advance.

Bereavement

Cruse Bereavement provides support before and after the death of a loved one. The service recognises that the support needs to respond to individual needs, and may include practical guidance, social activities and befriending to reduce loneliness and isolation.

Glossary of terms

Advance Care Plan (AcP)	A voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. It is recommended to document the discussion
Best practice models	A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a 'best' practice can evolve to become better as improvements are discovered
Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support
End of Life	Patients are 'approaching the end of life' when they are likely to die within the next 12 months. this includes patients whose death is imminent (expected within a few hours or days) and those with: (a) advanced, progressive, incurable conditions (b)general frailty and co-existing conditions that mean they are expected to die within 12 months (c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition (d)life-threatening acute conditions caused by sudden catastrophic events
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE's role is to improve outcomes for people using the NHS and other public health and social care services.
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care: • provides relief from pain and other distressing symptoms • affirms life and regards dying as a normal process • intends neither to hasten or postpone death • integrates the psychological and spiritual aspects of patient care; • offers a support system to help patients live as actively as possible until death • offers a support system to help the family cope during the patient's illness and in their own bereavement • uses a team approach to address the needs of patients and their families • enhances quality of life and may also positively influence the course of illness • is applicable early in the course of illness, in conjunction with other • therapies that are intended to prolong life, and includes those investigations needed to better understand and manage clinical complications Palliative care can be provided by a range of health and social care staff and may be done alongside treatment intended to reverse particular conditions (World Health Organisation)
Treatment Escalation Plan (TEP)	A TEP form is a way of your doctor recording your individual treatment plan, focusing on which treatments may or may not be most helpful for you. A variety of treatments can be considered

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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Wiltshire Healthy Schools Programme

Executive Summary

The Wiltshire Healthy Schools programme clarifies the actions all schools should take to effectively promote the health and wellbeing of young people, particularly the most vulnerable.

Accreditation is provided to an increasing number of schools who have met local standards across the 4 core themes.

Wiltshire Healthy Schools, relaunched in 2012, is an evidence based approach building on the most successful elements of previous national, regional and local Healthy Schools programmes.

Proposal(s)

It is recommended that the Board:

i) notes the work of the Wiltshire Healthy Schools programme;
ii) agrees to support the work of the Wilshire Healthy Schools programme.

Reason for Proposal

The Wiltshire Healthy Schools programme, provided by Children's Services, helps schools to improve the health and wellbeing of pupils and the wider school community.

Nick Bolton
Personal Development Education Adviser
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Wiltshire Healthy Schools

Purpose of Report

1. To update board members on the work of the Wiltshire Healthy Schools programme.
2. To provide a summary of current school engagement and impact for children.

Background

3. This Wiltshire Council programme clarifies the actions all schools should take to effectively promote the health and wellbeing of young people, particularly the most vulnerable. This provides a supportive framework for all Wiltshire schools to audit their current provision, identify areas for development, implement planned actions and monitor progress, including recording impact for pupils.

4. Wiltshire Healthy Schools celebrates success, awarding accreditation to schools at bronze, silver and gold level. A multiagency Quality Assurance Group reviews the standards, receives school submissions twice a year and conducts selected school quality assurance visits.

5. Wiltshire Healthy Schools, relaunched in 2012, builds on the most successful elements of previous national, regional and local Healthy Schools programmes in line with recommendations from NICE and others.

Main Considerations

5. The Wiltshire Healthy Schools programme challenges and supports schools to meet a range of criteria in 4 core themes:

- The Whole School Approach
- Personal, Social, Health and Economic (PSHE) education
- Healthy Weight
- Emotional Wellbeing and Mental Health

6. All schools can access advice, training, support and resources from Wiltshire Council, including use of the Wiltshire Healthy Schools website: https://www.wiltshirehealthyschools.org. Schools who have signed up to the programme receive additional support, including use of online audit and action planning tools.

7. Schools can also access support from a range of local and national organisations to help them meet the local criteria. Many of these organisations work in partnership with the local programme.

The current offer to Wiltshire Healthy Schools

8. Schools are currently charged £150 each time they wish to renew their status, or complete a new level. Engaged schools receive:

- A one day event, focussing on addressing local health priorities in schools
- Access to the online audit and action plan (for a 3-year period, or until accreditation)
- Telephone and email support
- Accreditation from the Wiltshire Healthy Schools Quality Assurance Group
- Invitation to a celebration event
- Permission to use the Wiltshire Healthy Schools logo
- Dated Wiltshire Healthy Schools wall plaque

Impact of Healthy Schools achievement

9. Wiltshire Healthy Schools provide evidence to show that they have implemented good practice to meet the health-related needs of pupils. Evidence submitted by schools reflects a wide range of actions and improvements throughout the 4 core themes of the school audit.

10. Examples of impact for children achieved by Healthy Schools include:

- Reduced bullying
- More effective PSHE education
- Increased physical activity
- More frequent hand washing
- More resilient children
- Healthier eating
- More effective pupil participation.
- Increased sun safety behaviours
- Improvements in behaviour
- Increased numbers of pupils brushing teeth

Current engagement and accreditation

11. The programme currently engages 118 schools. 50% of all Wiltshire schools are engaged in the programme, including 60% in the most deprived areas (top 1/3 of schools ranked by IDACI - Income Deprivation Affecting Children Index (2015)); 48% of all secondary schools are engaged, including 90% in the most deprived areas.

12. Currently 55 schools hold accreditation: Bronze: 47; Silver: 5; Gold. A list of current Wiltshire Healthy Schools can be found here: www.wiltshirehealthyschools.org/about/current-wiltshire-healthy-schools

Support from Local Area Boards

13. The programme is currently being supported by 4 Local Area Boards, to ensure schools effectively address local priorities and provide evidence of effective provision. Additional funding provided has helped to engage schools and encouraged them to support each other and complete within a shorter timescale.

Support for Thrive Schools

14. All 11 Thrive secondary schools, who are being supported to improve the mental health of students, have been required to work towards Wiltshire Healthy Schools. This joined up approach has significantly increased the engagement of schools in areas of deprivation.

Challenges

15. Although the programme is attracting an increasing number of schools, with growing levels of achievement around 50% of engaged schools do not meet the standards and most schools struggle to achieve the more challenging silver and gold levels, that show measurable impact for pupils.

Partnership working

16. Working links have been formed with other organisations and projects to increase support available.

17. Award criteria have been mapped with other local and national award schemes.

Next Steps

18. As the programme continues to attract more schools, it will adapt to continue to help schools meet current health priorities.

19. Further updates can be provided as required.

Nick Bolton
Personal Development Education Adviser
Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Adult Health and Social Care Workforce Strategy

Executive Summary

To update the Health and Wellbeing Board on the actions being taken and those planned that contribute to the delivery of the Workforce Strategy.

Proposal(s)

It is recommended that the Board:

i) Notes the actions being taken on this key risk to operational delivery;
ii) Make recommendations for any further action required

Reason for Proposal

To update the Board about the actions being taken to improve the system's ability to have a workforce able to meet the plans to transform health and social care services.

Jenny Hair
Strategic Workforce Advisor
Wiltshire Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: An update on the Adult Health and Social Care Workforce Strategy

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Purpose of Report

1. To remind the Board of the workforce challenges within the adult health and social care system and the transformation required in order to achieve delivery of operational plans
2. To update the Board on the actions that have been taken in the last year to help address the challenges and plans for the future

Background

There are a number of national and local changes that are exacerbating the workforce challenges within the Wiltshire health and social care system. The Office of National Statistics forecasts that the Wiltshire population is growing by 6.6% between 2011 and 2021 and the number of people aged over 80 (the group with the greatest need for services) is expected to grow by 34.6% over that same period. However, the working age population has been shrinking, from 63% in 2009 to 60% in 2016 and similarly those unemployed has reduced from 4.1% in 2014 to 3.2% in March 2017. This means health and social care employers are facing greater competition for those staff recruited locally and this has led to significant workforce capacity challenges.

National issues are also having an impact: for example the implications of the potential changes to European immigration status have made recruitment of registered professionals such as nurses from abroad more difficult, as has the high bar for passing the English language tests, a requirement for professional registration for international applicants. Changes to the national system of education for student health professionals, including the removal of bursaries and the role of Health Education England (HEE) has also changed so that the commissioning of student numbers will be more market driven in future. Conversely comprehensive changes arising from the new national Apprenticeship Strategy: 2020 Vision gives us new and different opportunities to grow the workforce we need.

At a time when the population demographics and national workforce landscape is changing Wiltshire is aiming to transform its health and social care services, all of which are highly dependent on their workforce for delivery. The strategy is to transform the model of care so that more care is delivered at home or as close to home as possible. This necessitates organisations working together in a more integrated way to provide effective and efficient services focused around patients/clients and in so doing reduce admissions to hospital and increase

timely discharge. This is taking place at a time when funding too is under significant pressure and is not keeping pace with the increased rate of demand.

Achieving these ambitious targets requires the workforce to provide care in different locations with a shift in the balance of resources from hospitals to community and social care settings. It requires ways of working to change to complement new integrated pathways, requiring staff to have a wider range of skills, have more discretion and able to manage more complexity and greater acuity in the community.

Similarly the change of ethos will require a change in behaviours of both staff and patients to enable people to live in the community with more long term conditions and to take responsibility for their health and how they live their life. This needs the development of an ethos of health promotion, prevention of ill health and supporting staff (paid and unpaid) to empower people to access the assets and support they already have around them.

Each of the health and social care providers in Wiltshire are working hard to address these challenges, but mainly working within their own traditional organisational boundaries. This paper updates the Board on the collaborative system wide initiatives taking place to help mitigate the workforce challenges described.

There are no quick solutions to the many faceted workforce challenges but there are things that can be done to improve the situation by assisting organisation's to work collaboratively and proactively across the system. Unfortunately many of these are long term and it is speculative to quantify the benefits of any one initiative.

The Workforce Strategy

The Wiltshire Workforce Strategy, structured similarly to many workforce strategies, has three main elements:

- **Workforce capacity/numbers** – ensuring the right number of the right staff in the right place
- **Workforce skills** – ensuring the workforce has the right skills and knowledge to meet people's changing needs
- **Culture –** ensuring our people work in ways that are consistent with health and social care strategy, in particular in a proactive, prevention focused way and to encourage person centred care delivered by integrated, cross organisational services

There are collaborative initiatives taking place that encompass all three of these elements. Some of these are Wiltshire focused and others are working across Bath and North East Somerset, Swindon and Wiltshire as part of the Sustainability and Transformation Plan.

Solutions to Workforce Capacity

Every organisation within the health and care system is struggling with recruiting and retaining enough staff due to the changes described in the previous section. We know that the staff groups most constrained are Registered Nurses, some specialities of Doctor, experienced Physiotherapists and Occupational Therapists and Support Workers (Carers and Health Care Assistants). We also know this shortage is particularly severe in Domiciliary Care services where turnover is on average approximately 37% (in common with the rest of England). Skills for Care have estimated that 66% of new starters in carer roles (domiciliary care and care homes) have previously worked in health or social care roles so in order to increase the workforce for these roles we need to seek new potential 'pools' of people to recruit from.

The Wiltshire Workforce Action Group (WWAG) (a collaborative network of representatives from health and care organisations who work on operational initiatives) developed a recruitment promotion website, www.proudtocarewiltshire.org.uk which was launched in July 2017. This promotes jobs in health or care organisations across Wiltshire, including the voluntary sector. The website links with each organisations jobs pages so it provides a central resource for someone wishing to work in care but unsure about what sort of roles are available. Further work to advertise the website is being planned. This links with the south west Local Authority initiative " Proud to Care" which has developed an advertising and social media campaign to promote Carers as a valued role . It's first phase is running from July 2017 to December 2017 with a proposal to extend that time period into the next 3 years.

Discussions at the WWAG are now moving to planning attendance at recruitment and career fairs during 2017/18 as 'Proud to Care Wiltshire' representatives. Resources for the stands are presently being designed and a list of events is being developed in liaison with Wiltshire Council Economic and Development Department. The local iCare Ambassador scheme is being refreshed; this Skills for Care initiative provides training for Carers who are released by their employer to attend career fairs and promote Carer roles. In Wiltshire we are keen to develop a similar scheme for heath ambassadors. The WWAG were successful in obtaining funding from HEE for these initiatives.

The WWAG has also been promoting the free, high quality resources available for the Care Certificate, required to be undertaken by all new recruits to care roles within health and care organisations. This has included promoting a newly established Wiltshire wide network run by Wiltshire Council to moderate the quality of care certificate provision to encourage portability of learning when staff move to alternative organisations and enhance the skills of new starters.

As part of our strategy to make it easier for people interested in a job in care to be recruited a next step will include discussions with organisations within a local area about how they could collaborate on recruitment initiatives for similar types of role.

Workforce development across the many GP Practices in Wiltshire is also being enhanced at pace through the Wiltshire Community Education Provider Network (CEPN) which is supporting practices to work together on training initiatives, including developing more placements for students – something which we know helps encourage recruitment of newly registered professionals. We have just been given funding by HEE to recruit 2 part time Education Facilitators for 18 months to work across the STP footprint to engage more non-medical student placements in primary care and we have already been liaising with University of West of England about how we can work in partnership to make this happen for professions such as nursing and also newer roles such as Physicians Associates.

A task and finish group has been meeting since July to consider practical initiatives to improve the recruitment and retention of Domiciliary Care workers. This is building links with other related sectors, such as the job centres, the Council Economic and Development Department as well as contributing to the Proud to Care Wiltshire initiative. Access to transport has been identified as a particular barrier so we are exploring what could be done to assist new recruits with accessing car loans, particularly for more mature applicants where the on-going insurance costs would not be prohibitive.

A second strand to our strategy to increase workforce capacity is to ensure we retain our competitiveness by ensuring we offer attractive jobs. The new Apprenticeships Schemes will enable high quality work based training for both new and existing staff. An STP wide network has been established and is initially focused on procuring high quality education providers for new apprenticeships. With the recruitment of an STP Apprenticeships Programme Manager in July 2017 work has expanded to developing information resources and 'myth busters' to promote the new apprenticeships being developed nationally up to Masters level. This will enable system wide career pathways to be developed, along with rotations to other organisations. For example national apprenticeship standards for Nurse degree level training is available and those for Occupational Therapy, Physiotherapy and Social Work are being designed.

The STP have recruited a Project Manager to promote staff health and wellbeing initiatives, particularly to smaller employers such as GP Practices and care homes as research has shown this is a key retention aid. The Project Manager is presently establishing a network and a baseline of current initiatives in place in the larger health and care organisations across the STP footprint.

Solutions to Workforce Skills Development

During autumn 2016 and spring 2017 two programmes of training took place across health and care in Wiltshire funded by the Better Care Plan:

1. The first was for new staff working in care homes, domiciliary care, the voluntary sector, unpaid carers and personal assistants. It provided 2 conference style days of practical training for new staff in basic rehabilitation skills aimed at supporting the people they cared for to maintain their independence. This was run by a collaboration of

therapists and nurses from Salisbury Foundation Trust, Wiltshire Health and Care and Wiltshire Council with lunchtime "market stalls" provided by Public Health, Medvivo Telecare, Medequip, Alzheimers Support, Age UK, Fire Safety and others. In total 50 people attended the training and their evaluation was to recommend the event to their work colleagues. 4 further days are being planned for 2017/18

2. Person centred coaching training has been provided to 162 staff, 4 of which have had additional training to become trainers in their own right. This gives front line professionals additional skills to engage with their patients/clients in a more person centred way, encouraging people to take more responsibility for their health or thinking about the assets they already have. This behaviour change training builds on the Public Health initiative "Making Every Contact Count" (MECC) training already available. A more formal evaluation is taking place over the next few months but anecdotal feedback has been extremely positive with many requests from work colleagues to attend future session . A further programme is being planned with the aim of achieving a sustainable programme for the future.

As the Board heard at the presentation from HEE in May they have also allocated funding to the STP for a number of initiatives. Some, received more recently, are for the STP to bid against and these are still being decided. Others were allocated for particular purposes. One of these related to an allocation of HEE funded modules for post registration training for non-medical staff through a three year contract with the University of West of England. In Wiltshire we allocated the significantly reduced number of modules (68 reduced from 276 in 16/17) mainly to community and primary care for developing more advanced practitioners. We know there is a requirement for further modules and this will be one of the bids submitted through the STP.

South Wiltshire and Salisbury Foundation Trust are linked to Health Education England (Wessex) and this difference in boundaries is something that the organisations involved live with for practical reasons as the approach is similar with HEE South West.

Next steps will be to explore the establishment of training hubs in local areas to share expertise, knowledge and training programmes across organisations and also to work in partnership with education providers during this transformation of the education landscape.

Solutions to Cultural Development.

There are two areas of cultural development required:

1. How staff engage with their clients/patients in a more person centred, proactive and prevention focused way

2. How staff work together in a collaborative way, working across organisational boundaries

There are two training programmes that are giving staff the skills to work in the way described in 1. These are the Make Every Contact count initiative and the Person Centred Coaching training – both aimed at giving staff new skills to engage with their patients/clients in new ways

The second area is, so far, being delivered through the way many of the workforce solutions discussed in this report are being developed. That is through a collaborative approach, encouraging others to work together to share expertise and information or to learn together. Next steps are to look at how training in leading across systems, as well as leading teams can be facilitated. The discussions around Accountable Care systems and how to make that a reality will help move this forward.

Next Steps

The main next steps have been described throughout this report but in summary they include:

- Continuing to develop collaborative solutions to help resolve the workforce capacity and skills development challenges, moving some of those to a more local area footing
- Continue to innovate and actively promote careers and career pathways to new ‘pools’ of potential recruits
- Remain competitive by working in partnership with education providers and each other to proactively respond to the changing nature of educational routes to careers
- Individual organisations actively committing to this collaborative agenda

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Wiltshire Clinical Commissioning Group

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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Domestic Abuse

Executive Summary

This report provides an updated overview of the domestic abuse reduction agenda in Wiltshire.

Proposal(s)

It is recommended that the Board notes the report.

Reason for Proposal

The domestic abuse health needs assessment has been completed and work on the new strategy commences in the autumn. Procurement of the new domestic abuse and independent sexual violence advisory (ISVA) service starts in September. The new model includes a range of services addressing the needs of those in the county who are affected by domestic abuse and sexual violence.

Tracy Daszkiewicz
Director of Public Health (Interim)
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Domestic Abuse

Purpose of report

1. This report provides an updated position on the domestic abuse reduction agenda in Wiltshire.

Background

2. Current contract arrangements for the existing domestic abuse support services expire 31 March 2018. To support Wiltshire's understanding of domestic abuse and the development of a new service model, the Wiltshire Community Safety Partnership commissioned a health needs assessment.

Wiltshire Domestic Abuse Health Needs Assessment

3. The Domestic Abuse health needs assessment has been completed. It provided an epidemiological, corporate and comparative assessment that will help further understanding of need around domestic abuse in Wiltshire. Recommendations have been identified to strengthen future service provision and strategy development.

Domestic Abuse Strategy

4. The current strategy expires March 2017 and the findings from the domestic abuse health needs assessment will be used to inform and shape the next strategy. The strategy will be produced reflecting a Pan-County strategic vision for domestic abuse and will be governed through the joint WCSP/WSCB Domestic Abuse Sub group.

Domestic Abuse Service Procurement

5. Following cabinet's endorsement in June 2017, procurement of the new domestic abuse and ISVA services will commence in September. The work has been developed jointly through a multi-agency commissioning group, with representation from Wiltshire Council's Public Health, Housing strategy, Children's services and commissioning, and the office for the Police and Crime Commissioner. It will be co-funded through Wiltshire Council and the Police and Crime Commissioner.

6. To support the service development, Wiltshire hosted a Stakeholder consultation event in May and a Provider's market event in July. Both were well represented, with over 40 participants to each, covering a breath of agencies and service areas.

7. Wiltshire Council is commissioning an innovative and reconfigured range of services to address the needs of those who are affected by domestic abuse and sexual violence. The new service brings together services for victims and their families that were previously separately commissioned. There will be a single access point meaning that all Wiltshire victims of domestic abuse and sexual offences will be provided with a tailored specialist support service(s) appropriate to their risk and need.

8. The vision of the service is to significantly reduce domestic abuse and sexual violence and the harm caused by it through effective prevention and early intervention. Service delivery will consist of four intertwined strands;

   - Victim focussed support addressing both domestic abuse and sexual violence
   - Support for children and young people living with the impacts of domestic abuse
   - Work to address perpetrator behaviour, as part of a whole family approach
   - Provision of safe, flexible accommodation accessed to all at greatest risk fleeing domestic abuse

9. The procurement process has started (September 15) and the contract award date is 1st December 2017. The new service will commence 1st April 2018.

Domestic Violence and Abuse Bill

10. The Queen's speech 2017 confirmed a draft Domestic Violence and Abuse Bill will be put before Parliament this session. It will include a statutory definition of domestic violence and abuse and brings in consolidated protective orders. It will also allow aggravated sentences where abusive behaviour involves a child. Finally, the Bill looks to establish a Domestic Violence and Abuse Commissioner to review and hold to account the work of the police and the criminal justice system.

Tracy Daszkiewicz
Director of Public Health (Interim)
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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Substance Misuse Procurement

Executive Summary

This report provides an overview of the substance misuse agenda in Wiltshire, in particular updating on the pan Wiltshire tendering process.

Proposal(s)

It is recommended that the Board notes the report.

Reason for Proposal

The current substance misuse contract is due to end 31 March 2018. The completion of the Wiltshire substance misuse needs assessment earlier in the year was undertaken to inform the required procurement process. One key finding was that there were areas of the county that had service needs but were not accessing treatment. This influenced a change to the existing model, which builds on the current successes made in providing treatment with increasing accessibility and having a focus on prevention and early engagement. The delivery model has further reach with the collaboration with Swindon and the inclusion of supported housing.

Tracy Daszkiewicz
Director of Public Health (Interim)
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Substance Misuse Procurement

Purpose of report

1. To provide an update as to the procurement process for substance misuse servcies and overview of the new model that will be introduced to Swindon and Wiltshire.

Background

2. Current contract arrangements for the substance misuse services in both Wiltshire and Swindon expire 31 March 2018. The current supported housing contract in Wiltshire covering 15 units also expires at this time.

3. The new specification introduces a new model entitled PACT which represents 4 key themes; prevention, accessibility, collaboration and treatment. This model was developed following a wide range of stakeholder events including service users, CCG Mental Health Commissioning, NHS England (Pharmacy), PHE, Children Services, Adult Care, Domestic Abuse Services, Maternity Services, Stop Smoking Services, Sexual Health, National Probation Service, Community Rehabilitation Company, Wiltshire Police and Wiltshire Office of the Police Crime Commissioner (OPCC).

4. The collaboration with Swindon will see a pan Wiltshire service procured with a single management structure funded by both local authorities and a contribution from the OPCC. The contract duration is for 3 years with the option to extend for a further 2 years. Wiltshire Council is the lead commissioning authority.

5. Substance Misuse issues effect many people whether directly or indirectly. The new 10 year Wiltshire Council business plan recognises this and explicitly highlights substance misuse as priority.

Wiltshire Substance Misuse Needs Assessment

6. The existing contract combined four separate services into a single Wiltshire offer. During this time, we have seen treatment completion rates increase, re-presentations fall and numbers in service increase. Wiltshire

currently has the best opiate recovery rates in the country and recently received an outstanding CQC report.

7. The service currently sees around 2,500 clients a year, however we know from PHE commissioned research that in Wiltshire at least 1 in 3 adults are drinking above the recommended levels. The needs assessment also found that over the 5 years of the current contract the service saw a gradual shift from working with mainly opiate users to alcohol clients.

8. The needs assessment identified that the largest proportion of those accessing services are over 40 years old, with 30% of Wiltshire's client group being female . Additionally, those accessing treatment were more likely to live near one of the three hubs in Salisbury, Chippenham and Trowbridge.

9. These gaps in the current service specification along with the shift in substance choice drove the development of the PACT model

PACT Model

The four key themes within the model have a common theme of encouraging innovation and the use of technology. Whilst recognising the that some users will need an intensive service, a great deal can be done for those the vast majority of the population have smart phones, internet access etc which should be utilised to aid their recovery.

10. **Prevention –** work with Wiltshire and Swindon Communities to reduce the need for the Wiltshire and Swindon Substance Misuse Services. This will include preventative messaging and engagement. In turn this will reduce the reliance on other key services such as Adult Social Care, Hospitals and emergency services. This work will include generating key preventative messages within Wiltshire and Swindon community areas.

11. **Accessibility -** when people require assistance, the service will be easily accessible. This means understanding how people want to access services, such as; establishing a network of satellite sites to meet customers using community buildings, coffee shops etc. This also requires the service to consider alternative ways to engage with the service including the use of social media, there are various message services available (such as FaceTime, WhatsApp etc).

12. **Collaboration –** The expectation is that service will work with other agencies to achieve the best outcomes for the customer. This means understanding and complementing co-requisite services such as social

care, health, police, voluntary and community sector etc. This network of partners should always be growing and strengthening. The service will provide a member of staff located in both the MASH and PCLS to further enhance safeguarding and dual diagnosis development.

13. **Treatment** – when the customer requires treatment, they should be accessing the evidence based interventions. This specification requires the service to include certain key elements such as harm prevention, prescribing and psychosocial interventions.

Procurement Timeline

14. A joint provider's day was held in June which saw over 20 agencies in attendance. The model was presented to the market and procurement process explained.
15. The invitation to tender will begin week commencing 4th September and will close week commencing 9th October. The evaluation period will be for 30 days and contract awarded week commencing 13th November and contracts issued 10 days after this point.

16. There will be at least one TUPE process as both Swindon and Wiltshire currently have different providers. Work will then begin in December with the successful provider to begin mobilisation towards the start of the new contract on 1st April 2018.

Tracy Daszkiewicz
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Wiltshire Council

Report Author:
Tom Ward
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Wiltshire Council

Health and Wellbeing Board

28 September 2017

Subject: Wiltshire's Pharmaceutical Needs Assessment 2018

Executive Summary

1. The Wiltshire Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA), has been written to meet the requirements set out in the Health and Social Care Act 2012, which gave responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

2. The PNA maps current provision, assesses local need and identifies any gaps in provision. The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers.

Proposal(s)

That the Health and Wellbeing Board:

- Approves the draft PNA 2018 for 60 days public consultation in line with the regulations

- Delegate responsibility for responding to cross-border PNA consultations to the public health led responsible for the PNA on behalf of the Health and Wellbeing Board.

Reason for Proposal

In line with NHS regulations, the HWBs PNA must go out to public consultation for a minimum of 60 days prior to final sign-off by the Health and Wellbeing Board prior to final approval.

HWBs must also consult with other HWBs areas with which they border, for which Wiltshire borders with B&NES, West Berkshire, Hampshire, Gloucestershire, South Gloucestershire, Somerset, Dorset, Swindon and Oxford and similarly each HWB much consult with ours. It is suggested given the number of responses required that responsibility for responding on behalf of Wiltshire HWB be delegated to the PNA lead, public health consultant, Steve Maddern.

Tracy Daskiewicz
Director of Public Health (interim)

Wiltshire Council

Health and Wellbeing Board

Date of meeting 28 September 2017

Subject: **Wiltshire's Pharmaceutical Needs Assessment 2018**

Purpose of Report

1. The purpose of this report is to present the draft Wiltshire Pharmaceutical Needs Assessment (Appendix 1).

Background

2. Wiltshire's Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018, has been written to meet the requirements set out in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs) from Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

3. The PNA maps current provision, assesses local need and identifies any gaps in provision and is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers..

4. The development of the PNA in Wiltshire has been led by a PNA Steering Group. A variety of methods were used to develop the document, including drawing on a range of information sources, public and contractor questionnaires and consultation with a range of partners.

5. The information gathered from the various sources has been synthesized to provide a comprehensive picture of the population of Wiltshire, their current and future needs and how pharmaceutical services can meet these needs and support future improvements in the health and wellbeing of our population.

6. Wiltshire has a total of 74 community pharmacies and a population of approximately 488, 409. This represents 15.1 pharmacies per 100,000 population. In addition, there are 28 Dispensing General Practices, which serve the more rural parts of the County. There is a range of local provision of Advanced and Enhanced Pharmacy Services in Wiltshire, much more detail of which is provided within the Wiltshire PNA.

7. Pharmacy opening hours in Wiltshire vary, with a range of daytime, evening and weekend opening provided. Seven community pharmacies provide a 100 hour service, eight are open at least one late evening per week and ten open on Sundays. The range of pharmacy provision in Wiltshire extends to meet the needs of various specific diseases, different populations and also lifestyle choices.

Main Considerations

Engagement and Consultation

8. A PNA Steering Group was established in early 2017 to support the development of the document. The steering group membership was drawn from the public health department of Wiltshire Council, medicines management from the Clinical Commissioning Group, commissioning managers from the NHS England and also includes representatives from the Local Medical Committee, Local Pharmaceutical Committee, HealthWatch Wiltshire, Director of Public Health, Chairman of NHS Wiltshire Clinical Commissioning Group and the Wiltshire Councillor for public health. Full group membership is detailed in appendix 2.

9. In June 2017, a local pharmaceutical services survey was launched targeted at carers in Wiltshire. The e-survey was promoted via social media, and with the assistance of organisations including Wiltshire Council, NHS Wiltshire CCG, primary care organisations (GP practices and pharmacies), HealthWatch Wiltshire and our local community carer and older people champions. The public health team also attended several carer events to promote the survey and supported response rate by allowing the completion of hard-copy survey's when were then manually added to the electronic responses. The professionals and organisations approached to support engagement with the survey were very engaged and enthusiastic in their support of the survey. A total of 218 respondents completed the survey providing responses to a range of questions, of which 122 (61%) identified themselves as carers. In July 2017, following the carers questionnaire, a general population questionnaire was distributed. The methods for distribution were similar for that of the carer's survey with 334 responses to this survey.

10. Details of the local community pharmacy services in Wiltshire were obtained via an electronic contractor survey coordinated and distributed by the Local Pharmaceutical Committee.

11. The draft PNA 2018 document will go out to a 60 day public consultant between September and December 2017, pending agreement by the Health and Wellbeing Board. The document will be amended as appropriate before returning to the Health and Wellbeing Board for final approval.

Implementation and Delivery

12. The PNA 2018 document is required to be in place on or before 01 April 2018. The document can then be used by HWB and stakeholders to:

    i. Understand the pharmaceutical needs of the local population
    ii. Gain a clear picture of community pharmacy services currently provided
    iii. Make appropriate recommendations regarding applications for NHS pharmacy contracts
    iv. Commission appropriate and accessible services from community pharmacy
    v. Clearly identify and address any local gaps in pharmaceutical services
    vi. Consider the potential of community pharmacy in contributing to the redesign of health services

13. In addition to the above, the PNA will be used by NHS England to inform decision making on applications for new pharmacies; applications to change the premises

from which a listed pharmacy business is allowed to provide pharmaceutical services and to change the pharmaceutical services that a listed pharmacy business provides.

Overview & Scrutiny Engagement

14. The established PNA Steering Group (see line 8 and appendix 2 for membership) provided the initial overview and scrutiny of the PNA development process and had oversight of the initial PNA draft prior to the initial submission to the Health and Wellbeing Board.

Governance

15. The completed PNA remains the responsibility of the Health and Wellbeing Board to be published on a 3-year basis under the health and social care act 2012, and in line with the NHS regulations for pharmaceutical services.

Next Steps

16. Proposed timeline:

September 2017	Seek approval of HWB to allow draft PNA go out to public consultation
October – November 2017	Public Consultation
December 2017	Amend PNA as appropriate following public consultation
January 2018	Final PNA 2018 document presented to HWB for final approval and publication
01 April 2018	PNA 2018 document replaces PNA 2015 document

Tracy Daszkiewicz
Director of Public Health (interim)

Report Author:

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01 September 2017

Background Papers

The following document have been relied on in the preparation of this report:

Draft Wiltshire Pharmaceutical Needs Assessment 2018

Appendices

Appendix 1: Draft Wiltshire Pharmaceutical Needs Assessment 2018
Appendix 2: PNA Steering Group Membership

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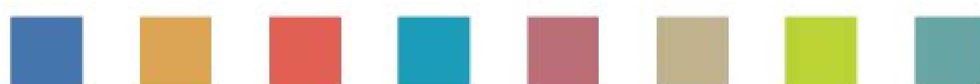
Wiltshire Pharmaceutical Needs Assessment 2018



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Edition

Edition	Version no.	Changes/Comments
1.0	1.0	Initial draft (10 August 2017)
1.1	1.1	Amended based on feedback from the PNA steering group (September 2017)

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With input from: Wiltshire PNA Steering Group, and data provided by Wiltshire Council Public Health Scientists.

EXECUTIVE SUMMARY

Background

This document describes Wiltshire Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA), which has been written to meet the requirements set out in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs) from Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.*

The Pharmaceutical Needs Assessment is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The Pharmaceutical Needs Assessment maps current provision assesses local need and identifies any gaps in provision.

Development of the PNA in Wiltshire

The development of the PNA in Wiltshire has been led by a Wiltshire Pharmaceutical Services Strategy Group. A variety of methods were used to develop the document, including drawing on a range of other information sources, public and contractor questionnaires and consultation with a range of partners.

The information gathered from the various sources has been synthesized to provide a comprehensive picture of the population of Wiltshire, their current and future needs and how pharmaceutical services can meet these needs and support future improvements in the health and wellbeing of our population.

Health Needs in Wiltshire

Wiltshire is a large, predominantly rural county with a 2016 mid-year population estimate of 488, 409 which is expected to increase to 516, 000 in 2026. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people. The population in the South West has higher life expectancy than England as a whole and people in Wiltshire live longer than the general population in the South West.

The two major causes of premature death nationally, and in Wiltshire, are circulatory disease (including coronary heart disease and stroke) and cancers. Overall, mortality from all causes in the under 75 age group has been declining in Wiltshire, the South West and England.

The Wiltshire Joint Strategic Needs Assessment has been used to provide a comprehensive account of the wider diseases and conditions which cause mortality and morbidity in Wiltshire, as described in Chapter 5. This chapter also highlights key strategic priorities for improving health and wellbeing in Wiltshire, including improving life expectancy and reducing health inequalities

As well as considering the wider health needs of the population of Wiltshire, the needs of specific groups are described within the PNA, along with the lifestyle factors which influence health.

Current Provision and Use of Pharmaceutical Services in Wiltshire

Wiltshire has a total of 74 community pharmacies and a population of approximately 488, 409. This represents 15.1 pharmacies per 100,000 population. In addition, there are 28 Dispensing General Practices, which serve the more rural parts of the County.

There is a range of local provision of Advanced and Enhanced Pharmacy Services in Wiltshire, much more detail of which is provided within the Wiltshire PNA.

Pharmacy opening hours in Wiltshire vary, with a range of daytime, evening and weekend opening provided. Seven community pharmacies provide a 100 hour service, eight are open at least one late evening per week and ten open on Sundays.

The range of pharmacy provision in Wiltshire extends to meet the needs of various specific diseases, different populations and also lifestyle choices.

Regulations

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

They require HWBs as a minimum to make statements on the following:

1. Current provision of necessary services (both within the Health and Wellbeing (HWB) locality area and nearby areas outside the locality)
2. Gaps in provision in terms of necessary services
3. Current provision of other relevant services
4. Gaps in provision of services that would secure improvements and better access to pharmaceutical services
5. Other NHS services
6. How the assessment was carried out.

The regulations also require the PNA to include a map identifying the premises at which pharmaceutical services are provided in the HWB area.

Current provision of necessary service and gaps in provision: Wiltshire currently has 74 community pharmacies, 26 Dispensing General Practices, and two distance selling pharmacy. All pharmacies are required to deliver and comply with specifications for all essential services, and as evidenced in this document, the HWB believes that the current number, location and opening times/days of pharmacies is sufficient for a supplying a necessary service with no gaps.

Current provision of other relevant services and gaps in provision: The provision of other relevant services provided through community pharmacy in Wiltshire are evidenced in this document and have secured improvements in better access to service provision through services such as Medicines Use Review, pharmaceutical services specifically for care homes, Needle and Syringe Exchange,

and supervised consumption services. The PNA has not identified any gaps in provision of other relevant services which would secure improvements or better access to pharmaceutical services.

Other NHS services: The provision of other NHS services arranged by the local authority is detailed in this document and the HWB has identified the level of this service to be sufficient with no gaps.

The process of conducting the PNA is detailed in chapter 4. The process and consultation were carried out in accordance with the regulations.

Map of provision: A map which identifies the premises at which pharmaceutical services are provided in the area of the HWB is included in this document in addition to maps which detail the premises at which pharmaceutical services are provided within each community area in Wiltshire.

Conclusion

Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evident that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups.

Each Community Area has at least one Community Pharmacy within it, and the opening hours of these pharmacies generally reflect the population density. Although there is no requirement in the regulations around future service needs, there are some potential population changes anticipated but not expected during the lifetime of the PNA in regard to the relocation of military personnel and family, mergers and potential relations of GP practices and anticipated population changes due to housing expansion in Wiltshire and South Swindon.

There is a variation in the range of enhanced services provided across Wiltshire and within the different Community Areas. This provision is reflective of need, with specific enhanced services being delivered in areas where disease and lifestyle factors suggest they are required. There is however scope for further development in relation to the provision of enhanced services, integration of work between community pharmacy, community hospitals and acute hospitals in Wiltshire.

1. INTRODUCTION

This document describes the Pharmaceutical Needs Assessment (PNA) for Wiltshire's Health and Wellbeing Board. It has been written to meet the requirements set out in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs) from Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013,* and can be found at:

http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/

The regulations required HWBs to have prepared and publish their first PNA by 1 April 2015. After this time HWBs are required to publish a revised assessment within three years of publication of their first assessment; and will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA. The next publication is due by 01 April 2018.

Pharmaceutical services in relation to PNAs include:

Essential services – which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service; the dispensing of medicines, promotion of healthy lifestyles and support for self-care.

Advanced services – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary; these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for community pharmacists; dispensing appliance contractors. The NHS Urgent Medicines Supply Advanced Service (NUMSAS) is commissioned until 31 March 2018, with a review due in September 2017. Seasonal flu immunization for at risk groups over the aged is also now an advanced service for community pharmacies in Wiltshire.

Enhanced Services – Responsibility for pharmacy local Enhanced services previously commissioned by PCTs has transferred to NHS England (the Area Team). NHS England does not have the power to direct Clinical Commissioning Groups (CCG) to manage these services on its behalf; however this does not preclude CCGs or local public health teams from commissioning services locally from community pharmacies.

Currently NHS England commissions a rota arrangement as a Directed Enhanced Service to ensure provision of pharmaceutical services on special bank holidays. This is the only know enhanced service in Wiltshire.

Such services commissioned from pharmacies by NHS Wiltshire CCG or Wiltshire Councils Public Health Team are referred to as Locally Commissioned Services. These, and services provided privately are relevant to the PNA, but as not defined as 'pharmaceutical services' within it.

Community pharmacies are offering an ever expanding range of clinical services, and are involved in roles to support the safe use of medicines, promote the health and wellbeing of individuals and communities and reduce health inequalities.

The PNA provides a coherent account of the commissioning environment for pharmaceutical services in Wiltshire. This presents a local picture covering demographics, the balance of health needs, our strategic goals which emerged from these findings and our current service needs.

A system of commissioning based on the PNA will enable Wiltshire HWB to target specific local needs and focus decisions on local priorities. Over time, this should help reduce variation in service delivery and make local services more reflective of local needs.

There are three key stages to this:

- assess needs
- map existing services
- identify what needs to change.

This document will enable Wiltshire HWB and key stakeholders to:

- Understand the pharmaceutical needs of the local population
- Gain a clear picture of community pharmacy services currently provided
- Make appropriate recommendations regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacy
- Clearly identify and address any local gaps in pharmaceutical services
- Consider the potential of community pharmacy in contributing to the redesign of health services

This document sets out a revision of the first PNA, which we have prepared to meet the legal and regulatory requirements set out in the *Health and Social Care Act 2012* and The Pharmaceutical Services and Local Pharmaceutical Services Regulations (NHS, 2013).

It should be noted that the information contained within this PNA was correct and accurate at the time of writing (August 2017).

2. POLICY CONTEXT

The 2006 Pharmaceutical Services Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

The Health and Social Care Act 2012 established HWBs and transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

Commissioning activities within the NHS drive the delivery of better health and well-being for all. HWBs are uniquely positioned to develop and produce the PNA acting in their capacity as local leaders to join up commissioning and services across the NHS, social care, public health and voluntary sector to benefit the health and wellbeing of local people.

Under the terms of the NHS Act 2006, as amended by the Health and Social Care Act 2012, pharmaceutical services may only be commissioned by NHS England. This means that pharmaceutical services (Essential, Advanced or Enhanced) can only be commissioned by NHS England.

Responsibility for pharmacy local Enhanced services previously commissioned by PCTs has transferred to NHS England (the Area Team). NHS England does not have the power to direct Clinical Commissioning Groups (CCG) to manage these services on its behalf, however this does not preclude CCGs from commissioning services locally from community pharmacies.

Pharmacies may also be commissioned to provide any other services for which they are qualified, by:

- Local Authorities (e.g. public health services); and
- NHS Clinical Commissioning Groups (CCGs)
- Other providers and organisations (e.g. NHS acute trusts)

A system of commissioning based on the PNA will help the HWB to target specific local needs and focus subsequent commissioning on local priorities.

“*Healthy lives, healthy people*”, the public health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.” This is particularly relevant to local authorities as they now have responsibility for public health in their communities.

HWBs now have a statutory duty to publish their revised PNA on or before 1 April 2018. Regulations require HWBs to consult on the contents of their PNA at least once during the process of developing the PNA, that there is a minimum period of 60 days for consultation responses; and those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version. (*Regulation 8*).

The Pharmacy White Paper*, Pharmacy in England: building on strengths - delivering the future* (DH, 2008) identified that the PNA will be used to form the basis for decisions to:

- grant applications for new pharmacies
- grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
- change the pharmaceutical services that a listed pharmacy business provides

Taking into account the above confirms why it is important that changes in need for pharmaceutical services relating to the movement of pharmacies but also the movement and merger of GP practice premises.

3. DEFINITIONS AND SCOPE

Pharmaceutical services are defined within the regulations and directions governing pharmaceutical services. Pharmaceutical services can include dispensing practices, pharmacies in acute settings and community pharmacies.

Dispensing doctors are GPs who have been approved to dispense medicines to specific patients on their lists. These patients live in an area that has been designated as controlled by NHS England. Dispensing doctors offer a valuable service in providing dispensing services in rural areas where a pharmacy may not sustain sufficient commercial business to be viable. For the purposes of the PNA, Wiltshire HWB is concerned with whether patients have adequate access to dispensing services, which might include dispensing by GPs, but is not concerned with other services dispensing GPs may provide.

The PNA makes no assessment of the need for pharmaceutical services in acute settings. However, Wiltshire HWB is concerned to ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals. With the growing development of pharmacists based-in and being employed directly by GP practices, the PNA also recognises the need to build on and develop the more integrated working between community pharmacy and primary care practices.

The contractual framework for community pharmacy is divided into three service levels – essential, advanced and enhanced services.

Essential services are provided by all pharmacy contractors. Advanced services can be provided by contractors once accreditation requirements are met. Enhanced services can be commissioned locally in response to the need of the Wiltshire population. Funding levels for the essential and advanced services are nationally determined. There remains significant scope for commissioning community pharmaceutical services locally, via the Enhanced Service route and through direct commissioning by CCG, Local Authorities and others. A review of enhanced and other locally commissioned service is included in the scope of the PNA.

The PNA regulations require that Wiltshire HWB divides the area it commissions services for into localities. These are then used as a basis for structuring the assessment. Twenty Community Areas have been identified within the county of Wiltshire for a number of years. In most parts of the county, the Community Areas include a market town and its surrounding villages. For the purposes of the PNA, consideration has been given to the needs and provision in each of these community areas.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: Regulation 8: states that HWBs must consult the bodies listed below at least once during the process of developing the PNA:

- Any Local Pharmaceutical Committee for its area (including a Local Pharmaceutical Committee for its area and that of one or more other Primary Care Trusts);

- Any Local Medical Committee for its area (including a Local Medical Committee for its area and that of one or more other Primary Care Trusts);
- The persons on its pharmaceutical lists and its dispensing doctors list (if it has one);
- Any LPS chemist with whom PCT has made arrangements for the provision of any local pharmaceutical services;
- Any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of commissioner has an interest in the provision of pharmaceutical services in its area;
- Any local authority with which a PCT is or has been a partner PCT;
- Any NHS Trust or NHS Foundation Trust in its area; and
- Any neighbouring Primary Care Trust.

With the change of responsibility for production of PNA's from PCTs to HWBs it is assumed that where a PCT is mentioned in regulation 8 this now refers to HWBs. Wiltshire HWB shares borders with eight Health and Wellbeing Boards: B&NES, West Berkshire, Hampshire, Gloucestershire, South Gloucestershire, Somerset, Dorset, Swindon and Oxfordshire.

The PNA takes account of cross border provision in terms of access to a Community Pharmacy but does not review access in terms of opening hours or enhanced services.

4. DEVELOPMENT OF THE PNA IN WILTSHIRE

A Pharmaceutical Services Strategy Group (PSSG) was created in early 2017 to identify the strategic and developmental agenda for pharmaceutical services including the creation of a PNA. The steering group membership was drawn from the public health department of Wiltshire Council, medicines management from the Clinical Commissioning Group, commissioning from the NHS England Local Area Team, and also includes representatives from the Local Medical Committee, Local Pharmaceutical Committee, Healthwatch, Director of Public Health, Chairman of CCG and the Wiltshire Councillor for HWB as strategic lead.

Wiltshire's PNA has been developed using a mixture of methods, drawing on a range of information sources and reinforced through consultation with the public. These sources are:

- Review of the data from the Wiltshire Joint Strategic Needs Assessment (JSNA) and Community Area JSNAs.
- Responses to two residents surveys one for carers and one for the general population in Wiltshire.
- A baseline survey of community pharmacies in Wiltshire
- Review of data from commissioners of locally commissioned services for community pharmacies in Wiltshire
- Synthesis from national datasets and statistics.

The Joint Strategic Needs Assessment (JSNA) is the means by which the HWB and local authority describe the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs.

The county wide JSNA report has been updated to include the most up to date information available, in addition a series of community level health profiles were also updated. These, cover a range of health and wellbeing topics, such as life expectancy; obesity; smoking and health inequalities. The information contained in the Wiltshire JSNA and local community area JSNAs have been used extensively in the development of the PNA.

A pharmacy contractor questionnaire was sent to all community pharmacy contractors in Wiltshire in August 2017. The National Pharmaceutical Services Negotiating Committee (PSNC) questionnaire template was used with the aim of validating information already held at the PCT on pharmaceutical provision, and to ascertain contractors' willingness and ability to participate in future services provision, should opportunities arise.

This information was combined to provide a comprehensive picture of the population, their current and future needs and how the pharmacy network could support the health and social care system to improve the health and wellbeing of our population.

With this in mind the PSSG decided that it was important to survey carer's opinions as well as the general population of Wiltshire in 2017 to determine current and future need and how this may have changed. There were 218 responses to the carer survey of which 61% identified themselves as carers. In the general population survey 334 were completed both which contribute to the development of a comprehensive picture

across Wiltshire of pharmaceutical provision, and need in order to improve the health and wellbeing of our population.

Wiltshire HWB will consult formally on the draft PNA from September October 2017. The consultation will close in December 2017 and feedback was reviewed and incorporated into the final PNA document which will go to the Wiltshire HWB in January 2018 for approval prior to publication.

5. HEALTH NEEDS IN WILTSHIRE

This section presents an overview of the health needs of the population in Wiltshire, based on data for a variety of sources

5.1 Overview of population health in Wiltshire

Wiltshire is a large, predominantly rural county with a 2016 mid-year population estimate of 488, 409 which is expected to increase to 503, 900 in 2021. The majority of this growth, 10, 100 people (90.2%) is in the 65 and over age group. In 2011, Wiltshire's ethnic minority groups made up 4.4% of the population.

Almost half (47.3%) of the population resides in towns and villages with less than 5,000 people and over a quarter (28.1%) live in villages of fewer than 1,000 people.

People in Wiltshire live longer than the general population in the South West. Life expectancy in Wiltshire for 2013 to 2015 was 80.8 years for males and 84.0 years for females.

Females in Wiltshire can expect to live 66.8 years in favourable health and males can expect to live 64.8 years in favourable health. This is a reduction from 68.0 for females and 66.5 years for males since the last PNA was conducted

In 2016, there were 1,258 deaths under the age of 75. The two major causes of premature death nationally, and in Wiltshire, are circulatory disease (including coronary heart disease and stroke) and cancers.

Deprivation is an important determinant of health and well-being for individuals and communities. Higher levels of deprivation are consistently associated with poorer health outcomes across a range of measures representing a major cause of inequalities in health and wellbeing. Wiltshire overall is a wealthy and prosperous county but does have pockets of deprivation throughout the county. Wiltshire is split into 20 community areas, and in section 10, the deprivation per community area is defined.

Of the 326 district and unitary authorities in England, Wiltshire is ranked as the 234th most deprived in the 2015 Indices of Multiple Deprivation (IMD).

83.8% of the population in Wiltshire reported their general health as either 'Very good' or 'Good' in 2011.

5.2 Specific diseases

In order to commission appropriate and relevant services, it is essential to understand which diseases and conditions are causing mortality and morbidity in Wiltshire.

Cardiovascular disease

Cardiovascular disease (CVD) describes the group of diseases affecting the circulatory system, including Coronary Heart Disease (CHD) and stroke. Premature mortality is defined as deaths occurring before the age of 75, age-standardised premature deaths

from CVD in Wiltshire having increasing from 52 per 100,000 to 53 per 100,000 population.

Diabetes

Diabetes is a chronic and progressive disease that is associated with an increased risk of certain complications, including CVD and chronic kidney disease.

In 2012/13, there were 20,860 people aged 17 or over living with diabetes (type 1 or 2) in Wiltshire, which has increased to 23, 516 in 2015/16. The true prevalence (including those living with undiagnosed diabetes) in Wiltshire is estimated to be 8.4% (approximately 33, 510 Wiltshire residents aged over 17), which is higher than the 2015 project of 7.4%

Chronic Obstructive Pulmonary Disease & Asthma

Chronic Obstructive Pulmonary Disease (COPD) is the collective term for a range of conditions that result in long-term damage to the lungs. The most common forms of COPD are bronchitis and emphysema. COPD is largely preventable; particularly as its main cause is smoking. Standardised rates of mortality from COPD in Wiltshire are lower than in England as a whole for both men and women.

Between 2014 and 2016, 13.3% of deaths in Wiltshire were due to respiratory conditions. Hospital admissions for respiratory conditions are increasing nationally, including in Wiltshire, and are projected to increase in the future due to historical smoking rates. Smoking is the main risk factor for respiratory disease.

Asthma is a more common condition than COPD and affects many children as well as adults. There has been a increase in the number of emergency admissions for asthma in Wiltshire over the last 4 years from 374 in 2012/13 to 381 in 2015/16 but this is still lower than the previously reported data in the 2015 PNA.

5.3 Strategic priorities / Principle health outcomes

Wiltshire Public Health has identified six corporate level principal health outcomes that will demonstrate delivery on improvements in the health of our population. These sit alongside two nationally- determined outcome indicators:

- Reducing health inequalities and
- Improving life expectancy.

The six corporate level principle health outcomes for Wiltshire are:

- Alcohol-related admissions to hospital (PHOF 2.18)
- Successful completion of drug treatment and detection of drug use in offenders (PHOF 2.15 and 2.16)
- PHOF Outcome - Increased healthy life expectancy
- Excess weight in 4-5 and 10-11 year olds (PHOF 2.6 ii)

- Take up of NHS Health Checks programme by those eligible – health checks offered (PHOF 2.2 i)
- Mortality rate from causes considered preventable (PHOF 4.03)
- Improving health and wellbeing of 0-5 year olds (PHOF 1.02i)

Delivering improvement in these principal health outcome indicators is the key performance measure of Wiltshire council's delivery of its strategic ambition, that Wiltshire will be a county that actively encourages, provides and enables positive activities for people and fewer people die prematurely or suffer from preventable ill health.

5.4 Specific populations and potential implications on health needs

Older people

In the 2016 the number of older people living in Wiltshire was put at 101, 588. The highest proportion of those people aged 85 and over live in the south of the county (where the lowest proportion of people aged 65-74 years live). The north of the county has the lowest proportion of people aged 75 and over.

Population projections are important for the planning of all community services to ensure that the needs of the local population are met. The projected population figures show a steep increase in older people with the percentage of the population in Wiltshire aged 65 or over reaching 22.7% by 2021. This represents a 32% increase in the number of people over 65 in Wiltshire over this 10-year period. The number of Wiltshire's residents aged over 85 years is projected to increase from around 13,952 in 2016 to approximately 16,600 by 2021.

Population growth, coupled with the growing ageing population, will be key drivers for potentially expanding pharmacy provision. The increase in the population of older people will place a greater demand on community pharmacies to provide prescription collection and delivery services for people who find it difficult to leave their home.

Life Limiting Long Term Illness

The 2011 Census asked people whether they had a limiting long term illness (LLTI). The number of Wiltshire residents with an LLTI in 2011 according to the census was 31,408, which equates to 6.7% of the population.

The predicted rates of LLTI in elderly people (aged 65 and over) show that Wiltshire, on average, has much lower predicted rates of LLTI than England. The West Wiltshire area has the highest predicted rate of LLTI in Wiltshire and the Kennet area the lowest predicted rate.

Ethnic minorities

At 4.4% of the population, Wiltshire has a low proportion of ethnic minorities. There are well documented links between ethnic origin and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. In addition, differences in cultural background, language skills and residence time in the new country may impact on the access and utilisation

of health care services. The county is a largely white and rural area and people in minority groups are often not present in sufficient numbers to form coherent groups. This can result in an unknown demand for services and potentially unmet need.

Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. In Wiltshire, in 2015, it was forecast that there would be 30, 129 people aged 18-64 who have a moderate or serious physical disability. The estimated figures by 2016 will be 31,144.

People with learning difficulties

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and as a result suffer poorer health outcomes compared to the general population. Estimates would currently suggest that there could be approximately 6814 people with a learning disability living in Wiltshire.

Community teams for people with learning disabilities currently provide health or social care support to around 1,191individuals with a learning disability in Wiltshire. The majority of people known to specialist services will have a severe learning disability.

It is predicted that by 2030 the number of adults with learning disabilities, needing support aged over 18, will increase by632people. Many people who have a mild learning disability may never have cause to use Community Services, other than the mainstream services within their community.

Military population

Military personnel in Wiltshire presently constitute around 2.9% of the total population and including dependants the total is estimated to be around 30,000. Military personnel and dependants are estimated to constitute over 20% of the total population in Tidworth, Bulford, Durrington, Upavon, Warminster East, Lyneham, Nettleton and Colerne wards.

The increase in personnel towards the south of the county will take place during the lifetime of the PNA, which may have implications for local health services. Any changes will be reflected in additional supplementary guidance/statements.

Changes to the military population in Wiltshire

Army Basing Review

A major impact on South Wiltshire in particular will be felt from the Army's transformation under the 'Army 2020' concept. This requires the transition to a combination of Reaction Forces, Adaptable Forces and Force Troops. The Reaction Forces will be centred on the Salisbury Plain Training Area. This will result in an estimated increase of 4,000 uniformed personnel, and an additional 3200 dependants, living and working in Wiltshire which must be assessed for the impacts that this will place on services.

The Ministry of Defence medical centres provide primary healthcare for service personnel and families; however the provision of community pharmacy in this area must be reviewed for any potential increase in demand at the appropriate timescale. In the short term the numbers of military personnel and dependants in the Salisbury plain is expected to experience a net reduction in population until 2017, resulting in minimal impact on demand for community pharmacy. Wiltshire HWB will ensure that as part of the ongoing planning for the army re-basing the provision of pharmaceutical services will be reviewed on an ongoing basis and supplementary statements to this PNA will be issued when necessary.

RAF Lyneham

In the future, Lyneham will become a key defence technical training site. When it opens in 2015, it is expected that the Defence College of Technical Training will have around 1,500 military and civilian personnel as students and employees. The College will provide training for the three armed services in electronic and mechanical engineering, aeronautical engineering, and communications and information systems. Subject to further decisions by the MOD, by 2019, the College could have around 4,500 students and staff on the site. Again Wiltshire HWB will ensure that the provision of pharmaceutical services will be reviewed on an ongoing basis and supplementary statements to this PNA will be issued when necessary.

Prisoners

HMP Erlestoke is an adult male, category ‘C' closed training prison and it is the only prison in Wiltshire. It currently has an operational capacity of 524. The 2012 HMP Erlestoke Health Needs Assessment identified specific health needs for the prisoners including sexual health, infectious diseases, mental health and substance misuse.
Levels of smoking are extremely high, amounting to almost 70% of prisoners in Erlestoke. Since 2009, 50 offenders have qualified as Health Trainers at HMP Erlestoke and in 2016, 129 offenders were supported by three offender health trainers to improve their lifestyle choices.

Pharmaceutical services to HMP Erlestoke are commissioned and provided separately to community pharmacy services. Prescribers at the prison may provide an NHS prescription to an offender upon release which can be dispensed at any community pharmacy, such NHS prescriptions are exempt from prescription charges.

Gypsies and Travellers

According to the 2011 Census, 757 people in Wiltshire identified themselves as being of Gypsy or Irish Traveller ethnicity; this is 0.2% of the population. In 2017, Wiltshire had 193 children in primary or secondary schools whose ethnic group was Gypsy/Roma according to the January 2017 school census.

As of June 2017, Wiltshire Council owns 5 permanent residential Gypsy and Traveller sites and one transit site. This provides 100 residential pitches (29 serviceable, 5 out of use and 6 undergoing refurbishment) and 12 transit (28 day license) pitches (currently closed) and 1 transit site (currently closed). As of 2013, there are about 175 or so boats without moorings on the Kennet and Avon Canal at any one time between Devizes and Bath. It is believed that around 66% of these are people's homes. A survey is currently being undertaken to update the data on boaters.

Homeless

Homeless people have a significantly lower life expectancy compared with the rest of the population and experience poorer health generally, with particular issues around social isolation, poor access to services, mental health and substance misuse.

During 2016/17, Wiltshire delivered 433 new affordable homes. The number of households living in temporary accommodation at the end of March 2017 was 112 which is a decrease from 127 in March 2016. 269 people were accepted as homeless in 2016/17, which is a decrease from 285 in 2015/16

5.5 Lifestyle factors influencing health

The greatest burden of disease and premature death in the UK today is related to chronic diseases such as cancers and cardiovascular disease. Such diseases are strongly associated with lifestyles or health behaviours.

Drug misuse

Drug misuse results in increased health problems for drug users, impacts significantly on families, and is often a contributory factor to other social problems including anti-social behaviour and acquisitive crime. For the year 2016/17 around 1828 people were receiving treatment in the Wiltshire Substance Misuse Service. Of these 31% were female, % described themselves as non-white British and 993 were aged between 28 and 47.

Alcohol

Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Alcohol related hospital admissions have been rising in Wiltshire (555 per 100, 000), although they remain at lower levels than those experienced in either the South West (650 per 100, 000) or England (647 per 100, 000). Likewise, alcohol specific mortality is increasing in Wiltshire (9.2 per 100, 000), although rates are again lower than regional (10.5 per 100, 000) and national (11.5 per 100, 000).

Alcohol dependence is defined as the percentage of adults (aged 18+) who drink 14 units or more alcohol per week. National prevalence estimates indicate that 28.7% of adults in Wiltshire are dependent on alcohol, this is higher than the south west (26.8%) and England (25.7%) averages.

Sexual health

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

There were 2,334 acute sexually transmitted infections in Wiltshire in 2016 which is 480 per 100,000 people. This rate was statistically significantly lower than both the England

rate (750 per 100,000) and the South West rate (621 per 100,000). 2016 figures for Gonorrhoea show that the number of cases in Wiltshire has decreased to 71, which is still almost two and half times the 2009 figure of 29. Our rates of syphilis infection remain relatively low in Wiltshire with 9 cases reported in 2016, providing us with a diagnostic rate of 1.9 per 100,000 population compared to a South West rate of 3.0 per 100.000 and an England average of 10.6 per 100,000.

There are a growing number of people living with HIV in Wiltshire. 221 people accessed care and treatment in 2015, which is a rise of 21.4% since 2011. When compared to England this equates to a prevalence rate of 0.72 per 1,000 population in Wiltshire compared to 2.3 per 1,000 in England.

There are issues around access to sexual health services. The range and availability of STI screening is geographically limited although services are available in community venues across the county. Contraception and Sexual Health (CaSH) clinics see a disproportionate amount of women seeking Long Acting Reversible Contraception (LARC) methods for reasons other than contraception who should be referred to appropriate gynaecology services and this can have an impact on appointment slots being available for other patients.

Abortion rates in Wiltshire for 2016 stand at 13.6 per 1,000 which is similar to the South West rate of 13.5 per 1,000 but well below the England rate of 16.1 per 1,000 women. The Wiltshire proportion of repeat abortions is 35.8% which is higher than the South West proportion of 34% but lower than the England rate of 38.4%, however these repeat procedures are concentrated within the under 25 age group in which 24.5% of the overall repeat abortions took place.

Smoking

The tobacco control profile suggest that 13.9% of adults in Wiltshire are smokers compared to 13.9% for the South West region and 15.5% for England with prevalence in all three areas having fallen.. Data for 2015/16 estimates that 10.3% of pregnant women in Wiltshire are smoking in pregnancy, lower than in the South West (11.2%) and England as a whole (10.6%). Smoking levels are significantly higher among routine and manual workers compared to the rest of the population and according to the Tobacco Control profile stood at 232.8% for Wiltshire in 204; which is higher than England (28.0%) and the South West (28.3%).

With a community area focus, the highest smoking prevalence is found in Trowbridge at 21.6% of households – Trowbridge is the only Community Area over 20%. Amesbury, Bradford-on-Avon, Malmesbury, Marlborough, Mere, Pewsey, Royal Wotton Bassett, Cricklade, Southern Wiltshire, Tidworth, Tisbury and Wilton Community Areas are all <10% smoking prevalence.

Obesity

Adults with a Body Mass Index (BMI) of 30 or over are classified as obese. According to modelled estimates, adult obesity prevalence is 25.2% in Wiltshire; this is higher than the estimated prevalence in both the South West (24.7%) and England (24.2%). The most recent of these (The Active People Survey, conducted by Sport England) indicated that the prevalence of excess weight in adults over 16 years old in Wiltshire is

65.8%. This equates to almost 2 in 3 adults across the county and is in line with that estimated for the South West (64.7%) as well as England (64.8%).

In Wiltshire, in 2015/16, 52 people were admitted to hospital because of obesity, over half since 2011/12 (123). This equates to 11 people per 100,000 population which is higher than the England rate of 14 per 100,000 population and the South West rate of 19 per 100,000. England data shows that hospital admissions for obesity decreased since 2010/11.

In 2015/16, 35 patients were referred for bariatric surgery in Wiltshire, which is a decrease from 138 in 2012/13, where 138 were referred..

During 2016/17, 5,385 pupils in Reception Year and 4,515 pupils in Year 6 in Wiltshire were weighed and measured as part of the National Childhood Measurement Programme (NCMP). In that period 8.0% of Wiltshire Reception pupils measured were found to be obese; this compares to 9.3% for England. This is the sixth lowest out of 14 Local Authorities in the South West. In Year 6 15.7% of Wiltshire children were found to be obese; in England the figure was 19.8%. This ranks Wiltshire 9th lowest out of 14 Local Authorities in the South West.

6. CURRENT PROVISION AND USE OF PHARMACEUTICAL SERVICES IN WILTSHIRE

6.1 Overview of access in Wiltshire

Number of pharmacies and type of provision

Wiltshire has a total of 74 community pharmacies and a population of approximately 488, 409. This represents 15.1 pharmacies per 100,000 population. Given the rural nature of Wiltshire a mixture of pharmacies and dispensing GP practices ensure that there is access in all communities to dispensing services. Patients living in rural areas can, and do, access community pharmacy in locations where they access other services, such as shops.

It is recognised that many of the most sparsely populated rural areas do not have local access to community pharmacies. General Practitioners in controlled localities, that is areas determined by the NHS Commissioning Board to be rural in character, may dispense medication on prescription produced at the practice, to those practice registered patients who live within the controlled area. In addition, the NHS Commissioning Board may grant dispensing rights for a practice to dispense to registered patients living outside the controlled area but who have serious difficulty accessing a community pharmacy service.

General practitioners in Controlled Localities, that are areas determined by the NHS to be rural in character, may dispense medication on prescriptions generated at the practice, at the rest of those registered patients who live within the controlled locality but at a distance of more than 1.6km from a community pharmacy. There are 28 Dispensing General Practices serving the rural parts of Wiltshire (see Appendix 2). Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in rural areas, patients living in rural areas are able to access dispensing services as required.

Dispensing Appliance Contractors (DACs) are a specific sub-set of NHS Pharmacy contractors specializing in the supply (on prescription) of appliances, notably stoma and incontinence appliances.

Local Pharmaceutical Service (LPS) allows areas to commission community pharmaceutical services tailored to specific local requirements. LPS complements the national contractual framework for community pharmacy but is an important local commissioning tool in its own right. LPS provides flexibility to include within a single local contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements. There are no LPS pharmacies in Wiltshire.

Pharmacists can undertake additional training to become an Independent Prescriber. Independent prescribing is prescribing by a practitioner e.g. doctor, dentist, nurse, pharmacist or optometrist responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management, including prescribing. Pharmacist Independent Prescribers can prescribe any medicine for any medical condition within their competence and can issue private prescriptions for any medicine within their competence.

A small number of Community Pharmacists in Wiltshire are Independent Prescribers and may be providing private prescriptions. Wiltshire do not currently commission prescribing services from any Independent Prescribing pharmacists.

In Wiltshire there is now a NHS Wiltshire CCG commissioned service to ensure that palliative care medicines are available on demand as a result of the gap identified in the 2015 PNA.

Advanced and enhanced services

Advanced Services are nationally specified, and there are six Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The six Advanced services in the community pharmacy contract are:

- Medicines Use Review (MUR) and Prescription Intervention Service. MURs may be provided by pharmacies if carried out by a pharmacist with MUR accreditation, in a marked room or area of the pharmacy which has seating and where normal speaking volumes cannot be overheard
- New Medicine (NMS) Service. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.
- Appliance Use Review (AUR) Service
- The AUR is carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient’s home.
- Stoma Appliance Customisation Service. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- Seasonal flu vaccination is communised as an Advanced Service from September to March each year.
- The NHS Urgent Medicines Supply Advanced Service (NUMSAS) is currently commissioned until 31 March 2018. A review of the service will take place in September 2017.

NHS England commissions one Directed Enhanced Service in Wiltshire. This is an arrangement to ensure access to pharmaceutical services on days when there would otherwise be no service available (e.g. bank holidays). In Wiltshire a rota has been determined for Special Bank Holidays (Christmas Day, New Year’s Day and Easter Sunday). The availability of contracted hours on Sundays and late opening has not required Enhanced Service commissioning to secure Sunday or evening access.

Locally Commissioned Services are commissioned locally in response to the needs of the local population. A range of Locally Commissioned Services may be offered by community pharmacies in Wiltshire:

- Support to Stop smoking

- Needle and Syringe Exchange
- Supervised Administration (Consumption of Prescribed Medicines)
- Chlamydia treatment and supply of test kits
- Emergency Hormone Contraception (EHC) including pregnancy testing services and condom supply
- Hold stock of specific palliative care medicines

Hours

Consideration has been given to accessing pharmaceutical services outside Monday - Friday, 9am - 7pm. Opening after 7pm is considered to be 'late opening'. NHS England holds the following information relating to this provision:

- Seven community pharmacies operate as 100-hour pharmacies.
- 10 are open later into the evening per week and most are open on Saturdays.
- 18 are open on Sundays (an increase from 10 in 2015).

Internet or Wholly Mail Order Pharmacies

Two pharmacies in Wiltshire operate wholly under a distance selling model. There is anecdotal data suggesting an increase in the use of distance selling pharmacies however the impact this will have on the dispensing of prescription in Wiltshire is currently unknown.

Cross-border access

The Wiltshire Local Pharmaceutical Services Public Survey (2010 and 2014) revealed that the pharmacy being close to the doctor's surgery was ranked the most important factor for location followed by being close to home. Nearly half of respondents travelled less than 1 mile last time they visited the pharmacy. Therefore, whilst important to note access to community pharmacies in surrounding areas will increase access and choice to Wiltshire residents, it is likely that the majority of Wiltshire residents will be accessing pharmacies in the Wiltshire area.

From reviewing sample data from 2016-17 prescribing habits, over 97% of prescriptions issued in Wiltshire are dispensed in Wiltshire, with the remaining largely dispensed in pharmacies across the borders in Swindon and Hampshire.

Acute settings

Wiltshire has one acute trust within its borders, Salisbury Foundation Hospital Trust (SFT). In addition about two thirds of Wiltshire's population will access acute hospital care outside of the county in Bath or Swindon. Transfer of care is an important issue and with three different systems in the acute settings this is worthy of note. Hospital pharmacies deal with more complex clinical medication management issues when compared with community pharmacies, who often have more complex business and customer relations issues. Hospital pharmacies stock a larger range of medications, including more specialised medications, than would be feasible in the community setting. Hospital pharmacies typically provide medications for hospitalised patients only. SFT and RUH pharmacies sell non-prescription medicines to patients and public

but do not hold a community pharmacy contract. GWH have out-sourced its outpatient dispensing to Boots who have a pharmacy separate to the hospital pharmacy within the hospital. Although it dispenses outpatient medications and sells over the counter medicines to patients and visitors it does not hold a community pharmacy dispensing contract.

Health and social care providers should ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals.

In a bid for integrated working between community pharmacy and Acute settings, a IT system called PharmOutcomes is being used to facilitate this integrated working across all Acute Trusts and community pharmacies. This includes the RUH using the referral service to provide discharge summaries for patients who have medicines packaged into weekly dosage systems. SFT have this functionality but have yet to become an active user. GWH use similar functionality to refer patients starting on anticoagulant medicines for further support.

Choice

Wiltshire is required to consider the benefits of having reasonable choice with regard to obtaining pharmaceutical services. In the more urban community areas there are a variety of providers. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. In the more rural areas, with the population spread across large areas with some more populated villages and market towns, it is less easy to state that patients have easy access to a variety of providers.

Core Strategy – housing

Within this section on provision it is also important to note that Wiltshire's Core Strategy sets out Wiltshire council's spatial vision, key objectives and overall principles for development in the county.

Housing figures for new development are incorporated within the core strategy for each community area in Wiltshire. These figures are based upon sites with permission, or that have been allocated to date and therefore these figures may be subject to change as time progresses.

The anticipated increase in each community area over the next three year period until 2017/18 would not have a significant impact on provision of, or access to pharmaceutical services. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be reviewed on an ongoing bases and supplementary statements to this PNA will be issued when necessary.

In addition, the neighbouring authority Swindon Borough's Local Plan will increase housing by approximately 16,000 more dwellings by 2026. A proportion of these houses will be delivered close to the border of North East Wiltshire. The Swindon HWB PNA states that Swindon HWB will monitor the development of major housing sites

along its boundary with other Local Authorities to ensure that relevant Local Authorities can produce supplementary statements to their PNAs if deemed necessary.

6.2 Specific diseases

Cardiovascular disease (CVD)

Wiltshire does not commission any community pharmacies to offer the Vascular Risk Assessment Service (NHS Health Checks).

Diabetes

Two pharmacies are providing non-commissioned diabetes services, 5 pharmacies were willing and able to provide services and a further 35 would be willing and able if provided training.

Chronic Obstructive Pulmonary Disease (COPD)

Wiltshire does not commission any of the community pharmacies to offer specific medicine management for COPD.

Asthma

Three community pharmacies provide asthma related services, however 7 pharmacies felt willing and able to provide services and a further 34 felt they would be able to provide services if offered training.

6.3 Meeting the needs of specific populations

Older people

Seven community pharmacies in Wiltshire provide a pharmaceutical service specifically for Care Homes and a further twelve felt willing and able to provide services. Pharmacists from the medicines management department of the CCG offer visits to each Care Home to provide Individual Medication Reviews and advice on 'The Safe Handling and Administration of Medicines'. Liaison with the Care Home and relevant General Practice(s) takes place prior to visiting each Care Home. This is a service that some pharmacies are not willing or able to provide, but of those that responded 8 said that they would be willing and able to provide the service if commissioned and a further 6 said they would be able to provide the service if offered training.

Twenty-five community pharmacies in Wiltshire provide delivery services and a number provision of monitored dosage systems to support administration of medicines by domiciliary carers (non-commissioned services). A service such as this can support the needs of older and vulnerable people.

Ethnic minorities

All pharmacies in Wiltshire have access to the NHS language line telephone service, however the Local Pharmaceutical Committee would be keen for NHS England to

publicise how to access this service to pharmacies. From the pharmacies that responded, the languages pharmacies identified from their patients included Polish, Spanish and Nepalese. Eleven pharmacies felt they could provide direct language support including Spanish, Polish, Urdu, Chinese, French, German, Kurdish, Punjabi, Hindi, Romanian and Welsh.

Disabilities

All pharmacies are required to be compliant with the Equalities Act.

People with learning difficulties

There are no specifically commissioned pharmaceutical services for people with learning difficulties in Wiltshire.

Military

Tidworth, Larkhill, Bulford, Chippenham and Warminster military sites all have access to a Medical Centre with a dispensary staffed by a Pharmacy Technician on site. The sites at Colerne and Corsham have access to a Medical Centre on site where prescriptions are faxed to a local Lloyds pharmacy for dispensing.

In addition, all Military Medical Centres have access to a MOD Regional Pharmacist and pharmacy technician based at the Regional Clinical Directorate of the Defence Primary Health Care Headquarters, based in Tidworth.

Prisoners

HMP Erlestoke has a contract with a community health provider to supply medication.

Gypsies and Travellers

All registered sites in Wiltshire, apart from Bonnie Park in Bratton, are within two miles of a community pharmacy. The majority of sites are within a 15 minute walking distance of a community pharmacy. The closest community pharmacies to Bonnie Park are in Westbury, just over three miles away.

Homeless

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.

Carers

The term ‘carers’ refers to people who provide unpaid care to a child, relative, friend or neighbour who is in need of support because of age, addiction, mental or physical disability or illness. It does not include people who volunteer or paid workers – they are referred to as ‘care workers’.

The 2011 Census estimates that there are currently approximately 47,608 in Wiltshire. Around 2, 723 people are aged 24 or under and 11, 876 are aged 65 or over that provide care. 19.9% of carers spend 50 or more hours per week caring. The number of hours of care given is related to age, with older carers providing more hours of care.

6.4 Addressing specific health and lifestyle needs

Health promotion forms part of the essential services offered by all community pharmacies, specifically:

Essential Service 4 – Public Health

This includes the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to have diabetes, or be at risk of coronary heart disease, especially those with high blood pressure, or smoke, or are overweight. It also includes pro-active participation in national / local campaigns to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Essential Service 5 – Signposting

Signposting is the provision of information to people visiting the pharmacy, who require further support, advice or treatment, which cannot be provided by the pharmacy, or other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Essential Service 6 – Support for Self-Care

Support for self-care requires the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

A range of locally commissioned services can also be offered to address some of the specific lifestyle factors in relation to health.

Drug misuse

Needle exchange services and supervised methadone consumption are commissioned and delivered as locally commissioned services in Wiltshire. Five community pharmacies in Wiltshire currently offer needle exchange, three felt willing and able to provide and a further 8 felt they could provide with training.

Supervised administration of medicines is commissioned in 21 community pharmacies locally.

Alcohol

No community pharmacies are locally commissioned to deliver alcohol screening and brief interventions, five felt willing and able to provide if commissioned and 13 felt they would be able to provide with training.

Sexual health

Thirty-two community pharmacies are commissioned to deliver the No Worries! service, in Wiltshire. The *No Worries* scheme is a programme designed to reduce teenage conceptions and increase access to contraception, sexual health information and advice, swift and easy access to STI testing and treatment. Emergency Hormonal Contraception is supplied from community pharmacy stock through a patient group direction for patients aged 13-19 at risk of unwanted pregnancy.

Smoking

Forty community pharmacies are commissioned to deliver support to stop smoking as a locally commissioned service. Pharmacies provide one to one support and advice for a maximum 12 week period to people who want to give up smoking. If after this time the client is still smoking, the client is referred to the Stop Smoking Service for specialist advice and support. The pharmacy stop smoking adviser is trained by Wiltshire Stop Smoking Service. The client receives stop smoking support and is able to get Nicotine replacement medications at prescription cost. Champix® is not available directly from a pharmacist as it has to be prescribed by a GP.

Obesity

None of the community pharmacies stated in their contractor survey response that they offer an obesity management service. This service is not currently commissioned in Wiltshire however three pharmacies felt they were willing and able to provide the service, and a further 18 felt they would be able to provide with training.

7. SUMMARY FROM PUBLIC SURVEY

7.1 Wiltshire Local Pharmaceutical Services Carer's Survey 2017

In June 2017, a local pharmaceutical services survey was launched targeted at carers in Wiltshire. The e-survey was promoted via social media, and with the assistance of organisations including Wiltshire Council, NHS Wiltshire CCG, primary care organisations (GP practices and pharmacies), Health Watch Wiltshire and our local community carer champions. The public health team also attended several carer events to promote the survey and supported response rate by allowing the completion of hard-copy survey's when were then manually added to the electronic responses.

The professionals and organisations approached to support engagement with the survey were very engaged and enthusiastic in their support of the survey. A total of 218 respondents completed the survey providing responses to a range of questions, of which 122 (61%) identified themselves as carers.

The responses below only take into account the carer responses:

- 70% of respondents were female.
- 57% of respondents were aged between 55 and 74 years.
- 34% defined their health as 'good' and 49% defined their health as 'fairly good'.
- 42% said that they had a long term limiting illness, health problem or disability that limits their daily activities or work they can do.
- 33% defined themselves as full-time carers

The survey was lengthy and electronic both which may have deterred carer's from responding. We did provide hard-copies on request although the request for these was minimal. It should be noted that although this survey was directed at carers nearly 40% of those that responded did not identify themselves as carers. However, carers did engage, and therefore the responses received through this method may not be representative of the wider group of carers resident in Wiltshire and may have an impact on how they responded to the local pharmacy survey. Also, not all respondents answered all questions.

Access to pharmacy services

89% of respondents said they would access their local pharmacy for the dispensing of their medicines, other would access dispending practices (7%) or supermarket pharmacies (3%). Similarly, to obtain advice on medicines they would access their local pharmacy (63%), their dispensing practice (25%) or supermarket pharmacy or look online. Similarly 63% of respondents would go to their local pharmacy for other services, closely followed by their dispensing practice for other services including vaccinations, continence aides, and prescription requests.

Pharmacy Location

76% of respondents felt that it was important to very important that the pharmacy was close to their GP practice; 80% felt that it was important to very important that the pharmacy is close to their homes and/or close to their local shops (54%). 81% felt that

it was important to very important that it was easy to park nearby to the pharmacy and 51% felt that is was not very important to not important at all that the pharmacy was near a bus-stop compared to 26% thought it was important to very important to be near a bus stop. 71% felt that it was not very important (or important at all) for it to be near to their children's school or nursery but this may be reflected in the age of the carers, similarly 69% didn't feel it was important (or important at all) that it was close to a place of work again, reflects the age of the respondents. 49% of carers felt that it was important to very important that was medicines could be delivered straight to their homes, 24% felt this wasn't important (or important at all), and 27% didn't feel it was important or unimportant.

In the last 12 months, 49% of respondents had had a consultant with their pharmacy to ask for help or advice, 18% to have a medicines check and 22% to ask for advice so they didn't need to visit their GP practice.

Access to Pharmacies

42% felt that all pharmacies should be open late at least one evening a week, where 44% felt that only some pharmacies should be as long as they knew where they were; 57% felt that only some pharmacies needed to be open on a Sunday as long as they knew where they were; and the same for bank holiday opening (60%)

Awareness of Services

From the respondents, they had the following awareness of essential service available from their pharmacy:

- 82% aware they could get prescriptions dispensed at a pharmacy of their choice
- 46% were aware they could access medicines online, but only 2% had used them
- The majority of respondents 27%) had the pharmacy manage their repeat prescriptions, 22% ordered online and 18% ordered directly via their GP practice
- 42% had prescriptions managed using electronic transfer from their GP to the pharmacy of their choice.
- 53% felt they didn't need any help on having prescriptions delivered to their homes, 22% already had their prescriptions delivered
- 73% felt they didn't need any help in having their medicines explained to them, 25% already get help.
- 87% didn't feel they needed a reminder on when to take their medicines; 84% felt they didn't need help putting their medicines into an organiser (10% already had this assistance). 84% did not need easier to open containers, 86% felt they did not need larger print labels on their medicines, 2% had accessed this support.

Additional Services

- 25% had had a Medicines Use Review (MUR) at their pharmacy, 31% at their GP practice, 55% had never used the service

- 75% had not used the New Medicines Service (NMS) from their pharmacy, 14% had.
- 99% had not used the help to stop smoking service provided by pharmacies
- 74% had an a health check at their GP practice, only 1 respondent had received one at their pharmacy, 29% had not used the service
- 70% had not accessed any weight management programmes from the pharmacy
- Only 2% had received advice about healthy lifestyles form the pharmacy, 60% had not accessed this from the pharmacy
- Only 1 respondent had received a diabetes test at the pharmacy
- 41% had accessed their GP for minor ailments, and 11% their pharmacy
- No respondents had accessed their pharmacy for emergency hormonal contraception
- 95% had not used the pharmacy for chlamydia testing, the %% accessed the GP or somewhere else
- 90% did not access routine contraception medicines or advice from the pharmacy, and 10% from other non-pharmacy locations, and nobody had visited the pharmacy for a pregnancy test
- 6% had attended a flu vaccination at the pharmacy, although 77% did attend their GP
- Only one respondent attended the pharmacy for blood tests to adjust warfarin
- Only 2 respondents disposed of sharps at the pharmacy, 79% not accessing the pharmacy for this service. No respondents were using the needle exchange programme.
- Only one respondent had attended their pharmacy for advice on inhaler use.
- 40% attended their GP for cholesterol testing; only 1 respondent had attended a pharmacy for a similar service.

When asked where they would prefer for services to be made available, respondents answered:

- Smoking Cessation service: 30% pharmacies, 41% GP practices
- Health Checks: 35% pharmacy, 30% GP practices
- Weight management: 86% of respondents felt this question was not applicable
- Healthy lifestyle advice: 44% GP practice, 25% practice nurse, 7% pharmacy
- Diabetes testing: 31% GP practice, 24% practice nurse, 4% pharmacy
- Minor ailments: 31% GP practice, 21% practice nurse, 7% pharmacy
- Emergency contraception: 27% GP practice, 19% practice nurse, 8% pharmacy
- Chlamydia testing: 29% GP practice; 26% pharmacy
- Routine contraception: 89% felt this question was not applicable
- Free condoms: 93% felt this question was not applicable
- Pregnancy testing: 84% felt this question was not applicable
- Flu vaccination: 92% said not applicable, 6% pharmacy, 2% GP, 2% practice nurse
- Blood testing: 85% said not applicable
- Disposal of sharps: 46% GP practices, 18% practice nurse and 12% pharmacy
- Needle exchange: 85% said not applicable
- Inhaler use: 83% said not applicable, 7% pharmacy
- Cholesterol testing: 92% said not applicable, 3% said pharmacy.

As part of the survey, carers were asked what could be done to improve pharmacy services for them. The majority of the comments very complementary and praising of the services they currently receive however, some critical comments were received in regard to improving professional of pharmacy staff; better pharmacist engagement with patients; pharmacies not closing at lunch times and sound proof/private consultation areas.

7.2 General Wiltshire Local Pharmaceutical Services Public Survey 2017

In July 2017, following the carer's focussed questionnaire, a general population questionnaire was distributed. The methods for distribution were similar for that of the carer's survey. Overall, 334 people responded to the survey.

The survey attracted a higher than representative response from the older age ranges. The 18-24 year old are underrepresented with only 2% of respondents classified in this category. 20% of respondents are retired. This is likely to have an impact on the services which respondents state they would be interested in using at a pharmacy. The survey was electronic but offered hard-copies on request, which may have deterred people from responding. Also, not all those that responded answered all questions.
e following provides an overview of the responses to the online survey:

- 334 responses were received.
- 79% of respondents were female.
- 6% were aged between 35 and 64 years.
- 85% defined their health as 'good' or 'very good'
- 27% said that they had a long term limiting illness, health problem or disability that limits their daily activities or work they can do.
- 10% said that they are either a parent of a child under 16 or look after someone who is sick, disabled or elderly, which is not part of their job and they do not get paid for it.

74% of respondents said they would access their local pharmacy for the dispensing of their medicines; other would access dispending practices (25%) or supermarket pharmacies (24%). Similarly, to obtain advice on medicines they would access their local pharmacy (74%), their dispensing practice (21%) or supermarket pharmacy or look online. Similarly 68% of respondents would go to their local pharmacy for other services, closely followed by their dispensing practice for other services including vaccinations, continence aides, and prescription requests.

72% of respondents felt that it was important to very important that the pharmacy was close to their GP practice; 77% felt that it was important to very important that the pharmacy is close to their homes and/or close to their local shops (61%). 82% felt that it was important to very important that it was easy to park nearby to the pharmacy and 49% felt that is was not very important to not important at all that the pharmacy was near a bus-stop compared to 15% thought it was important to very important to be near a bus stop. 60% felt that it was not very important (or important at all) for it to be near to their children's school or nursery but this may be reflected in the age of the respondents, similarly 45% didn't feel it was important (or important at all) that it was

close to a place of work again, reflects the age of the respondents. 22% felt that it was important to very important that was medicines could be delivered straight ot their homes, 41% felt this wasn't important (or important at all), and 36% didn't feel it was important or unimportant.

In the last 12 months, 67% of respondents had had a consultant with their pharmacy to ask for help or advice, 27% to have a medicines check and 33% to ask for advice so they didn't need to visit their GP practice.

24% felt that all pharmacies should be open late at least one evening a week, where 52% felt that only some pharmacies should be as long as they knew where they were; 61% felt that only some pharmacies needed to be open on a Sunday as long as they knew where they were; and the same for bank holiday opening (65%)

Awareness of Services

From the respondents, they had the following awareness of essential service available from their pharmacy:

- 77% aware they could get prescriptions dispensed at a pharmacy of their choice
- 44% were aware they could access medicines online, but only 5% had used them
- 88% felt they didn't need any help on having prescriptions delivered to their homes, 6% already had their prescriptions delivered
- 81% felt they didn't need any help in having their medicines explained to them, 15% already get help.
- 92% didn't feel they needed a reminder on when to take their medicines; 89% felt they didn't need help putting their medicines into an organiser (4% already had this assistance). 88% did not need easier to open containers, 94% felt they did not need larger print labels on their medicines, nobody had accessed this support.

Additional Services:

- 20% had had a Medicines Use Review (MUR) at their pharmacy, 20% at their GP practice, 64% had never used the service
- 86% had not used the New Medicines Service (NMS) from their pharmacy, 11% had.
- 94% had not used the help to stop smoking service provided by pharmacies
- 43% had an a health check at their GP practice, only 9 respondents had received one at their pharmacy, 52% had not used the service
- 84% had not accessed any weight management programmes from the pharmacy
- Only 2% had received advice about healthy lifestyles form the pharmacy, 76% had not accessed this from the pharmacy
- 9 respondents had received a diabetes test at the pharmacy
- 27% had accessed their GP for minor ailments, and 24% their pharmacy
- 11 respondents had accessed their pharmacy for emergency hormonal contraception, 94% had not accessed this service

- 95% had not used the pharmacy for chlamydia testing, the 5% accessed the GP or somewhere else
- 83% did not access routine contraception medicines or advice from the pharmacy, 1% had visited the pharmacy for a pregnancy test
- 10% had attended a flu vaccination at the pharmacy, although 33% attend at their GP
- Only 3 respondents attended the pharmacy for blood tests to adjust warfarin
- 9 respondents disposed of sharps at the pharmacy, 90% not accessing the pharmacy for this service. 3 respondents were using the needle exchange programme.
- 5 respondents had attended their pharmacy for advice on inhaler use.
- 21% attended their GP for cholesterol testing, 7 (2%) respondents had attended a pharmacy for a similar service.

When asked where they would prefer for services to be made available, respondents answered:

- Smoking Cessation service: 9% pharmacies, 4% GP practices
- Health Checks: 23% pharmacy, 32% GP practices
- Weight management: 51% of respondents felt this question was not applicable; 22% GP practices, and 18% pharmacy
- Healthy lifestyle advice: 21% GP practice, 18% practice nurse, 19% pharmacy
- Diabetes testing: 9% GP practice, 5% practice nurse, 18% pharmacy
- Minor ailments: 26% GP practice, 19% practice nurse, 46% pharmacy
- Emergency contraception: 27% GP practice, 19% practice nurse, 8% pharmacy
- Chlamydia testing: 7% GP practice; 14% pharmacy
- Routine contraception: 74% felt this question was not applicable
- Free condoms: 81% felt this question was not applicable; 17% pharmacy
- Pregnancy testing: 80% felt this question was not applicable; 15% pharmacy
- Flu vaccination: 28% said not applicable, 32% pharmacy, 36% GP, 21% practice nurse
- Blood testing: 84% said not applicable
- Disposal of sharps: 7% GP practices, 3% practice nurse and 15% pharmacy
- Needle exchange: 88% said not applicable; 10% pharmacy
- Inhaler use: 71% said not applicable, 18% pharmacy
- Cholesterol testing: 51% said not applicable, 24% said pharmacy; 19% GP and 19% practice nurse.

In line with the carer survey, respondents to the general survey were also asked what could be done to improve pharmacy services for them. Again, the majority of the comments very complementary and praising of the services they currently receive however, some critical comments were received in regard to improving the availability and professionalism of pharmacy staff; better customer service / queue management; faster electronic prescription transfer (EPT) downloads; and increased opening hours (including lunch times).

9. CONCLUSIONS

The Wiltshire HWB PNA has been written to complement and add to the evidence base of NHS Wiltshire's 2015 PNA. It has again taken into account both the current provision of pharmaceutical services in the County and the identified and expressed needs of the local population.. In order to assess the provision of pharmaceutical services in a county as large as Wiltshire, the needs assessment has been undertaken on both a county wide and Community Area level to provide detailed information to inform decisions on changes to pharmaceutical services in the future.

There is at least one Community Pharmacy in every Community Area in Wiltshire. It is recognised that in rural areas patients do not always have local access to community pharmacies. However, areas designated for the purposes of dispensing such as dispensing services provided by General Practices. They can also access community pharmacies in larger villages or towns, along with other services.

Opening hours of community pharmacies has increased in provision in Wiltshire since the previous PNA, with a wider range of provision in late evenings, after 7pm on weekdays and at the weekends. The pattern of these opening hours is generally reflective of population density, particularly with regard to Sunday opening times where there is a basic coverage of opening especially in areas of high population density. The majority of respondents to both the 2017 surveys indicated that they did not mind which pharmacies were open outside of office hours as long as they could find out which one was available when they needed it.

The anticipated increase in housing developments in each community area over the next three year period until 2017/18 will not have a significant impact on provision of, or access to pharmaceutical services, and at present it is not anticipated that additional pharmacy facilities will be required. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be reviewed on an ongoing bases and supplementary statements to this PNA will be issued when necessary.

The availability of Locally Commissioned Services is an important element of Community Pharmacy provision, as these services provide opportunities to manage and prevent ill health at a local level relevant to the local population. There is variation in the range of Locally Commissioned Services in each of the Community Areas in Wiltshire, which is generally reflective of need. The Wiltshire Local Pharmaceutical Services Public Survey's 2010, 2014 and 2017 asked about the local provision of Locally Commissioned Services. This identified that people would like to access more of these services, but not necessarily via their Community Pharmacy. Further exploration with partners across the health service would be required to establish the exact need for these services at a local level and the ability of services to deliver.

It is clear from the response of Community Pharmacy providers within Wiltshire to the Contractor Survey, that there is a willingness, as there was in 2010 and 2014, to provide additional enhanced services. This provision would have to be commissioned upon the basis of health need and Wiltshire HWB will continue to work with local providers to take this forward, based upon the range of sources of information described in this document and changes in service provision or population demographics in the future.

Taking into account the range of information considered within this needs assessment, including current provision of services across the largely rural County and the results of the two public surveys and young people's engagement events, it can be concluded that there is appropriate provision of pharmaceutical services in Wiltshire, and that respondents were, in the main, very happy with the service that they receive from their community pharmacy. Wiltshire HWB recognises that a range of provision is necessary in a county the size and nature of Wiltshire where the population characteristics can vary greatly between community areas.

Therefore, Wiltshire HWB will continue to support the development of pharmaceutical services across the county using the best evidence available and in line with the strategic direction set at a national level. This will be done in conjunction with existing providers, in order to ensure the highest standards of quality and the optimum range of services are delivered. Future commissioning decisions relating to the provision of pharmaceutical services will be informed by the evidence presented within this needs assessment. In addition, consultation with residents of the county as part of the partnership working with Healthwatch Wiltshire and future changing demographics of the population will be undertaken and reviewed on an ongoing basis.

10. ANNEX COMMUNITY AREA DETAIL

The following tables provide detailed information (correct as of July 2017) about each of the twenty Community Areas in Wiltshire on the following:

- Population
- Service provision
- Specific diseases
- Lifestyle factors and enhanced services
- Bordering areas

The information has been taken from a range of sources, including the Joint Strategic Needs Assessment, the Contractor Survey and the Wiltshire Local Pharmaceutical Service Survey (2017), and the carer's survey 2017. These tables should be read in conjunction with information contained throughout the PNA.

The map overleaf provides an illustrated overview of all the Community Areas in Wiltshire. The tables within this annex describe what is available by Community Area only and do not describe what services are provided in neighbouring Community Areas. Instead, reference should be made to the detailed descriptions for neighbouring areas, which can be seen clearly highlighted on the map.

In describing the work undertaken by Community Pharmacies in Wiltshire, it is important to distinguish between that which is commissioned and that which is not commissioned. This is noted through this document, but in order to clarify the following are the lists of commissioned and non-commissioned services provided by pharmacies in Wiltshire:

Locally Commissioned Pharmacy Services in Wiltshire:

- Chlamydia Screening and Treatment Service
- Needle and Syringe Exchange
  Service Supervised
  Administration Service Support
  to Stop Smoking Service
- Emergency Hormonal Contraception Service (No Worries)
- Alcohol Screening and Brief interventions service

Non-commissioned Services Provided by Community Pharmacies in Wiltshire:

- Care Home Service
- Asthma
- Coronary Heart Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes Type I Diabetes Type II Hypertension
- Home Delivery Service (not appliances) Obesity management
- Oral Contraceptive Service
- Diabetes

Community Area Maps

For each community area a map has been produced which plots the GP surgeries, community pharmacies and dispensing GP's within that area. The GP surgeries both main surgeries and branch surgeries are colour coded dependant on the relevant Clinical Commissioning Group Cluster.

- Blue – North and East Wiltshire
- Green – Sarum
- Purple – West Wiltshire, Yatton Keynell and Devizes

Main GP surgeries are a pentagon in shape and branch surgeries are represented by a square. Dispensing GP practices can be identified with a white tick overlaying the pentagon for the surgery.

Community pharmacies are represented by a green cross and labelled by name. The community area is then shaded to indicate areas of higher or lower deprivation according to adjusted 2011 Indices of Deprivation. In the example below there are four main GP surgeries, one of which is a dispensing GP, one branch surgery, and five pharmacies. The surgeries are commissioned by North and East Wiltshire CCG Cluster.

Map: Overview of Wiltshire Community Areas

Locations of Wiltshire GP practices and Pharmacies

Pharmacies
GP 2014
Deprivation quintile
SWINDON

NEW- North and East Wiltshire
SNHSA- Sarum NHS Alliance
WWYKD- West Wiltshire, Yatton Keynell and Devizes
Map created by Simon Hodsdon, Public Scientist
1:350,000

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AMESBURY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 34,324 • In relation to the other 19 community areas Amesbury has the second highest percentage of its total population under the age of 15 years. • Amesbury has the 19th largest population aged 65 years and over of all Wiltshire's community areas.
Number of LSOA which are within 20% most deprived in Wiltshire	• There are no LSOAs out of a total of 18 in Amesbury within the 20% most deprived in England.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Boots Amesbury 40 Salisbury Street, Amesbury SP4 7HD Lloyds Amesbury 67 Bulford Road Durrington SP4 8DL Boots Amesbury Unit 8 Stonehenge Walk The Centre Amesbury SP4 7DB
Number of GP surgeries	• Two main surgeries and five branch surgeries.
Number of Dispensing GPs	• Three dispensing GPs

Access to Community Pharmacies	• One Community Pharmacy provides care home services • No Community Pharmacy offers home delivery service. • All Community Pharmacies in Amesbury area are open on a Saturday. • None open on Sunday. • None open evenings. • It does not show the nearest community pharmacies in Hampshire. Hampshire community pharmacies are further away for Amesbury residents than the alternative pharmacies located within Wiltshire's neighbouring community areas.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Slightly higher than the Wiltshire average, ranking 18th out of the 20 Community Areas for hospital admissions from Cardiovascular Disease. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CVD interventions,
Diabetes	• Comparable with the Wiltshire average for diabetes hospital admissions, with 0.9 admissions per 1000 annually. • None community pharmacy in the area offers diabetes screening (non-commissioned) • Two community pharmacies stated they would offer diabetes screening if commissioned with training. • Two community pharmacies state that they would offer Diabetes Type I and II specific medicines management if commissioned with training.
Chronic Obstructive Pulmonary Disease (COPD)	• Slightly higher admission rates for COPD than the Wiltshire average. (1.5 per 1000 and ranks 8th highest community area for COPD hospital admissions • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Ranks 4 out of 20 Community Areas for Asthma hospital related admissions (1.4 per 1000) • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management but two would be willing to provide the service if commissioned with training.

LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Two community pharmacies offering both needle exchange and supervised administration service (commissioned). • Out of the 20 Community Areas, Amesbury had the third highest percentage of respondents from the 2010 public survey stating that they would like to use a disposal of injecting equipment service at the pharmacy. • Amesbury is above the Wiltshire average for admissions to hospital related to alcohol for under 18 year olds and adults.
Sexual health	• Durrington, Larkhill and Amesbury East have higher teenage conception rates than the Wiltshire Average • Two Community Pharmacies in the area deliver the No Worries! service. This means provision of testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 33 young people with the infection in 2016 which was 10.1% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Estimates show that 20.1% of people in Amesbury smoke which is similar to the Wiltshire average of 20.2%. • One of the Community Pharmacies in this Community Area is commissioned to offer a Support to Stop Smoking Service.
Obesity	• Wiltshire does not commission any of the community pharmacies in this area to provide obesity management but one would be willing to provide if commissioned to do so with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Amesbury - Tidworth, Pewsey, Devizes, Warminster, Wilton, Salisbury, Southern Wiltshire. There will also be pharmaceutical services available across the border in neighbouring Hampshire.

Amesbury Community Area Map

Wiltshire Council
Where everybody matters

Wiltshire GP map 2017

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

Pharmacies

GPs by CCG, Branch, Dispensing

- NEW, No, No
- NEW, No, Yes
- NEW, Yes, No
- NEW, Yes, Yes
- SARUM, No, No
- SARUM, No, Yes
- SARUM, Yes, No
- SARUM, Yes, Yes
- West, No, No
- West, No, Yes
- West, Yes, No
- West, Yes, Yes

Indices of deprivation within Wiltshire

- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

Cross Plain Surgery (Salisbury Plain Health Partnership)
Till Orchard Surgery
Avon Valley Practice
Shrewton Surgery (Salisbury Plain Health Partnership)
lloyds pharmacy
Boots
Barcroft Medical Centre
Boots
St Melor House Surgery
Amesbury Community Area
Porton Surgery

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BRADFORD ON AVON COMMUNITY AREA	
Demography	• Total population is 18,275 • Bradford on Avon had the third highest population of people aged 65+
Number of LSOA which are within 20% most deprived in Wiltshire	• There are 11 LSOAs in Bradford on Avon of which none are within the 20% most deprived in Wiltshire quintile.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Day Lewis Pharmacy Station Approach Bradford on Avon BA15 1DQ Day Lewis Pharmacy 6 Silver Street Bradford on Avon BA15 1JX
Number of GP surgeries	• One main surgery and two branch surgeries
Number of Dispensing GPs	• Two dispensing GPs
Access to Community Pharmacies	• No Community Pharmacy is commissioned to offer a care home service but one provides a delivery service. • Both Community Pharmacies are open on Saturdays. • Neither are open on Sundays. • No evening opening.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Bradford on Avon has a under 75 years CVD mortality rate of 48 per 100, 000 which is not significantly different to the rest of the county. • Wiltshire does not commission either of the community pharmacies in the area to offer specific CVD interventions, but one was willing to deliver with training.

Diabetes	• Diabetes hospital admissions are close to the Wiltshire average at 0.6 per 1000 population. Bradford on Avon ranks 12 highest for diabetes admissions. • Wiltshire does not commission either of the community pharmacies in the area to offer specific Diabetes Type I and II specific medicines management. One stated that they are currently commissioned to provide diabetes services
Chronic Obstructive Pulmonary Disease (COPD)	• COPD hospital admission rate 0.8 per 1000 population and is below to the Wiltshire average. • Wiltshire does not commission either of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Asthma hospital admission rate is the third highest across Wiltshire; close the Wiltshire average. • Wiltshire does not commission either of the community pharmacies in the area to offer specific Asthma medicines management but one would be willing to if commissioned to do so with training. One stated they are commissioned to provide an asthma service.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Bradford on Avon's under 18s alcohol specific admissions rate is 54.9 per 1000, 000 • Both of the community pharmacies offer a supervised administration service. One of the community pharmacies is commissioned to provide a needle exchange service.
Sexual health	• Holt and Staverton, and Bradford-on-Avon North have higher than average teenage conception rates • One community pharmacy is commissioned to provide testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 9 young people with the infection in 2016 which was 5.8% of those that tested compared to a Wiltshire average of 8.4%

Smoking	• Estimates show that 9.0% of the population of Bradford on Avon smoke, ranking 11th lowest out of the 20 Community Areas for smoking prevalence.. • One of the Community Pharmacies in the area are commissioned to offer a Support to Stop Smoking Service.
Obesity	• The number of children in Reception and Year 6 in Bradford on Avon are similar to the Wiltshire average of 21% and 29.8% respectively. • Wiltshire does not commission either of the community pharmacies in the area to offer weight management. Both state they would if commissioned and trained.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Bradford on Avon - Trowbridge, Melksham and Corsham. There is also availability of Community Pharmacy in Bath, and in Somerset.

Bradford on Avon Community Area Map

Bradford on Avon Community Area
Pharmacies and GP locations

Pharmacies

GPs by CCG, Branch, Dispensing

- NEW, No, No
- NEW, No, Yes
- NEW, Yes, No
- NEW, Yes, Yes
- SARUM, No, No
- SARUM, No, Yes
- SARUM, Yes, No
- SARUM, Yes, Yes
- West, No, No
- West, No, Yes
- West, Yes, No
- West, Yes, Yes

Indices of deprivation within Wiltshire

- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

Bradford on Avon

BATH

Day Lewis pharmacy

Winsley Surgery

St Margaret's Surgery

Day Lewis pharmacy

Bradford on Avon & Melksham Partnership

Holt

TROWBRIDGE

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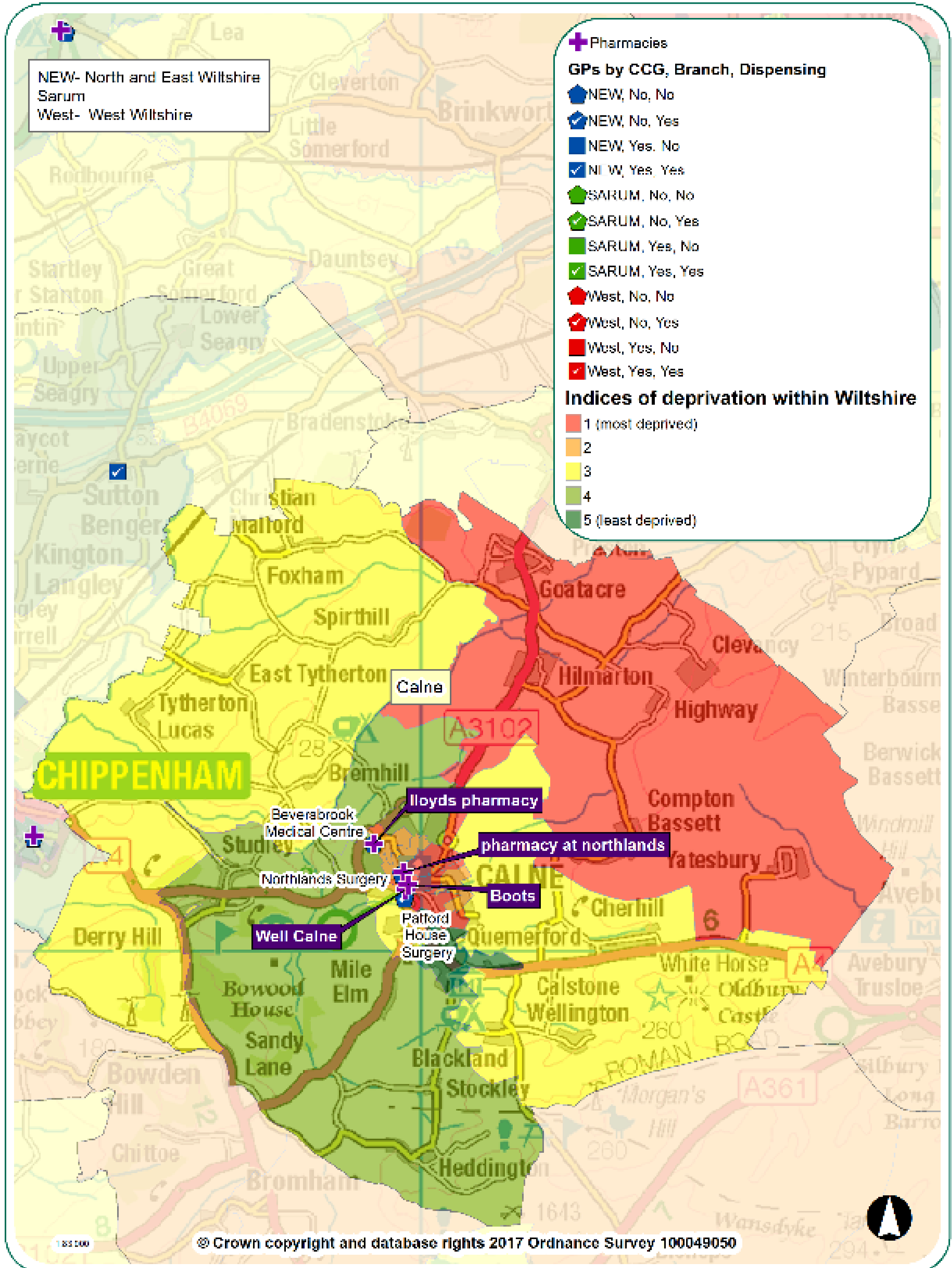
CALNE COMMUNITY AREA	
POPULATION	
Demography	• Total population is 23,817
Number of LSOA which are within 20% most deprived in Wiltshire	• There is one LSOA in Calne out of a total of 14 which is among the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies *100 hour pharmacy	Well Pharmacy Unit 2 New New High Street Calne SN11 0BH Noorani & Sons Ltd* 30-32 North Street Calne SN11 0HH Boots Calne 18 Phelps Parade Calne SN11 0HA Lloyds Calne 7 Harrier Close Lansdowne Centre Calne SN11 9UT
Number of GP surgeries	• Three main surgeries
Number of Dispensing GPs	• One dispensing GP
Access to Community Pharmacies	• Two Community Pharmacies provides a home delivery service (non-commissioned). • One Community Pharmacy currently provides a Care Home service (non-commissioned) and the other two states they would if commissioned. • All four Community Pharmacies are open on Saturdays. • One is open on Sundays. • One does evening opening.

SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• CVD admissions equates to 17.1 per 1000 population which is close to the Wiltshire average for admissions from CVD and ranks 16th out of 20. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CVD interventions, three stated they would be willing, if commissioned, to offer specific medicines management for CHD and hypertension and Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Close to Wiltshire average for Diabetes hospital admissions and ranks 8th of the 20 areas. • Diabetes screening is offered at one Community Pharmacy (non-commissioned) • Wiltshire does not commission any of the community pharmacies in the area to offer specific medicines management for Diabetes I and II. Three community pharmacies state that they would be willing to provide this service of commissioned. Or Diabetes type I and two for diabetes type II.
Chronic Obstructive Pulmonary Disease (COPD)	• Close to the Wiltshire average for COPD hospital admissions and ranks 12th highest out of the 20 Community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management, three would be willing to if commissioned to do so.
Asthma	• Asthma related hospital admissions areabove the Wiltshire average, ranking the 2nd highest in Wiltshire. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management, three pharmacies would be willing to provide.

LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18 alcohol specific hospital admission rate 42.3 per 100, 000 • Two Community Pharmacies in the area offers needle/syringe exchange (commissioned) and three offer supervised administration (commissioned). • Calne has a slightly higher than the Wiltshire average rate for hospital admissions related to alcohol
Sexual health	• Calne North high a higher than average teenage conception rate. • The community based chlamydia screening programme diagnosed 38 young people with the infection in 2016 which was 15% of those that tested compared to a Wiltshire average of 8.4% • One Community Pharmacies in the area is commissioned to provide the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraceptive, pregnancy testing and free condoms.
Smoking	• Estimates show that 17.2% of the population of Wiltshire smoke. Calne ranks 18th highest out of 20 Community Areas for smoking prevalence based upon 2009 lifestyle data. • Two of the community pharmacies in the area are currently commissioned to provide Support to Stop Smoking.
Obesity	• The number of children in Reception and Year 6 in Calne are very similar to the Wiltshire average of 21% and 29.8% respectively. • Wiltshire does not commission any of the community pharmacies in the area to offer specific obesity management currently but two state that they would be willing to if commissioned to do so.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Calne - Devizes, Corsham, Chippenham, Wootton Bassett & Cricklade, Marlborough.

Calne Community Area Map



CHIPPENHAM COMMUNITY AREA	
POPULATION	
Demography	• Total population is 45,479
Number of LSOA which are within 20% most deprived in England	• There are 28 LSOAs in this community area, of which 2 are among the 20% in England with the highest percentage of households deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies *100 hour pharmacy	Boots Chippenham 8-9 High Street Chippenham SN15 3ER Lloyds Chippenham* Hathaway Medical Centre Middlefield Road Chippenham SN14 6GT Morrisons Chippenham Cepen Park North Malmesbury Road Chippenham SN14 6UZ Sainsbury's Chippenham Bath Road Chippenham SN14 0BJ Lloyds Chippenham St Lukes Drive Rowden Hill Chippenham SN15 2SD Well Pharmacy Lodge Road Chippenham SN15 3SY

Number of GP surgeries	• Four main surgeries and two branch surgeries
Number of Dispensing GPs	• Two dispensing GP
Access to Community Pharmacies	• Three community pharmacies who responded to the survey currently provide a Care Homes service and one stated they would if commissioned with training. • Two pharmacies offers a home delivery service. • All six are open on Saturdays • Four are open on Sundays. • One opens late evenings until 10.30pm every weekday and until 10pm on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• No significant difference for CVD mortality compared to the rest of Wiltshire. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Close to the Wiltshire average for Diabetes hospital admissions and ranks 2nd lowest out of the 20 areas. • One pharmacy provides Diabetes Type I services and four provide diabetes types II medicines management not offered from any pharmacy, two pharmacies are willing and able if commissioned.
Chronic Obstructive Pulmonary Disease (COPD)	• Close to the Wiltshire average for COPD hospital admissions and ranks 14th out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Close to the Wiltshire average for Asthma hospital admissions and ranks 8th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management, one does provide (non-commissioned) and two would be willing to provide the service with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18 alcohol specific hospital admissions is 85.2 per 100, 000 • Two Community Pharmacies in the area offer needle/ syringe exchange and supervised administration

Sexual health	• 10 Wards of which 6 have higher than average teenage conception rates: Hardenhuish, Hardens and England, Lowden and Rowden, Monkton, Queens and Sheldon and Kington. • One community pharmacy is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 64 young people with the infection in 2016 which was 8.2% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Very similar to the Wiltshire average for the estimated percentage of smokers. • Four of the Community Pharmacies are currently commissioned to offer Support to Stop Smoking.
Obesity	• The number of children in Reception in Calne are very similar to the Wiltshire average of 21% however for year 6 the figure is slightly higher in Chippenham at 32.5% compared to the Wiltshire average of 29.8%. • Two Community Pharmacy state they would be willing to offer obesity management service if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Chippenham - Malmesbury, Calne and Corsham.

Chippenham Community Area Map

ChippenhamCommunity Area
Pharmacies and GP locations

Pharmacies

GPs by CCG, Branch, Dispensing

NEW, No, No
NEW, No, Yes
NEW, Yes, No
NEW, Yes, Yes
SARUM, No, No
SARUM, No, Yes
SARUM, Yes, No
SARUM, Yes, Yes
West, No, No
West, No, Yes
West, Yes, No
West, Yes, Yes

Indices of deprivation within Wiltshire

1 (most deprived)
2
3
4
5 (least deprived)

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

Chippenham
Sutton Benger Surgery
Morrisons pharmacy
Jubilee Field Surgery
lloydspharmacy
The Surgery
Hathaway Medical Centre
Boots
lloyds pharmacy
Rowden Medical Practice
Well Pewsham
lloydspharmacy
Lodge Surgery

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CORSHAM COMMUNITY AREA	
POPULATION	
Demography	• Total population is 20,909 • Fifth highest for under 20s population and forth highest for under 15s. Those aged 65+ account for 20.3% of the population
Number of LSOA which are within 20% most deprived in England	• Corsham community area has 12 LSOA none of which are amongst the most deprived 20% in England.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• One additional pharmacy: Pharmaxo pharmacy services (unit A15 Fiveways Estate, Westwell Road, Corsham, SN13 9RG)
Number of Community Pharmacies	Box Pharmacy 10 High Street Box SN13 8NN Boots Corsham 22 Martingate Corsham SN13 0HL Shaunaks Corsham The Pharmacy – Porch Surgery Beechfield Road Corsham SN13 9DN
Number of GP surgeries	• Two main surgeries plus one branch surgery.
Number of Dispensing GPs	• None
Access to Community Pharmacies	• One Community Pharmacy state that they provide a Care Home service. One provide a delivery service • Two open Saturdays. • No Sunday opening. • No late evening opening.

SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Corsham has no significantly different under 75s CVD mortality rate compared to the rest of Wiltshire.. • Wiltshire does not commission any of the community pharmacies in the area to offer specific offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Corsham compares unfavourably (4rd highest) among the Community Areas for diabetes admissions to hospital (high admission rate). • Two Community Pharmacies would be willing to provide Diabetes screening if it was commissioned with training.
Chronic Obstructive Pulmonary Disease (COPD)	• A similar hospital admission rate to the Wiltshire average (10 out of 20) for Chronic Obstructive Pulmonary Disease • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Corsham community area Is close to the Wiltshire average for asthma related hospital admissions, and is the 5th highest in the county. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management, one would be willing and able and another if commissioned with training.

LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18s alcohol specific hospital admissions rate 35.3 per 100, 000 • Two Community Pharmacies provide a supervised administration service (commissioned) and one is commissioned to provide syringe/needle exchange. • Alcohol related admissions to hospital are significantly lower than the Wiltshire average in Corsham community area.
Sexual health	• Pickwick Ward has a higher than average teenage conception rate. • The community based chlamydia screening programme diagnosed 20 young people with the infection in 2016 which was 10.2% of those that tested compared to a Wiltshire average of 8.4% • One community pharmacy is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms.
Smoking	• Estimates show that 10.7% of people in Corsham smoke which is below the County average. • Three of the Community Pharmacies are commissioned to provide Support to Stop Smoking.
Obesity	• None of the Community Pharmacies in the area are commissioned to provide obesity management but two state they would be willing to if commissioned to do so.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Corsham - Chippenham, Calne, Melksham, Bradford on Avon.

Corsham Community Area Map

Corsham Community Area
Pharmacies and GP locations

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

Pharmacies

GPs by CCG, Branch, Dispensing

- NEW, No, No
- NEW, No, Yes
- NEW, Yes, No
- NEW, Yes, Yes
- SARUM, No, No
- SARUM, No, Yes
- SARUM, Yes, No
- SARUM, Yes, Yes
- West, No, No
- West, No, Yes
- West, Yes, No
- West, Yes, Yes

Indices of deprivation within Wiltshire

- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

Corsham
Firs Surgery
Porch Surgery
Shaunaks limited
Boots
Box Surgery
Pharmaxo pharmacy services
Box pharmacy

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DEVIZES COMMUNITY AREA	
POPULATION	
Demography	• Total population is 32, 849 • 22.4% of those living in Devizes are 65+
Number of LSOA which are within 20% most deprived in England	• There are 19 LSOA in the Devizes Community Area of which none are among the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	• Four Community Pharmacies, of which 3 responded to the contractor survey (non-responder highlighted in red below) Day Lewis Market Lavington 37 Rochelle Court Market Place Market Lavington Devizes SN10 4AT Morrisons Devizes 15-16 Estcourt Street Devizes SN10 1LA Boots Devizes 14-15 The Brittox Devizes SN10 1SJ Rowlands Pharmacy 1 The Little Brittox Devizes SN10 1AR
Number of GP surgeries	• Five main surgeries and one branch.
Number of Dispensing GPs	• No dispensing GPs

Access to Community Pharmacies	• No pharmacy would be willing to provide a care home service, and one pharmacy would be willing to provide a delivery service with training. • One opens until 8pm each weekday and until 7pm on a Saturday. • All are open on Saturdays. • Two are open on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Similar to the Wiltshire average for mortality from CVD. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD or Hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check). Two would be willing to provide with training.
Diabetes	• Similar to the Wiltshire average for Diabetes hospital admissions and ranks 9th out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer Diabetes screening or specific Diabetes Type I or II medicines management, two pharmacies stated that they would be willing to if commissioned with training.
Chronic Obstructive Pulmonary Disease (COPD)	• Similar to the Wiltshire average for COPD hospital admissions and ranks 7th highest of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Above the Wiltshire average for Asthma hospital admissions and ranks highest (1st) out of 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management , two would be willing to provide with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18 alcohol specific hospital admissions rate 39.2 per 100, 000 • Three community pharmacies offer needle/syringe exchange commissioned) and supervised adminis service (commissioned).

Sexual health	• Devizes and Roundway South and Devizes North both have higher than average teenage conception rates. • One community pharmacy is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 39 young people with the infection in 2016 which was 10% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• 14.2% of Devizes residents estimated to smoke which is slightly higher than the Wiltshire average. • Three Community Pharmacy is commissioned to provide a Support to Stop Smoking Service.
Obesity	• Wiltshire does not commission any of the community pharmacies in the area to offer obesity Management, two stated they would be willing to if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Devizes - Calne, Marlborough, Pewsey, Amesbury, Westbury, Melksham, Warminster and Corsham.

Devizes Community Area Map

Devizes Community Area
Pharmacies and GP locations

Lansdowne Surgery
St James Surgery
Morrisons pharmacy
Rowlands pharmacy
Southbroom Surgery
Boots
Devizes
Urchfont Surgery
Market Lavington Surgery
Day Lewis pharmacy
Courtyard Surgery

Pharmacies

GPs by CCG, Branch, Dispensing

- NEW, No, No
- NEW, No, Yes
- NEW, Yes, No
- NEW, Yes, Yes
- SARUM, No, No
- SARUM, No, Yes
- SARUM, Yes, No
- SARUM, Yes, Yes
- West, No, No
- West, No, Yes
- West, Yes, No
- West, Yes, Yes

Indices of deprivation within Wiltshire

- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

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MALMESBURY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 19,871 • Second highest proportion of males in the under 15 age group (52.8% of this age group are male.
Number of LSOA which are within 20% most deprived in England	• There are 13 LSOAs in Devizes of which none is among the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies *denotes 100 hour pharmacy	Boots the Chemist Malmesbury 39 High Street Malmesbury SN16 9AA Lloyds Malmesbury 28 High Street Malmesbury SN16 9AU Boots Malmesbury* Primary Care Centre Priory Way Burton Hill Malmesbury SN16 0FB
Number of GP surgeries	• Two main surgeries and one branch surgery
Number of Dispensing GPs	• Two dispensing GPs
Access to Community Pharmacies	• One Community Pharmacy in the area offers a home delivery service. • None are commissioned to offer a Care Home service. • One Community Pharmacy is open from 6.30am until 10.30pm on weekdays. • All three are open on Saturdays including one open from 6.30am until 8.30pm. • One is open on Sundays.

SPECIFIC DISEASES	
Cardiovascular disease	• Lower than the Wiltshire average for CVD mortality. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Below the Wiltshire average for Diabetes hospital admissions and ranks 20th out of the community areas • Wiltshire does not commission any of the community pharmacies in the area to offer specific Diabetes Type I or II medicines management, • One currently offers Diabetes screening (non-commissioned)
Chronic Obstructive Pulmonary Disease (COPD)	• One of the lowest rates in Wiltshire for COPD hospital admissions and ranks 19th out of the 20 community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Similar to the Wiltshire average for Asthma hospital admissions and ranks 16th highest of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management. One pharmacy was willing if commissioned with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse	• Malmesbury has no reported under 18 alcohol specific hospital admissions. • One Community Pharmacy offers a needle/syringe exchange service (commissioned) and two offer a supervised administration service (commissioned). • One of the lowest alcohol related hospital admissions out of the 20 community areas with a significantly lower rate than the Wiltshire average.

Sexual health	• Under 18 conceptions are less than five per ward so unable able to calculate overall conception rate for this CA. • One community pharmacy is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 9 young people with the infection in 2016 which was 4.9% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Very low estimated smoking prevalence. Malmesbury ranks 3rd best out of the 20 Community Areas for smoking prevalence. • One Community Pharmacy is commissioned to provide a Support to Stop Smoking Service.
Obesity	• Wiltshire does not commission any of the community pharmacies in the area to offer obesity management currently, one stated they would not be able or willing to if commissioned.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Malmesbury - Chippenham, Wootton Bassett & Cricklade.

Malmesbury Community Area Map

Wiltshire Council

Where everybody matters

Malmesbury Community Area
Pharmacies and GP locations

Pharmacies

GPs by CCG, Branch, Dispensing

- NEW, No, No
- NEW, No, Yes
- NEW, Yes, No
- NEW, Yes, Yes
- SARUM, No, No
- SARUM, No, Yes
- SARUM, Yes, No
- SARUM, Yes, Yes
- West, No, No
- West, No, Yes
- West, Yes, No
- West, Yes, Yes

Indices of deprivation within Wiltshire

- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

NEW- North and East Wiltshire
Sarum
West- West Wiltshire

The Surgery

Malmesbury

Boots

lloydspharmacy

Boots

Malmesbury Primary Care Centre

Tolsey Surgery

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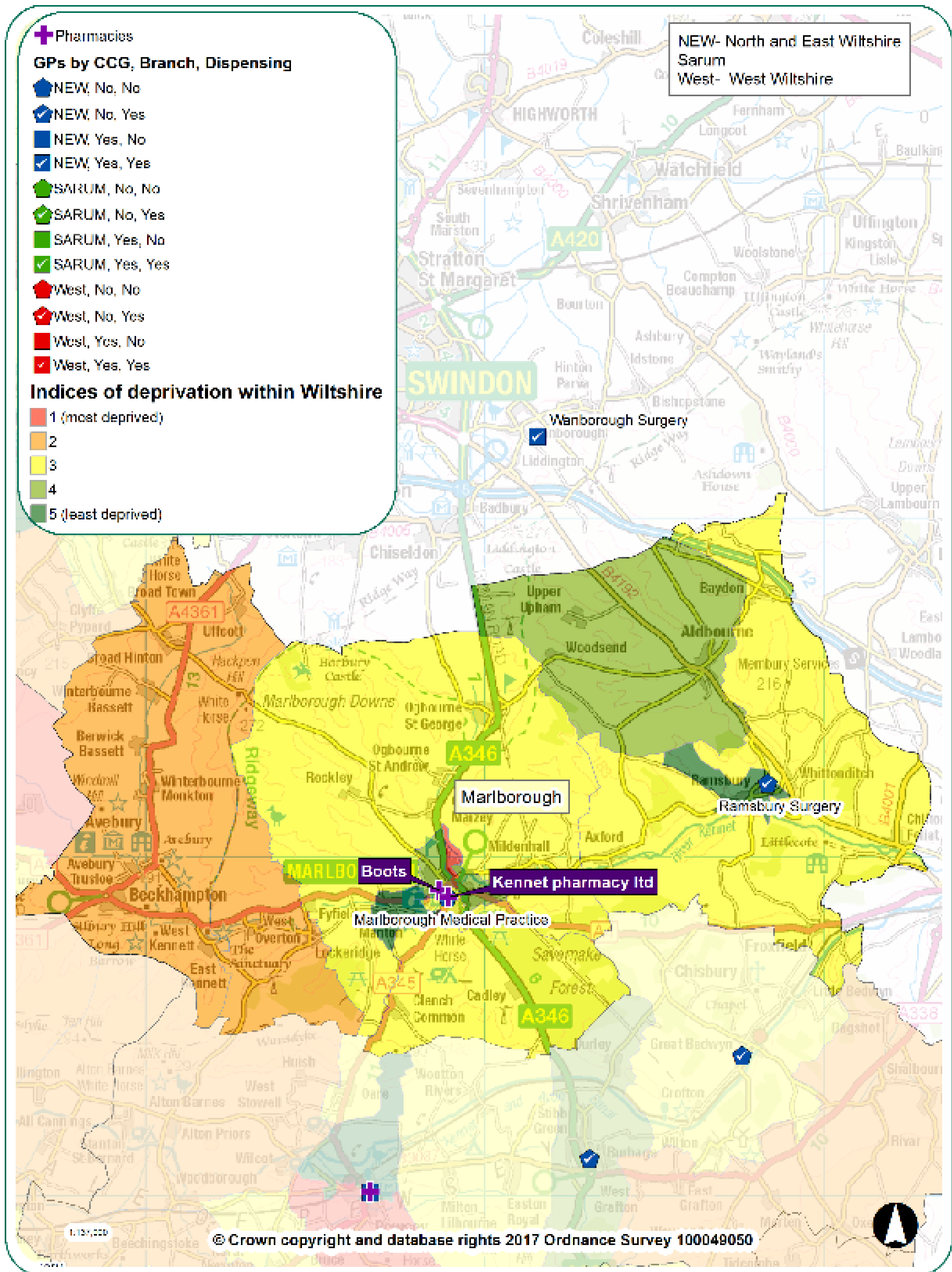
MARLBOROUGH COMMUNITY AREA	
POPULATION	
Demography	• Total population is 18,033 • Lowest proportion of males in the u15 age group (49.7% of this age group are male)
Number of LSOA which are within 20% most deprived in England	• Out of a total of 10 LSOAs there none in the Marlborough Community Area which are among the 20% in England with the highest percentage of households experiencing three of four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Boots Marlborough 103 High Street Marlborough SN8 1LT Kennet Pharmacy 56 George Lane Marlborough SN8 4BY
Number of GP surgeries	• Two main surgeries
Number of Dispensing GPs	• Two dispensing GPs
Access to Community Pharmacies	• One of the pharmacies provides home delivery, one is willing and able to provide a home delivery service (non-commissioned). One pharmacy would provide care home support with training. • Both are open on Saturdays. • One is open on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Similar to the Wiltshire average for CVD mortality.

Diabetes	• Lower than the Wiltshire average for hospital admissions due to Diabetes, but not significantly so. Ranked 19th lowest out of the 20 community areas. • One of the pharmacies responded and stated that they be able and willing to provide diabetes services and one with training.
Chronic Obstructive Pulmonary Disease (COPD)	• Similar to the Wiltshire average for hospital admission related to COPD, but again not significantly so. Ranked 15th lowest out of the 20 community areas.
Asthma	• Similar to the Wiltshire average for hospital admission related to Asthma, ranked 10th out of the 20 community areas.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• One Community Pharmacy offers a needle/syringe exchange service (commissioned) and one offers a supervised administration service (commissioned). • A lower than the Wiltshire average for alcohol related hospital admissions.
Sexual health	• Marlborough East has a higher than average teenage conception rate. • No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 14 young people with the infection in 2016 which was 7.2% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• The percentage of people in Marlborough who smoke is lower than the Wiltshire average and ranks Marlborough 7th lowest out of the 20 Community Areas. • One of the Community Pharmacies in the area is commissioned to provide a Support to Stop Smoking Service.

Obesity	• One of the pharmacies stated that they would be willing to provide an obesity management service with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Marlborough – Royal Wootton Bassett & Cricklade, Calne, Devizes and Pewsey.

Wiltshire Council
Where everybody matters

Marlborough Community Area
Pharmacies and GP locations



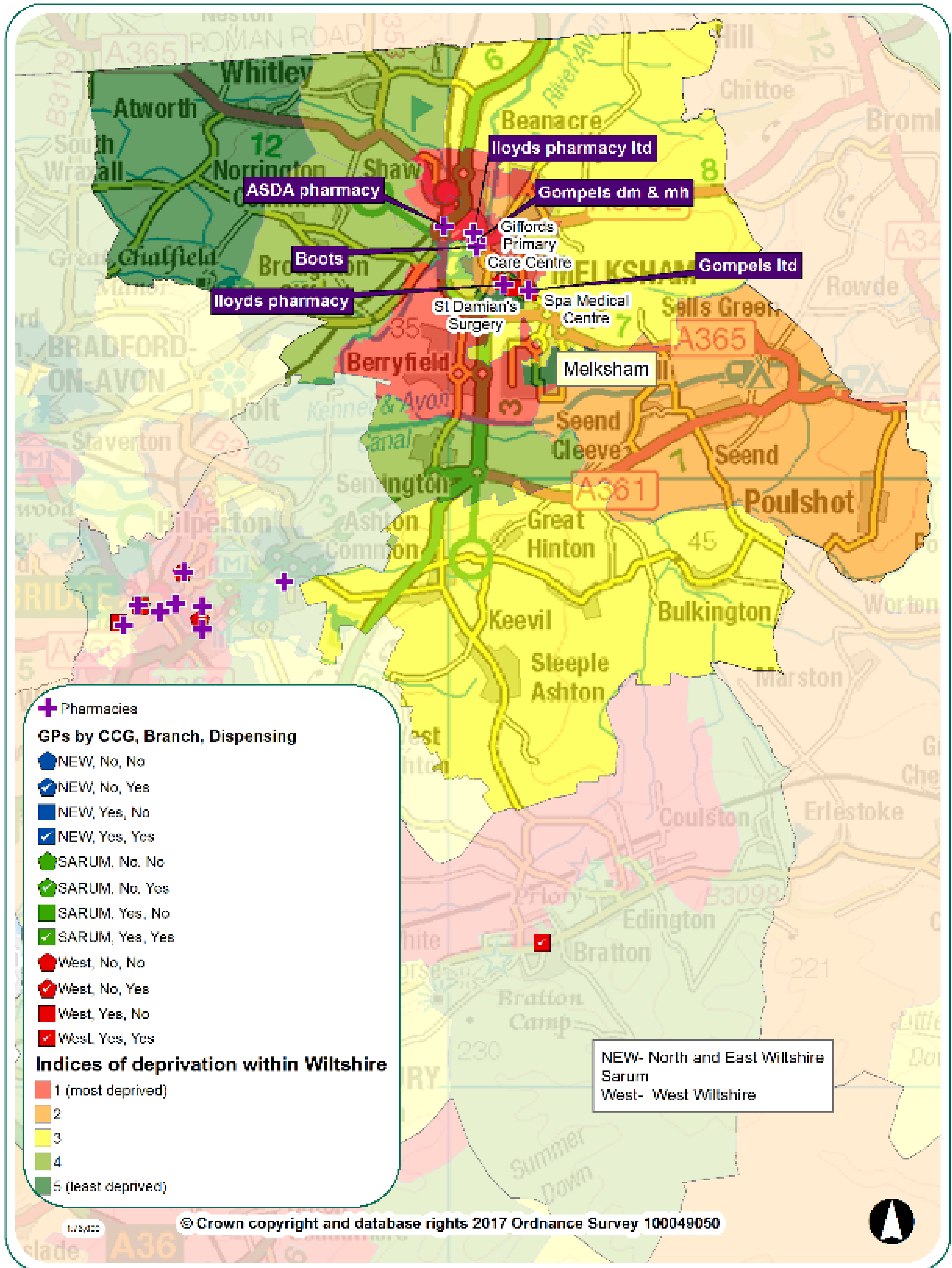
MELKSHAM COMMUNITY AREA	
POPULATION	
Demography	• Total population is 29, 829 • Melksham Community Area has the ninth highest percentage of its total population under the age of 20 years and the 11th highest percentage of its total population being of retirement age and over.
Number of LSOA which are within 20% most deprived in England	• There are eight LSOAs of which two are among the top 20% in England for those experiencing deprivation.
SERVICE PROVISION	
Number of GP surgeries	• Two main surgeries and a branch
Number of Dispensing GPs	• No dispensing GPs
Number of Community Pharmacies *denotes 100 hour pharmacy	Gompels Melksham Spa Medical Centre Snowberry Lane Melksham, SN12 6LE Gompels Pharmacy 1Bank Street Melksham, SN12 6LE Boots Melksham 19-23 High Street Melksham, SN12 6JY Sainsbury's Melksham* Bath Road Melksham, SN12 6LL Asda Melksham* Bradford Road Melksham, SN12 8LQ Lloyds Melksham Giffords Primary Care Centre Spa Road Melksham, SN12 7EA
Change in Community Pharmacies since 2015 PNA	• None

Access to Community Pharmacies	• None deliver a care home service to if commissioned and trained. • Four offers a home delivery service . • Two are open late evenings. • Four are open on Saturdays. • Two are open on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease	• Similar to the Wiltshire average for CVD mortality. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Close to the Wiltshire average for Diabetes hospital admissions and ranks 16th out of the 20 community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Diabetes Type I or II medicines management but one said they would be willing to if commissioned. Two pharmacies provide diabetes type 2 services (non-commissioned).
Chronic Obstructive Pulmonary Disease (COPD)	• Higher than the Wiltshire average for COPD hospital admissions. Ranks 2nd highest out of the 20 community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management, four would be willing to if commissioned.
Asthma	• Close to the Wiltshire average for Asthma hospital admissions and ranks 14th highest rate out of the 20 community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management, one would be willing to if commissioned, and three stated that they if commissioned with training.

LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18 alcohol specific hospital admissions 53.2 100, 000 • One community pharmacy in the area is commissi to offer a needle/syringe exchange service and fou a supervised administration service. • Melksham community area has similar rates of alcohol related hospital admissions to the Wiltsh average.
Sexual health	• Melksham central and Melksham North have a higher than average teenage conception rate. • Three Community Pharmacies are commissioned to provide the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 38 young people with the
Smoking	• The % of the total population who smoke in Melksham is estimated to be slightly higher than the Wiltshire average. • Five of the Community Pharmacies are commissioned to deliver a Support to Stop Smoking Service.
Obesity	• None of the Community Pharmacies in the area are commissioned to deliver obesity management currently but one state that they would be willing to if commissioned.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Melksham - Bradford on Avon, Trowbridge, Westbury, Devizes and Corsham.

Wiltshire Council

Melksham Community Area
Pharmacies and GP locations



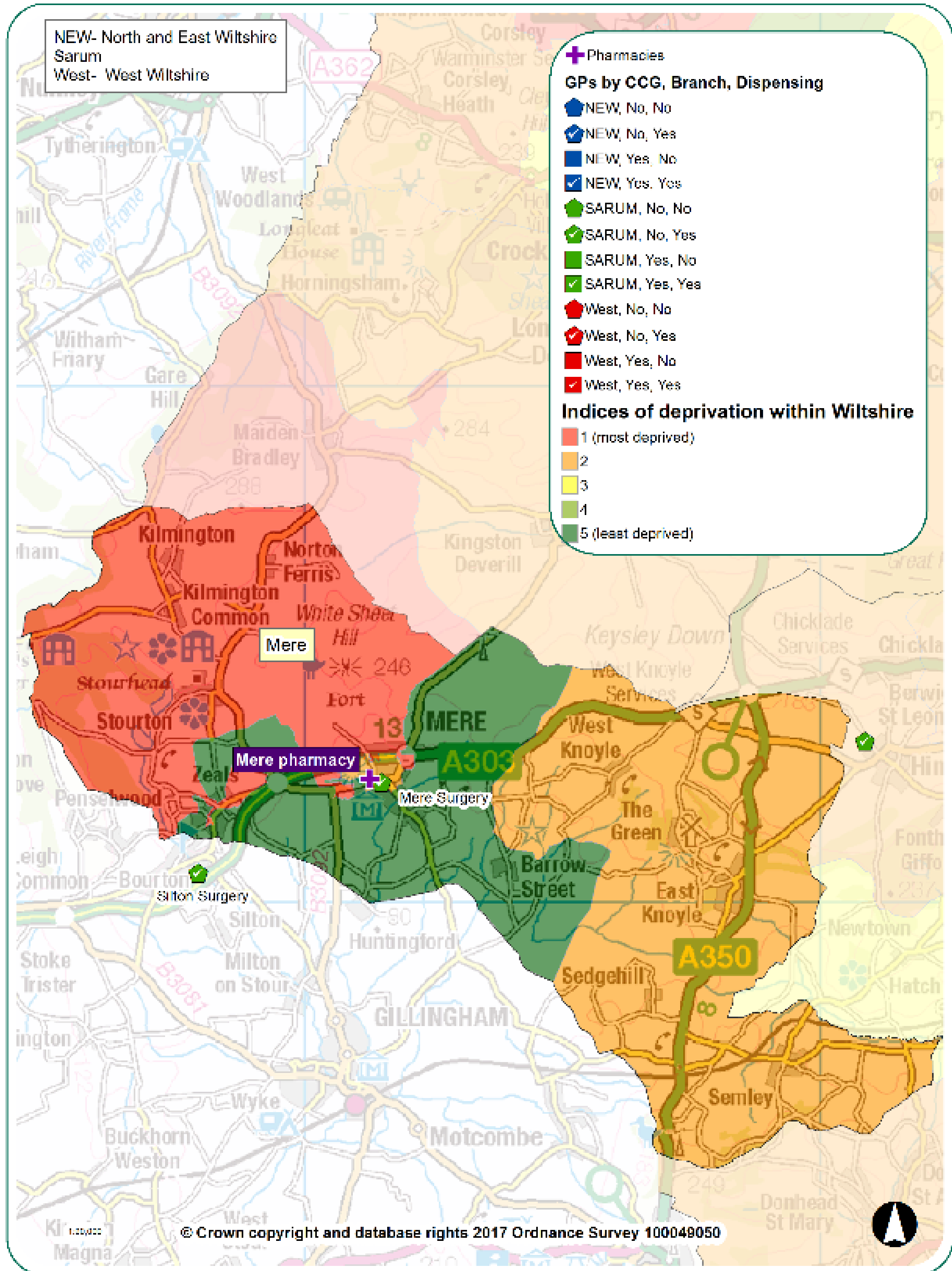
MERE COMMUNITY AREA	
POPULATION	
Demography	• Total population is 5,562 • Highest proportion of males in the u20 age group (53.9% of this age group are male)
Number of LSOA which are within 20% most deprived in Wiltshire	• There are four LSOAs in Mere Community Area of which none are in the most deprived 20% in Wiltshire.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Mere Pharmacy – Dudley Taylor The Square Mere Warminster BA12 6DL
Number of GP surgeries	• One main surgeries
Number of Dispensing GPs	• One dispensing GP
Access to Community Pharmacies	• The Community Pharmacy is not commissioned to a home delivery service or Care Home service. • Open on Saturdays but not on Sundays. • No evening opening.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• No significant difference between Mere and the Wiltshire average in terms of CVD mortality. • Wiltshire does not commission the community pharmacy in the area to offer specific CHD or hypertension medicines management.

Diabetes	• Highest rate of Diabetes hospital admissions out of the 20 Community areas. • The Community Pharmacy in the area is not commissioned to offer Diabetes screening or specific Diabetes Type I or II medicines management.
Chronic Obstructive Pulmonary Disease (COPD)	• Close to the Wiltshire average for COPD hospital admissions. Ranks 4th out of the 20 Community Areas. • The Community Pharmacy in the area is not commissioned to offer specific COPD medicines management.
Asthma	• Lowest rate of Asthma hospital admissions out of the 20 Community Areas. • The Community Pharmacy in the area is not commissioned to offer specific Asthma medicines Management.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• The Community Pharmacy is commissioned to offer a needle/syringe exchange service and a supervised administration service. • South West Wiltshire (includes Mere, Tisbury and Wilton) is above the Wiltshire average for alcohol related hospital admissions.
Sexual health	• Mere, Nadder and East knoyle have a higher than average teenage conception rate. • No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 4 young people with the infection in 2016 which was 7.5% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Lower than the Wiltshire average smoking prevalence. • The Community Pharmacy is commissioned to provide a Support to Stop Smoking Service.

Obesity	• The Community Pharmacy in the area is not commissioned to offer obesity management currently but states that they would be willing to if commissioned.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Mere - Warminster and Tisbury. There is also availability of community pharmacy across the border in Somerset.

Wiltshire Council
Where everybody matters

Mere Community Area
Pharmacies and GP locations



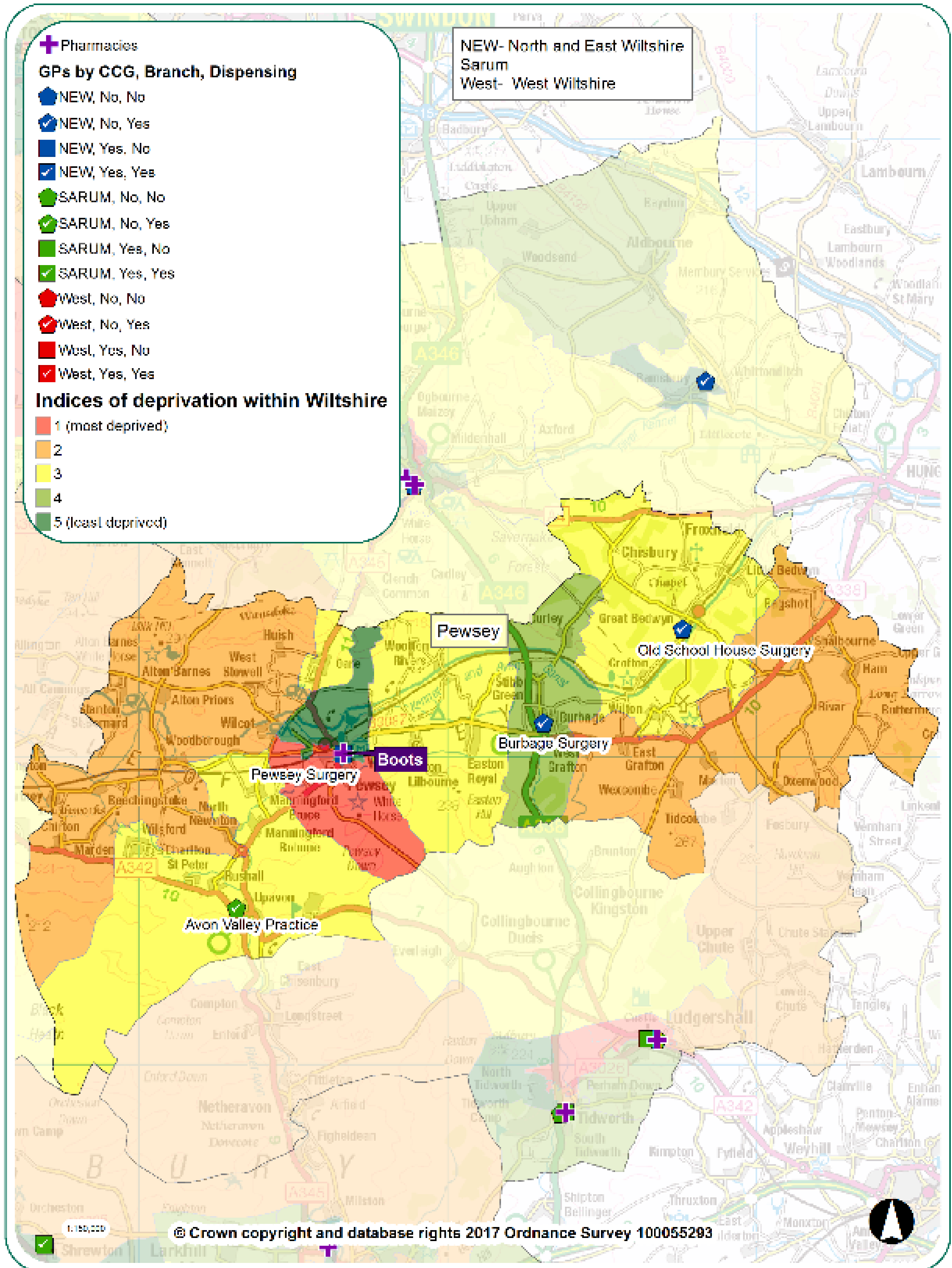
PEWSEY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 14,236 • Pewsey Community Area has the 12th highest percentage of its total population under the age of 15 years . It has the seventh highest percentage of its total population being of retirement age and over.
Deprivation	• Pewsey has 8 LSOAs of which none are with England's 20% most deprived.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Boots Pewsey 32 High Street Pewsey SN9 5AQ
Number of GP surgeries	• Four main surgeries.
Number of Dispensing GPs	• Three dispensing GPs
Access to Community Pharmacies	• The Community Pharmacy is not commissioned to provide a Care Home service or home delivery service, and has not shown interest in delivery of these services. • No evening opening. • Open on Saturdays but not Sundays.
SPECIFIC DISEASES	
Cardiovascular disease	• Lower than the Wiltshire average for mortality from CVD. • The Community Pharmacy is not commissioned to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check.

Diabetes	• Close the Wiltshire average for Diabetes hospital admissions rate. Ranks 3rd lowest out of the 20 Community Areas. • The Community Pharmacy in the area is not commissioned to offer Diabetes screening or specific Diabetes Type I or II medicines management but would be willing to if commissioned.
Chronic Obstructive Pulmonary Disease (COPD)	• Lower than the Wiltshire average for COPD hospital admissions rate. Ranks the lowest out of the 20 Community Areas. • The Community Pharmacy is not commissioned to offer specific COPD medicines management.
Asthma	• Lower than the Wiltshire average for Asthma hospital admissions rate. Ranks 2nd lowest out of the 20 Community Areas. • The Community Pharmacy is not commissioned to offer specific Asthma medicines management but would be willing to if commissioned with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18 alcohol specific hospital admission rate is 90.9 per 100, 000 pop. • The Community Pharmacy is commissioned to offer a needle/syringe exchange service and sharps disposal and supervised consumption.
Sexual health	• Unable to provide under 18 conception rates for this community area • One community pharmacy is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 10 young people with the infection in 2016 which was 10.5% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Ranks 4th lowest out of the 20 Community areas for smoking prevalence. • The Community Pharmacy is commissioned to provide a Support to Stop Smoking Service.

Obesity	• The Community Pharmacy is not commissioned to offer an obesity management service but states that they would be willing to if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Pewsey – Marlborough, Devizes, Amesbury and Tidworth.

Wiltshire Council
Where everybody matters

Pewsey Community Area
Pharmacies and GP locations



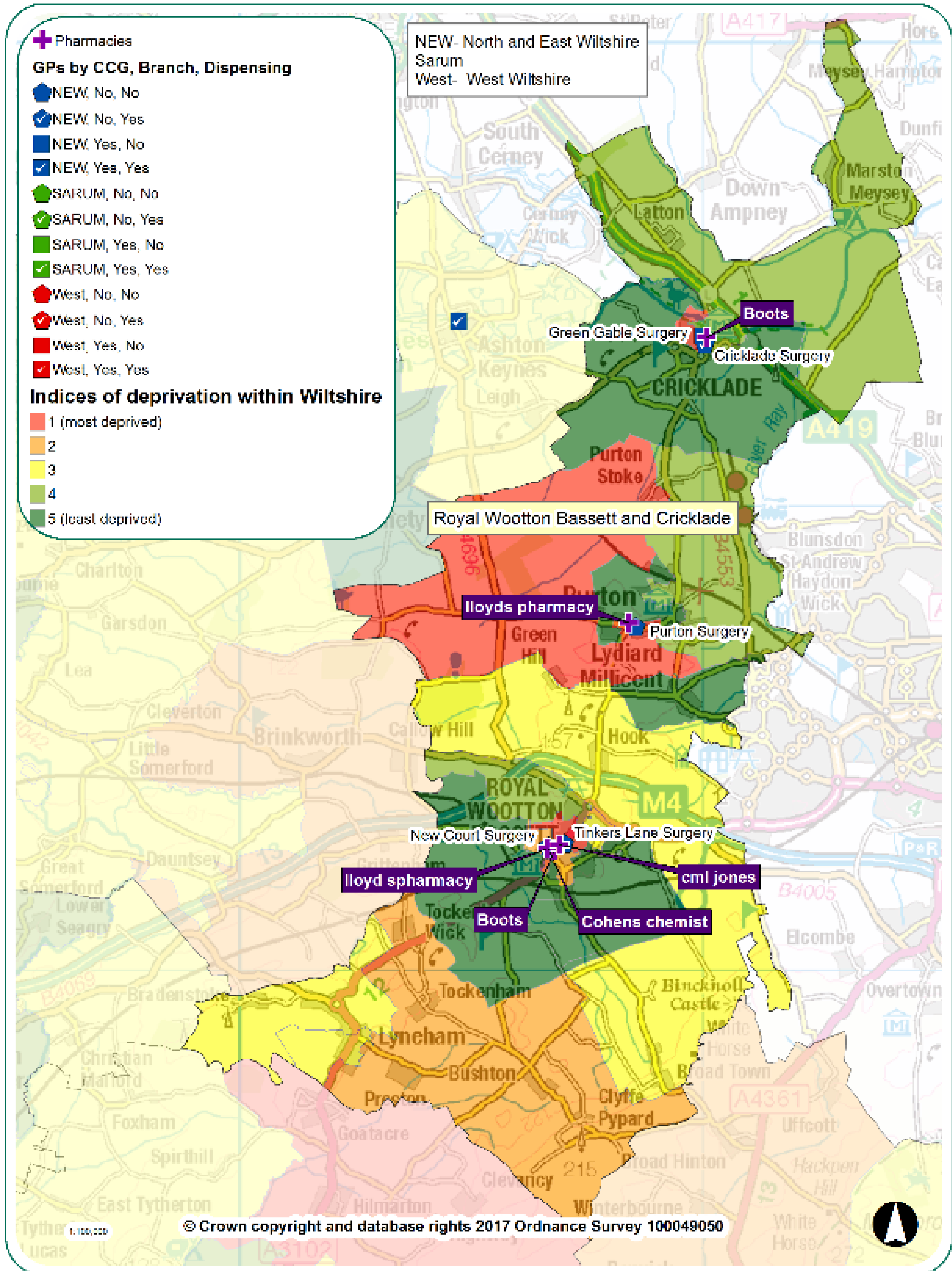
ROYAL WOOTTON BASSETT & CRICKLADE COMMUNITY AREA	
POPULATION	
Demography	• Total population is 30, 349 • Highest proportion of males in the u15 age group (52.9% of this age group are male). 3rd highest proportion of males in the 20-64 age group (50.9%)
Deprivation	• RWB&C has 18 LSOA of which none are in England's 20% most deprived.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• Lloyds Pharmacy (RWB) is now under ownership of 'Cohen's Chemist – entry amended below.
Number of Community Pharmacies	• Five Community Pharmacies, of which 4 responded to the contractor survey (non-responder highlighted in red below) Lloyds Purton 7 The Parade Purton Swindon, SN5 4BX Boots Cricklade 100 High Street Cricklade Swindon, SN6 6AA Boots Wootton Bassett 133 High Street Royal Wootton Bassett Swindon, SN4 7AY Cohen's Chemist (formerly Lloyds Pharmacy – Wootton Bassett) Unit 19 - Boroughfields Shopping Centre Royal Wootton Bassett Swindon, SN4 7AX CML Jones & Partner 102 High Street Royal Wootton Bassett Swindon, SN4 7AU
Number of GP surgeries	• Three main surgeries and two branch.
Number of Dispensing GPs	• One dispensing GP

Access to Community Pharmacies	• Of those who responded none of the community Pharmacies offers a Care Home service (non-commissioned) and one stated that they would be willing to if commissioned. • Three of the respondents state that they don't offer home delivery service (non-commissioned). • All open on Saturdays. • None open on Sundays. • No evening opening.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Higher than the Wiltshire average for CVD mortality rate. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Lower than the Wiltshire average for Diabetes hospital admissions rate, ranking 2nd lowest out of the 20 areas. • Three respondents stated that they would be able and willing to provide specific medicines management for Type I and II Diabetes if commissioned with training. One provides a diabetes type 2 service.
Chronic Obstructive Pulmonary Disease (COPD)	• Close the Wiltshire average for the COPD hospital admissions rate, ranking 5th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Close to the Wiltshire average rate for Asthma hospital admissions and ranks 7th lowest of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management but three would be willing to if commissioned.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Under 18s alcohol specific hospital admission rate is 33.6 per 100, 000 pop • Three Community Pharmacies offer needle/syringe exchange (commissioned). Four offer supervised administration (commissioned).

Sexual health	• Purton, RWB North, RWB South have a higher than average teenage conception rate. • No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 15 young people with the infection in 2016 which was 6% of those that tested
Smoking	• Smoking prevalence estimates are lower than the Wiltshire average and Royal Wootton Basset and Cricklade has the 8th lowest rate out of the 20 community areas. • Two Community Pharmacies are commissioned to offer a Support to Stop Smoking Service.
Obesity	• None of the Community Pharmacies are commissioned to offer obesity management but one stated that they would be willing to if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Royal Wootton Bassett and Cricklade - Malmesbury, Chippenham, Calne and Marlborough. There is also availability of pharmacy services in neighbouring Swindon.

Wiltshire Council
Where everybody matters

Royal Wootton Bassett and Cricklade Community Area Pharmacies and GP locations



SALISBURY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 42, 429 • Lowest proportion of males in the 65+ age group (42.9% of this age group are male)
Number of LSOA which are within 20% most deprived in England	• There are 27 LSOAs in the Salisbury Community Area of which three are among the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• Addition of Fittleworth Medical, Units 12-14, Barnack Business Park, Salisbury, SP1 2LP

Number of Community Pharmacies	• Eleven Community Pharmacies (plus one distance selling pharmacy), of which 10 responded to the contractor survey (non-responders highlighted in red below) Boots Salisbury 41-51 Silver Street Salisbury SP1 2NG Lloyds Pharmacy – Salisbury 47 Market Place Salisbury SP1 1DA Superdrug Salisbury 12-14 Old George Mall Salisbury SP1 2AG Rowlands Pharmacy – Millstream 41 Castle Street Salisbury SP1 3SP Rowlands Pharmacy 82 St Ann Street Salisbury SP1 2PT Rowlands Pharmacy Harcourt Medical Centre Cranebridge Road Salisbury SP2 7TD Rowlands Pharmacy Pembroke Road Bemerton Heath Salisbury SP2 8DJ Three Swans Pharmacy Rollestone Street Salisbury SP1 1DX Tanday Fisherton House Fountain Way Wilton Road Salisbury SP2 7FD Tesco Salisbury Bourne Centre Southampton Road Salisbury SP1 2NY Imaan Ltd Bishopdown Surgery 28 St Clements Way Bishopdown Salisbury SP1 3EE
Number of GP surgeries	• Seven main GP surgeries and one branch surgeries • In addition, there is a NHS Walk In Centre in Salisbury
Number of Dispensing GPs	• Two dispensing GP
Access to Community Pharmacies	• Five Community Pharmacies are willing to provide a Care Home service • Six provides a home delivery service. • Two with evening opening. • Seven are open on Saturdays. • Two are open on Sundays.

SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• No significant difference in CVD mortality rate when compared to County • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Close to the Wiltshire average for Diabetes hospital admissions rate. Ranks 6th highest of the 20 Community Areas. • No Community Pharmacies offer diabetes screening (non-commissioned) and all state that they would be willing to if commissioned.
Chronic Obstructive Pulmonary Disease (COPD)	• Third highest Community Area rate for COPD hospital admissions. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• 6th highest Asthma hospital admissions out of the 20 Community Areas. • None of the Community Pharmacies in the area states that they currently offer specific Asthma medicines management. Eight stated that they would be willing to if commissioned with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & alcohol	• Six Community Pharmacies offer a needle/syringe exchange service (commissioned) and a supervised administration service (commissioned).

Sexual health	• Bemerton, Fisherton and Bemerton Village, St. Marks and Bishopdown all have a higher than average teenage conception rate. • Three of the Community Pharmacies are commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 30 young people with the infection in 2016 which was 6.6% of those that
Smoking	• Fourth highest smoking prevalence compared to Wiltshire average. • Five Community Pharmacies in the area are commissioned to deliver a Support to Stop Smoking Service.
Obesity	• One of the Community Pharmacies in the area would be willing to provide the service if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Salisbury - Amesbury, Wilton and Southern Wiltshire.

Wiltshire Council
Where everybody matters

Salisbury Community Area
Pharmacies and GP locations

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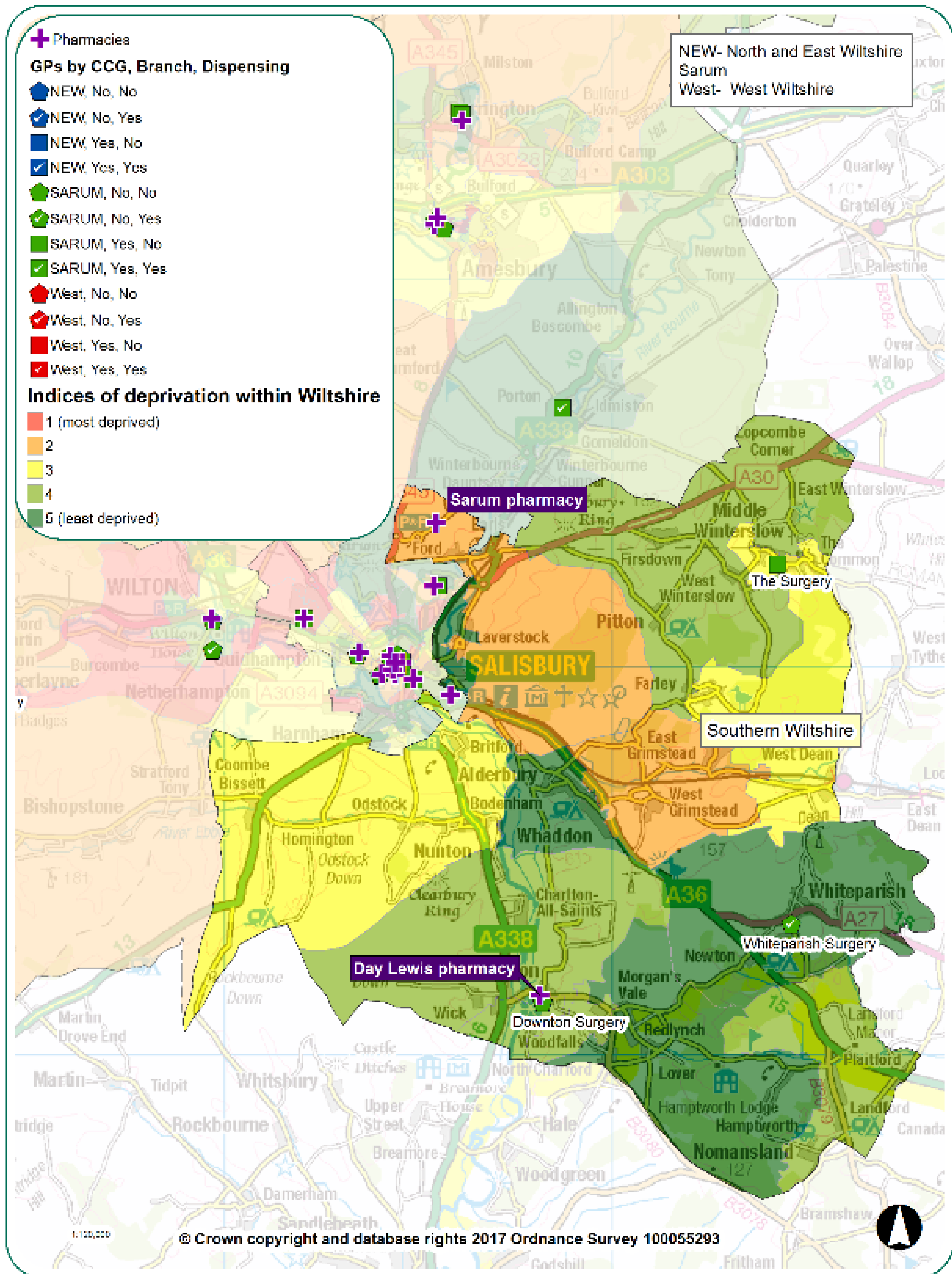
SOUTHERN WILTSHIRE COMMUNITY AREA	
POPULATION	
Demography	• Total population is 23, 156 • In relation to the other 19 community areas, Southern Wiltshire Community Area has 2nd lowest proportion of males in the 20-64 age group (47.7% of this age group are male)
Number of LSOA which are within 20% most deprived in England	• Southern Wiltshire has 13 LSOAs of which none are in England's 20% most deprived.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• An additional pharmacy – Sarum Pharmacy, details below
Number of Community Pharmacies	Downton Pharmacy – Day Lewis 5 High Street Downton Salisbury SP5 3PG Sarum Pharmacy Portway Centre Old Sarum Salisbury, SP4 6EB
Number of GP surgeries	• Two main surgeries and one branch surgery
Number of Dispensing GPs	• Two dispensing GPs
Access to Community Pharmacies	• One Community Pharmacy does not offer a home delivery service (non-commissioned). • Neither are commissioned to offer a Care home service. • Open on Saturdays but not Sundays. • No evening opening.

SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Significantly lower rate of CVD mortality compared with the Wiltshire average. • The Community Pharmacy is not commissioned to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Close to County average for Diabetes hospital admissions rate ranking 7th lowest out of the 20 Community Areas. • The Community Pharmacy is not commissioned to offer Diabetes screening or specific Diabetes Type I or II medicines management.
Chronic Obstructive Pulmonary Disease (COPD)	• COPD hospital admissions rate ranking 3rd lowest out of the 20 Community Areas. • The Community Pharmacy is not commissioned to offer specific COPD medicines management.
Asthma	• Similar to the Wiltshire average for the Asthma hospital admissions rate and ranks 12th highest out of the 20 areas. • The community pharmacy in the area is not currently commissioned to offer specific Asthma medicines management.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• The Community Pharmacy offers a needle/syringe exchange service (commissioned), and supervised administration(commissioned)
Sexual health	• No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 13 young people with the infection in 2016 which was 7.8% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Second lowest estimated percentage of smokers (1.7%) out of all the Community Areas. • The Community Pharmacy is commissioned to offer a Support to Stop Smoking Service.
Obesity	• The Community Pharmacy is not commissioned to offer an obesity management service.

BORDERING AREAS	
	• The following Community Areas in Wiltshire border Southern Wiltshire - Wilton, Salisbury and Amesbury. There are also pharmacies in Hampshire which are accessible from Southern Wiltshire.

Wiltshire Council
Where everybody matters

Southern Wiltshire Community Area
Pharmacies and GP locations

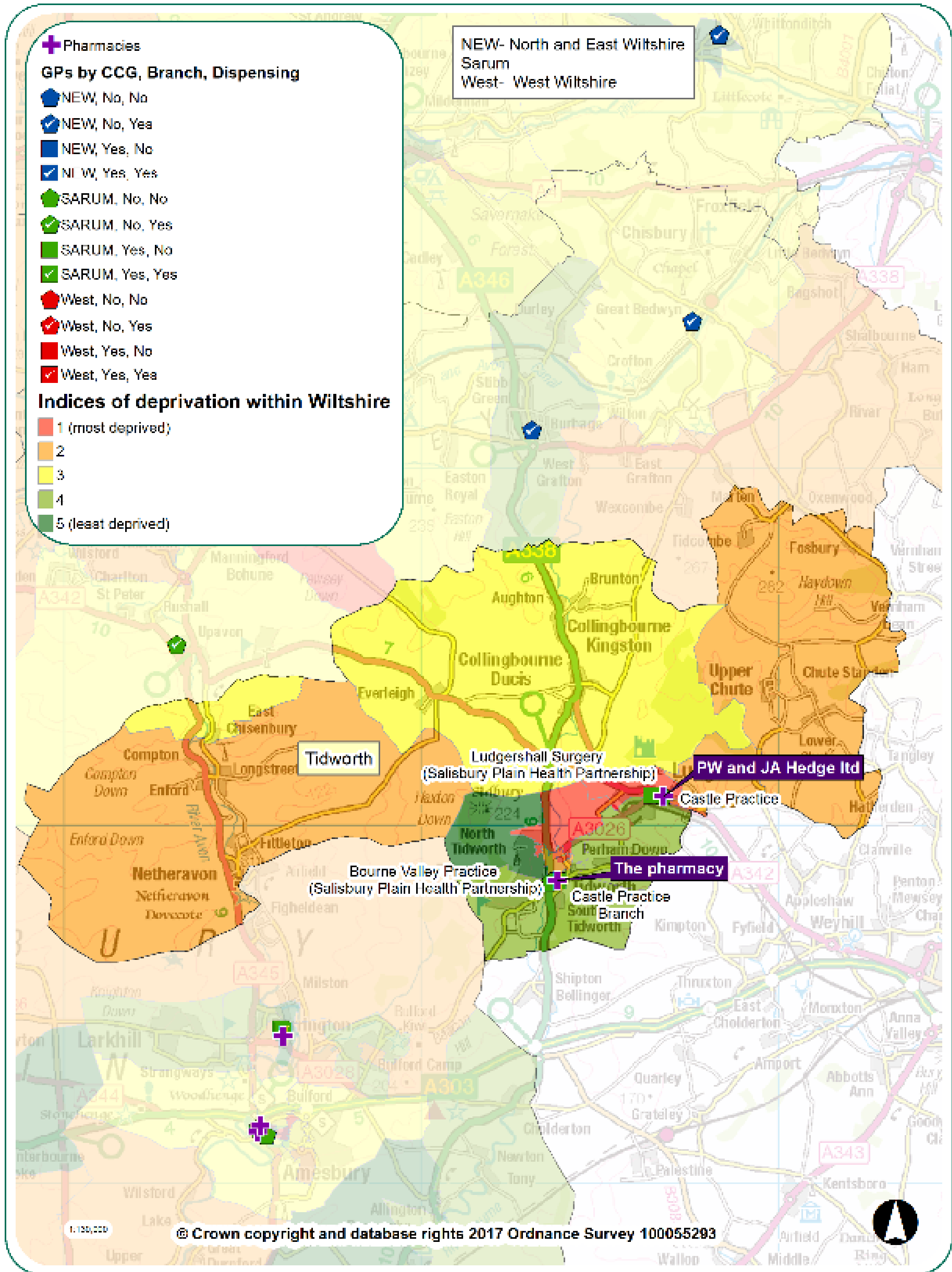


TIDWORTH COMMUNITY AREA	
POPULATION	
Demography	• Total population is 21, 236 • Highest proportion of males in the 20-64 age group (59.5% of this age group are male). Also highest proportion of males in 65+ bracket (48.7%) and 2nd highest proportion of males in u20s (53.0%)
Deprivation	• Tidworth has 11 LSOAs of which none are in England's 20% most deprived.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	PW & JA Hedge The Pharmacy Dummer Lane Tidworth SO9 7FH PW & JA Hedge The Pharmacy Central Street Ludgershall SP11 9RA
Number of GP surgeries	• Two main surgeries and two branch surgeries.
Number of Dispensing GPs	• No dispensing GPs
Access to Community Pharmacies	• No pharmacy provides a care home service but one willing if commissioned. None offer delivery. • No evening opening (one is open until 7pm on weekdays) • Both are open on Saturdays. • One is open on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease	• Similar to the Wiltshire average for CVD mortality. Lowest CA for CVD hospital admissions • NHS Wiltshire does not commission either of the community pharmacies in the area to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).

Diabetes	• Close to the Wiltshire average for Diabetes hospital admissions rate and ranks 10th highest out of the 20 areas. • The Community Pharmacies in the area are not commissioned to offer specific Diabetes Type I or II medicines management but both would be willing to if commissioned. • Two would offer Diabetes screening (non-commissioned) if commissioned with training.
Chronic Obstructive Pulmonary Disease	• Similar to the Wiltshire average for COPD hospital admissions rate. • Community Pharmacies in the area are not commissioned to offer specific COPD medicines management.
Asthma	• Close to the the Wiltshire average for the Asthma hospital admissions rate and ranks 11th lowest out of the 20 areas. • Community Pharmacies in the area are not commissioned to offer specific Asthma medicines management but two would be willing to if commissioned with training.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• One Community Pharmacy offers a needle/syringe exchange (commissioned) and sharps disposal and a supervised administration service • Similar to the Wiltshire average of hospital inpatient admissions due to alcohol related causes.
Sexual health	• Ludgershall & Perham Down and Tidworth wards all have a higher than average teenage conception rate. • One of the Community Pharmacies in Tidworth is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 29 young people with the infection in 2016 which was 9.2% of those that tested compared to a Wiltshire average of 8.4%

Smoking	• Lower than the Wiltshire average for estimated smoking prevalence. • There are no community pharmacies in the area is commissioned to provide a stop smoking service
Obesity	• Neither of the Community Pharmacies in the area are commissioned to offer obesity management but one would be willing to if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Tidworth - Pewsey and Amesbury. There are also community pharmacy services available in nearby Andover (Hampshire).

Tidworth Community Area
Pharmacies and GP locations

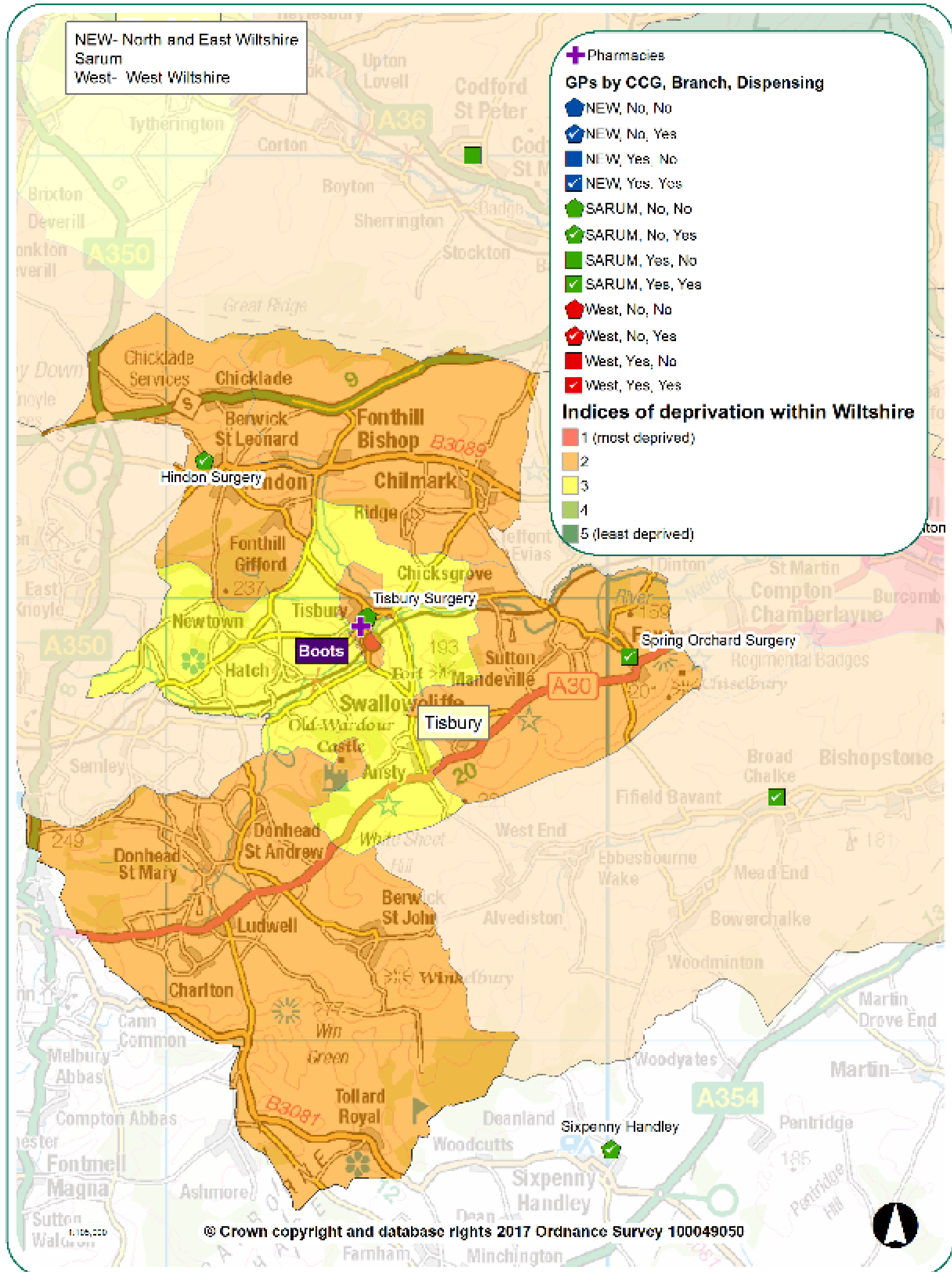


TISBURY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 7,316 • Compared to the other 19 community areas, Tisbury Community Area has the lowest proportion of males in the 20-64 age group (47.3% of this age group are male)
Number of LSOA which are within 20% most deprived in England	• There are four LSOAs in the Tisbury Community Area of which there are no areas among the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Boots – Tisbury High Street Tisbury Salisbury SP3 6LD
Number of GP surgeries	• Two main surgeries and one branch
Number of Dispensing GPs	• Two dispensing GP
Access to Community Pharmacies	• The Community Pharmacy is open on Saturdays. • Not open on Sundays. • No evening opening. • No care home services or home delivery
SPECIFIC DISEASES	
Cardiovascular disease	• Higher than the Wiltshire average for the CVD Mortality. • The Community Pharmacy is not commissioned to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).

Diabetes	• Low rate of Diabetes hospital admissions, ranking 15 out of the 20 Community Areas. • The Community Pharmacy in the area is not commissioned to offer Diabetes screening or specific Diabetes Type I or II medicines management and not willing to be commissioned.
Chronic Obstructive Pulmonary Disease (COPD)	• Low rate of COPD hospital admissions ranking 7th lowest out of the 20 Community Areas. • The Community Pharmacy in the area is not commissioned to offer specific COPD medicines management.
Asthma	• Fifth lowest rate of Asthma hospital admissions out of the 20 Community Areas. • The Community Pharmacy is not commissioned to offer specific Asthma medicines management and not willing to be commissioned.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• The Community Pharmacy is commissioned to provide supervised administration. • The Community Pharmacy is not commissioned to provide a needle/syringe exchange service or sharps disposal
Sexual health	• Nadder and East Knoyle wards have a higher than average teenage conception rate. • No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening
Smoking	• Second lowest in terms of smoking prevalence compared to the other Community Areas. • There is no current commissioned pharmacy offering a Support to Stop Smoking Service.
Obesity	• The Community Pharmacy is not commissioned to offer obesity management currently but states that they would be willing to if commissioned.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Tisbury - Mere, Warminster and Wilton.

Wiltshire Council
Where everybody matters

Tisbury Community Area
Pharmacies and GP locations



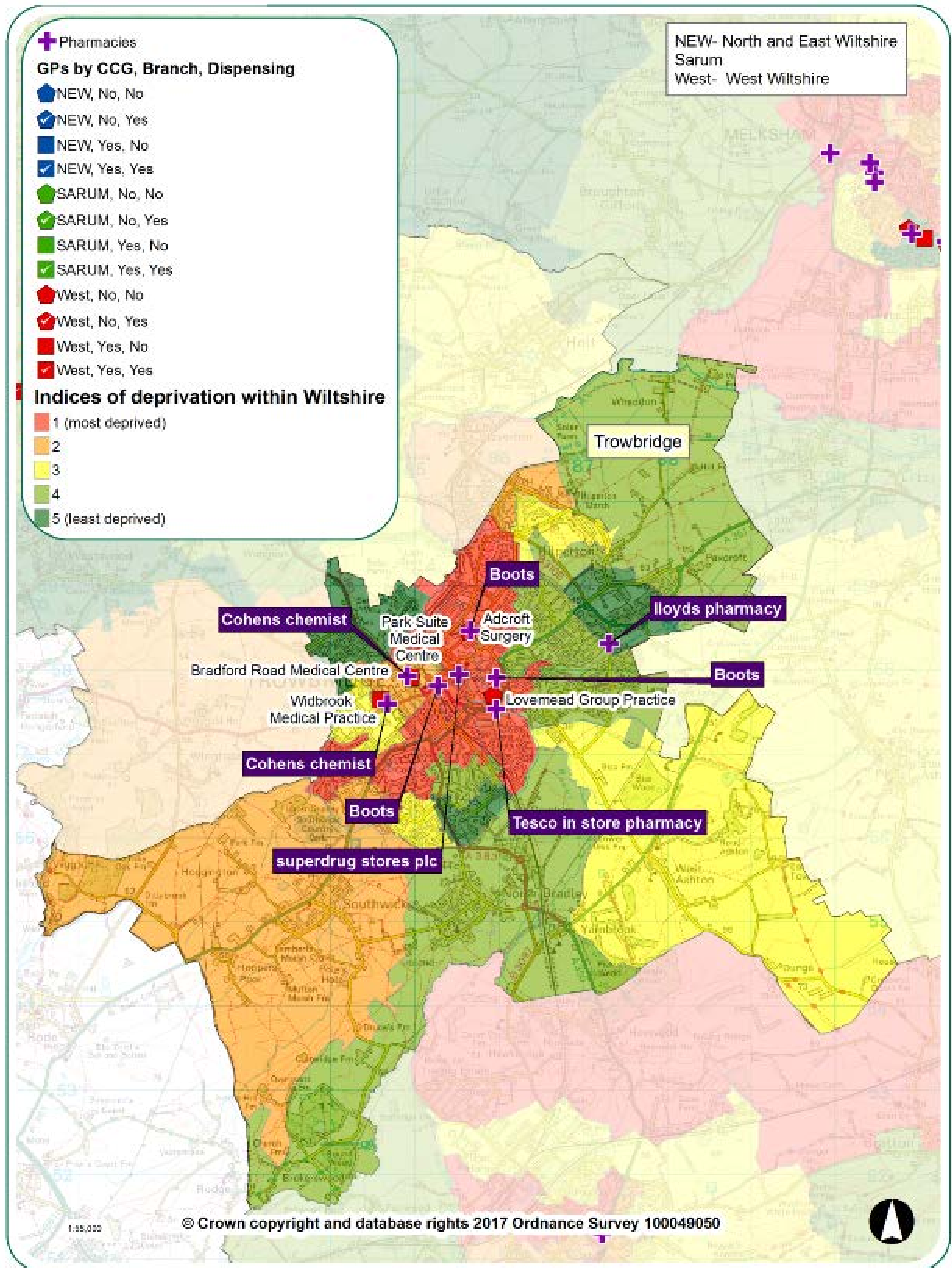
TROWBRIDGE COMMUNITY AREA	
POPULATION	
Demography	• Total population is 44, 414 • Compared to the other 19 community areas, 17.9% of its residents aged 65+
Number of LSOA which are within 20% most deprived in England	• There are 22 LSOAs in the Trowbridge Community Area of which three are among the 20% in England with the highest percentage of households experiencing three or four measured types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• One pharmacy closure (Lloyds Pharmacy, 33-34 Fore Street, Trowbridge).
Number of Community Pharmacies *denotes 100 hour pharmacy	Boots – Trowbridge Roundstone Surgery Polebarn Circus Trowbridge BA14 7EG Boots Adcroft Surgery Prospect Place Trowbridge BA14 8QA Boots Trowbridge* The Shires Gateway 32-34 Bythesea Road Torwbridge BA14 8FZ Tesco Trowbridge* County Way Trowbridge BA14 7AQ Lauder and Gamlin Park Suite 60A Bradford Road Trowbridge BA14 9AR Lauder and Gamlin 74 Wingfield Road Trowbridge BA14 9EN Lloyds Trowbridge Unit G Local Centre Hacketts Place Hilperton BA14 7GW Superdrug Trowbridge Unit 28 The Shires Trowbridge BA4 8AT
Number of GP surgeries	• Four main GP surgeries and one branch
Number of Dispensing GPs	• No dispensing GPs

Access to Community Pharmacies	• One Community Pharmacy in the area provide a Care Home Service. Two state that they would be willing and able to provide. • Five pharmacies provides home delivery. • One is open early mornings, from 6.30am Tuesday – Saturday. • Two are open late evenings • Eight are open on Saturdays. • Three are open on Sundays.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Higher than the Wiltshire average for CVD mortality. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Trowbridge community area has the ranks 14th highest for diabetes related hospital admissions • Three pharmacies provide Diabetes screening (non-commissioned). • Wiltshire does not commission any of the community pharmacies in the area to offer specific Diabetes type I or II medicines management. Four were willing to provide this service if commissioned with training. One pharmacy provides a type 2 service.
Chronic Obstructive Pulmonary Disease (COPD)	• Close to the Wiltshire average for COPD hospital admissions rate and ranks 9th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Close to the the Wiltshire average for the Asthma hospital admissions rate and ranks 9th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management. Four would be willing to be commissioned with.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Five Community Pharmacies are commissioned to provide a needle/syringe exchange service. • Six are commissioned to provide a supervised administration service.

Sexual health	• Trowbridge Lambrok, Paxcroft, Central and Adcroft all have a higher than average teenage conception rate. • Two of the Community Pharmacies are commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 77 young people with the infection in 2016 which was 8.8% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Highest estimated smoking prevalence rate out of 20 Community Areas. • Seven Community Pharmacies are commissioned to provide a Support to Stop Smoking Service.
Obesity	• None of the Community Pharmacies are commissioned to offer obesity management. • One stated that they would be willing to provide this service if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Trowbridge - Bradford on Avon, Melksham and Westbury. There is also availability of community pharmacy across the border in Somerset.

Wiltshire Council
Where everybody matters

Trowbridge Community Area
Pharmacies and GP locations

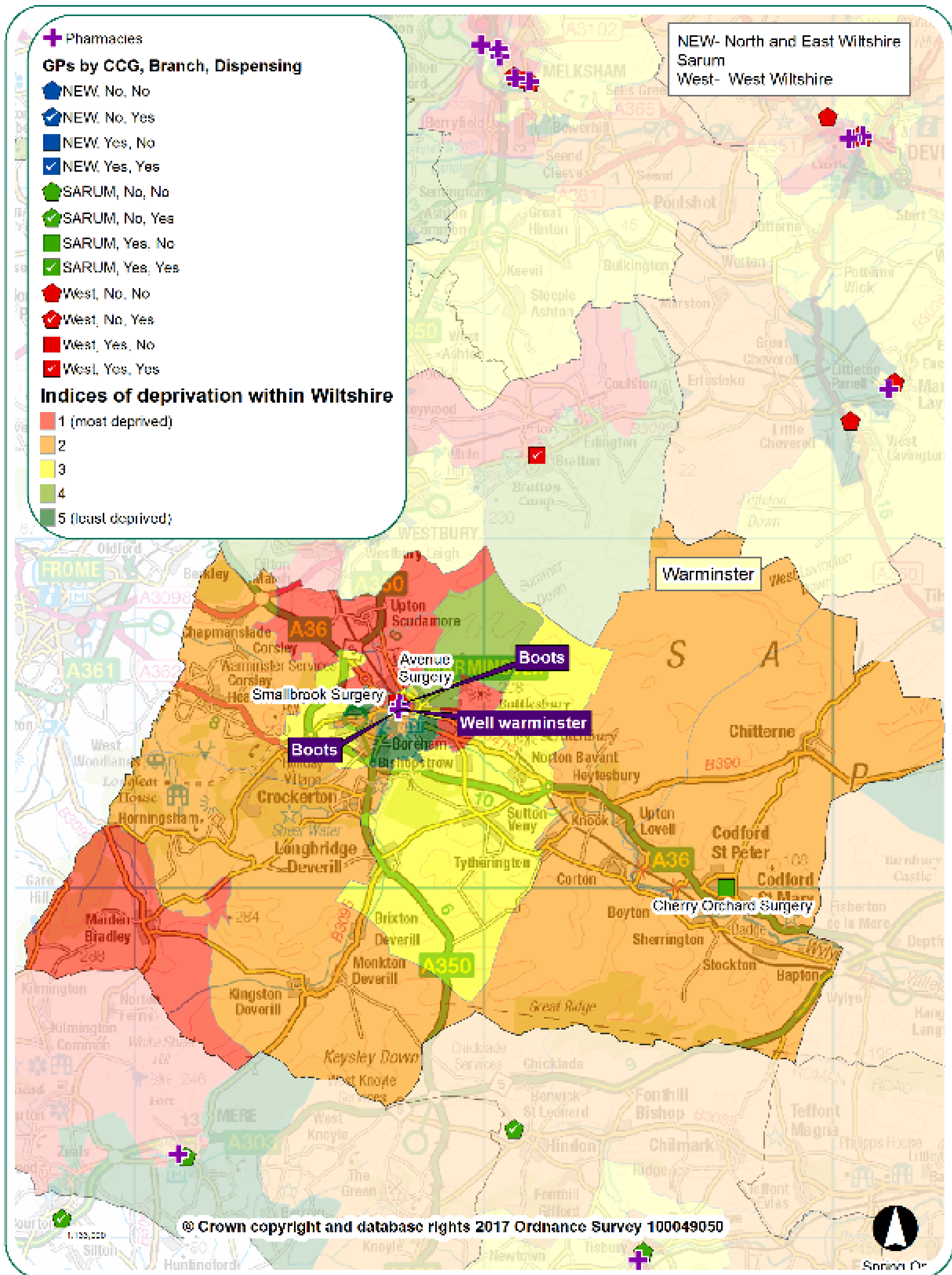


WARMINSTER COMMUNITY AREA	
POPULATION	
Demography	• Total population is 24,752 • Compared to the other 19 community areas, Warminster Community Area has the sixth highest 65+ population.
Number of LSOA which are within 20% most deprived in England	• There are 18 LSOAs in the Warminster Community Area of which none are within the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• No changes
Number of Community Pharmacies	Boots Warminster 14-16 The Avenue Warminster BA12 9AA Boots Warminster 39 Market Place Warminster BA12 9AZ Well Pharmacy 10 Cornmarket Warminster BA12 9BX
Number of GP surgeries	• Two main surgeries and one branch surgery
Number of Dispensing GPs	• No dispensing GPs
Access to Community Pharmacies	• None of the Community Pharmacies are commissioned to offer a home delivery service or Care home service; one offers a home delivery service. • None are open evenings. • Two are open on Saturdays. • One is open on Sundays.

SPECIFIC DISEASES	
Cardiovascular disease	• Lower than the Wiltshire average for CVD mortality rate. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Similar to the Wiltshire average for Diabetes hospital admissions rate, ranking 5th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Diabetes screening or specific Diabetes Type I or II medicines management but one would be willing to if commissioned with training.
Chronic Obstructive Pulmonary Disease (COPD)	• Similar to the Wiltshire average for the COPD hospital admissions ranking 6th. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Similar to the Wiltshire average for Asthma hospital admissions rate. Third lowest rate (ranking 17th out of 20 areas). • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management but one would be willing to if commissioned.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• One of the Community Pharmacies offers a needle/syringe exchange service (commissioned). • Three offer supervised administration (commissioned). • Lower to the Wiltshire average for alcohol related hospital admission rate.

Sexual health	• Westbury East and West both have a higher than average teenage conception rate. • One of the Community Pharmacies is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 32 young people with the infection in 2016 which was 9.3% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Estimated smoking prevalence is higher than the Wiltshire average (5th highest). • One is commissioned to offer a Support to Stop Smoking Service.
Obesity	• None of the Community Pharmacies in the area are commissioned to offer obesity management but one state they would be willing to if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Warminster - Westbury, Devizes, Amesbury, Tisbury and Mere. There is also availability of community pharmacy across the border in Somerset.

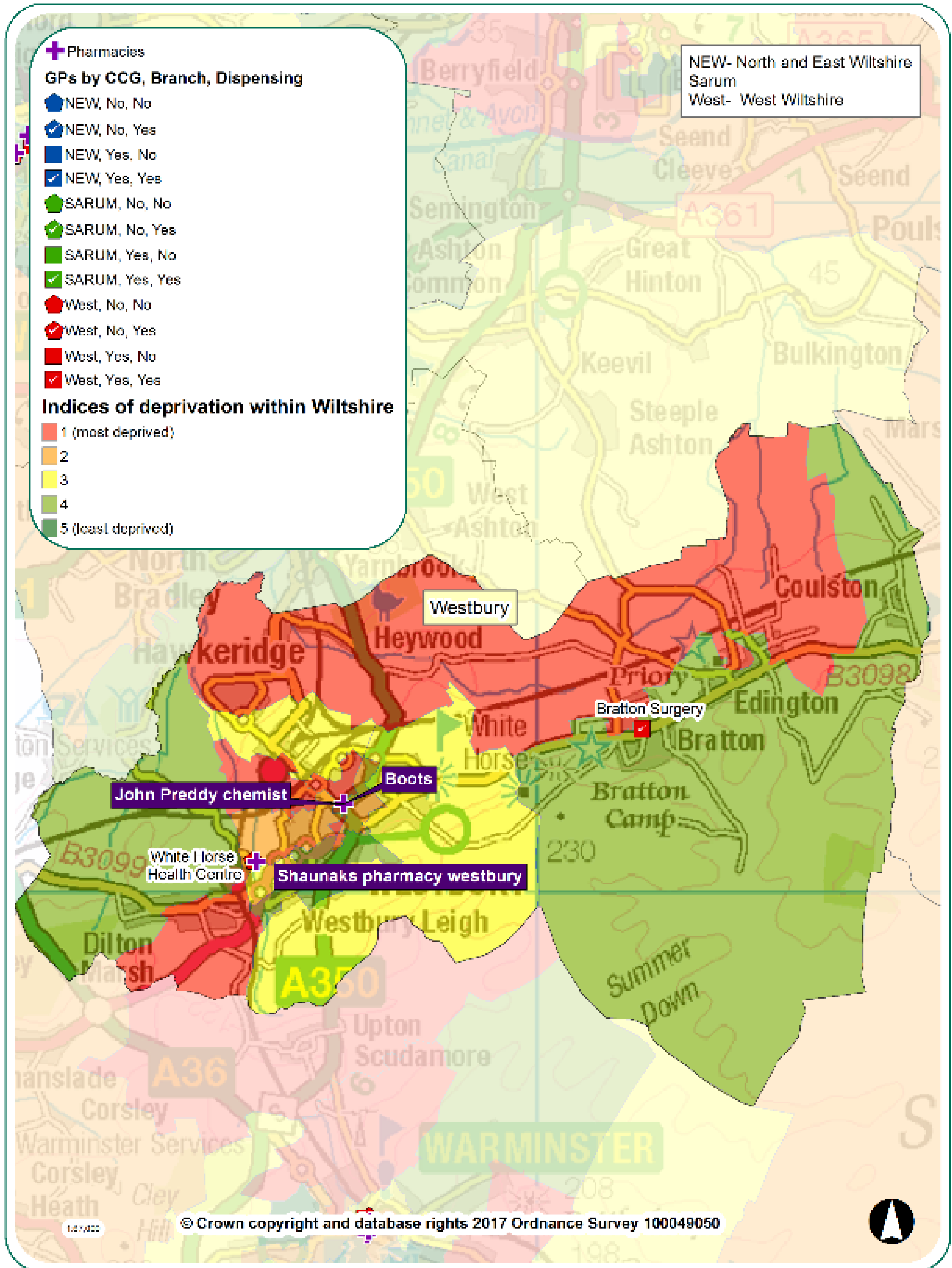
Warminster Community Area Pharmacies and GP locations



WESTBURY COMMUNITY AREA	
POPULATION	
Demography	• Total population is 20, 198 • Compared to the other 19 community areas, Westbury Community Area has the5th lowest percentage of its total population over the age of 65 years.
Number of LSOAs which are within 20% most deprived in England	• There are 11 LSOAs in the Westbury Community Area of which one is among the top 20% in England with the highest percentage of households experiencing three or four types of deprivation as measured in the 2011 Census.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• Pharmacy in White Horse Medical Centre is now delivered by Shaunaks pharmacy
Number of Community Pharmacies	John Preddy & Co 29-31 High Street Westbury BA13 3BN Shaunaks Pharmacy (formerly Octopus Healthcare) White Horse Health Centre Mane Way Westbury BA13 3FQ Boots Westbury 9-11 High Street Westbury BA13 3BN
Number of GP surgeries	• One main surgery and one branch
Number of Dispensing GPs	• Two dispensing GP
Access to Community Pharmacies	• Two Community Pharmacies would offer a Care Home service with training. • One offers a home delivery service. • None is open late evenings. • 3 four are open on Saturdays. • None is open on Sundays.

SPECIFIC DISEASES	
Cardiovascular disease	• Slightly higher than the Wiltshire average rate of CVD mortality. • Wiltshire does not commission any of the community pharmacies in the area to offer specific CHD or hypertension medicines management or Vascular Risk Assessment Service (NHS Health Check).
Diabetes	• Similar to the Wiltshire average for Diabetes hospital admissions rate. • No Community Pharmacy offers Diabetes screening (non-commissioned) and the others state they would be willing to if commissioned. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Diabetes Type I or II medicines management but three already provides this service (non-commissioned) and two state they would be willing to if commissioned.
Chronic Obstructive Pulmonary Disease	• Similar to Wiltshire average for the COPD hospital admissions rate, ranking 11th highest out of the 20 community areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific COPD medicines management.
Asthma	• Similar to the Wiltshire average for the Asthma hospital admissions rate, ranking 7th highest out of the 20 areas. • Wiltshire does not commission any of the community pharmacies in the area to offer specific Asthma medicines management but one is providing and two would be willing to if commissioned.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• Two Community Pharmacies offer a needle/syringe exchange service (commissioned). • Three offer a supervised administration service (commissioned).

Sexual health	• Westbury East, North and West all have a higher than average teenage conception rate. • One of the Community Pharmacies is commissioned to deliver the No Worries! Service. This provides testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free condoms. • The community based chlamydia screening programme diagnosed 25 young people with the infection in 2016 which was 8.2% of those that tested compared to a Wiltshire average of 8.4%
Smoking	• Estimates show that the percentage of people in Westbury that smoke is higher than the Wiltshire average and ranks Westbury 2nd highest out of the 20 Community Areas. • Two of the Community Pharmacies are commissioned to offer a Support to Stop Smoking Service and the other one states that they would not be willing to if commissioned.
Obesity	• None of the Community Pharmacies in the area are commissioned to offer obesity management but one stated that they would provide the service if commissioned with training.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Westbury - Trowbridge, Melksham, Devizes and Warminster.


Wiltshire Council
Where everybody matters
Westbury Community Area
Pharmacies and GP locations
Pharmacies
GPs by CCG, Branch, Dispensing
NEW, No, No
NEW, No, Yes
NEW, Yes, No
NEW, Yes, Yes
SARUM, No, No
SARUM, No, Yes
SARUM, Yes, No
SARUM, Yes, Yes
West, No, No
West, No, Yes
West, Yes, No
West, Yes, Yes
Indices of deprivation within Wiltshire
1 (most deprived)
2
3
4
5 (least deprived)
NEW- North and East Wiltshire
Sarum
West- West Wiltshire
Westbury
Bratton Surgery
Boots
John Preddy chemist
White Horse Health Centre
Shaunaks pharmacy westbury
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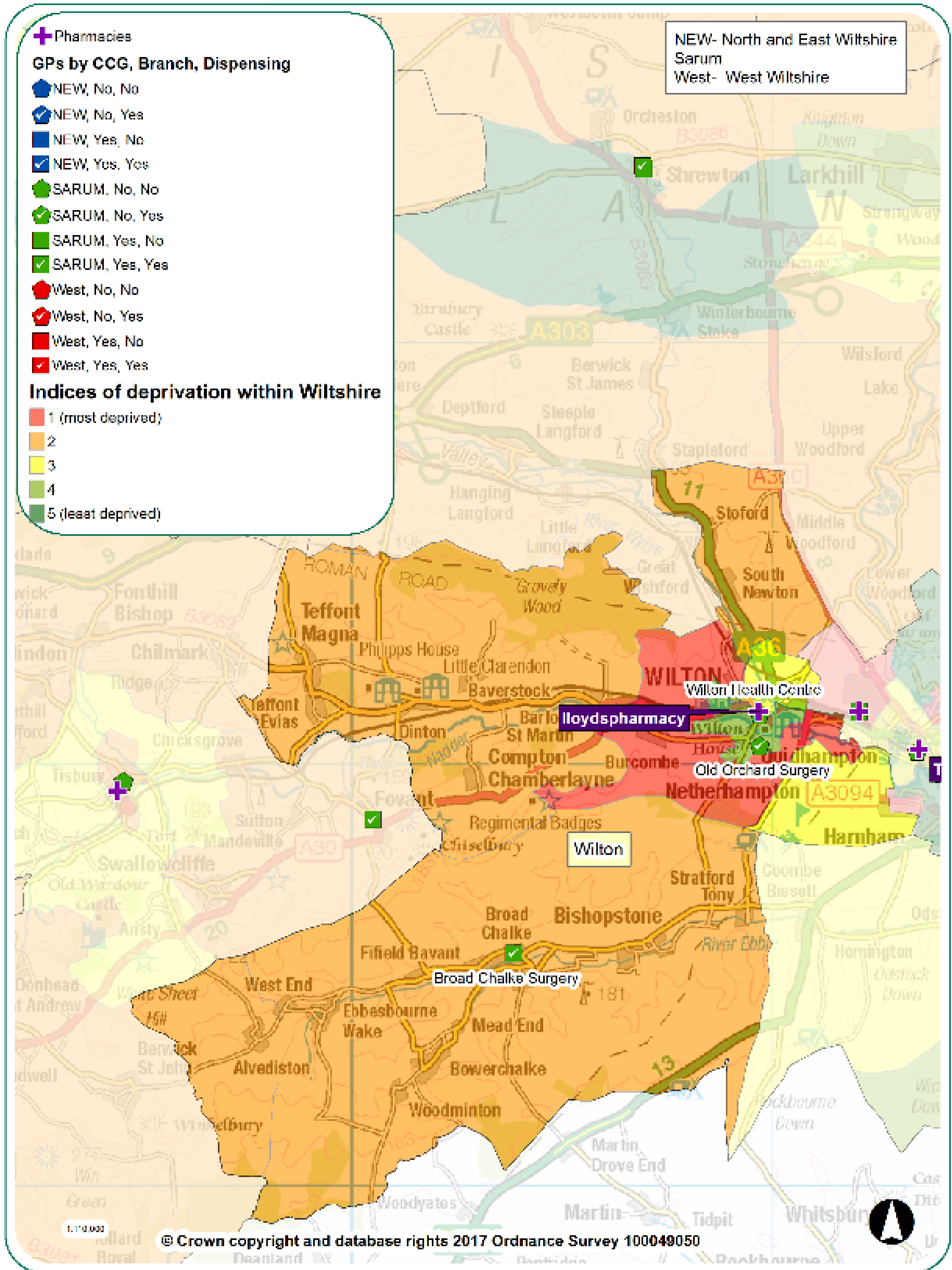
WILTON COMMUNITY AREA	
POPULATION	
Demography	• Total population is 9,050 • Compared to the other 19 community areas, Wilton Community Area has the 2nd lowest proportion of males in the u20 age group (49.0% of this age group are male)
Number of LSOA which are within 20% most deprived in England	• Wilton Community Area has five LSOAs, of which none are amongst the 20% in England with the highest percentage of households experiencing three or four types of deprivation.
SERVICE PROVISION	
Change in Community Pharmacies since 2015 PNA	• None
Number of Community Pharmacies	Lloyds Wilton 3 North Street Wilton Salisbury SP2 0HA
Number of GP surgeries	• Two main surgeries and one branch
Number of Dispensing GPs	• Three dispensing GPs
Access to Community Pharmacies	• The Community Pharmacy offers a home delivery service (non-commissioned) • They are not commissioned to not offer a Care home service but state they would be willing to if commissioned. • Open Saturdays but not Sundays. • No evening opening.
SPECIFIC DISEASES	
Cardiovascular disease (CVD)	• Slightly higher than the Wiltshire average rate for CVD mortality. • Wiltshire does not commission the community pharmacy in the area to offer specific CHD medicines management or Vascular Risk Assessment Service (NHS Health Check). • They offer a specific hypertension medicine management service (non-commissioned).

Diabetes	• Similiar to the Wiltshire average for Diabetes hospital admissions rate, ranking 7th highest out of the 20 areas. • The Community Pharmacy offers Diabetes screening and specific Diabetes Type II medicines management (non-commissioned).
Chronic Obstructive Pulmonary Disease (COPD)	• Highest Community Area rate for COPD hospital admissions. • Wiltshire does not commission the community pharmacy to offer specific COPD medicines management.
Asthma	• Higher than the Wiltshire average for Asthma hospital admissions rate, ranking 2nd lowest highest out of the 20 areas. • The Community Pharmacy is not commissioned to offer specific Asthma medicines management.
LIFESTYLE FACTORS AND AVAILABLE SERVICES	
Drug misuse & Alcohol	• The Community Pharmacy is not commissioned to offer a needle/syringe exchange service • They are commissioned to provide a supervised administration service.
Sexual health	• Wiltson and Lower Wylye Valley and Nadder and East Knoyle both have a higher than average teenage conception rate. • No Community Pharmacy is commissioned to provide the No Worries! Service, which includes providing testing for Chlamydia and treatment for those who test positive, emergency hormonal contraception, pregnancy testing and free
Smoking	• Lower than the Wiltshire average for smoking prevalence, rank at 10th position.. • The Community Pharmacy is not commissioned to offer a Support to Stop Smoking Service.
Obesity	• The Community Pharmacy in the area is not commissioned to offer obesity management currently.
BORDERING AREAS	
	• The following Community Areas in Wiltshire border Wilton - Southern Wiltshire, Salisbury, Amesbury and Tisbury.

Wilton Community Area
Pharmacies and GP locations



11 GLOSSARY

100 hour service	Pharmacy open for 100 hours a week over 7 days
Advanced Pharmacy Service	Can be provided by contractors once accreditation requirements are met
AUR	Appliance Use Review
BME	Black and Minority Ethnic
Community Area	Wiltshire Council has twenty community areas
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DACS	Dispensing Appliance Contractors
DH	Department of Health
Dispensing Group Practice	GPs who have been approved to dispense medicines to specific patients on their lists
EHC	Emergency Hormonal Contraception
Enhanced Pharmacy Service	Commissioned by the PCT in response to the needs of Wiltshire population
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Service
Essential Services	Provided by all pharmacy contractors
GP	General Practice
IMD	Indices of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LD	Learning Disabilities
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPSs	Local Pharmacy Service Contracts
LSOA	Lower LSOA

LTC	Long Term Condition
MDS	Monitored Dosage System
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSSG	Pharmaceutical Services Strategy Group
SAC	Stoma Appliance Customisation
SHA	Strategic Health Authority
SOA	LSOAs

12. List of dispensing practices (practices & branches)

Practice Name	Branch Surgery	Address 1	Address 2	Town
Avon Valley Practice	No	Fairfield	Upavon	Pewsey
Bradford on Avon & Melksham Partnership	No	Health Centre	Station Approach	Bradford on Avon
Bratton Surgery	Yes	The Tynings	Bratton	Westbury
Burbage Surgery	No	9 The Sprays	Burbage	Marlborough
Cricklade Surgery	Yes	113 High Street	Cricklade	Swindon
Cross Plain Surgery (Salisbury Plain Health Partnership)	Yes	84 Bulford Road	Durrington	Salisbury
Downton Surgery *	No	Moot Lane	Downton	Salisbury
Endless Street Surgery	No	72 Endless Street		Salisbury
Hindon Surgery	No	The Surgery	Hindon	Salisbury
Jubilee Field Surgery	No	Yatton Keynell		Chippenham
Marlborough Medical Practice	No	George Lane		Marlborough
Mere Surgery *	No	Dark Lane	Mere	Warminster
Old School House Surgery	No	Church Street	Great Bedwyn	Marlborough
Old Orchard Surgery	No	South Street	Wilton	Salisbury
Patford House Surgery	No	8A Patford Street		Calne
Porton Surgery	Yes	32 Winterslow Road	Porton	Salisbury
Ramsbury Surgery	No	Whittonditch Road	Ramsbury	Marlborough
Silton Surgery	No	Gillingham Road	Silton	Gillingham
Spring Orchard Surgery	Yes	High Street	Fovant	Salisbury
St Ann Street Surgery	No	82 St Ann Street		Salisbury
Sutton Benger Surgery	Yes	Chestnut Road	Sutton Benger	Chippenham
The Surgery	Yes	Ashton Keynes Village Hall	Ashton Keynes	Swindon
Till Orchard Surgery	Yes	High Street	Shrewton	Salisbury
Tolsey Surgery	No	High Street	Sherston	Malmesbury
Wanborough Surgery	Yes	3-5 Ham Road	Wanborough	Swindon
White Horse Health Centre	No	Mane Way	Leigh Park	Westbury
Whiteparish Surgery *	No	Common Road	Whiteparish	Salisbury
Wilton Health Centre	No	Market Square	Wilton	Salisbury
Winsley Surgery	Yes	73A Tyning Road	Winsley	Bradford on Avon
Sixpenny Handley	No	Dean Lane	Sixpenny Handley	Salisbury
Broad Chalke Surgery	Yes	Doves Meadow	Broadchalke	Salisbury

Appendix 2 – Pharmaceutical Needs Assessment Steering Group Membership

A PNA Steering Group was established in early 2017 to support the development of the PNA. The steering group membership was drawn from the public health department of Wiltshire Council, medicines management from the Clinical Commissioning Group, commissioning from the NHS England Local Area Team, and also includes representatives from the Local Medical Committee, Local Pharmaceutical Committee, Healthwatch Wiltshire, Director of Public Health, Chairman of CCG and the Wiltshire Councillor for public health as strategic lead.

The membership is as follows:

- **Tracy Daszkiewicz**, Interim Director of Public Health, Wiltshire Council
- **Steve Maddern**, Acting Consultant Public Health (PNA Lead), Wiltshire Council
- **Councillor Jerry Wickham,** Cabinet Member for Adult Health, Public Health and Public Protection
- **Gina Bryant**, Primary Care NHS England (Primary Care)
- **Julie Mccann**, NHS England (lead pharmacist)
- **Dr Peter Jenkins**, Chair of NHS Wiltshire Clinical Commissioning Group
- **Fiona Castle**, Chief Officer Swindon and Wiltshire Local Pharmaceutical Committee
- **Dr Gareth Bryant**, Deputy Chief Executive Wessex Local Medical Committee
- **Lucie Woodruff**, Manager HealthWatch Wiltshire
- **Dr Anil Kubar**, Board member, HealthWatch Wiltshire
- **Sarah Hartley**, Public Health Scientist, Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

19 September 2017

Subject: Wiltshire Safeguarding Children Board Annual Report 2016-17

Executive Summary

I. The Wiltshire Safeguarding Children Board's Annual Report for 2016-17 reflects a busy and successful year for the partnership including Wiltshire receiving a Joint Targeted Area Inspection with a focus on domestic abuse. The feedback from the collected inspectorates was very positive and it spoke well about the effectiveness of partnership working in the county. Details of this and other external judgements about services to vulnerable children and their families are set out in the body of the report.

During 2016-2017 WSCB has progressed key areas of work identified in 2015-2016 annual report. These included:

- Improved WSCB's ability to hear the views of children and young people
- Responding to and evidencing progress in relation to the Ofsted recommendations following the inspection in July 2015
- Progressing quality assurance activity by establishing a focused and streamlined dataset, walkabouts and oversight of partner agency quality assurance processes

Over the course of the year WSCB has also been engaged with colleagues from the Children's Trust, the Wiltshire Adult Safeguarding Board and from the Community Safety Partnership to actively consider how we can best respond to the findings of the Wood Review, now enacted through the Children and Social Work Act 2017. Detailed guidance is awaited from central government but we are working proactively work on the key issues together to ensure we construct something that meets local needs. This work will continue and accelerate through 2017-18 driven by a number of key principles:

- Ensuring that good multi-agency working to improve outcomes for children and young people continues
- Retaining and improving our quality assurance work
- Seeking efficiencies and reducing bureaucracy wherever we can,
- Integrating work with other partnerships as required

Proposal(s)

It is recommended that the Board:

i) Notes the publication of the Wiltshire Safeguarding Children Board Annual Report

ii) Agrees to continue to support the work of the Wiltshire Safeguarding Children Board and to effectively co-ordinate the work we are doing across partnership arrangements

Reason for Proposal

As set out in the Health and Wellbeing Board's (HWB) Strategy the NHS and social care organisations have statutory obligations to provide safe, high quality care. As well as obligations on individual organisations, Wiltshire's Safeguarding Children Board plays an important role in delivering these aims through collaborative working. This report provides the HWB with a summary of how this was achieved in 2016-17.

Mark Gurrey
Independent Chair
Wiltshire Safeguarding Children Board

Annual Report

2016-2017

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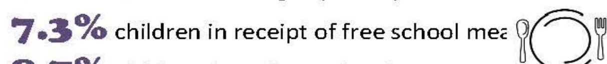
WILTSHIRE SAFEGUARDING SNAPSHOT 2016-17

104,000 children *(figure as at March 2017)*
23.6% of the total population

12.0% children living in poverty



7.3% children in receipt of free school mea

8.7% children from forces families

86.3% school children are White British

2,797 children with an Education Health Care Plan as of March 2017

652 new early help cases of children identified and supported through the CAF process in 2016-17

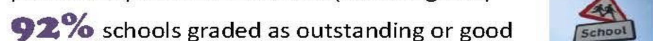
39 children at risk of CSE open to Emerald CSE team as at March 2017

513 children reported as missing,

39% return interviews completed in 2016-17

51 Wiltshire Looked After children reported as missing more than once in 2016-17

10.3% children in state funded schools were classed as persistently absent in 2015-16(Latest figures)



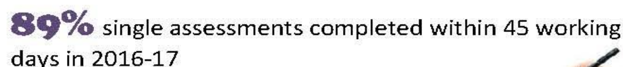
92% schools graded as outstanding or good

95% children are in good or outstanding schools

3,912 referrals, **18.9%** re-referrals to MASH in 2016-17

5,515 single assessments completed by Wiltshire Children's Social Care in 2016-17

89% single assessments completed within 45 working days in 2016-17



2,633 cases open to Children's social Care 2017

397 children on a Child Protection Plan as of March 2017

443 children looked after as of March 2017

826 children supported by MARAC who are living in households affected by high risk domestic abuse as of March 2017

219 Youth Justice Intervention programmes started in 2016-17

56 sexual health needs assessments, with **2** resulting in a referral to MASH

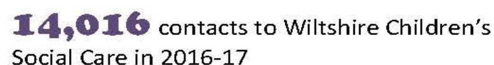
2,793 referrals to Child & Adolescent Mental Health Services, with **2,120** children receiving help

126 allegations investigated against staff and volunteers working with children

16 private fostering arrangements as of March 2017

667 young carers registered with the commissioned support provider as of March 2017

14,016 contacts to Wiltshire Children's Social Care in 2016-17



1. Chair's Foreword

I am pleased to introduce the Wiltshire Safeguarding Children Board's Annual Report for 2016-2017. This is the first full year of my chairing of the Board since I assumed the role in February 2016. During the course of the year I have had regular meetings with the Director of Children's Services (DCS) and other key managers in children's social care; the Lead Member; colleagues in health and the police; the Police and Crime Commissioner and managers from Child and Adolescent Mental Health Services (CAMHS). I have attended WSAB; the Children's Trust; the Health and Well Being Board; both the Secondary and Primary Heads Fora; the MASH Board and visited all the social care offices at least once.

This has been a busy year for the partnership including Wiltshire receiving a Joint Targeted Area Inspection with a focus on domestic abuse. The feedback from the collected inspectorates was very positive and it spoke well about the effectiveness of partnership working in the county. Details of this and other external judgements about services to vulnerable children and their families are set out in the body of the report.

More latterly, we have been engaged with colleagues from the Children's Trust, the Wiltshire Adult Safeguarding Board and from the Community Safety Partnership to actively consider how we can best respond to the findings of the Wood Review, now enacted through the Children and Social Work Act 2017. Detailed guidance is awaited from central government but we have properly taken the view that we need to pro-actively work on the key issues together to ensure we construct something that meets our needs locally. This work will continue and accelerate through 2017-2018 driven by a number of key principles: seeking efficiencies and reducing bureaucracy wherever we can, looking to integrate work with other partnerships as required, retaining and improving our quality assurance work and ensuring that the good work within the various sub groups is not lost.

Finally, I am grateful to all those who gave up their time to contribute to the various sub groups the Board now supports. I have attended all the sub groups and can testify to the commitment and energy evident in all the groups. In particular, I am grateful for the work of Martin Davis, James Dunne, Lucy Townsend, Fiona Finlay, Craig Holden, Leanne Field, Arlene McCarthy, Tracy Daszkiewicz and Carolyn Godfrey for their leadership of these groups. I especially would like to say thank you to all the young people who gave so much time to make the Youth Safeguarding Board a success.

Mark Gurrey, WSCB Independent Chair

2. Executive Summary

During 2016-2017 WSCB has progressed key areas of work identified in last year's Annual Report:

- WSCB is working with partners to build our local response to the Wood Review
- Established a Youth Safeguarding Board to improve WSCB's ability to capture the voice of children and young people
- Responded to and evidenced progress in relation to the Ofsted recommendations following the inspection in July 2015
- Progressed quality assurance activity by establishing a focused and streamlined dataset, walkabouts and oversight of partner agency quality assurance processes

In addition we have:

- Changed the way WSCB is structured and governed to improve decision making and accountability
- Launched a new website providing more accessible information and guidance
- Responded to the recommendations from the Joint Targeted Area Inspection, September 2016
- Improved knowledge and understanding of over 3,000 members of the workforce who have completed online learning or attended multi-agency training
- Established a group focusing on child sexual abuse and a Practitioner Group enabling the voice of the practitioner to impact on the WSCB's work

WSCB now needs to:

- Improve its response to neglect
- Embed and extend the work of the Practitioner Group to ensure Board activity is driven by experience from the front-line
- Put in place a revised Quality Assurance Framework which includes a targeted Section 11 process and progress multi-agency audit activity
- Further develop joint working with the Wiltshire Safeguarding Adults Board (WSAB)

3. Introduction

It is the requirement of all Safeguarding Children Boards to produce an Annual Report on the effectiveness of safeguarding in their local area. The Board will submit a copy of this report to the Children's Trust Commissioning Executive, the Health and Wellbeing Board, Leader of Wiltshire Council and Wiltshire's Police and Crime Commissioner, who will be expected to respond by giving consideration when commissioning all services for children and young people across the partnership. This report outlines the activity of the Wiltshire Safeguarding Children Board (WSCB) over the year 2016-2017.

How this Annual Report should be used:

- Organisations working with children and young people can use this report to develop their understanding of safeguarding in Wiltshire and the work WSCB is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.
- The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.

The report also includes information about how WSCB has addressed its Strategic Priorities during 2016-2017, in Sections 7 to 12.

4. Local Area Context

Wiltshire is a large, predominantly rural and generally prosperous county. The county does however contain 12 areas ranked amongst the most deprived 20% nationally, sitting within the Community Areas of Trowbridge, Salisbury, Chippenham and Melksham; **12% of children and young people are deemed to live in poverty, with a proportion living in rural areas. There are 5,000 children who have free school meals**.

There are approximately **110,000 children and young people in Wiltshire** making up 23% of the population. At any one time approximately 15-20% of these will require support for an additional need of some kind and 7% will have a more complex need or disability.

Wiltshire has one of the highest military populations in the country and this is set to increase significantly over the next few years with the national army re-basing programme. It is estimated that by 2020 approximately 20% of Wiltshire's population will be associated with the military. WSCB has developed good links with Army Welfare to ensure it is sighted on key safeguarding issues for this population.

Although approximately **86% of Wiltshire's children and young people are white British**, the minority ethnic population is growing in the county with the greatest increase being within the Eastern European, Middle Eastern and Asian populations, some of whom form part of the military population. As minorities within the population increase it is even more important for the Board to ensure it has in place appropriate policies and guidance to ensure effective, proportionate prevention and response to such issues as female genital mutilation and the risk to all young people of radicalisation, both

domestic and abroad. Such issues have been considered by the Board this year and further work is being undertaken across these and other emerging areas by the Board and its sub groups.

There are 2,800 children with special educational needs (a statement or an Education, Health and Care Plan (EHCP)) and a further 8,200 who receive a level of SEN support within schools. It is estimated that 7% of the population has a disability.

5. Effectiveness of Safeguarding in Wiltshire

Joint Targeted Area Inspection

During the autumn of 2016 Wiltshire was inspected as part of a Joint Targeted Area Inspection, established to assess the effectiveness of multi-agency working. Led by OFSTED, along with Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation (HMP) and the Care Quality Commission (CQC), the inspection focused on the partnership's response to children living with domestic abuse. The outcome of the four week inspection was very positive and identified that key agencies in Wiltshire have a "strong and committed partnership across Wiltshire" and that "All of these partners are dedicated to improving outcomes for vulnerable children, including those experiencing domestic abuse".

The JTAI identified many strengths including:

- A strong multi-agency approach to protecting children and to reducing the risk of domestic abuse
- The core business of protecting children is done well and the quality of direct work is good
- High quality safety plans are put in place to ensure the immediate safeguarding of children and victims
- Effective planning was demonstrated through timely assessments
- A good range of services available for families experiencing domestic abuse, with evidence of impact and improved outcomes
- The analysis of risk is considered well by social workers with good oversight by managers

In addition the Multi-agency Safeguarding Hub (MASH) was viewed as a particular strength with Wiltshire's "relentless commitment to improvement", being most evident in the MASH, where there is a service which is "well resourced, well thought out, and represented by a wide range of appropriate agencies". The MASH was found to be an effective arena for information sharing and joint working, ensuring leaders from across all organisations have a good understanding of what is happening at the "front door".

Ofsted recognised that a lot of work is being undertaken to understand the current prevalence and nature of domestic abuse across the county which will be used to update the Domestic Abuse Strategy.

Case study: highly effective practice

The Domestic Abuse Conference Call takes place daily within the MASH. It is chaired by the police. All domestic abuse cases that have occurred within the previous 24 hours are discussed, with partners being sent details of the cases to be discussed prior to the meeting. The DACC has representation from numerous agencies, such as the police, children's social care, adult social care, Storm (housing), Avon & Wiltshire Mental Health, Splitz, Army Welfare (when required) and Probation Services (via an email report).

The purpose of information sharing between the parties to the agreement is:

- to share timely, appropriate and proportionate information to safeguard victims of domestic abuse, including children, young people and family members
- to build on the initial DASH risk assessment completed at the point of incident, and agree on appropriate early interventions
- to ensure that perpetrators and serial perpetrators are identified, enabling more effective risk management for victims.

The key outcomes for the Domestic Abuse Conference Call are:

- people discussed at the DACC receive a rapid response and early intervention
- people discussed at the DACC are less at risk of escalation of domestic abuse
- reduced repeat incidents or re-referrals back into the DACC.

During the DACC observed, 11 cases were discussed. These consisted of one medium-risk case and 10 standard-risk cases. Four of the cases had children living with domestic abuse. Information sharing between the partners was good, risk factors were identified and appropriate actions were set.

The DACC is a real strength for the partnership.

Inspectors highlighted significant progress made in all areas and tabled "minor" areas for improvement to enhance the changes already implemented. These are focused on areas already identified, such as, further developing our progress on capturing the voice of younger children; sharing information with other agencies; and recording decisions and actions.

The outcome of this inspection further demonstrates the impact of the improvement plans put in place following the Single Inspection in 2015. In addition the multi-agency case auditing process that took place as part of the inspection was found to be very effective, particularly as it involved staff at all levels including Senior Executives; many of whom commented on the insight it provided them into the practice of their agencies. This approach to multi-agency auditing is now being embedded as part of WSCB's quality assurance processes.

The full letter can be found on the Government website HERE.

A response to the recommendations has been set out and this will be monitored by the Domestic Abuse Sub Group.

Wiltshire Police Inspection of Effectiveness

In addition to the JTAI, Wiltshire Police also received a rating of 'Good' in an Inspection of Effectiveness by Her Majesty's Inspectorate of Constabulary (HMIC) in October 2016, which included a focus on vulnerabilities. In all the effectiveness categories reported on by HMIC, Wiltshire Police was rated as Good and there were found to be no recommendations or areas for improvement identified in relation to vulnerabilities. Previously the response to missing children had been identified as an area for concern and this inspection acknowledged that significant progress had been made.

The Police published their Vulnerability Strategy, which includes a focus on reducing the unnecessary criminalisation of children.

Schools' Safeguarding and Child Protection Audit and Inspections

The annual Section 175 Safeguarding Audit provides WSCB with a self-completed snapshot of how Wiltshire schools are performing. A total of 98% of all schools in Wiltshire returned the safeguarding audit, which is the highest return rate to date and includes a 100% return rate for local authority schools and academies. This process provides a tool for schools to assess their safeguarding practice but in addition identifies schools doing well or in need of additional support to develop this area of practice. Out of the 27 independent schools, 22 provided a return which is a significant increase on the previous audit.

The returns highlighted:

- Designated Safeguarding Leads (DSLs), Deputy DSLs and Nominated Governor for Safeguarding are in place (statutory since September 2016)
- Compliance with whole-school staff training, induction for new staff and paediatric first aid requirement
- Safer recruitment
- Required procedures in place

Some new questions were asked this year to understand practice in additional areas and returns highlighted the following:

Designated Teacher for Achievement of Looked After Children: there has been a significant increase in take-up of the free training offered by Wiltshire's Virtual School Officers. The requirement to have this role is not well understood by a proportion of schools and requires further embedding into practice.

Oversight and scrutiny of safeguarding by the governing body: governing bodies should ensure that an appropriate level of challenge is in place to ensure safeguarding arrangements are robust. This is an area for further improvement.

Other areas for improvement included statutory requirement for DSLs to complete safeguarding training every two years and ensuring schools' policies are compliant with Keeping Children Safe in Education 2016.

During the 2015-2016 academic year 32 schools were inspected. Of those inspected 88% were judged to be at least 'Good', with 9% judged as requiring improvement. As in previous years, inspection judgements are triangulated with information from the audits to identify schools about which there are concerns.

Designated Safeguarding Leads in schools have benefitted from Safeguarding Update Bulletins and Networks provided by the Safeguarding Advisor for Education and Early Years, Wiltshire Council. In addition a revised and updated Whole School Safeguarding Training Pack was disseminated to all maintained schools providing a structured training manual for whole school training. A further 1,569 senior leaders, DSLs, new head teachers and school staff received training from the Schools' Safeguarding Trainer for Schools.

Early Years' Safeguarding Audit

This year 84% (292) of settings (pre-schools, nurseries and out-of-school settings) and 74% (349) of childminders submitted an audit return, which represents a decrease compared to last year (respectively 96% and 91%). The Child Care Officers were less involved in contacting settings who had not provided a return which may account for the dip.

Audit returns indicated that Wiltshire settings operate at a high standard in several areas, such as:

- Designated Safeguarding Lead (DSL) and deputy DSL in place
- Use of a safeguarding folder
- Staff supervision
- Compliance with paediatric first aid requirements

In addition a high percentage of providers also reported operating at Grade 1 (outstanding) or 2 (good) in these areas:

- Robust child protection procedures in place
- Management of allegations against adults (99% of settings)
- Safer recruitment procedures and vetting (99% of settings)
- Support for children with SEND (94% of settings)
- Child Protection Policy embedded into everyday practice (97% of settings)

Childminders reported operating at a lower standard in almost all areas compared with group settings and are therefore an area where additional support is required to ensure good safeguarding practice. This is already being addressed through bespoke training for childminders developed in collaboration with WSCB.

Children's Social Care

The number of children known to social care has showed a small decrease over the last three years; dropping from 4,300 to just below 4,000 - published national data shows this aligns appropriately with similar areas. The re-referral rate at the end of March 2017 was 19% which compares well to a national average of 22% and a statistical neighbours average of 21%. At any one time around 2,800 cases are open to Children's Social Care covering children in need, children on child protection plans, children in care and care leavers.

There were **397 children with a Child Protection Plan**, as at March 2017 (381 at the same time last year); this number aligns well to comparator areas. The **main category for children being on a plan is neglect**, partly due to children living in households which feature domestic abuse, often combined with parental substance misuse and parental mental illness. The proportion of children becoming subject to a child protection plan for a second time within two years was 10%, which equates to 52 children.

At the end of March 2017 there were **443 children in Local Authority care**. Numbers have increased from 419 in March 2016 but remain low compared to similar areas. The number and rate of children in care in Wiltshire has increased in the last year but at 43 per 10,000 remains below the England average of 60 per 10,000. Given Wiltshire's low levels of deprivation, we would expect the rate of children in care to be below the national average. The age profile of children in care is in line with the England profile as is the placement profile, with 75% of children placed with foster carers.

In the last year there has been a continued focus on the timeliness of initial health reviews which had been relatively low, with an average of 67% completed within the 28 day timeframe across the year. The recruitment of more Community Paediatricians early in 2017 has impacted on this figure and ends the year at 97% showing good improvement; participation also remains high. Performance, though showing some improvement, is still variable and this continues to be a priority.

The multi-agency Looked After Children (LAC) and Care Leavers' Improvement Group, led by Wiltshire Council, continues to drive forward improvements across the partnership in terms of service delivery and outcomes for children and young people. The figures for LAC placed more than 20 miles from home has been level for the year; 36% is above benchmark levels and our target. This figure is closely linked to availability of placements and foster carer recruitment. Placement stability for long-term placements remains strong with 74% of those children who have been looked after for at least 2.5 years remaining in the same placement for at least two years. This compares well with the national average at 68%.

Wiltshire offers support to care leavers. There are around 200 at any one time and support is provided in relation to appropriate accommodation, education, training and employment as well as continuing to develop skills for life.

Children at risk of Female Genital Mutilation (FGM), Forced Marriage and Honour Based Violence (HBV)

"Inspectors were impressed with the level of consideration given to issues such as female genital mutilation, honour based violence and child sexual exploitation, despite them not being of high prevalence in Wiltshire." (Ofsted, December 2016)

Ongoing training and awareness raising has assisted practitioners to recognise risk in relation to FGM, forced marriage and HBV to ensure that they know how to respond, even though the prevalence remains low in Wiltshire. In 2016-2017, fewer than 1% of cases that were assessed by social care were due to concerns about abuse linked to faith or belief or girls at risk of FGM.

Honour based violence was one of the topics of a Fora event in January 2017 and the delegates who attended all indicated that their understanding of HBV had increased. The Annual Schools' Safeguarding Audit also highlighted increased confidence in school staff in relation to knowing how to respond to FGM.

Children affected by Domestic Abuse

There were 3,312 incidents of domestic abuse reported to the police in 2016-2017, of these there were 1,483 children and young people identified as being present*(* Proxy measure – data only available where the child has been tagged as 'present' on NICHE.). The WSCB Domestic Abuse Sub Group has worked to improve understanding, identification of and response to children and young people impacted by domestic abuse in Wiltshire and to safeguard and ensure good outcomes for them, as recognised during the Joint Targeted Area Inspection (see page 7).

"The multi-agency risk assessment conference (MARAC) is well attended by partner agencies and is well led." (Ofsted, December 2016)

MARACs are multi-agency meetings, which have the safety of high risk victims of domestic abuse as their focus and are long established and working well in Wiltshire. They provide a forum for sharing information and taking action to reduce harm. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will make links to other forums to safeguard children, as well as manage the behaviour of the perpetrator. In 2016-2017, 566 cases were considered at MARACs (up from 494 in 2015-2016). 805 children were in those households (up from 652 in 2015-2016). The increase in cases presented at MARAC this year has, at times, required additional resources to be found to meet the need. This has been achieved through extra or longer meetings in order to ensure high risk cases are considered and responded to in a timely way. Training on the DASH risk assessment has been undertaken by a wide range of professionals. This has led to a rise in non-police referrals, which continues to be above the national average, and improvements in the standard of referrals.

Children in Troubled Families

This programme has successfully 'turned around' 100% of the families engaged with the programme in Phase 1 meaning these children, young people and families are achieving better outcomes. By March 2015, 510 families were effectively supported through the Troubled Families Programme to achieve positive and sustained outcomes.

Wiltshire joined Phase 2 and has been working with 466 families under the new criteria:

- Parents and children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

These families are all engaged with the programme, have a lead worker and receive whole family focused support.

Children who are Privately Fostered

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer for 28 days or more. There is a duty on the part of parents and prospective carers entering into private fostering arrangements to notify their local authority and for the local authority to check arrangements.

The number of children being identified as privately fostered continues to be relatively low with 42 being notified during 2016-2017; 27 of these were relating to language students visiting Wiltshire. However, the notification rate per 10,000 is 3.65, higher than the national average of 2.6.

From July 2016, there has been a designated Private Fostering Worker (part-time). Since October 2016, responsibility for initial visits has transferred to the Fostering Service, Wiltshire Council, with the Private Fostering Social Worker now undertaking both the Single Assessment and the private fostering assessment. This has led to an improvement in the timeliness of both initial and monitoring statutory visits and an increase in the number completed on time, as well as a better understanding of the reasons why initial meetings may not be on time.

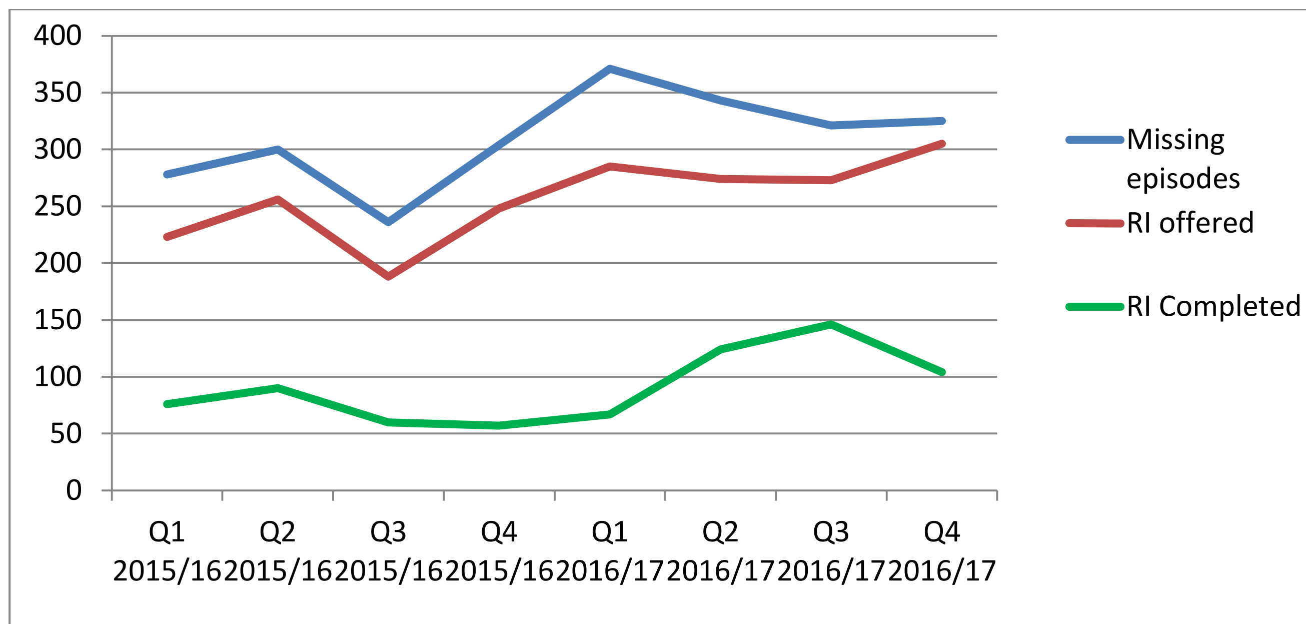
Reporting Period	New Notifications	Actual PF Arrangements starting	Visits in 7 days	% Completed within time	Comments
Apr - Jun 2016	9	6	2	33	x3 notifications did not become PF arrangements
Jul - Sep 2016	27	27	16	59	x5 late notifications x6 seen out of timeline
Oct - Dec 2016	4	2	1	50	Carer unable to meet within 7 day period due to their working pattern x2 Advanced notifications, students not arriving until Jan 2017
Jan - Mar 2017	2	3	3	100	x2 initial visits from notifications from previous period

Notifications from sources other than language schools, where working relationships have been strengthened by the Private Fostering Worker, remain low. An action plan to increase awareness of private fostering is in place, including targeting professionals (particularly schools) to raise their awareness in order to increase mainstream referrals/notifications.

Children who are Missing

Children who go missing are at greater risk of exploitation and abuse and therefore this area continues to be a high priority in Wiltshire. There are two Missing Co-ordinators in post and a robust reporting process is now embedded, providing evaluative oversight of the performance and impact of the work to protect children who go missing. The graph below illustrates the improvements made in the number of Return Home Interviews (RI) due and, despite a dip in the number completed during Q4 due to the skewing effect of two of our top missing young people frequently leaving placement and declining offers of RIs, demonstrates a sustained upward trend.

Improved protection of children who go missing is provided by the weekly Multi-agency Risk Management Panel meetings held for those young people in care who frequently are reported missing and a multi-agency mapping exercise has tracked relationships of children where concerns have been raised in relation to missing and exploitation. These, in addition to the monthly Multi-agency Child Sexual Exploitation (MACSE), meetings have proved a very successful approach to identifying victims and enabling the implementation of disruption tactics. Such mechanisms for intelligence gathering and sharing have also provided better understanding of the reasons why children and young people go missing in Wiltshire, referred to as push and pull factors.



The increase in the number of missing episodes from last year reflects increased reporting attributed to better awareness raising with professionals, including missing briefings with the Safeguarding & Assessment Teams, Foster Carer Support Groups and as part of the Multi-agency Area Forums.

Profile of missing children in Wiltshire 2016-2017

- 1,360 missing episodes involving 513 children under 18 in Wiltshire
- Of the 513 children, gender was equally split between male and female
- 131 (31%) of the 513 children who went missing were in care
- Cared for children account for a high volume of missing episodes (54%)
- 20 children went missing on at least 12 occasions and of those 16 were Looked After Children
- 441 (39%) Return Interviews completed with young people.
- 229 (17%) of Return Interviews offered were declined by young people

Missing incidents reported for children placed out of county have increased on the previous year and represent 11% of missing incidents in Wiltshire. Further improvements to cross border working is required to ensure all children reported missing out of county receive a prompt and relevant service. Wiltshire's Missing Co-ordinators have been leading the work to establish a regional group to improve practice and to identify single points of contact in each local area for missing children.

There is a strong link between child sexual exploitation and children who go missing and information about WSCB's work on child sexual exploitation can be found on page 29.

Children Missing Education

A Children Missing out on Education Group has now been established, led by the local authority (LA) to provide oversight and co-ordination of children and young people whose vulnerability is increased by reduced access to education for a range of reasons. This is in recognition of the increased vulnerability of such children and young people and through discussion of cases, cross referencing of data and information, any safeguarding or exploitation concerns can be identified and support put in place for complex young people. In addition it enables identification of and the ability to act on specific problems such as increased numbers in particular areas or strategic issues.

Recent Department for Education legislation requires all schools to inform the LA when pupils leave or are taken off their school roll. The referrals are checked carefully to identify cases where there may be safeguarding or exploitation issues, these are then followed up by Education Welfare Officers.

Multi-agency Public Protection Arrangements (MAPPA)

Multi-agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm by ensuring all agencies work together effectively. As at 2 June 2016 there are 568 registered sexual offenders residing in the community within Wiltshire. Ofsted recognised that the process is well supported by agencies in Wiltshire and that "Actions are completed in a timely manner and updates are provided that describe the activity undertaken and its impact." (Ofsted, December 2016)

6. **Governance and Accountability**

The WSCB is the key body overseeing multi-agency child safeguarding arrangements in Wiltshire. Its statutory duties are set out in Section 14 of the Children Act 2004 and Working Together 2015 with its main objectives being to co-ordinate **the activity and ensure the effectiveness of** what is done by each agency for the purposes of safeguarding and promoting the welfare of children in Wiltshire. Although not able to direct organisations, WSCB's role is to influence and hold agencies to account.

The Board is led by an Independent Chair, whose independence is key to the Board being able to effectively provide challenge to local partners. The Chair is supported by a Board Manager and a Business Support Unit.

Over the past 12 months a number of changes have been implemented in relation to how WSCB operates following the appointment of a new Independent Chair, Mark Gurrey, in February 2016. It was recognised that WSCB needed to become sharper in delivering its business and ensure that its work and scrutiny of the work of others impacted on practice and the child protection system more broadly. To enable a clearer focus on impact, practice and challenge we have:

- Streamlined the membership of the Executive Board to ensure all members are of sufficient seniority to enable prompt decision making and shared accountability
- Established a more substantial role for the sub group chairs
- Delegated areas of business to the Chair and Manager to reduce documents going to the Executive and thereby improve scrutiny
- Put in place new Governance Arrangements setting out how we intend to work
- Established three new groups: a Practitioner Forum, a Task and Finish Group on Child Sexual Abuse (CSA) and a Youth Safeguarding Board. WSCB expects the impact of their work to develop over the next 12 months, however, set out below is the impact and activity highlights of these new groups to date:

CHILD SEXUAL ABUSE (TASK AND FINISH GROUP)

- Established a clear work plan informed by national research and learning from serious case reviews
- CSA Workforce Survey conducted to assess practitioner knowledge and understanding of CSA with plans in places to address gaps identified
- Specific vulnerabilities of looked after children and children with disabilities recognised in developing work
- Developing content for website and guidance for practitioners

YOUTH SAFEGUARDING BOARD (YSB)

- Made a video about the YSB which challenged WSCB to provide more youth friendly material on safeguarding issues, for example radicalisation. **Watch it here: Who we are**
- Developed youth friendly pages on WSCB website with the anticipation that more young people will visit the website
- Designed CSE leaflet for young people in Wiltshire to raise awareness and signpost to help and support
- Provided input to the development of the 'On your mind' website, providing support and advice on emotional wellbeing and mental health for young people, and Wiltshire Council's CSE web content

PRACTITIONER FORUM

- Provided a voice for practitioners in the work of WSCB; highlighting barriers to and drivers for good practice and multi-agency working
- Increased awareness of the Emerald Team (Specialist CSE Team)
- Improved understanding of each other's agencies and roles impacting on more effective multi-agency working
- identified the need for Courageous Conversations training to be delivered in July 2017

The Board and its Structure

The new Executive held its first meeting under the revised structure in May 2016 and met a further five times during the year. Membership has been consistent and more considered, for example Salisbury Hospital now represents the three acute hospital trusts. Attendance at Board meetings is set out in detail in **Appendix A.**

The Executive is supported by a range of sub groups as illustrated in the structure chart on page 21. As in previous years membership has been regularly monitored and reviewed to ensure it is relevant and proportionate. Each sub group has Terms of Reference and there are regular meetings of the Sub Group Chairs with the Independent Chair. In addition Full Board meetings have been established this year. We have held two of these workshops,

attended by 95 staff from across the partnership and focused on Domestic Abuse and its impact on children; Triennial Analysis of Serious Case Reviews; Criminal Exploitation.

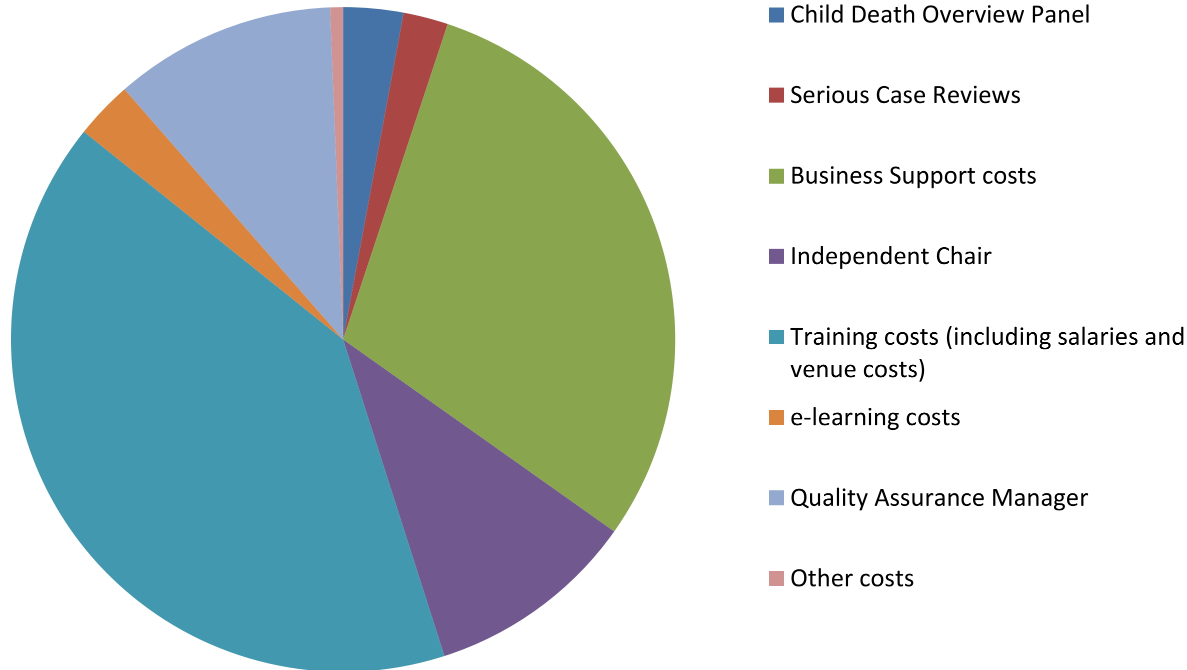
There is a clear expectation that there needs to be robust arrangements with key strategic bodies across the partnership. During 2016-2017, engagement continued with Wiltshire Children's Trust and the Health and Wellbeing Board (HWB). Working directly and in conjunction with Wiltshire Adult Safeguarding Board remains an area to be built on further.

A new WSCB website has improved the availability of relevant and up to date information and guidance with new content added on female genital mutilation, honour based violence and forced marriage in addition to regular updates on the work of WSCB and national information, research and resources. Use of the site continues to grow as do the number of Twitter followers. The content is continuously evolving and developing and feedback has been very positive about the new format: "Very informative. Well-presented and easily accessible."

Financial Arrangements

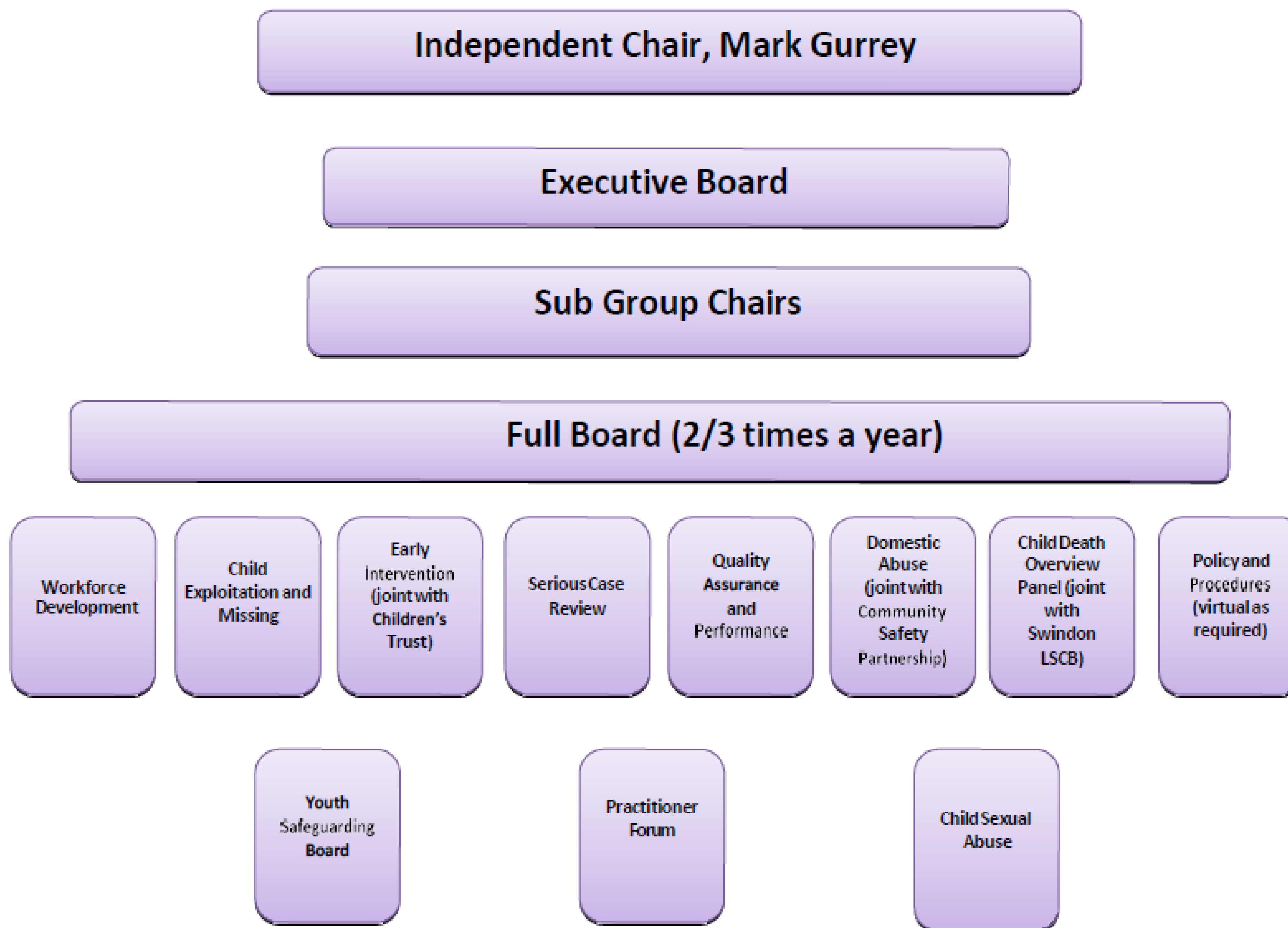
Partner agencies have continued to contribute to the WSCB's budget which supports the running of the Board in addition to providing resources 'in kind', for example, through the provision of staff to support the multi-agency training programme. Contributions of £235,740 and income from training of £82,265 have ensured that the overall cost of running the WSCB was met and additional measures have been in place to reduce running costs and charges to attend some courses have increased to support the budget. However, additional contributions to pay for the Quality Assurance Lead were requested from and provided by Wiltshire Council, Wiltshire Police and Wiltshire Clinical Commissioning Group, as it was recognised that this role is crucial to the ability of the WSCB to develop and progress its quality assurance function. Discussions regarding sustainable funding for this role are ongoing and will be considered as part of the review of partnership arrangements currently taking place in response to the Wood Review.

One of the most significant factors for the budget is that almost half of it continues to be spent on the delivery of the multi -agency training programme and statutory partners were asked decide whether they wish so much of their training needs to be met via the WSCB. The collective agreement is to move away from a model of directly provided training with a different and slimmer offer to be considered for the future.



Priorities for the future:

- Sustainable funding for Quality Assurance Lead
- Agreement on delivery model and funding for multi-agency training


WSCB GOVERNANCE STRUCTURE
Independent Chair, Mark Gurrey
Executive Board
Sub Group Chairs
Full Board (2/3 times a year)
Workforce Development
Child Exploitation and Missing
Early Intervention (joint with Children's Trust)
Serious Case Review
Quality Assurance and Performance
Domestic Abuse (joint with Community Safety Partnership)
Child Death Overview Panel (joint with Swindon LSCB)
Policy and Procedures (virtual as required)
Youth Safeguarding Board
Practitioner Forum
Child Sexual Abuse

7. Evaluating impact of the work programme

"The Chair ... has already had an impact in terms of ensuring a focus on practice, streamlining the executive group and ensuring that the voices of practitioners and families influence developments." (Ofsted, September 2016)

WSCB was inspected under the Single Inspection Framework in July 2015. Set out below is the response to the Ofsted recommendations:

Single Inspection recommendation	What we have done
1. ***Revise and refresh the Board's dataset to ensure a wider focus on performance with improved partner agencies' data***	A new focused and streamlined dataset has been in place for 12 months and has enabled us to improve our evaluative oversight of the performance and impact of all services on outcomes for children and provide a rigorous assessment of local performance and the effectiveness of services. Further details on WSCB's quality assurance work can be found on page 26.
2. ***Ensure that the development of child sexual exploitation and missing procedures create a joined up partnership approach, scrutinising the timeliness and quality of missing return interviews to analyse intelligence and develop a better understanding of missing behaviour and wider child sexual exploitation profiling***	WSCB can evidence continued improvements in relation to both missing procedures and CSE profiling. For further details see pages 14 and 29.
3. ***Ensure that a neglect strategy is developed and, once finalised, integrated into clear multi-agency procedures that are widely disseminated and implemented across the partnership***	The 2016-2017 Business Plan sets out that WSCB would improve practice in relation to the understanding and recognition of and response to neglect. This remains a priority for the Business Plan 2017-2018
4. ***Create a formal means of recording challenges made to partners and their responses, to review progress, evaluate impact on practice, analyse themes and share wider learning***	This is in place and reported to WSCB Executive. WSCB has challenged: ▪ Wiltshire Football Association asking for assurance in relation to historic allegations of abuse ▪ All schools and early years settings who did not return a safeguarding audit ▪ Avon and Wiltshire Partnership (AWP) in relation to provision of data on parental mental health ▪ Wiltshire Police and Wiltshire Council to ensure sufficient resources in place to use civil measures expeditiously, in particular Sexual Risk Orders ▪ Representations to Home Office regarding extending provisions of Child Abduction Warning Notices (CAWNs) to 16 and 17 year old children

8. WSCB continues to develop its scrutiny of safeguarding arrangements to better understand the journey of the child

Review of Cases

Serious Case Reviews (SCRs) are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. The WSCB must always undertake a SCR when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations:

A Abuse or neglect of a child is known or suspected; and
B Either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

Where the SCR criteria have not been met, the WSCB can also undertake smaller scale multi-agency case reviews or request an agency to undertake a single agency review. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements.

Last year WSCB recognised the need to improve timeliness of decision making in relation to cases referred to the SCR Sub Group for consideration. This has been achieved through additional meetings when required to consider referrals to the group.

SCR Sub Group Activity 2016-2017

- The SCR Sub Group met on nine occasions with five cases being formally considered for a SCR or other review
- The Chair decided to initiate one SCR during 2016-2017 and the report will be published in summer 2017
- The Chair decided not to initiate a SCR or local multi-agency case review in four cases however two agencies were requested to review specific areas of practice on two separate cases
- A case review took place with staff from adults' and children's services following a case of post-partum psychosis and learning highlighted the need for clear guidance for accessing mental health services out of hours

Dissemination of and response to learning from reviews:

- WSCB Guidance on Domestic Abuse and its impact on children Factsheet and Working with difficult and distracting parents Factsheet
- Presentation on Triennial Analysis of SCRs 2011-2014: Pathways to harm, pathways to protection at Full Board in September 2016

- Learning shared through the WSCB multi-agency training programme and other formal and informal teaching sessions, both single agency and multi-agency; for example a GP Safeguarding Review will be used for all GP practices and Children's Social Care has revised its practice on supervision of agency staff
- Developing further guidance on bruising on non-mobile babies
- Learning from SCR Baby J presented at WSCB Fora July 2016

SCR Baby J was published in July 2016 and relevant agencies provided WSCB with their single agency action plans in response to the findings. In addition WSCB was asked to consider the findings set out below. Our response includes considering significant system changes and work to progress these is ongoing and link to both the DART (Digital Assessment and Referral Tool) and CSI (Children's Services Integration) projects set out on page 32.

Finding	Our Response
Early identification of the most vulnerable young mothers is an essential element of the safeguarding system and the CAF process is an important part of early intervention. This case indicates the CAF/TAC process is not being used effectively with young mothers and the links with the Multi-agency Pre-birth Protocol to Safeguard Unborn Babies are not well understood.	• Reviewing our approach to early help assessments including developing a family based approach, strengthening the assessing and analysing of risk and protective factors, strengthening Team around the Child processes • Reviewing and revising Multi agency Thresholds Guidance • Improve local knowledge of support and expertise
This review indicates that there are a number of challenges for staff in implementing the CAF process for young expectant mothers. Further work needs to be done to consider the findings from the 2014 audit and those from this case to determine how the process can be embedded, improved and sustained. This case demonstrates that improvement cannot be easily addressed by further guidance or more onerous expectations.	
This SCR highlights that a substantial percentage of staff in this case were not aware of the Multi-agency Pre-birth Protocol to Safeguard Unborn Babies and that it could be used more effectively. Multi-agency partners must consider how knowledge of the protocol can be disseminated effectively within their agencies, consider a range of methods to disseminate the information and monitor its effectiveness.	• Raise awareness of new guidance through WSCB website, WSCB Fora and Key Messages • Establishing Key Messages from WSCB produced after each Executive meeting
The WSCB should recognise that new initiatives such as the Family Nurse Partnership and Baby Steps may not reach families who are resistant to professional intervention.	• Establish an integrated pathway for all vulnerable and expectant new parents, vulnerable babies and under 1s, including reviewing relevant existing guidance • Develop a best practice consent and information sharing guidance
This family was identified as vulnerable early in the pregnancy, however, after the baby's birth this did not influence the nature or quality of service provision. The WSCB should consider how the continuity of services for these families, already identified as vulnerable, can be improved.	

Child Death Review in Wiltshire

The Child Death Overview Panel (CDOP) enables the WSCB to carry out its statutory function in relation to reviewing all child deaths to understand why children die. This process can help us to identify factors relating to the safety and welfare of children and this can then be used to inform local strategic planning and interventions to prevent future deaths on a local and national level. This is a joint panel with Swindon LSCB.

As part of its functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be 'modified' to reduce the risk of future child deaths. During 2016-2017 the CDOP identified modifiable factors in 25% of cases that it reviewed across the year. This continues to remain in line with the national average of 24% (over a five year period).

CDOP facts and figures 2016-2017

- There were 23 notifications of deaths of Wiltshire children in 2016-2017
- Seven were unexpected deaths and 16 were expected deaths
- Children under one continue to represent the highest proportion of those who have died, at 64%, which is in line with national data

Key Themes

- Importance of following safe sleeping advice, particularly when a child is unwell
- Importance of timely administration of antibiotics when sepsis is suspected
- New sepsis 6 pathway and national early warning system to be embedded within the ambulance service
- Midwifery Service to speak with all families about overwrapping and document that they have spoken to partners and wider family about these issues to ensure the messages are passed on
- Importance of wearing cycle helmets when riding bicycles
- Good communication by using group email updates to include tertiary units, paediatrics, GP and palliative care agencies with permission of the patient and family

Wiltshire has an agreed and approved Child Death Protocol in place. This agreed protocol ensures that in respect of an unexpected death of any child under 18 years of age there is the ability to provide a rapid joint police and health response 24 hours a day seven days a week.

The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process and over the past year they have:

- Written to CAMHS to investigate what the protocol is when prescribing medication to young people and what information is given to parents for possible side effects and response provided assurance that appropriate national guidance is complied with
- Discussed the NICE Guidance "Recognising Risk Factors for Infection in Labour" and wrote to the three hospital trusts within the Swindon and Wiltshire area to check this guidance is followed
- Contacted the South Western Ambulance Service (SWAST) to obtain detail on the protocol that is followed when a site is inaccessible. The Ambulance Service provided a detailed account of how they currently deal with inaccessible locations

Quality Assurance and Audit Activity

The work of the Quality Assurance & Performance Sub Group is key to WSCB's ability "to ensure the effectiveness of what is done". To this end a review of the group, revision of the Terms of Reference and appointment of a new Chair took place at the start of the year. It focuses on interrogating the multi - agency data to provide assurance as to the effectiveness of the system in safeguarding children and challenges partners to improve practice when shortfalls are identified. In addition it commissions and carries out multi-agency audits and receives selected single agency audits in order to have oversight of activity across Wiltshire. The changes have led to a greater understanding of the inter-relationship between different aspects of quality assurance activity and a greater involvement of a range of agencies in the processes; and a better understanding of the quality assurance measures that exist within agencies.

Developing this area of work had been limited by the lack of a Quality Assurance Lead since October 2015; however the appointment of interim agency staff from July 2016 enabled significant progress in a number of key areas:

1. **Consideration and Redesign of the WSCB Dataset**

   The existing dataset was heavy on data and light on interpretation, as recognised by Ofsted in September 2015 and, therefore, needed to be redesigned to enable the WSCB to have a real understanding of the issues and be able to challenge and audit areas of poor practice. The core dataset is now smaller, focused, more relevant and presented more clearly providing a contextual narrative with numbers as well as graphs showing trend data from across the multi-agency child protection system. A dashboard and dashboard summary provide a visual and narrative summary of the analysis of the data contained within the core elements of the document, enabling areas of concern to be highlighted more easily.

2. **Establishing Walkabouts**

   A process of walkabouts in a range of agencies has been introduced to triangulate information gained from data and audit activity, undertaken by Executive members and managers from partner agencies. They are intended to provide intelligence to the WSCB about what is working and what is

not working in terms of safeguarding arrangements across Wiltshire at the front-line and assist the partnership in their common understanding of how child protection arrangements in Wiltshire operate across services. During 2016-2017 five walkabouts took place in...

Army Welfare
Housing Options, Wiltshire Council
Salisbury District Hospital
Wessex College
A GP Surgery

3. Consideration of Single Agency Audits

WSCB requested information about audits relating to safeguarding and child protection undertaken by partner agencies within their organisation; from this, relevant audits were identified to be scrutinised by the Quality Assurance & Performance Sub Group as follows:

- Audit CiN Step up/Step downs
- Audit of School Nurse Child Protection Pathway (Virgin Care)
- Effectiveness of Safeguarding Supervision within Children's Community Health Services (Great Western Hospital NHS Foundation Trust)
- Quality of CAMHS' referrals to Social Care (Oxford Health NHS Foundation Trust)

In addition the MASH Governance Report was received and highlighted a number of improvements including:

- Timeliness of contacts
- Improvements in the number of outcome letters being sent to referrers
- Improvements in the timeliness of sending out actions from strategy discussions

The report also provided information about partner attendance at strategy discussions and a number of agencies were challenged to review why a low participation rate was recorded. Lack of key partner agencies can mean that all the information about the child or young person and their family is not available to inform discussion which can impact on decisions made to protect them. This has also been discussed at Executive Board level and an update has been requested for July 2017.

4. Multi-agency Audit Activity

Multi-agency audit activity has progressed more slowly and this will be prioritised in the future. However, the following audits were undertaken:

1. **High Risk Domestic Abuse Audit:**
   This audit was conducted to support the pending Joint Targeted Area Inspections as well as to provide an opportunity for an internal overview and scrutiny of domestic abuse cases. Six high risk domestic abuse cases were audited and as a result of the learning a clear referral pathway between Splitz Support Service and MASH has been established and there is earlier information sharing with MASH on receipt of a MARAC referral.

2. **Audit of the Implementation of the Safeguarding Discharge Protocol**
   This audit looked at a small number of cases and identified that although in most cases the protocol was followed there were some gaps in knowledge of the protocol.

Priorities for the Future:

This year has seen a change in WSCB's quality assurance activity which needs to be further refined. Membership of the Quality Assurance &Performance Sub Group will be streamlined to ensure that only those who can drive forward the agenda attend. A new Quality Assurance Framework will be set out and a focused tailored approach to Section 11 audits will be adopted. There will be further refinements to the dataset, an emphasis on providing evidence of impact of the work of the WSCB and ensuring that learning for the quality assurance activity taking place feeds back into practice.

There has been a part-time WSCB Quality Assurance Manager since July 2016, however, appointment has been through agencies and therefore, appointees have not been able to provide consistent support to WSCB. This has been a limiting factor in the level of quality assurance work that WSCB has been able to undertake and sustainable funding for the post as well as the ability to recruit a permanent member of staff remains a concern.

Therefore, in order to continue to develop WSCB's scrutiny of safeguarding arrangements to better understand the journey of the child we will:

- Develop the Quality Assurance Framework to ensure that data, audit and other information can be collated and analysed
- Identify areas for more intensive multi-agency quality assurance work to either check the robustness of arrangements and processes or to investigate a problem area
- Provide a local response to the changes to the SCR and CDOP processes, as set out in the Wood Review
- Put in place a tailored Section 11 process

9. WSCB is effectively discharging the Child Sexual Exploitation (CSE) Strategy and Action Plan

WSCB Child Sexual Exploitation and Missing Children Sub Group has continued to drive the activity and improvements in our response to children at risk of or being exploited. The Emerald Team, Wiltshire's Specialist CSE Team, is now fully staffed, including access to CAMHS for therapeutic support. This team is now offering advice on CSE and missing to practitioners and supporting good practice. Performance reporting is developing and this needs to be an area of focus now in order to measure its impact.

Significant improvements to the process for missing Return Home Interviews (RIs) have taken place and where there are challenges to further improvements these are understood and actions to move them forward identified, for example there was a deep dive of missing episodes deemed no further action or no RI. Refer to page 14 for more detail on missing.

The Multi-agency CSE meetings or MACSE have improved information sharing and the cross referencing of cases has enabled an improved focus on the disruption of perpetrators. This was further evidenced by an audit of disruptive activity which identified good multi-agency working including across Community Police Teams (CPTs), Public Protection, legal departments, Housing and Licensing. The results reinforced the importance of timely enforcement being key to the protection of children and highlighted two areas of concern which have been challenged:

- Children aged 16/17 who are not the subject of Care Orders under Section 31 Children Act 1989 can be left at risk without the ability to make Child Abduction Warning Notices (CAWNs): WSCB's Chair has challenged the Home Office in relation to this gap within the legislation and further work is now taking place nationally to understand the impact of this.
- Wiltshire Police and Wiltshire Council were challenged to ensure there are sufficient resources in place to use civil measures expeditiously, in particular Sexual Risk Orders.

Awareness raising has continued and all but two of Wiltshire schools hosted performances of Chelsea's Choice. Agencies also participated in the National CSE Awareness Day in March, for the third year running, focusing on vulnerable groups such as boys and children and young people with special educational needs or disability.

Arising from a need identified in the WSCB 2015-2016 Business Plan, all agencies in Wiltshire were asked, for the second year, to complete a self-assessment audit on their response to CSE as part of the Section 11 process. In addition a workforce survey was carried out to assess whether the awareness raising activity that has taken place over the past two years had increased practitioner knowledge and understanding of CSE. The returns evidenced that agencies continue to maintain CSE as a priority within their safeguarding activity and that understanding of CSE has improved. However not all staff knew where to find guidance and advice. This has been improved through the refreshed WSCB website and Wiltshire Council has also developed a CSE page on their website. In addition over 270 staff completed face to face or online WSCB CSE training.

An audit was undertaken to establish the extent to which children affected by CSE are identified in Tier 2 CAF/TAC services, their needs assessed and plans informed through the use of the WSCB CSE Screening Tool. This audit was in response to the recommendation of the Ofsted Inspection Report published September 2015; to "Monitor *and evaluate the use of the child sexual exploitation screening tool to ensure that risks that children and young people may be exposed to, are appropriately identified and responded to".*

The audit highlighted underuse and potential lack of awareness of the tool and as a result a number of actions have taken place:

- Consideration by Early Help and CAF professionals of completing 'Preventative' CSE Screens for children in higher risk groups such as SEND, young males presenting with ASB/early onset offending, 16/17 year old young people with CAFs or within families in the 'Toxic Trio' paradigm
- Audit findings shared with practitioners at WSCB Fora, WSCB CSE training and Designated Safeguarding Lead networks
- CSE Screen being recommended by MASH at CAF threshold; these are being monitored by the Emerald Team
- MASH also recommending CSE Screen to social workers making a single assessment to improve awareness and use
- Improvements in case management systems will support further improvement

The use of the tool will continue to be monitored and a repeat audit will identify the impact of these measures and any additional action required.

From May 2017 and in recognition that criminal exploitation and county lines is an emerging threat in Wiltshire the sub group is expanding its remit to consider exploitation more broadly with revised priorities and action plan to reflect this. The revised Terms of Reference for this group also includes radicalisation, cyber exploitation and child victims of Human Trafficking and Modern Slavery.

10. Prevention of abuse and neglect particularly through 'hidden harm'

The following work has contributed to this priority:

- New task and finish group focused on Child Sexual Abuse (CSA) has:
    - Conducted a Workforce Survey to assess practitioner knowledge and understanding of CSA with plans in places to address gaps identified
    - Ensured specific vulnerabilities of looked after children and children with disabilities recognised in developing work
    - Begun to develop content for website and guidance for practitioners

- Publication of guidance for practitioners: WSCB Guidance on Domestic Abuse and its impact on children Factsheet and Working with difficult and distracting parents Factsheet

- Development of a Domestic Abuse Needs Assessment has provided a comprehensive overview of domestic abuse and will be used to further the understanding of DA in Wiltshire and to underpin future commissioning arrangements and development of the next strategy. It identifies that:
    - Projected numbers of DA victims in Wiltshire is, 9,400 women and 5,900 men, which are significantly higher than the actual number of DA incidents reported to the Police, once more reaffirming the hidden nature of the subject
    - There are gaps in services for children and young people aged 5-11 years and the gap of support at the lower risk threshold
    - Current service offer to perpetrators is small and does not address young people at risk of perpetrating or females
    - Challenges in relation to intergenerational DA which need to be addressed.

In addition Area Practice Fora have provided opportunities to increase understanding and explore practice in relation to toxic trio and female genital mutilation. Work to improve practice in relation to neglect has been less effective and this will be a key priority for WSCB during 2017-2018.

WSCB continues to support the online **South West Child Protection Procedures (SWCPP)**. However, awareness and use of the procedures is low, as highlighted in a staff survey. The procedures provide safeguarding and child protection information for the workforce, based on national guidance and research. As well as continuing to update existing material new chapters were added this year on dangerous dogs and safeguarding children and exploitation of children and modern slavery. **Click on the link below to take you to the procedures:**

SWCPP

11. WSCB has promoted and strengthened the engagement with Early Help and Early Intervention Services and Processes

Early intervention means providing support as soon as a problem emerges at any point in a child's life. For this to work well a range of services needs to be available so support can be put in place before problems get worse and professionals need to understand why 'getting in early' is so important.

Early intervention remains firmly on the safeguarding agenda in Wiltshire and a number of significant and innovative projects have started this year which have the potential to transform how we work with children and young people in Wiltshire. These are:

- **Digital Assessment and Referral Tool (DART)** - designed to help practitioners identify concerns for a child and respond appropriately. This is in pilot phase currently.
- **Children's Services Integration Project (CSI)** – to establish blended teams of professionals, including establishing key worker roles to lead on relationship based model of practice with children, young people and their families. This is in Phase One which relates to the integration of the Early Help Service and Children's Social Care Teams in Wiltshire Council and is intended to enable greater inter-agency working with partners once fully in place.

In addition a new case management system within Wiltshire Council has been commissioned in order to bring existing databases together and improve information sharing. Inevitably this transitional period, whilst we wait for new ways of working to be introduced, has led to some uncertainty in the system at early help level, reflected in the steady reduction in the number of both Early Help CAF Assessments and My Support Plans. The Early Help Strategy will be reviewed during 2017-2018 and this will also provide an opportunity to re-focus the work of the Early Intervention Sub Group at this point in time.

The Early intervention Sub Group (joint with Wiltshire's Children and Young People's Trust) has continued to have oversight of early help with key areas set out below:

- Early Help Dataset has been streamlined to remove duplication and provide a clearer focus on relevant areas
- Scrutiny of MASH conversion rates remain a priority as this tells us how well thresholds are understood and applied
- There is now a single point of access to Children's Community Health Services, which has been strengthened with it now sitting with one provider, Virgin Care Ltd
- The group was concerned about the reduced number of CAFs for the 12+ age group and its impact, aligned with an increase in long term child in need, child protection and LAC for this age group. The impact of this has been fed into the CSI project as a result of this being identified as a risk

- The sub group has taken the lead on the early help themes from SCR Baby J and has led on the development of the action plan. For more information, see page 23
- Child in Need Step Down to CAF audits have been repeated and evidenced some positive improvements in practice and outcomes, however, there remain concerns about the step down process which the CSI project, mentioned above, should help to improve
- Family Nurse Partnership (FNP) is well embedded and the first annual report evidenced good progress on outcomes and positive user feedback
- Children Missing out of Education (CMOE) Group has brought more rigour to tracking case progression for children who are at greater risk due to being out of education and mobilising a response to support them. The group can evidence at an individual case level that positive outcomes for children are being met
- Quarterly Gateway Panel Reports have highlighted an increase in Autistic Spectrum Disorder referrals and a subsequent gap in services for this group and also that housing and finance are becoming significant presenting factors
- A Task and Finish Group focusing on Children Affected by Parental Imprisonment is raising awareness of this issue and providing information about support available
- Restructured Intensive Family Intervention Service established offering flexible and consistent support for children and their families
- An audit was carried out of cases stepped down from CiN to CAF; a previous audit identified that in less than one third of cases where a CAF was recommended, was one registered. Therefore**,** a cohort was examined to understand why CAFs were not being put in place. The findings highlighted that all CAFs not being registered did not necessarily represent a failure of the Early Help or Social Care systems: for example, in many cases a CAF was found to be in place but not registered or there was an acceptable reason for a CAF not being recommended, including professionals not identifying further needs; a child or young person moving out of area; or the setting managing the needs through a comparable process

Priorities for the future:

- WSCB to gain assurance in relation to the provision of effective family and parenting support across partner agencies, including within the Council's Early Help and Safeguarding Service
- Monitor the impact on early help provision of the implementation of DART and CSI
- Update threshold guidance to ensure a focus on risk and need and to reflect changes to service design

12. WSCB continues to provide a comprehensive multi-agency training programme to support front line staff in their work with children and young people who are vulnerable, at risk and suffering significant harm

1,950 delegates attended WSCB training courses and learning events

1,617 members of the workforce completed the on line training on awareness of abuse and neglect, child sexual exploitation and e-safety

Improved access to booking courses through a new online booking system

95% delegates rated the training as good or excellent

New courses on children with disabilities and child protection

97 face to face courses and learning events provided

WSCB has continued to provide a substantial multi-agency training programme during the year with development and delivery supported by partner colleagues, particularly from health. As in previous years staff from schools and early years continue to dominate on courses, with 68% of delegates coming from these two sectors; this imbalance has meant that many courses have run with a limited multi-agency split. This position has been recognised as unsustainable as over 45% of the WSCB budget funds this provision. Multi-agency training is part of wider discussion about partnership arrangements in the future in terms of what is provided and the model for delivery and decisions will be made regarding this during 2017-2018. In the meantime other measures to address the training needs of schools and early years are being put in place including a bespoke training package for childminders delivered by Child Care Officers and single agency training for Designated Safeguarding Leads in early year's settings, both supported by WSCB.

Course	Number of Sessions	Number of attendees	Capacity
Foundation Child Protection	22	483	516
Advanced Child Protection	19	413	450
Barnardo's CSE Training (Skills and Practice, Working with Parents, CSE and SEND)	3	28	60
Child Sexual Exploitation	5	93	120
Conferences and Core Groups	5	82	118
Domestic Abuse	4	75	98
Early Help and Safeguarding	6	111	146
Early Help: CAF in Practice	6	76	120
Neglect	6	120	142
Child Protection and Children with Disabilities	2	40	50
Safer Recruitment	7	136	172
Safer Recruitment Refresher	3	49	74
Sexualised Behaviour: Identifying, understanding and managing risk	3	57	70
WSCB Area Practice Fora	6	187	240
TOTAL	**97**	**1,950**	**2,136**

Evaluations continue to show high levels of satisfaction with the courses and WSCB has also progressed work to evidence impact on practice. Pre and post-questionnaires are now sent out to delegates on all advanced and foundation courses in order to measure distance travelled in terms of their skills and knowledge and outline results are set out in Table 2 (questionnaires were not sent out for Q2 due to the summer holidays and transition from one online system to another).

TABLE 2

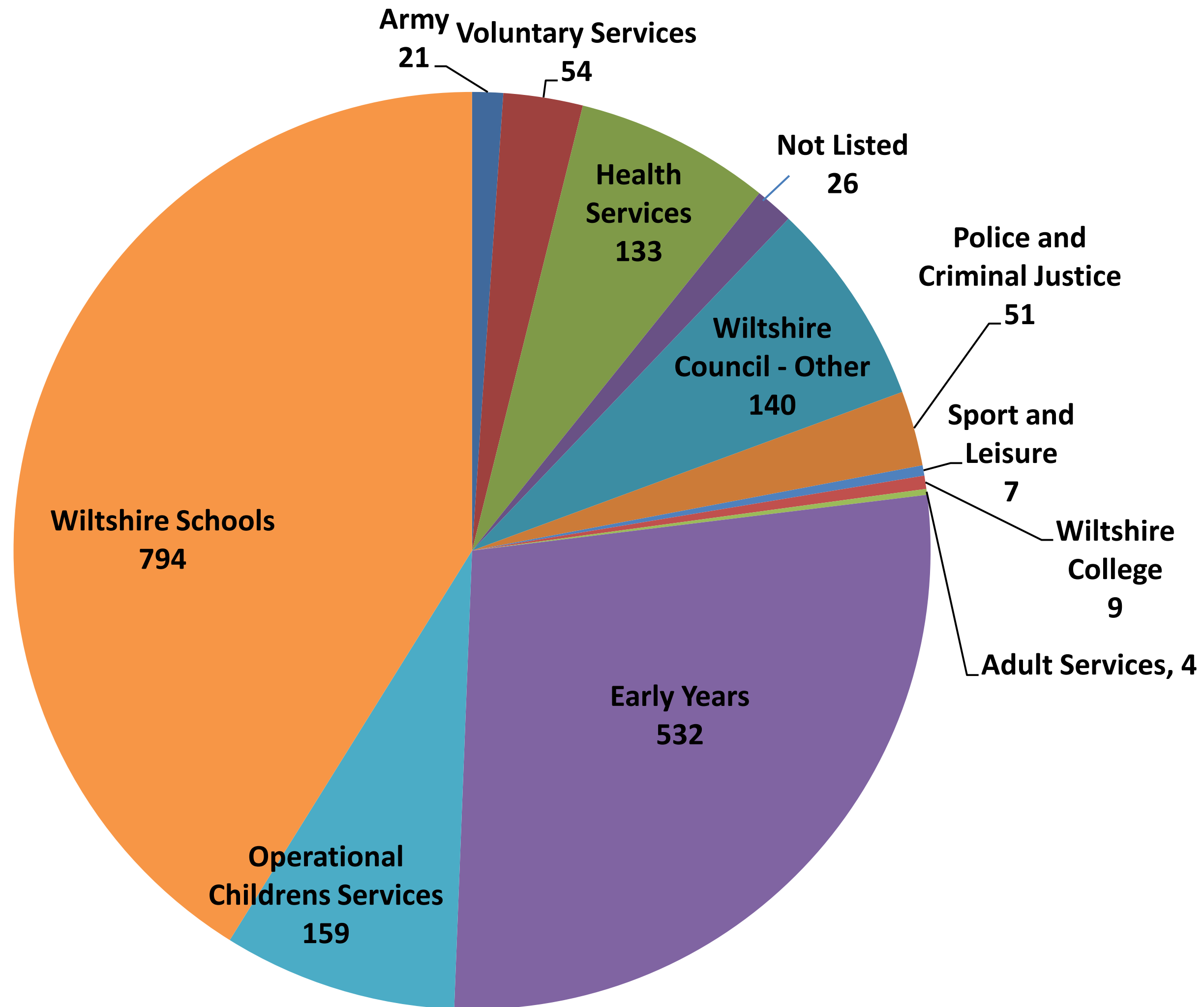
FOUNDATION	**Percentage of Returns Pre and Post**	Percentage who responded that their skills and knowledge had increased in identifying abuse	Percentage who felt more confident in dealing with safeguarding and child protection concerns
Quarter 1	39%	72%	74%
Quarter 3	61%	67%	59%
Quarter 4	84%	55%	49%
ADVANCED	**Percentage of Returns Pre and Post**	Percentage who had increased their knowledge in relation to Children in Need and children in need of protection	Percentage who felt more confident in assessing risk in relation to Children in Need and children in need of protection.
Quarter 1	44%	91%	78%
Quarter 3	70%	68%	61%
Quarter 4	80%	46%	40%

What the process has identified is that many delegates are rating themselves as having a high level of knowledge in their pre-course questionnaires. This raises questions about the appropriateness of the course for them, course content and also the questions being asked. This demonstrates a first step in evidencing impact on practice, however, there is further work to do to refine the process and to roll out to other courses.

Priorities for the Future:

- Partnership to consider what multi-agency training to be provided in the future and a sustainable model for its delivery
- To continue to strengthen training evaluation to be able to evidence impact on practice
- Strengthen oversight of single agency training

Whole Year Report 2016-2017 - Attendance by agency



13. Appendices

A. Executive Board Attendance 2016-2017

Agency	Number of Executive Board meetings attended (five across the year)
Wiltshire Council, Lead Member	3/5
Wiltshire Council, Director of Children's Services	5/5
Operational Children Services, Wiltshire Council	3/5
Adult Services, Wiltshire Council	2/5
Wiltshire Police	4/5
Public Health	4/5
Wiltshire Clinical Commissioning Group (CCG)	5/5
Wiltshire Association of Secondary and Special School Head Teachers (WASSH)	5/5
Primary Heads Forum (PHF)	4/5
Avon and Wiltshire Partnership NHS Foundation Trust (AWP)	4/5
Salisbury NHS Foundation Trust (also representing Great Western Hospital, Swindon and Royal United Hospital, Bath Acute Trusts)	5/5
Oxford Health NHS Foundation Trust (CAMHS)	4/5
Virgin Care Ltd (Wiltshire Children's Community Services)	5/5
National Probation Service	3/5
Bristol, Gloucester, Swindon and Wiltshire Community Rehabilitation Company (CRC)	4/5

B. WSCB Contacts

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Please contact lscb@wiltshire.gov.uk if you have comments or questions about the content of this report

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