

AGENDA

Meeting: HEALTH AND WELLBEING BOARD
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Thursday 9 November 2017
Time: 10.00 am

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

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Voting Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of Council
Dr Richard Sandford-Hill	Chair of Wiltshire Clinical Commissioning Group
Dr Toby Davies	CCG - Chair of SARUM Group
Dr Andrew Girdher	CCG -Co-Chair of NEW Group
Dr Lindsay Kinlin	Acting Chair of NEW 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
Cllr Ian Thorn	Liberal Democrat Group Leader
Cllr Jerry Wickham	Cabinet Member for Adult Social Care, Public Health and Public Protection

Non-Voting Membership:

Bill Bruce-Jones	Avon & Wiltshire Mental Health Partnership
Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection
Dr Gareth Bryant	Wessex Local Medical Committee
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Terence Herbert	Corporate Director (Children and Education)
Prosser	Wiltshire Clinical Commissioning Group
Mike Veale	Wiltshire Police Chief Constable
Cara Charles-Barks	Chief Executive or Chairman Salisbury Hospital
James Scott	Chief Executive or Chairman Bath RUH
Nerissa Vaughan	Chief Executive or Chairman Great Western Hospital

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AGENDA

1 **Chairman's Welcome and Introduction**

2 **Apologies for Absence**

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

To confirm the minutes of the meeting held on 19 September 2017.

4 **Declarations of Interest**

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

5 **Chairman's Announcements**

6 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 2nd November 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 **Tuesday 7th November 2017**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

7 **Winter Pressures**

An update on preparations for winter pressures.

Responsible Officers: Linda Prosser, Alison Elliott
Report author: Jo Cullen

8 **Better Care Plan**(Pages 15 - 136)

To receive an update on the trajectory and plans for reducing delayed discharges ahead of winter and an update on the wider delivery of the Better Care Plan for Wiltshire.

Responsible Officers: Alison Elliott, Linda Prosser
Report author: Sue Shelbourn-Barrow

9 **Procurement of Integrated Urgent Care**

An update on the procurement of integrated urgent care

Responsible Officers: Linda Prosser
Report author: Jo Cullen

10 **Health and Wellbeing JSNA**

To agree the JSNA overarching documentation.

Responsible Officers: Alison Elliott
Report author: Kate Blackburn

11 **Mental Health Crisis Care**(Pages 137 - 144)

To receive an update on the work undertaken by the Alexander Group reviewing s136 pathways across the Avon and Wiltshire Mental Health Partnership footprint and the work going forward.

Responsible Officer: Ted Wilson, MHCCC action group chair

12 **Strategic Outline Programme**(Pages 145 - 148)

An update on the development of a whole county Strategic Outline Programme for investment in out of hospital care.

Responsible Officer: Linda Prosser
Report author: Steve Perkins

13 **Multi-Agency Safeguarding Hub For Adults**(Pages 149 - 156)

To receive an update on the development of a Multi-Agency Safeguarding Hub (MASH) for adults.

Responsible Officers: Alison Elliott
Report author: Heather Alleyne

14 **Public Health Annual Report**(Pages 157 - 186)

To receive the Public Health Annual Report and feedback on the recent roadshows.

Responsible Officers: Tracy Daszkiewicz

15 **Date of Next Meeting**

The next meeting will be 25 January 2018

16 **Urgent Items**

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HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 SEPTEMBER 2017 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chair), Dr Peter Jenkins (Vice Chairman), Cara Charles-Barks, Dr Andrew Girdher, Dr Toby Davies, Christine Graves, Angus Macpherson, Cllr Laura Mayes, Linda Prosser, Dr Richard Sandford-Hill, James Scott, Cllr Ian Thorn, Cllr Jerry Wickham, Carolyn Godfrey and Cllr Ben Anderson

Also Present:

Cllr Christine Crisp and Cllr Tony Jackson

127 Chairman's Welcome, Introduction and Announcements

The Chair drew the meeting's attention to the announcements in the agenda pack as follows:

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

As it was the Vice-Chair Dr Jenkins' last meeting, the Chair took the opportunity to thank him for his hard work on the Board and for his efforts in cementing the relationship between the CCG and Wiltshire Council.

It was noted that Dr Richard Sandford-Hill would be the chair of CCG and would then become vice-chair of the Health and Wellbeing Board.

128 Apologies for Absence

Apologies were received from:

- Nerissa Vaughan
- Dr Tony Sutcliffe from AWP who will no longer be attending and will be replaced by Dr Bill-Bruce Jones for future meetings; and
- Dr Andy Smith - SWAST

129 Minutes

The minutes of the previous meeting were considered.

Resolved

To approve for signing the minutes of the previous meeting held on 13 July 2017

130 Declarations of Interest

There were no declarations of interest.

131 Public Participation

There were no questions or submissions.

132 Better Care Plan

Sue Shelbourn-Barrow, the newly appointed Integration Manager, gave an update on the delivery of the Better Care Plan for Wiltshire.

Matters highlighted in the course of the presentation and discussion included: the matters previously reported to the project board; the future challenges to be faced in the winter; how resources are allocated efficiently; what flexibility there is in the programme; that all projects in programme will be evaluated to enable decisions to be made to stop some programmes and reinvest in others.

Recommendation:

To note the progress and the next steps

133 Adult Social Care Transformation Programme

Alison Elliot, Wiltshire Council, give an update on the Adult Social Care programme and reported progress to date.

Matters highlighted in the course of the presentation and discussion included: the focus on delayed transfers of care; the partnership working that had allowed for the development of the programmes; how the programme interacts and is part of the Better Care Fund; that measuring of outcomes is crucial, and how the performance framework is being developed; how to ensure sustainable funding; the concerns over the impact of the winter flu season; that further reports could be made to the board.

Resolved

To note the progress to date

134 Adult End of Life Care Strategy Implementation Plan

Ted Wilson, Wiltshire CCG, and Kate Blackburn, Wiltshire Council, presented the outline of the implementation plan for the end of life care strategy, with input and discussion from local hospices representatives, Wayne de Leeuw, Executive Clinical Lead of Dorothy House Hospice and Angela Jordon, Chief Executive of Prospect Hospice.

Matters highlighted in the course of the presentation and discussion included: how information is shared to improved services; how the users and families are involved; how the hospice users have been involved in the development of the strategy; how efforts are made to allow people to die at home in accordance with their wishes; how getting people out of acute settings and into the home has improved; how do stop end of life patients from entering hospitals and the recognition that further work is needed; the need to make carers more aware that treatment escalation plans (TEP) are in place and that the wishes of patients not to transfer to acute providers; that some evidence shows that care homes are still ringing 999 even though there is a (TEP); using ICT and communications better allowing Ambulance better access; the work undertaken by Health Watch Wiltshire; and an update on the implementation plan for children would be provided at a future meeting.

Resolved

To approve the Implementation Plan

135 School Health and Lifestyle Survey

Sarah Heathcote, Wiltshire Council presented an update on the five year programme.

Matters highlighted in the course of the presentation and discussion included: how data can help schools plan their interventions; that the survey had a high response rate; how the data can be explored for different groups such as looked after children; how older children (+16) are making bad food choices and are doing less exercise – and that inactivity with children is more acute; that peer influencing can be more effective; the importance of sleep and the impact of worry and anxiety; the importance of emotional wellbeing; the training that can be done to improve skills for teachers; that vulnerable children are more at risk to bullying; the areas that children would like more support including – improving fitness, and managing money; how thematic reports will be developed and that further work will be done with colleagues to look at data in depth; how area boards can be used to promote the programme amongst schools in their communities; and the links to the work undertaken by Health Watch Wiltshire.

Resolved

- 1. To note the work of the Wiltshire Healthy Schools programme; and**

- 2. To agree to support the work of the Wiltshire Healthy Schools programme.**

136 **Workforce Strategy**

Jenny Hair, Workforce Lead for the Better Care Plan, gave a summary of the workforce challenges within the adult health and social care system and the transformation required in order to achieve delivery of operational plans; and an update on the actions that have been taken in the last year to help address the challenges and plans for the future.

Matters highlighted in the course of the presentation and discussion included: that locally and nationally the pool of talent is small; how Wiltshire is marketing itself better; the changes to education and training; that long-term strategies are required; that some work is focused on the Sustainable Transformation Plan area and some on just Wiltshire; the liaison with the Council's economic development departments; how to encourage students to undertake placements and then stay longer; the opportunities to improve the skills of carers; how staff can be trained to encourage users to take greater responsibility of their care; how to better engage partners including voluntary sector; some concern that not enough progress was being made; what help could be sought from the Local Enterprise Partnership and the colleges; and the work to improve career and training pathways for carers.

Following the conclusion of the discussion, the meeting;

Resolved

- 1. To note the update;**
- 2. To request that officers draft a letter to the Local Enterprise Partnership highlighting the need for a discussion workforce issues in the health and social care sector, and emphasising that the sector is one of the biggest employers and crucial to economic wellbeing of the County.**

137 **Domestic Abuse and Substance Misuse**

Tracy Daszkiewicz, Wiltshire Council, presented: an updated overview of the domestic abuse reduction agenda in Wiltshire; and an overview of the substance misuse agenda in Wiltshire, in particular updating on the pan Wiltshire tendering process.

Matters highlighted in the course of the presentation and discussion included: the local priorities for action; how housing and safeguarding of children are included in the procurement service specification; how the needs assessment and information has refocused, with regard to substance misuse, work on prevention and support services; the work with mental health colleagues to do joint diagnosis;

Resolved

- 1. To note the reports**
- 2. To request further update 6-9 months after the contracts are operational.**

138 Pharmaceutical Needs Assessment

Steve Maddern, Wiltshire Council, presented the draft Wiltshire Pharmaceutical Needs Assessment (PNA).

Matters highlighted in the course of the presentation and discussion included: the timeline for developing and agreeing the PNA; that the PNA steering group includes a range of partners including Healthwatch Wiltshire; that the purpose of the document is to support NHS England to plan pharmaceutical services; that the coverage is adequate compared to national standards; how carers and the general population had been engaged with; how the impact of the army rebasing is taken into account; how availability of deliveries and use of the internet has expanded.

The Chairman commended the officer for the quality of the report, and noted that it would return to the Board in the new year for final agreement.

Resolved

- 1. To approve the Wiltshire Pharmaceutical Needs Assessment 2018 for 60 days public consultation in line with the regulations; and**
- 2. To delegate responsibility for responding to cross-border Pharmaceutical Needs Assessment consultations to the public health led responsible for the Pharmaceutical Needs Assessment on behalf of the Health and Wellbeing Board.**

139 Wiltshire Safeguarding Children Board Annual Report

Mark Gurrey presented the annual report of the Wiltshire Safeguarding Children Board.

Matters highlighted in the course of the presentation and discussion included: that this was the end of the first full year as chair; the changes in the board structure and the cooperation from partners on the work of the board; that the membership and work of the meeting had been streamlined to ensure that the focus of the board is better; how the voice of young people and practitioners are brought to the board; the ongoing work addressing issues around child sexual abuse; that Wiltshire was part of a joint targeted area assessment, and how this information was pulled together in a national report on the impact of domestic abuse on children; the areas for future work of the board, including issues of neglect; and how meeting the needs of families can improve outcomes for children.

In response from a question from the Chairman Baroness Scott. Mr Gurrey stated that there was some more work to be done to raise the awareness amongst partner agencies of the signs of Child Sexual Abuse so that they are better able to identify children at risk.

In response from a question from the Dr Richard Sandford-Hill, Mr Gurrey stated that there was good communication between strategic partners on the board, but that there were still improvements to be made regarding communication and information sharing amongst the frontline staff.

In response from a question from the Dr Peter Jenkins, Mr Gurrey stated that engagement with GPs had improved.

Following the conclusion of the discussion, the meeting;

Resolved

- i) To note the publication of the Wiltshire Safeguarding Children Board Annual Report; and**
- ii) To agree 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.**

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

Linda Prosser, Wiltshire CCG, presented an update on the Strategic Outline Case (SOC) for Chippenham, Melksham and Trowbridge.

Matters highlighted in the course of the presentation and discussion included: that the process signals the intention of the CCG to address the capital and estate requirements for those areas; that a paper will be taken to the CCG

board to look at whole county; that there will be 30% growth in population in those areas; that there had been some additional capital money available from central government for Trowbridge; that the outline business case will say what the hub and what the spoke will be; the links to the one public estate; and the importance of keeping the public well informed so that concerns can be addressed.

The Chair thanked the officers for the presentation.

141 Date of Next Meeting

It was noted that the date of the next meeting had changed and would now take place at 10am on Thursday 9 November 2017.

142 Urgent Items

There were no urgent items.

(Duration of meeting: 2.00 - 3.59 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

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Wiltshire Council

Health and Wellbeing Board

9th November 2017

Better Care Plan

Executive Summary

The purpose of the Better Care Plan report is to provide a progress update on the Better Care works streams incorporated in the 2017/18 plan, submitted and approved in October 2017

The report defines the current performance against the Delayed Transfers of Care trajectory, that is currently under performing and recovery plan under development for implementation in November 2017

The report should be seen in conjunction with the Delayed Transfers of Care plan and presentation, Better Care Plan Dashboard, Better Care Fund Plan (submitted 4 October 2017) and financial plan currently under revision, for agreement in November 2017.

Proposals

It is recommended that the Board:

- i) Notes the update

Reason for Proposal

To keep the Board informed of progress.

Sue Shelbourn-Barrow – Integration Manager

Better Care Plan

Purpose of Report

1. To update the Health and Wellbeing Board on the programme.

Background

2. The Better Care Plan 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 better care fund is based upon the outcomes which are set out in our Joint Health and Wellbeing Strategy and within national policy.

Main Considerations

3. The priority action for the Better Care Fund 2017/18 in quarter 3 and 4, is to recover our Delayed Transfers of Care position.
4. The Better Care Plan stocktake and subsequent gap analysis has commenced and once completed will inform the Better Care Plan work stream evaluation in Q3 and Q4 2017/18.

Delay Transfer of Care

5. The Wiltshire system in July 2017 agreed a trajectory to reduce the number of lost bed days to 1,325 in December 2017 from 1,749 in July 2017. Thereafter to sustain 1,000 lost bed days in 2018/19. The purpose of the reduction in those waiting is to drive improvement across the system, to deliver sustained performance going into the winter period and into 2018/19 (Table 1: DTOC trajectory and actual performance).
6. Wiltshire has continued to see an increase in the number of lost bed days reported. In August when compared to July 2017 the system lost 700 beds days (Table 2: reasons for delays)
7. In 2017 we have seen an improvement as the Better Care Fund work streams have started to embed however the areas that require focus in the latter part of 2017/18 are
 - Out of hospital care due demand which is higher than current capacity within Domiciliary Care, that is further impacted by workforce challenges in parts of Wiltshire,
 - An increase in demand and complexity of specialist placements which includes timely access for mental health patients,
 - Slower than planned implementation of Home First model that includes Discharge to Assess.

8. The detail underpinning the noncompliance can be seen in variation from trajectory (Table 1 and Table 3) and where we are experiencing high demand (Table 2)

Table 1: Delay Transfer of Care Plan and trajectory 2017/18

9. The table demonstrates for health and social care a continuation of demand above plan

2017/18 Wiltshire DToC Plan Trajectories

DToC Days		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	Plan	1,079	977	873	808	759	794	794	703	703
	Actual	1,148	1,276	0	0	0	0	0	0	0
SC	Plan	553	510	466	432	407	421	421	389	389
	Actual	923	934	0	0	0	0	0	0	0
Joint	Plan	117	112	111	109	109	109	109	108	108
	Actual	189	119	0	0	0	0	0	0	0
Total	Plan	1,749	1,599	1,450	1,350	1,275	1,325	1,325	1,200	1,200
	Actual	2,260	2,329	0	0	0	0	0	0	0
Popn (SNPP 2014)		388,812	388,812	388,812	388,812	388,812	388,812	392,148	392,148	392,148

Rate	Plan	449.9	411.4	372.8	347.1	327.8	340.7	337.8	305.9	305.9
	Actual	581.3	599.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Table 2 Reasons for the delays

10. The reasons reported that are behind the current performance in August, is access to care package, further non-acute (community), Choice, nursing and residential home placements. To a lesser degree assessment, housing and public funding. Community equipment is being investigated as the current model to access equipment does not report delays.

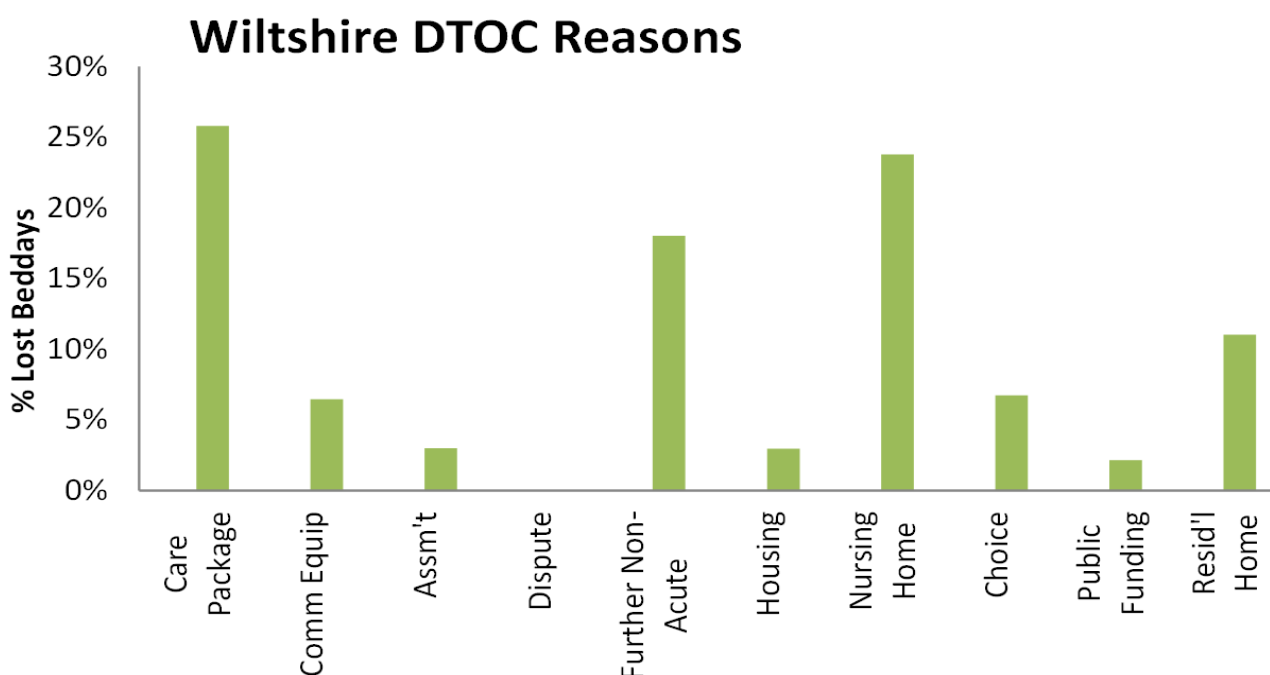
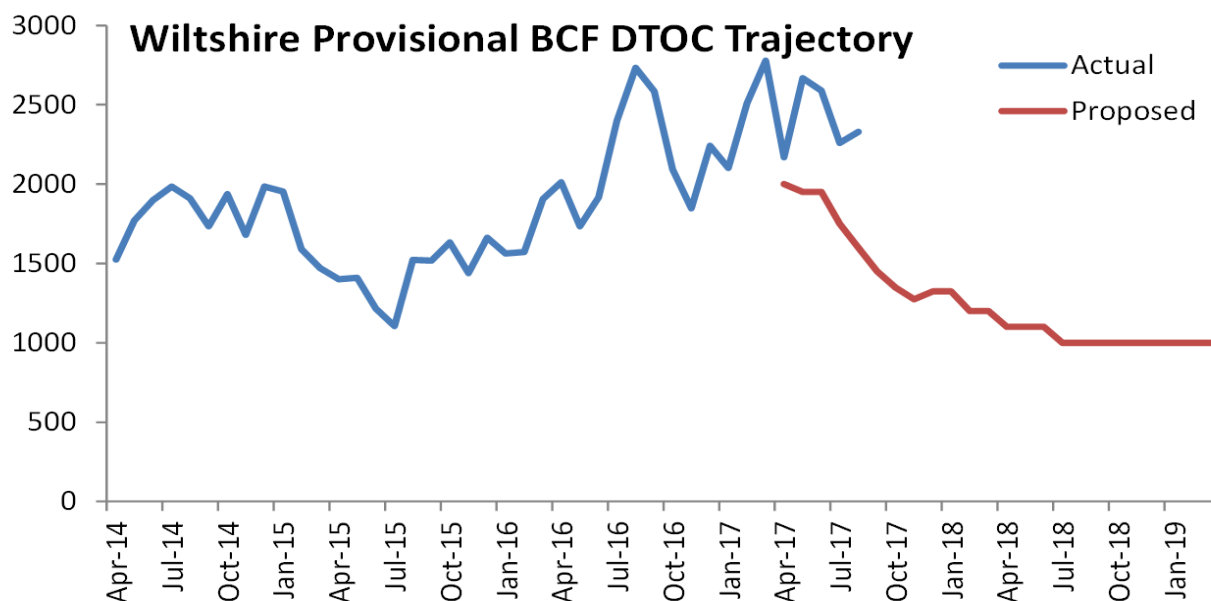


Table 3 Trend for 2017/18 vs. plan

11. The current trajectory suggests lost beds days has shown some improvement however for August the trend is reporting a further variation from the trajectory.



12. The Wiltshire Delayed Transfer of Care plan that was submitted with the Better Care 2year submission in October 2017. The plan incorporated the 8 High Impact Challenges which are seen as core elements of a robust plan and system, these are

- Early discharge planning utilising an assess based approach and amongst home first (Discharge to access) and enabling Wiltshire residents to be placed in a timely way.
- System management of patient flow
- Multi-disciplinary discharge teams, step and step down pathways with the further integration of community teams which will build upon the trusted assessor role
- Home First (discharge to Assess) aligned to the current and future reablement service
- Seven-day service model building upon the 4 NHS Clinical Standards and social workers in the independent sector
- Trusted Assessors to support Integrated discharge teams
- Choice to test embeddedness
- Enhancing Health in Care Homes to strengthen quality assurance

13. The Wiltshire delayed transfer of care plan outlined the programme deliverables for 2017/19. However due to sustained non-delivery of delayed transfers of care a task and finish group was convened in October to develop a recovery plan to enable delivery of the December 2017 milestone date.

14. To note: In 2017/18 the Better Care pooled budget has reported an overspend due in part to the increase in spot purchase of additional beds outside of the acute setting to meet the increased demand which is above plan for the year. This has been included in the Better Care Fund joint budget.

Better Care indicators

15. In month 5 non-elective activity has reported a 1.2% increase (212 admissions) when compared to the same period last year.

- Permanent placement in September 2017, Wiltshire reported a net increase of 31 new placements taking the ytd to 248 and projected end of year admissions is 500 against a target of 525. This demonstrates a reduction in permanent admissions to nursing and residential homes.
- The 91-day indicator has seen a reduction to 78.8% compared to previous quarter however overall the performance continues to demonstrate patients discharged home remain independent longer.
- Dementia diagnostic rate was 67.1% in March achieving the national target. In August following a change in methodology Wiltshire reported 65.6%.
- Intermediate bed service for July reported 50 admissions similar to those in Q1 however discharges increased to 53 although length of stay for step down rehabilitation patients was 32.3 days. This would be further improved if appropriate patients were referred not those waiting for long term placements or domiciliary care.
- Help to live at home activity was higher in September compared to August, although reporting under target however is achieving 80 approx. admission avoidance a month.
- Enabling technologies
Telehealth and telecare are a core aspect of the integrated discharge programme and provide a service for those over 65years of age, this will be piloted in GWH from November 2017
- 72-hour pathway for end of life

Continuation of Better Care Schemes

Appendix 3: Dashboard

Partnership implications

16. The BCF S75 Agreement 2017-2019 is under development for submission and approval to the Joint Commissioning Group and Health Wellbeing Board in Q4, to include a risk sharing agreement for under and over spend apportioned to the contributions within the better care pooled budget.

Monitoring and Review arrangements:

17. The BCF governance and reporting framework, will align to the JCG and HWB reporting timescales.

Lead Officers: Alison Elliot and Linda Prosser

Report Author:
Sue Shelbourn-Barrow – Integration Manager

Background papers and appendices:

Appendix: 1 BCF Risk register

Appendix 2: DTOC plan

Appendix 3: BCF dashboard

Appendix 4: BCF plan and financial template

Ref.	Risk Description	Cause / Impact	Risk Owner	Controls fully in place to manage the risk	Impact	Likelihood	Risk score	Level of risk	Progress on actions	Date for review
	<i>Examples: Ability to ... Management of ... Failure to ... Lack of ... Inappropriate ... Opportunity to ...</i>	<i>What is the cause of the risk? What will the impact be?</i>	<i>Who is responsible for the risk?</i>	<i>What controls are fully in place now?</i>	<i>See impact scoring matrix</i>	<i>See likelihood scoring matrix</i>			<i>Comment on what progress has been made and any problems or delays</i>	<i>Date for review and update</i>
BCF-R001	Failure to deliver BCP objectives within budget	Caused by poor design of chosen schemes and resulting in a failure to manage demand.	DASS / CAO	The models (eg reablement and prevention) being adopted have been implemented in other local authorities and have proven to prevent demand and realise cost avoidance/savings. Ensuring they are delivered to appropriate specifications and requirements will enhance the ability to achieve the intended outcomes. Lessons learnt from historically in Wiltshire and from other local authorities should be adopted where possible to mitigate the risk. Robust ongoing governance and evaluation and monitoring.	4	1	4	Low		1.10.2017
BCF-R002	Lack of financial resource	Insufficient / loss of future iBCF funding to fully deliver transformational change	DASS / CAO	Rigorous application of benefits realisation and prioritisation of resources to key areas of activity	4	1	4	Low		1.10.2017
BCF-R003	Failure to manage budget and subsequently failing to deliver the financial benefits	Reablement Programme runs the risk for overspend due to the timing for transformation to embed	DASS / CAO	Finance and governance group oversee expenditure and generate actions/recommendations for financial control. These recommendations and budget monitoring taken to the JCB/HWB with risks related to overspend noted and actions taken. A s75 is in place between partners to manage the impact of unresolvable financial pressures.	4	2	8	Medium	2017/18 overspend reported to the JCB. Release of funding from iBCF to be confirmed.	1.10.2017
BCF-R004	Failure to develop an integrated model	Lack of integration in strategies, priorities, systems, processes and procedures will result in a disjointed, ineffective and inefficient service which has the potential to impact on the services received by our customers and increased costs.	DASS / CAO	Develop joint strategies, priorities, systems, processes and procedure, overseen by the H&WB Board, JCB, and partnership group overseeing the development of an Accountable Care Alliance in Wiltshire.	4	1	4	Low		1.10.2017
BCF-R005	Lack of resources in the market	Lack of market capacity to meet demand resulting in service users not being able to access services in a timely manner which in turn could result in increased needs and levels of support across the system	DASS / CAO	Early market engagement to identify the market capacity and map the gaps has taken place. Ongoing work with providers is required to support recruitment and retention of staff in the care market within Wiltshire to meet demand. Creation of a Reablement service aligned to the Home First service to better manage demand.	4	2	8	Medium	Market engagement commenced and continues. Budget is being developed as Business Cases are signed off. Workforce development plan has scoping meeting planned	1.10.2017
BCF-R006	Financial risk associated with a market failure, including CQC quality assessments identifying need for improvements	Alternative care arrangements would result in a financial pressure within the BCF	DASS / CAO	Whole system approach to contingency planning, market map and fully understand the economic and financial stability of providers and risk assess their viability. The adoption of a fair pricing mechanism in the market	4	3	12	High		1.10.2017
BCF-R007	Instability across the system due to leadership changes	Causing a delay in delivery of 3 months or longer or the complete failure to delivery the programme	DASS / CAO	The programme receives full support from the organisations leadership teams, the cabinet member for Adult Social Care, the H&WB Board and the JCB. Current vacant posts (DASS and CAO) are held by interim postholders. A new joint leadership structure has been agreed and a plan is in place to recruit a joint DASS/CAO.	4	2	8	Medium		1.10.2017
BCF-R008	Lack of culture change across the system	Resulting in a lack of delivery of the new model. Increased costs to provide the new reablement and front door services will not realise cost avoidance or cost savings targets. Potential model failure and resulting service failure.	DASS / CAO	Market engagement and commissioning specification to support the delivery of the new model. Continued work with staff at all levels, including leadership, across partners, providers and the voluntary sector to influence a change in culture long term. Performance management framework for providers and employees to ensure that the culture is adopted and implemented. Robust communications plans for the public.	4	2	8	Medium		1.10.2017
BCF-R009	Lack of skilled workforce	Lack of skilled staff to support the outputs for the programme including partners, providers, and the voluntary sector to meet the demand resulting in reduced or failed outcomes.	DASS / CAO	Revision of a joint workforce development plan to support delivery of the programme and its outcomes	4	2	8	Medium		1.10.2017

Ref.	Risk Description	Cause / Impact	Risk Owner	Controls fully in place to manage the risk	Impact	Likelihood	Risk score	Level of risk	Progress on actions	Date for review
BCF-R010	Failure to deal with emerging pressures	Resulting in lack of resources to deliver the outputs of the programme and outcomes. Reputational risk within the provider market and reduced customer satisfaction and confidence. Lack of planning and contingency availability.	DASS / CAO	Effective business continuity and contingency planning to deal with emerging pressures. Effective risk management within business areas. Effective resource management plans that provide flexibility to react to emerging pressures.	3	2	6	Medium		1.10.2017
BCF-R011	DTOC - Failure to deliver the Wiltshire DTOC Plan	A Wiltshire wide plan (pooled and grant funding) not clearly demonstrated	DASS / CAO	Wiltshire DTOC plan developed and taken through the Wiltshire A&E Board and aligned to the STP. Regular monitoring of actuals against trajectory and delivery of the workstreams supporting flow. Deliver fully operational Reablement model	3	2	6	Medium	Plan in the development stage with task and finish groups	1.10.2017
BCF-R012	Failure to deliver the DTOC trajectory	Non delivery of November 2017 1,325 lost bed days	DASS / CAO	Monitor delivery of lost bed days against the trajectory and BCF projects ability to delivery KPIs. Evaluation of projects/work streams to inform decision on pace if off trajectory and new actions to accelerate delivery. <ul style="list-style-type: none"> • Additional domiciliary care capacity - reablement pilot • 9 additional ICT beds • An immediate diagnostic, identifying the need for system improvement. • iESE to undertake further diagnostic across all 3 acutes but with particular focus on SFT • Developing a Home from Hospital service with Age UK 	4	4	16	High	Demonstrating improvement	1.10.2017

Working in partnership with



Delayed Transfer of Care Action Plan 2017 - 2019

1.0 Overview

The aim of the document is to provide an overview of the system wide DTOC action plan for Wiltshire. This is developed in line with the recent NHS England guidance to reduce DTOC to 1,450 bed days in September 2017 from 1,999 in April 2017. However, it was recognised by the Wiltshire system this was not achievable so agreed a realistic trajectory to deliver 1,325 bed days from December 2017 led by A&E Locality Boards supporting the Wiltshire population.

The plans relate to our 3 main acute hospitals and 1 community hospital:

- Salisbury Foundation Trust
- Great Western Hospital Foundation Trust
- Royal United Bath Hospital Foundation Trust
- Wiltshire Community Health
- Avon Wiltshire Partnership

It should be noted that both Swindon CCG and Banes CCG have separate DTOC actions in place but there is a clear commitment through the various A&E Delivery Board forums and the BSW STP to join up approaches where relevant. This plan also covers all community services commissioned by Wiltshire CCG, home care commissioned by Wiltshire Council and intermediate care and urgent care services jointly commissioned by Wiltshire Council and Wiltshire CCG under the auspices of the Better Care Plan. The Wiltshire system model will expand from Q1 2018/19 when the new reablement service and recommissioned Urgent and Emergency Care service models commence. The commitment demonstrated in Wiltshire is defined in the Better Care Plan in support of reducing DTOC, length of stay and maximising capacity appropriately for the right patients at the right time.

2.0: Governance and Performance Management

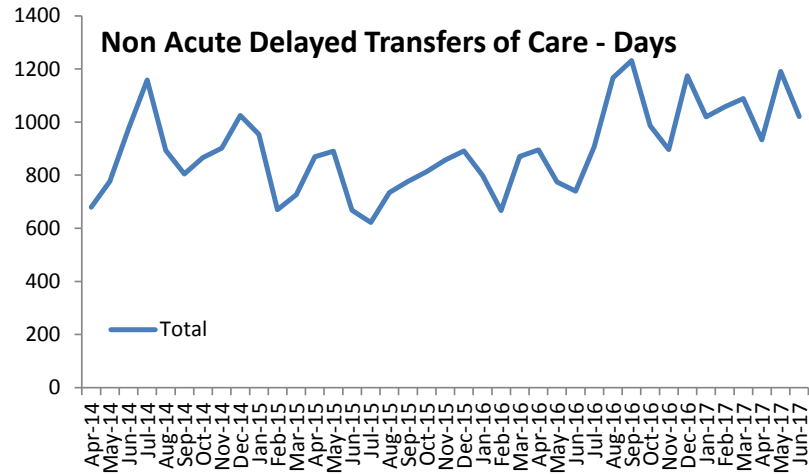
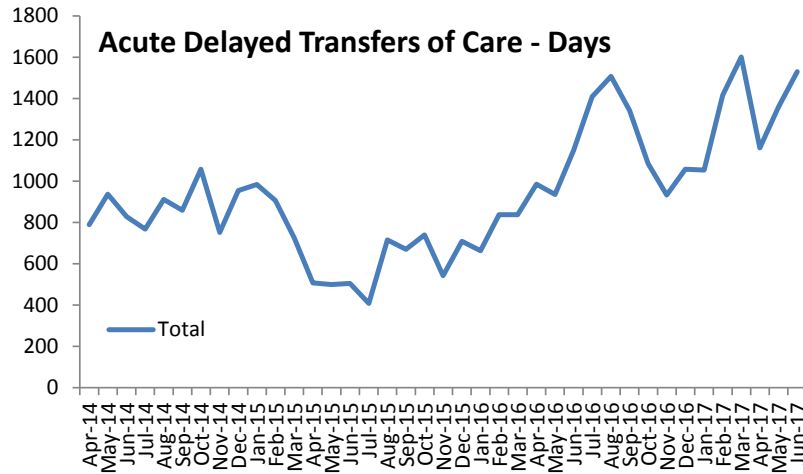
Within Wiltshire we have an established system wide DTOC Board to support the development and implementation of the action plan. The role of the DTOC Board is to oversee the plans delivery and be taken through the A&E Locality Boards to improve delivery during 2017/18 and sustain that in 2018/19. The DTOC Action plan will also be reviewed and monitored by the Wiltshire A&E Delivery Board with a focus on SFT and we also report directly to the Banes A&E Delivery Board and the Swindon A&E Delivery Board which has an integrated DTOC Governance Model (to be ratified in October 2017).

The Wiltshire wide Health and Wellbeing Board and Joint Commissioning Board will also receive regular updates and review system performance alongside the Better Care Programme and performance monitored through the BCP performance dashboard.

3.0: Overview of Performance 2016/17

The Wiltshire system has taken a proactive integrated approach to the reduction of delayed transfer of care over the last 3 years and the following graphs provide an overview of the key performance issues and the strong foundation we have moving forward.

Delayed transfers of care delays – Acute & Non Acute



There were challenges with capacity during 2016-17 which saw the number of delayed days at acute hospitals increase substantially during 2016-17. While our non-acute delayed days increased, they did not increase as substantially as the acute delays. We have analysed the reasons for the increase in delays and this has been used to create greater resilience into schemes and services which relate to DTOC reduction.

4. Our core principles 2017-19

- Aim of the Better Care Plan during 2017-19 is to transition more patients off package towards long term independence, this will require a further reduction of packages of care, a reduction in ICT length of stay and acute hospital length of stay
- Integrated discharge teams include GP practices; Help to Live At Home (HTLAH) and to strengthen the models.
- One single point of entry for discharge planning across the whole system (this will be embedded across the Home First approach)
- Joint management of risk
- Focus on reducing dependency as we transition patients through the pathway focusing on an asset approach
- Stronger focus on “front door turnaround and discharge planning “
- Integrated discharge teams need to be operational 7 days a week and there is a need to significantly increase the volume of discharges on the weekend
- Functional integration of therapy teams across the whole system.
- Long term care decisions where possible and appropriate are not made in the hospital
- Integrated community teams are the key platform for our integrated discharge and “home first “principles
- Focus on outcomes rather than hours
- Transition towards business as usual in the following ways
- Home first should be mainstreamed within integrated teams – i.e. social care, HTLAH and community health working together with a list of patients to make best use of the capacity.
- Reablement and Home First is a core element of integrated working.
- Align prevention to self-management
- Ensure we deliver an workforce development strategy that enables staff to embrace these key principles and meet the demographic challenges and the complex needs of service users

5.0: HIGH IMPACT CHANGES FOR MANAGING TRANSFERS OF CARE

We have undertaken a self-assessment under the high impact changes model, this is currently in draft and is being reviewed across the system.

Change 1: Early Discharge Planning – MATURE

Systems are in place in all 3 acute hospitals (Royal United Hospital Bath, Great Western Hospital Swindon and Salisbury Foundation Trust) to identify people who may require discharge planning. This is managed and monitored through Integrated Discharge teams based within each of the 3 acute hospitals, Adult Social Care, adult community, MH provider supported by discharge to assess for routine and complex discharge home.

Actions:

Early Discharge Planning	Lead	Completion Date
1.1 SAFER Bundle Produce a plan to get to 100% Full implementation 1.2 Explore the use of perfect week and red and green days to reduce DToC and improve LOS	Acute trust Acute trust, community and Mental Health	Q3 test status to inform winter plan and DTOC plan 2018/19
1.2 Explore development of system wide response to further reduce readmission post 91 days. 1.3 Establish a task and finish group to explore opportunities to develop a locality base response – membership Health watch, providers, CCG and PH. 1.4 Test assumptions and evidence base to inform Salisbury locality project. 1.5 Active membership of BaNES STP Board and three A&E Boards.	WC/WCCG/Providers	Q1 2018/19 Q3 2018 Q3 2018 On-going
1.6 Develop and consultant on a Wiltshire model detailing a patient-centred discharge model and delivery structure that is used to brief and support patients and partners. 1.7 Develop the model incorporating the asset based approach 1.8 Scope new pathway models to include prevention, admission avoidance, reduce LoS and improve DTOC/Stranded patients	WC, WCCG/Providers	End Q4

Measurement of Success: Reported DTOC reduction in accordance with trajectory and where required actions to mitigate risk is implemented in a timely way

Change 2: Systems to Monitor Patient Flow – ESTABLISHED

System leaders monitor patient flow, daily and when the Trust and or system are in OPEL escalation within the 3 acute hospitals and across the system to enable early in the day discharge and to escalate where action is required for those who are medical ready for discharge or designated as a Delayed Transfers of Care.

Overarching actions:

Performance reports/dashboards and delivery of trajectories are monitored through A&E delivery Boards.

The CCG acute team monitor delivery of NHS Constitutional targets and daily performance and risk mitigation for DTOC, supported by OPEL framework and OSRP. The Associate Director (ASC) undertakes daily monitoring of DTOC. The DASS and Lead Member undertake weekly monitoring, any additional resources needed to increase the flow are agreed by the Associate Director.

Systems to Monitor Patient Flow	Lead	Completion Date
2.1 Timely access to appropriate shared data for stakeholders daily. Governance in place to support OPEL and risk mitigation	CCG/WC	Completed
2.2 The Wiltshire system have an agreed process to enable timely decision making led by health and social decision makers to enable barriers and delays to be removed. 2.3 Review completed following winter to share learning and ensure the communication and escalation processes are responsive	CCG/WC Wiltshire system	Completed Q2 2018/19
2.4 DTOC to include those designated as 'stranded patients' is undertaken daily. 2.5 Wiltshire exploring a senior decision making meeting, to explore blocks/barriers for these complex patients using evidence base from other regions.	CCG/WC/Providers CCG/WC/Providers	Q3 2017 Q4 2018
2.6 Proactive review of patients out of area and weekly planning repatriation planning meetings for those with ongoing health or care needs.	CCG	Completed

Measurement of success: Discharges happen on the planned discharge date and a LOS reduction for MFFD patients.

Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. – ESTABLISHED

Integrated Discharge Teams operate within the 3 acute hospitals and are co-located with staff from Health and Social Care. The team consist of staff from the acute and community and work in collaboratively with private care providers and voluntary sector agencies.

Multidisciplinary Discharge Teams	Lead	Completion Date
3.1 Review the current MDT model to ensure it has the appropriate membership and are a key member of Board rounds to enable timely discharge.	CCG/WC/Providers	Q4 2017/18
3.2 To monitor and review the model in order to continuously improve, take learning from other regions to test new delivery models	WC/CCG/Providers	Q4 2017/18
3.3 Undertake an evaluation of the step up and step down pathways and access criteria for beds. Align the home first methodology and admission avoidance to ensure that individuals are supported to remain in the community and receive care close to home. 3.4 Ensure the Integration between the community and acute nursing, therapy and social care teams is strengthen with the commencement of the trust assessor role to facilitate safe and speedy discharge.	WC/CCG/Providers	Q3 2017 Q4 2017/18
3.5 Focus on simple discharges to improve patient's health outcomes and improve flow. 3.6 Explore the learning from those that could have received support or had their needs met outside of the acute setting.	WC/CCG/Providers/IDT	Q4 2017/18

Measurement of success: Wiltshire DTOC reduce lost bed days to a sustainable level. A reduction in escalation beds and step up beds used to support admission avoidance.

Change 4: Home First/Discharge to Access. – ESTABLISHED

Wiltshire Council and CCG are working with Wiltshire Health and Care, acute hospitals and supporting services to strengthen the Home First/ Discharge to assess service.

The home first model is supported by a current reablement service and will be further strengthened by a planned integrated reablement service and the increase in domiciliary care workforce model in 2018/19.

The model is in the early stage of implementation but is based on 4 discharge pathways agreed across the whole system in Wiltshire, to simplify the discharge pathways and delays due to assessments, or waiting for pre-determined follow on care.

Home First/ Discharge to Assess	Lead	Completion Date
4.1 Evaluate the Home First and Discharge to access model currently in place in order to extend, review and use learning towards establishing a sustainable scheme. This will include: <ul style="list-style-type: none"> •Ensure sufficient range, flexibility and capacity within services to manage the needs of our patients. •Identify role, responsibility and skills set required by staff to enable them to facilitate discharge to assess at home. •Implementation timetable to mobilise discharge to assess for all appropriate discharges across localities. •Relevant Continuing Healthcare protocols. •Clear key performance indicators and base line to evaluate the project 	WC/CCG	Q3 2017/18
4.2 Evaluate the community based Integrated Care beds and map their contribution to working with hospital discharge to support a discharge to assess model.	CCG/WC/Providers	Q3 2017/18
4.3 Explore the opportunities assistive technology can provide to support independent living, as part of the Wiltshire response to digital solutions.	CCG/WC	Q4 2017/18

Measurement of success: Increased numbers of Wiltshire patients accessing Home First and a reduction in the use of alternative services. Increase in number of patients accessing reablement from social work teams and reduction in use of residential care from hospital

Change 5: Seven-Day Service. – PLANS IN PLACE

NHS Trusts: Salisbury FT has delivered against the four clinical standards outlined in the 2020 FYFV, in March 2017, Royal United Hospitals FT trajectory IS March 2018 and GWH by March 2020.

Independent Sector social workers are 7 days however plans to enable seven days for social workers is under discussion to move beyond 6 days a week within the acute hospitals.

Seven Day Services	Lead	<i>Completion Date</i>
5.1 Wiltshire CCG to test compliance with the seven day services 4 clinical standards, delivery plan and supporting trajectories within contract meetings.	WC/CCG	Monthly Q3/4 2017/18
5.2 Wiltshire to map compliance with seven days ambition to identify risk and actions.		
5.23 Wiltshire system to explore within the integrated work force plan opportunities meet the workforce challenges in 2017/18 – 2018/19	WC/WCCG	Q3/Q4 2017/18

Measurement of Success: Improved flow across the health and social care system, Improved timely discharges within the Trust and a reduction in length of stay, improved ED 4hour wait time performance and patients going to the right place first time.

Change 6: Trusted Assessors. – PLANS IN PLACE

Training is established for Health and Social Care.

A co-ordinated approach is supported through the IDS.

A single assessment form is being produced to enable a one voice approach.

Care Home Forums have been re-established focusing on building productive relationships to enable the move to more trusted assessments.

The CCG is developing a proposal for Trusted Assessor and LES for GP weekly ward round in identified care homes.

Trusted Assessment	Lead	Completion Date
6.1 Development of a clinically led trusted assessment process on behalf of multiple partners across health, social care and the independent sector.	CCG	Q4 2017
6.2 A recognised trusted assessment process with standard documentation and a mandated remit to undertake on behalf of whole system.	CCG	Q4 2017
6.3 Develop a common suite of documentation, including assessment template and communication protocol to in-taking care providers (e.g. email, teleconference, or face to face for complex patients).	CCG	Q4 2017
6.4 Implement an appropriate crisis response to wrap around the trusted assessment process in the event that the care package breaks down within the first 48 hours.	CCG	Q4 2017

Measurement of success: Assessments are integrated and timely.

Change 7: Focus on Choice. – PLANS IN PLACE

Choice policies are in place in 3 acute hospitals, community hospitals and Intermediate Care beds. Wiltshire has adopted a system wide choice policy and supported by a training package for partners to ensure consistent implementation, this is being rolled out. To test compliance a planned audit will be undertaken in 2017/18

Focus on Choice	Lead	Completion Date
7.1 Undertake an audit with system partners to test compliance to the choice policy,	Providers	Q4 2017/18
7.2 Follow in audit develop a plan 7.3 share learning from the audit as appropriate	Acute Trust/providers	Q4 2017/18 and into Q1 2018/19
7.4 Test the communication plan to support of residents, including self-funders, vulnerable individuals are fully informed. 7.5 Explore an independent provider model to communicate the choice options, for those that do not receive the self-funder service.	WC/WCCG/Provider WC/WCCG	Q4 2017/18 Q1 2018/19

Measurement of success: Choice Policy referred in accordance with national guidance for choice.

Change 8: Enhancing Health in Care Homes. – PLANS IN PLACE

Wiltshire Council has a Quality Assurance team who support Care Homes to improve quality.

The CCG have prepared a proposal to establish care homes support service that incorporates community nursing and health service.

The CCG pilot for red Bag Scheme proposal is in development to be supported by nominated care homes.

The CCG fund AWP to provide a mental health liaison team to support Care Homes, particularly around the care of patients with dementia.

Enhancing Health in Care Homes	Lead	Completion Date
8.1 Wiltshire Council has a Quality Assurance team who support Care Homes to improve quality with a expectation WCCG as part of integration will further enhance the current model. 8.2 The CCG are prepared a proposal to establish care homes support service that incorporates community nursing and health service.	WC/WCCG WCCG	Q1 2018/19 Q4 2017/18
8.3 Develop a proposal for a Red Bag scheme	WCCG	Q3 2017/18
8.4 Evaluate the Mental Health Service Model	WCCG	Q1 2018/19
8.5 Explore opportunities to support admission avoidance through locality based engagement	WCCG/WC	Q3 2017/18

Measurement of success: Reduced attendances and admissions to hospital; reduced LoS; delayed discharges (DToC) for care home patients; increased weekend discharges; improved communication and relationships between hospital and care homes

Wiltshire system DTOC Action Plan

Outlined below is the more detailed DTOC action plan for Wiltshire by ensuring business as usual is embedded in 2017/18 and to sustain into 2019. Appendix 1: DTOC trajectories 2017-19, Appendix 2: Provider ambition for December 2017 and Appendix 3 Wiltshire break down by reason for the delay

There is a comprehensive reporting structure in place for delayed transfers of care which is underpinned by the Better Care Plan Performance Dashboard. The key indicators include;

- DTOC delayed bed days (all beds)
- Readmission rates (28 days)
- 91day indicator
- Average LOS per NEL bed
- Average LOS community hospital bed and ICT
- Green 2 Go (G2G) patients per acute trust AND % of beds (Stranded patients)
- Number of DTOCs per acute trust
- Volume of weekend discharges
- Average time on caseload
- Average LOS between medical stability (G2G) and actual discharge
- Volume of discharges before midday against plan
- Volume of assessments and discharges within 24 hours
- Volume of activity per scheme vs. plan.
- SPC for current year using previous year activity as the baseline (to be explored)

Wiltshire Council ambition for 2018/19

- 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

Better Care Fund Programme plan 2017-19

<u>Service Area</u>	<u>Action required</u>	<u>KPIs, Delivery date and owner of project</u>	<u>Risk</u>
Workforce Strategy	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, this is underpinned by the Wiltshire Workforce Strategy.	Ongoing training with care homes to instil a reablement philosophy within homes	
Admission avoidance		<ul style="list-style-type: none"> • 2017-18 restrict admission to 1% growth for 65+ and 2018-19 reduction of 306 admissions per annum. Baseline 2, 2000 admissions (200 per 1,000). • Avoid 30 admissions per month and 85% admission avoidance. Test to increase in 2018/19 	
Readmission	Identify support to reduce readmissions.		
Community geriatrics	Community geriatrician coverage across Wiltshire, need to link with established community teams consistent across a 7-day period. Developing “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 aim will be to reduce LOS and admission avoidance through early intervention and support in the community.	
Wiltshire High Intensity Care programme	Roll out of the High Intensity care programme, 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		
Front Door Avoidance Rapid assessment (streaming)		Community teams link to specialist teams	
Step Down ICT Beds – care homes	60 beds in 9 identified homes across the county. Confirm criteria for ICT beds. LoS reduction	To enable 60 admissions a month and 720 admissions per <i>annum</i>	
Step Up ICT Beds – care homes	10 beds in 2 identified care homes in the south of the county and a GP Led delivery model	To support admission avoidance in the South.	
Community Hospital – Step Down	Confirm criteria for community hospital beds.	<i>To enable an additional 25 patients Per month 300 patients per annum</i>	
Step Up Intermediate care (Community Hospitals).	<p>Access across a 7 day period Access to a wider pool of referrers (such as SWAST) Sign off agreed referral pathways from hospital front doors</p> <p>Community Hospital Beds and Intermediate Care beds</p> <p>The main reasons for DTOCs in community hospital beds remain</p> <ul style="list-style-type: none"> - Delays in awaiting care package at home - Delays in waiting long term residential and nursing care. - Choice delays - Increased length of time moving patient to “ MDT “ ready for discharge, this is in effect getting patients to “ green to go “ status . - Poor referral management with patients being discharged 	<p>WC/WCCG November 2017</p> <p>2017-18 50% of community beds to be step up compared to 25%. The aim is to achieve an additional 15 discharges a month from CH beds. This will provide an additional 180 discharges per annum over and above current levels</p> <p>12 patients a month 144 patients a year</p>	If flow is not maintained it will impact on LOS, DTOC and excess bed days

	<p>inappropriately into community beds.</p> <ul style="list-style-type: none"> - Patients over the age of 85 with co morbidities remains a challenge 		
End of Life Care Pathway	<p>30 % of all hospital non-elective admissions are for patients with a life limiting diagnosis. Actions to;</p> <p>Improve identification of patients who have <12 months to live.</p> <p>Progress implementation of treatment escalation plans across system.</p> <p>Reshape role of the community end of life team (GWH Community services) proactive case management approach for patients on an end of life pathway.</p> <p>Continue commissioning of the 72 hour EOL pathway?</p> <p>Review and agree future role of hospices in the EOL agenda.</p>	<p>Dorothy House Hospice and Salisbury Hospice.</p> <p>16 cases per month</p> <p>192 cases per annum</p>	
Urgent care at home	<p>Crisis response services have been reviewed and pathways standardised for each acute hospital.</p>	<p>Urgent care at home 80 cases per month</p> <p>960 cases per annum Medvivo /WHC /Acute Trusts</p>	
Care home liaison MH	<p>AWP is launching the Care Home Liaison service for patients with dementia.</p> <p>Separate weekly performance management process in place across Wiltshire for mental health DTOCs?</p>		
Dementia Services	<p>A comprehensive service for those with dementia, Dementia strategy and action plan have been developed. However community focused /crisis intervention based model of care should be tested to ensure this meet demand. The Care Home Liaison services and discharge planning supported by Acute “in reach “programmes for dementia, now need to be tested.</p>		

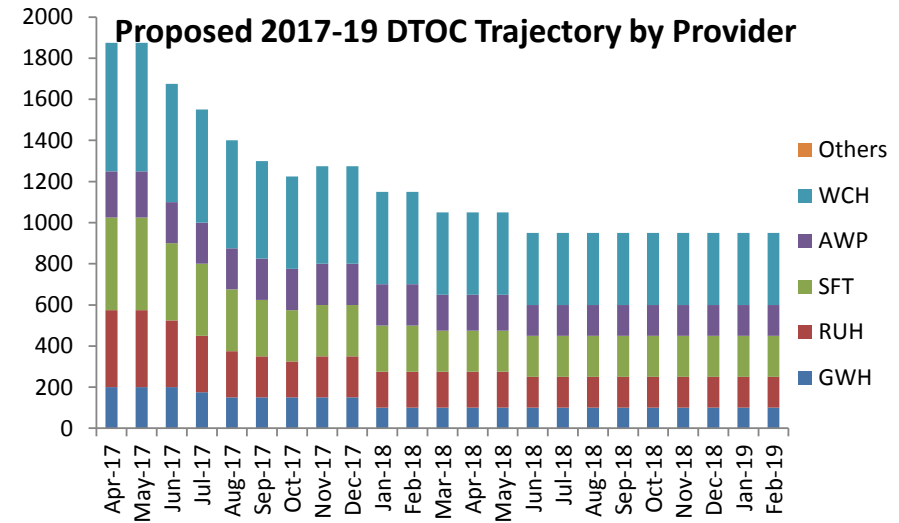
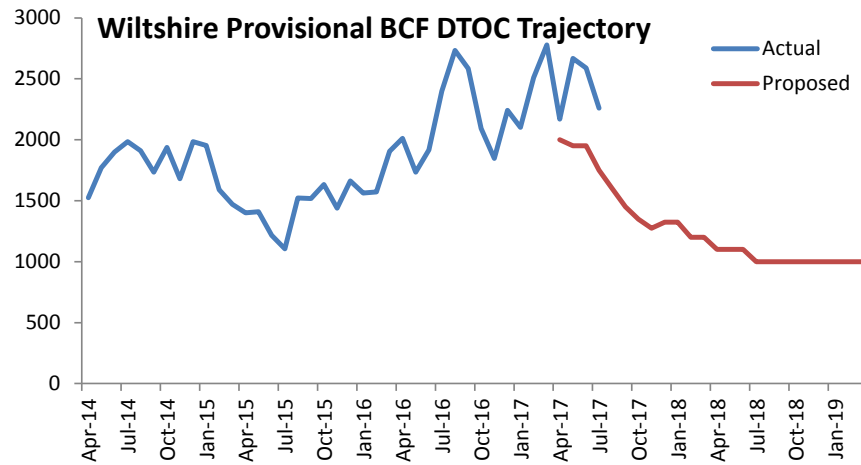
<p>Integrated Discharge Early Discharge Planning Capacity and demand reviews of</p> <p>Help to Live at Home (Dom care provision across Wiltshire)</p>	<p>To strengthen the early discharge model to include WHC (pull model)</p> <p>Ensure Red and Green Days are embedded in acute and community hospitals.</p> <p>Consider Prefect Week Q3 and Q4 2017/18</p> <p>Safer buddle – implemented and embedded.</p> <p>Test Care – coordinators</p> <p>These are in place at different levels across Wiltshire. Test if fully integrated within the discharge planning system across Wiltshire.</p> <ul style="list-style-type: none"> • High risk patients being referred to integrated teams for ongoing management • Care – coordinators to be informed of discharge plan once patient is “medically stable “. <p>Test: Early supported discharge pathways being developed for certain cohorts of patients</p>	<p>October 2017 – owned by Trusts</p> <p>Confirm roll out plan with implementation dates in Q3 – owned by Trusts. WCCG/WC/NHSI/Providers</p> <p>Trusts to confirm date for Q3 and Q4. Owned by Trusts supported by WCCG/WC/NHSI</p> <p>Supported by NHSI in Q3. WCCG/WC/NHSI</p>	<p>if not embed DTC trajectory will not be delivered by Dec 2017 or sustained</p>
<p>Re-ablement Rehab workers</p>	<p>30 wte Carers to support Urgent care at home and improve 21 discharges a week 1091 discharges per annum.</p>	<p>New service model WC May 2018 – community teams Embed referral routes</p>	<p>Recruitment of workforce</p>
<p>Trusted Assessor</p>		<p>WCCG/WC/Providers implemented Q1 2018/19</p>	

	<ul style="list-style-type: none"> - A greater focus on re-ablement gaining the patient's independence where there is no ICT provision. - Implementation of Wiltshire wide choice policy - Revised pathways criteria for acute referrals into beds - Enabling weekend discharges and admissions 		
Home First Discharge to Assess (D2A)	<p>Strengthen and roll out the model across acute and community settings in Q3 and Q4 however consider alignment to HTLAH and Re-ablement in Q4.</p> <p>Gap analysis – demand to capacity for HF/D2A/HTLAH</p> <p>Clarify domiciliary care capacity through Home First will ensure system beds are used appropriately</p>	<p>October to November 2017 finalise and commence rollout of plan SFT, GWH and RUH WHC/WC/WCCG owners</p> <p>WC/WCCG</p> <p>WHC/WC/WCCG</p>	DTOC will not reduce to trajectory
PTS	Explore opportunities in current model and identify additional capacity	Q3 WCCG	Impact on discharge
Seven-Day Services	<p>Model aligned to Health 7DS 4 clinical standards however assurance on WC 7DS offer for social care.</p> <p>Services implemented through the Better Care Plan and ORCP provide coverage across 7 days, supported by the 24/7 access to care /SPA led by MEDVIVO.</p>	Providers WCCG and WC	Business Continuity Impact on DTOC and patient flow
Accessing specialist	CHC and fast test to ensure protocols are in place with each acute hospital. Fast-track pathways for stroke to dedicated and protected beds, MIs, and NoF.	Understand the impact on DTOC Q3 WC/WCCG/Providers	

	<p>Undertake a review ESD for stroke and discharge for spinal /trauma patients in SFT.</p> <p>Supported Hospital Discharge Service in place to facilitate discharges from the acute setting, review to be completed.</p> <p>Role of the voluntary sector in relation to discharge planning is being enhanced</p> <p>MH AWP Care Home Liaison</p> <p>EOL (72hr) rapid access pathways for end of life patients across Wiltshire.</p>	<p>AWP in reach for dementia – no measures?</p> <p>Test alignment to the frailty hub programme being progressed by Wiltshire Health and Care (17/18)</p> <p>EOL 20 admissions managed in a non-hospital setting at month.</p>	
Choice Policy	Review policies within Trusts and system progress to ensure alignment and recording is consistent	Q3 – WCCG/WC owner working with acute and community hospitals	Risk to delivery and performance
Governance and planning	<p>System capacity and demand planning</p> <p>Undertaken for the winter period and will be refreshed on a quarterly basis. This is underpinned by growth and disease projections and we have established monthly predicted demand levels and the amount of discharges required on daily basis to keep the system in balance and achieve the LOS /DTC plan reductions</p>		
Communication plan aligned to winter and escalation	<p>Align Wiltshire Council and Wiltshire CCG winter plans</p> <ul style="list-style-type: none"> - Launch of proactive comms for the period 	CCG/WC, Medvivo /3 acute trusts and WHC	UEC Plan

	<ul style="list-style-type: none"> - Focus on promotion of alternative services and access points - Signposting of services - Key public messages in relation to “ choice “ policy - Revised pathway and key service communications to GPs and other stakeholders in the system - Targeted community care homes (i.e. care homes, patients with LTC etc.) - Robust internal comms - Patient education and public health messages - Media plan (tbc) - On call comms arrangements - Promotion of the single number approach 		
<p>Prevention Add other projects</p>	<p>Ensure a preventative based approach is taken at all stages of an older person’s pathway of care. Review to be undertaken post 2017/18.</p>	WC 2017/18 review of SFT fracture clinic	
<p>Supporting social services and health integration</p> <p>Shared assessment frameworks across health and social care should lead to a Personalised care</p> <p>Integration of information Continued development of the Single View of the Customer approach</p>	<p>Shared assessment frameworks across health and social care should lead to a Personalised care plan for everyone, where the individual and their careers are key participants in any decision made,</p> <p>Integration of information Single View of the Customer to ensure that adequate and timely information is shared between services whenever there is a transfer of care between individuals and services.</p>	<p>WC</p> <p>BCF TBC</p>	

Appendix 1 Trajectory for Wiltshire



The trajectory was developed looking at the historic delayed days by trust and the split between Health and Adult Social Care delays. It is also based on what we believe the schemes outlined above are able to deliver. While we are currently over target, this is predominantly at GWH, AWP & WH&C, while SFT and RUH are both only marginally over the trajectory. Health delays are around the trajectory but Adult Social Care and Both delays remain well above the trajectory.

Phase 1

DTOC PLAN to reduce delayed bed days from 1,749 in July to 1,325 in December 2017

Phase 2

Reducing to around 1,100 from April 2018 to July 2018 and then sustainably deliver around 1,000 from August 2018. This represents an improvement on the previous performance across Wiltshire.

Appendix 2 Providers ambition for December 2017

Appendix 3 Lost bed days by reason

Breakdown by Trust lost bed days

	2015-16	2016-17	2017-18 (July)	Dec Target
GWH	194.0	261.9	357	150
RUH	147.7	444.8	384	200
SFT	294.3	499.3	411	250
AWP	292.8	348.1	299	200
WHC	495.3	646.7	741	475
Others	71.3	45.1	68	50

Breakdown by Reason

	15-16	16-17	17-18 (to M4)	Dec Target
Assessment	36.6	53.2	86.5	30
Public Funding	10.2	8.0	29.3	10
Non Acute transfer	299.0	447.3	314.8	250
Residential home	191.2	301.3	432.0	150
Nursing home	343.2	378.5	471.0	300
Dom. Care	435.2	795.3	776.3	400
Equipment/ adaptations	39.8	76.7	71.8	40
Patient/ family choice	88.0	128.2	176.5	95
Disputes	9.7	14.0	0.0	10
Housing	42.8	43.3	63.3	40

Appendix 3 BCF Dashboard		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Indicators							
Specific Acute Non Elective Admissions		3,480	3,796	3,701	3,720	3,734	
Permanent Admissions to Care Homes		300	276	348	474	518	496
At Home 91 days post discharge with reablement							
Delayed transfers of Care		2,169	2,667	2,589	2,260	2,329	
Wiltshire BCF Schemes							
Intermediate Care Beds - Step Down		54	47	52	47	42	49
Intermediate Care Beds - Step Up		2	6	5	3	6	1
Community Hospital Beds - Admissions		79	73	93	70	74	
High Intensity Care - Referrals		17	16	21	24	25	
Urgent Care at Home		49	60	64	64	68	
Rehab Support Workers		9	20	35	35	43	23
Community Geriatrics							
Fracture Liason							
CHS							
Wiltshire iBCF Activity							
20 Additional SD IC Beds							
3 Specialist MH IC Beds							
Additional RSW / UCAH Reablement							
Housing Adviser							

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Wiltshire Integrated Better Care Plan IBCF/BCF 2017-2019

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Version	Sign off	Date
Draft Submission	To the Health and wellbeing Board	
BCF Final	Submitted to NHSE	29 September 2017



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Glossary

BCF	Better Care Fund
DToC	Delayed Transfer of Care
IBCF	Improved Better Care Fund
NEL	Non-elective admission
STP (ACS) System)	Sustainable Transformation Partnership (Accountable Care System)

Section 1: Vision and priorities

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Background and Wiltshire context

Current state of the health and adult social care market

Health and social care is facing challenging times. In Wiltshire the population is ageing and by 2020 those of 65 years will account for 4.8% of the Wiltshire population, the prevalence of long term conditions is increasing and the demand for health and social care services is growing.

At the same time the aspirations and needs of the community are also changing as people expect more personalised services and more choice and control over how their individual needs are met. The current financial climate also places a greater imperative on the CCG and the Council to develop models of care within available resources that are both robust and sufficiently flexible to be responsive to changing needs, aspirations and technological advances over the next decade and beyond. Within this climate, the care market in Wiltshire is also facing a number of challenges, which are reflective of those being faced across the country. This includes the recruitment and retention of adequate numbers of appropriately skilled, experienced staff (including nurses for nursing homes).

Shared Vision for 2020

In Wiltshire, our local vision is set out in the Joint Health and Wellbeing Strategy and a recently agreed Statement of Intent on health and social care integration. Our vision is that health and social care services in Wiltshire should work seamlessly together to support and sustain healthy, independent living.

Our two key aims are:

- **Healthy Lives** – which means encouraging and supporting Wiltshire communities, families and individuals to take on more responsibility for their own health and wellbeing through a range of health promotion, protection and preventive activities.
- **Empowered Lives** – which means care should be personalised and delivered in the most appropriate setting, wherever possible in the community and at, or closer to home. We want the people of Wiltshire to be supported and empowered to live independently, healthily and for longer.

Delivering our two key aims and the vision of supporting and sustaining healthy, empowered living will require increased integration and cooperation between public health and primary, secondary and specialist health services – together with social care and other council teams. Our JHWS sets out how this integration needs to happen at local level by developing multi-disciplinary teams; in the way services are commissioned at a countywide level; and by joint working on issues such as workforce development and estates (enablers).

Over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities. Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group, and our partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This places prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

Shared Vision for 2020

Wiltshire Council, Wiltshire CCG and our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together our three acute hospitals to deliver community care) have agreed to combine leadership to:

- Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
- Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes rather than a system which rewards increased contact;
- Have a shared and transparent governance structure;
- Establish joint outcomes and evidence based provision;
- Provide a multi-skilled and joined up workforce.

This will transform the way in which our business is done and will help to deliver the triple aim of improved population health, improved quality and experience and reduced cost per capita. The immediate next steps to deliver this vision are:

Appoint a joint Chief Accountable Officer / Corporate Director (DASS). The current situation whereby both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

Align budgets and commissioning intentions to develop whole place commissioning. A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. We will test and develop arrangements for capitated budgets & outcomes based commissioning.

The steps described will deliver a transformation in the way that health and social care services are designed in Wiltshire. To deliver the work, Wiltshire has brought together an accountable care alliance, reporting to the Health and Wellbeing Board. From inception, the Board has included our acute providers, mental health trust, ambulance trust and local medical committee and the alliance is the next iteration of the strong relationship between providers and commissioners in Wiltshire. Our key providers also strongly support the steps outlined in this Better Care Plan for Wiltshire to deliver sustainable change.

The Contribution of the Better Care Plan to the Shared Vision for 2020

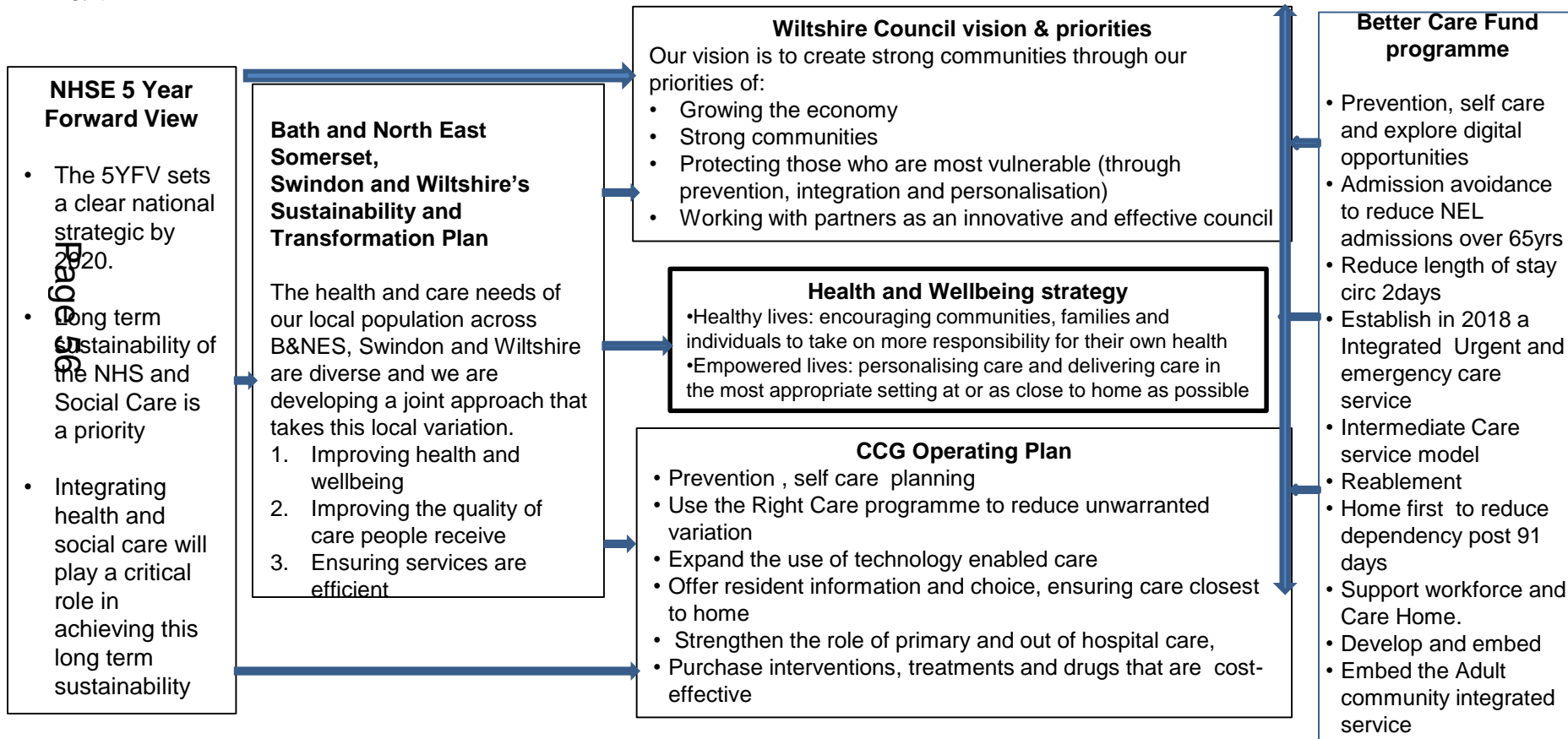
The Better Care Plan will continue to play a key role in managing pressure across the system, monitored by established system wide governance processes; and will help to deliver the vision for enhanced health and social care in Wiltshire for 2020 through demonstrating a commitment to enhance and embed a sustainable system that promotes health and wellbeing. This work, which has the full support of our acute partners, will deliver a greater emphasis on upstream prevention and focus on self-management and signposting. We will commission the third sector to deliver an increased emphasis on prevention, early intervention and to empower individuals to be more independent. This will be complemented with investment in community focused provision, the development of locality based integrated teams, supporting primary care, and continued joint commissioning of an integrated urgent care service and Home First to avoid admissions, reduce length of stay and support discharge.

The Better Care plan has been running for the last 2 years and has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. The BCP statement of intent for 2017/18 and 2019 outlines our ambition to further enhance and transform Wiltshire with the additional investment from the Adult Social Care (£5.8m in 2017/18) IBCF which will enable the strengthening of work streams to improve flow and the integration and transformation of services aligned to the JSNA, CCG operational plan and Health and Wellbeing board vision for the population of Wiltshire. This will deliver by 2020 the vision of a one service delivery infrastructure underpinned in part by the BCF and IBCF. A new S75 agreement for 2017-19 reflecting this is set for completion in Q4 2017/18. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-recurring, resources will be on wider transformation of adult social care (including front door services), developing a reablement service that supports Home First, increasing capacity in the domiciliary care market, redesigning the hospital discharge process and tackling National Living Wage pressures.

These steps will be critical for delivering change on the ground, in line with Wiltshire's Joint Health and Wellbeing Strategy, so that people can say: ***My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.*** We will use this and the other 'National Voices' outcome statements and work with Healthwatch Wiltshire to test these with patients, service users and staff to measure our success in delivery.

Vision and priorities

The Better Care Fund programmes delivers the council and CCG vision and priorities, which are informed by the local and BANES STP strategy/priorities and the NHSE 5 Year Forward Plan.



Better Care Plan is built upon our overriding vision of care

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 employing Home First and reablement. 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 reduce dependency on care towards and maximise 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.

- The Better Care Plan has been the key driver for out of hospital care 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 change.
- The Better Care Plan will further strengthen the prevention strategies both for the population to remain as healthy as possible but also through assistive technology as both will help the population to 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 based on the strategic joint needs assessment to be led and informed by Wiltshire residents.

Wiltshire, integrated care delivery model

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 and contact 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.
- **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.

Leadership and culture change

Wiltshire is committed to strengthening the current collaborative ways of working to appoint a joint adult and social care and Accountable officer post in 2018/19. This is a key role to take forward at pace the accountable care system and new ways of working.

Wiltshire Council and Wiltshire Clinical Commissioning Group seek to work in ways that achieve high levels of output that produce good outcomes in partnership with others and at a cost the local community can afford.

The Council's approach is aligned to the strategic leadership in Wiltshire CCG. There are great synergies between the drive and commitment from the Council's strategic leaders and board at the CCG. The culture developed in the inception of the Better Care Fund and more recently in the Improved Better Care Fund provide a platform to further build on the work completed over the previous 3 years. .

The two strategic partners possess a complementary vision of our BCF programme which is innovative and flexible in its approach. Rather than just looking for new projects the BCF board seeks to identify, from an evidence base, what local projects and delivery outcomes can be expanded or amend to deliver more; what projects are delivering outcomes; and or the wider footprint of BaNES STP.

Our vision 2017-2020 of an Accountable Care System

NHS and Social Care Environment (2017 - 2021)

NHS England and
NHS Improvement

STP

ACS

NHS wide focus

BANES
CCG and LA

Wiltshire
CCG and LA

Swindon
CCG and LA

Virgin

Accountable care
alliance

- Self care and prevention
- Urgent care service
- Voluntary and community services
- Community services
- Social services
- Primary care
- Mental health
- Royal United Hospital

Wiltshire health and care

Accountable care
alliance

- Self care and prevention
- Urgent care service
- Voluntary and community services
- Community services
- Social services
- Primary care
- Mental health
- Salisbury District, Great Western and Royal United Hospitals

County-wide services
from LA

GCS

Accountable care
alliance

- Self care and prevention
- Urgent care service
- Voluntary and community services
- Community services
- Social services
- Primary care
- Mental health
- Great Western Hospital

Definitions

Requirement setting, regulation and assurance. Targetted support. Accountability for strategic vision and outcomes. Strategic commissioning activities. Responsibility for system design and delivery. Back office shared function. STP: STP partnerships

Local strategic commissioning at LA level

- s75 pooled budgets
- Public health (JSNA)
- Influencing of public policy
- Prevention
- Strategy and vision
- Resources prioritisation and allocation
- Required outcomes
- PPE
- Market stimulation
- Procurement
- Contracts
- Performance management and QA
- Functions across STP for wider services and with other STPs for MH, Specialised and Ambulance
- Workforce planning

ACA system elements

- High quality sustainable acute services - and improvement of
- Integrated urgent and emergency care services
- Primary care at scale
- Integrated CYP service
- Population based HWB offer
- Integrated H&SC services
- Physical and mental health
- Vibrant market/VCSE
- Integrated personal commissioning

Questions:

- NHS only business learning?
- Networks outside of STP?

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Wider services such as mental health, ambulance, patient transport services, continuing healthcare and specialised

Sustainability and Transformation Plan (STP)

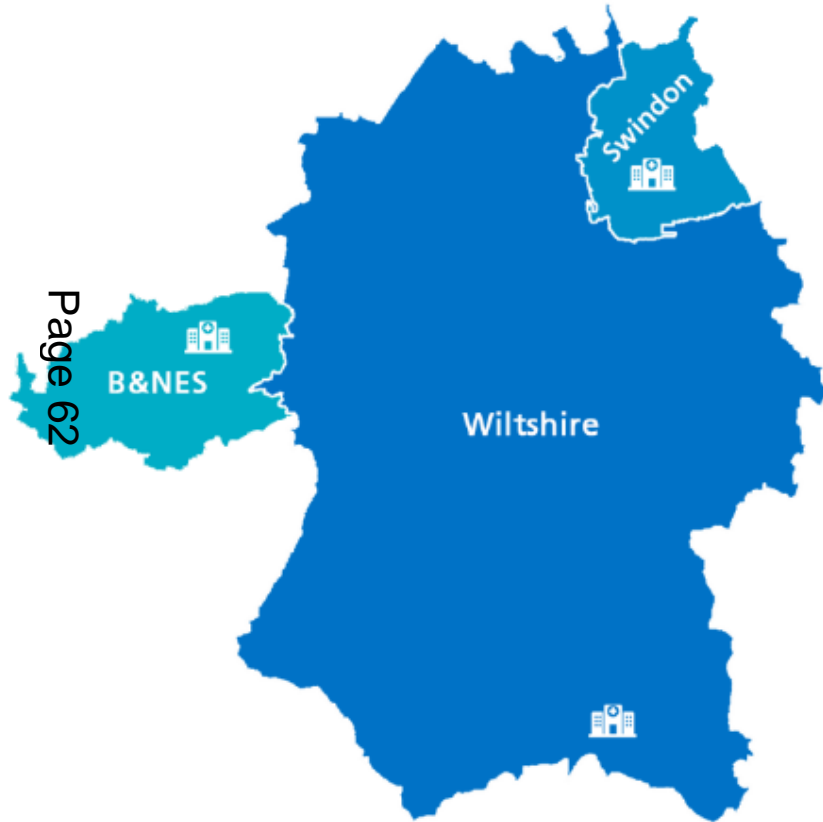
The Wiltshire Better Care Fund Plan carries forward elements of the B&NES, Swindon, Wiltshire (BSW) Sustainability and Transformation Plan (STP) which has established 5 key priorities that are set out below.

In particular, the priority to focus on prevention, create locality based integrated teams and focus on workforce and capacity issues such as the domiciliary care workforce and care home capacity are strong themes running through the local BCF as well. The BCF Plan complements the STP Urgent and Emergency Care Delivery Plan, particularly the national priority on hospital to home services.

STP Priorities

1. Create locality based integrated teams supporting primary care
2. Shift the focus of care from treatment to prevention and proactive care
3. Redefine the ways we work together to deliver better patient care
4. Establish a flexible and collaborative approach to workforce
5. Design our strategy to further enable acute collaboration & sustainability

STP (BSW) operating boundary



Organisations within the footprint:

Bath & North East Somerset CCG
Swindon CCG
Wiltshire CCG
Bath & North East Somerset Council
Swindon Borough Council
Wiltshire Council
Great Western Hospital Foundation NHS Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
Avon & Wiltshire Mental Health Partnership NHS Trust
Wiltshire Health & Care
South Western Ambulance Service NHS Foundation Trust
Wessex Local Medical Committee
West of England Academic Health Science Network
Health Education England
Health and Wellbeing Boards (B&NES, Swindon, and Wiltshire)

Section 2: Demographics and population needs

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The needs of our population

The Joint Strategic Needs Assessment (JSNA) indicates that there will be a 1.7% rise in the population to 501,300 by 2020, by 2030 the population of Wiltshire is expected to rise by 6.4% higher with a population of around 524,300.

For those aged 65 and over the estimates show an increase of 4.8% by 2020 to 111,700 and 34.6% by 2030 to 143,500. For those aged 85 and over the increase is 74% by 2030 to 24,800.

Our working age population is expected to reduce by 3.6% or 10,000 people by 2030, making the case for resilient communities and a sustainable health and social care system even greater.

This will be explored further within this section.

Demographics

Table: Population	2014	2017	2018	2019	2020	2030
Total population	483,300	492,700	496,200	498,600	501,300	524,300
Under 20	114,500	114,300	114,400	114,500	114,900	116,300
20-64	271,900	274,300	275,200	274,900	274,700	264,500
Aged 65 and over	96,900	104,100	106,600	109,200	111,700	143,500
population aged 65+ as a % of total population	20.0%	21.1%	21.5%	21.9%	22.3%	27.4%
Aged 85 and over	13,300	14,500	14,900	15,300	16,000	24,800
Population 85+ as a % of total population	2.8%	2.9%	3.0%	3.1%	3.2%	4.7%

Wiltshire Council and NHS Wiltshire are broadly coterminous and the registered and resident populations are broadly similar.

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, which shows further growth for the over 65s of 7.3% from 2017 to 2020. At the same time the working age population is broadly unchanged.

The population of Wiltshire is served by 3 main Acute trusts, only one of which is actually in the County. Around 35% of the activity goes to Salisbury Foundation Trust in Wiltshire. Roughly the same percentage attend the Royal United Hospital in Bath and around 25% attend the Great Western Hospital in Swindon. This distribution of activity and service demand adds complexity to the admission avoidance and discharge planning for patients.

Older people

Table 1: Population	2017	2018	2019	2020
Aged 65 and over	104,100	106,600	109,200	111,700
65+ as a % of total population	21.1%	21.5%	21.9%	22.3%
Aged 85 and over	14,500	14,900	15,300	16,000
85+ as a % of total population	2.9%	3.0%	3.1%	3.2%

Wiltshire has a large older, 65+, population, see table 1, 21.1%. This is expected to rise to 22.3% within the next three years. The older population continues to be healthy, with average life expectancy at age 65 higher than national average at 19.4 years for men (vs. 18.7yrs nationally) and 21.7 years for women (vs. 31.1yrs nationally) The Wiltshire BCF vision is to support the increase in demand for services that support residents remaining independent. We support Carer Support Wiltshire who undertake carer reviews, provide respite care and have a voluntary emergency care which enables early identification of a carer to provide alternative support in an emergency.

Table 2: Support arrangements	2017	2020	2025	2030
Total population aged 65 + unable to manage at least one self-care activity* on their own	34,651	37,585	43,573	50,522
Total population aged 65+ unable to manage at least one domestic task** on their own	42,243	45,954	53,352	61,743
People aged 65 + providing unpaid care to a partner, family member or other person, by age, projected to 2030	14,894	15,882	17,788	20,113
Total population aged 65 + living in a care home with or without nursing	3,277	3,635	4,395	5,313

Whilst independence remains the aim some of our residents, see table 2, some of our residents need to live in residential or nursing home environments. There are a substantial number of nursing and residential care homes, 204, in Wiltshire delivering over 5,000 beds . This brings a range of challenges, for instance high number of 'self-funders' who revert to local authority support when their resource expires – but are expensive placements and do not want to move; demand for high volume of social care workforce – in a area where employment rates and high and house prices are many times the average salary.

The Wiltshire Joint Strategic Needs Assessment (JSNA) and other national and pathway-specific benchmarking tools are used to prioritise resources.

Social Isolation and mental health

Social Isolation

Levels of Social Isolation as measured by the annual client and biannual carers survey are higher than we would like to see within Wiltshire. We know that high levels of social isolation can lead to admission to hospital and greater levels of care. The Wiltshire Older Peoples collaborative is working with the Council, CCG, Providers and the Voluntary Sector to identify areas at high risk of social isolation and support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

Mental Health

Local dementia diagnosis rates are around 65%, slightly below the national target level of 67%, with some outstanding individual GP practice performance, but the impact of dementia on long term care needs for families and care home capacity is continuing to rise. The BCF work on training care homes employees is seeking to ensure residents remain in the home rather than be transferred to hospital. A 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.

Long term conditions and frailty

In 2014 Wiltshire Council published its first Older Persons Joint Strategic Assessment, this led onto an Older Peoples Service Review which was published in 2015. The key recommendations of this review were:

- Supporting Independence
- Healthy Active Ageing
- Support for living with health problems
- Understanding co-morbidity
- Rapid support close to home in times of crises
- Good discharge planning and post discharge support and reablement
- End of life care

The Better Care Fund has been supportive in delivering the recommendations of the review which includes the Urgent Care at Home service and Step Up Beds in the community and our 72 hours end of life care pathway. In 2017-19 we will continue to develop our existing and new services in line with the recommendations of the review.

The Older Persons JSNA analysis is currently being updated and due for publication in December 2017 and this will be used to support the tailoring of current schemes to meet the evolving needs of this population.

The ongoing Adult Social Care transformation programme, funded by the iBCF monies is primarily about delivering effective reablement support both in the community and post hospital discharge one of the main recommendations of the Older Persons review in Wiltshire.

Section 3 - Better Care Plan

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Lessons learnt from the Better Care Plan

The evaluation of BCP Schemes has highlighted the following themes, which have been developed into a transformational programme of work.

Phase One of this transformation is listed in the table below and provides a foundation for Phase Two.

Phase Two will focus on the further integration of the health and social care economy.

- Greater focus on prevention and self-management incorporating adult social care front door transformation and information and advice
- Better managing demand across the system, **Right Place First time** for the residents of Wiltshire
- Ensuring greater stability in the local care market.
- Improving reablement and the alignment of reablement and the Home First model future model
- Increased workforce capacity including domiciliary care market and flexible use of the workforce, moving towards an integrated workforce within our ACS
- Developing integrated commissioning to use our resources effectively across the system
- Increasing innovation, including better use of technology advances
- Further improvements to hospital discharge planning and reductions of delayed transfers of care (which are set out in the High Impact Change Model and Delayed Transfers of Care Plan – Appendix 1 DTOC plan and Appendix 2 High Impact Changes.
- Stakeholder engagement building upon the JSNA

Wiltshire's Better Care Plan

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.

Explore new opportunities to strengthen Wiltshire's person centred approach through an assets based assessment, and integrating the wider social model in communities and across the Wiltshire system

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.

The total spend on Better Care is £44.083m. For a full breakdown of the BCF schemes, see Appendix 55,56 and 57

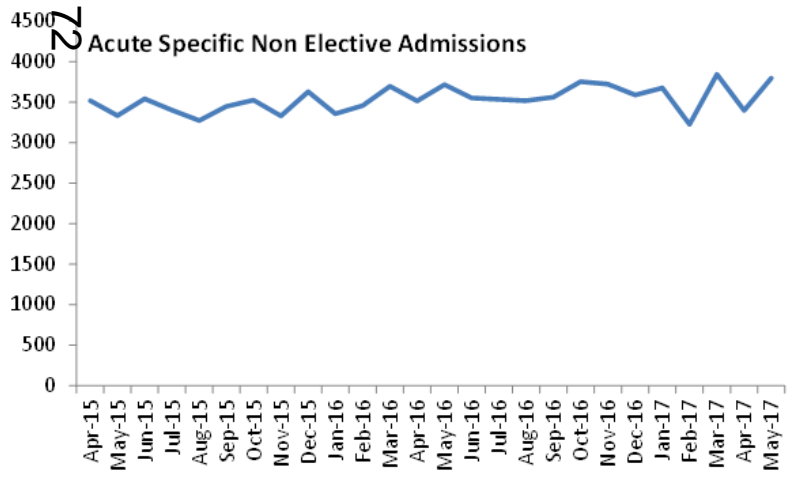
Performance to date

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. Utilising the analysis of data, Better Care Plan work streams and new service models explore further the opportunities to ensure Wiltshire residents appropriately access the right service first time in their community and closer to home.

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 9th lowest rate of admission for those aged 65 and over.

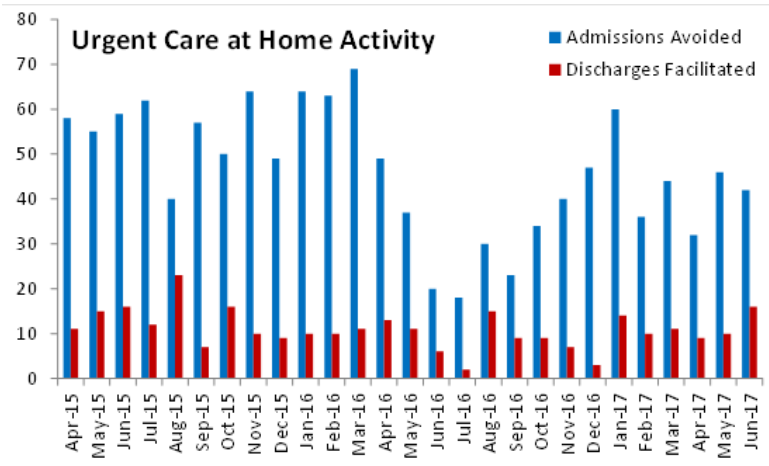


Avoidable Emergency admissions are showing a reduction of 4.8% on the levels seen in 2015-16. This suggests admission avoidance activity in the community is supporting patients before admission becomes necessary and causing increased acuity of admissions in hospital. This resonates with messages from the 3 acute hospitals in Wiltshire who have all experienced an increase in complexity and acuity of admissions through A&E.

Performance to date

Urgent Care at Home:

Our Urgent Care at Home scheme supports admission avoidance and discharge facilitation, the graph shows the trend in activity for this scheme. 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 sessions available on this scheme. In terms of admission avoidance activity performance remains strong with around 80% of those referred not going to hospital.

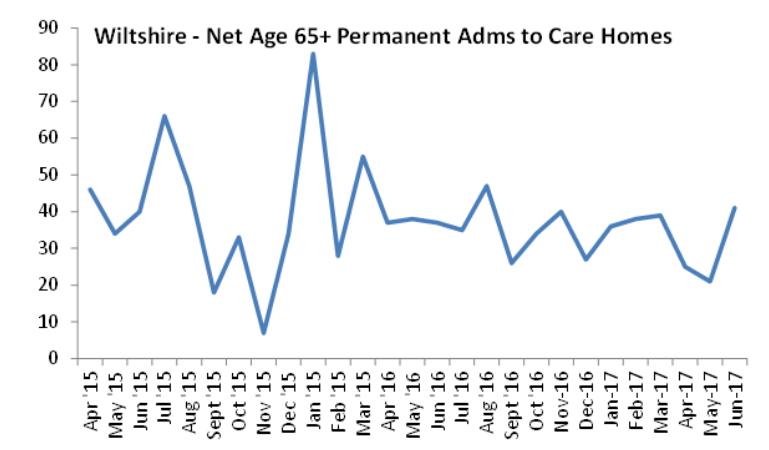


Effectiveness of Reablement:

The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) has reduced slightly to around 80% which is under target, the ASC transformation programme is aimed at ensuring greater reablement activity and better outcomes.

Permanent Care Home Admissions:

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.



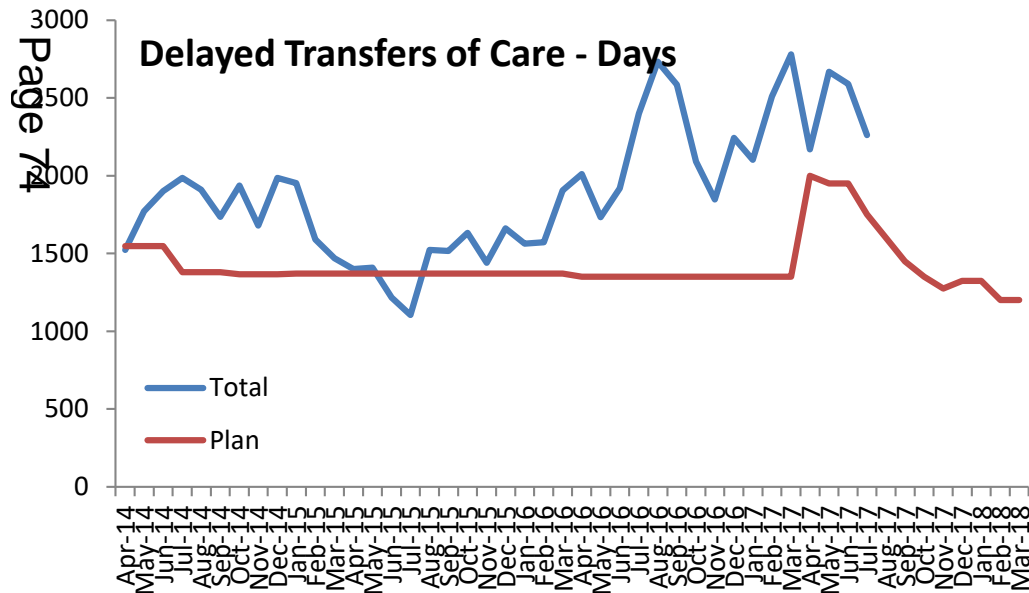
Dementia Diagnosis:

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. 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%.

Performance to date

Delayed Transfers of Care:

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. In 2017/18 and into 2019 our 100% commitment to sustainably improve flow and the experience of people who use our services will be established and continuously monitored to strengthen the Wiltshire integrated system



Section 4 - Managing the Market

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Market Position

The domiciliary care market in Wiltshire reflects the pressures experienced in many other parts of the country where recruitment and retention issues impact upon capacity and availability where required.

There has been a significant shift from purchasing within a block framework to spot purchasing with the latter raising the unit cost of care and creating a reactive rather than strategic market which does not respond to the commissioning priorities of the Council

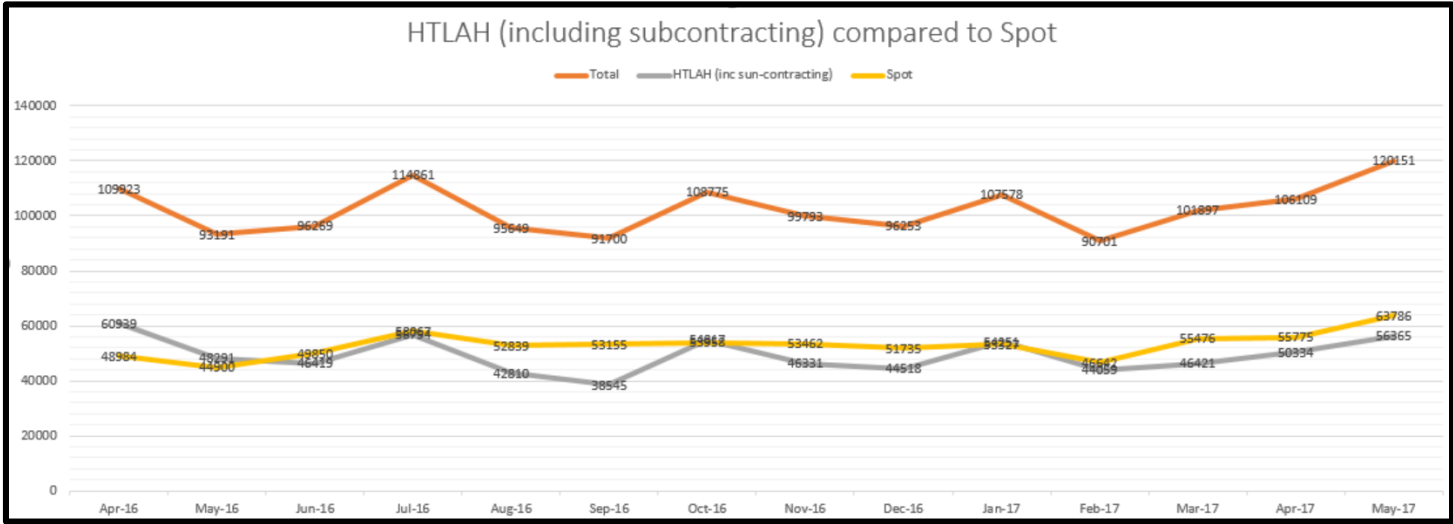
Page 75
Disablement forms an integral element of the contract but is ineffective in its delivery thereby increasing demand into the system and reducing domiciliary care capacity

There is an over reliance upon residential care services as a consequence as service users remain too long in hospital, intermediate care and respite services as community based provision is insufficient or inappropriate to presenting needs

The table on slide 28 describes the shift from block to spot purchasing and the need to invest in the market to stabilise it whilst Transformation initiatives are undertaken

Market Position

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Market Position

A key national and local priority is to ensure that there are no delays in acute hospitals for patients who require social care. Wiltshire's performance in this area is currently in the lowest 15% nationally as measured by the NHS/Social Care performance dashboard published by the government.

The lack of an effective reablement service is impacting on our ability to support patient discharges from the three acute hospitals that serve Wiltshire (Royal United Hospital, Great Western Hospital and Salisbury Foundation Trust) and the three smaller community hospitals in Chippenham, Marlborough and Warminster. Increasingly patients are moving into care home beds as a temporary measure as services to support them in their own homes are not available. Individuals often become further deconditioned with functional loss which means they never return home.

Investment is required to create a dedicated reablement service to address the above market pressures and to mitigate demand for services and maintain peoples independence.

The over reliance on residential care also applies to specialist services and in particular, Learning Disabilities where the average cost of care is higher than many other Councils in the South West Region. National Data shows that Wiltshire spend above average amounts on support for learning disabled adults being the 3rd highest spenders per 10,000 of population.

This above average spending is not explained by above average customer numbers, nor by high levels of deprivation. Market development work is required to ensure that provision is both appropriate and value for money

Market Development

Across the wider system, the commitment by the Health and Wellbeing Board is to move beyond the integration of health and social care bringing together a wide range of partners to influence the wider determinants of health including housing, education, regeneration and economic development and build on the assets of our people and communities. The reengineering of the health and social care system, building on Wiltshire Council and Wiltshire CCG commitment to secure better outcomes and ensure a more sustainable system for the future. The Joint Commissioning Board (JCB) is actively working towards establishing joint strategies across the market to ensure a whole system approach to commissioning and to maximise opportunities for collaboration, achieve economies of scale and remove duplication. This will include:

- A joint approach to commissioning the Third Sector with an increased emphasis on prevention, early intervention and empowering individuals to be more independent;
- Joint commissioning of an integrated Urgent Care Service;
- A further shift of investment from acute and specialist health services to support investment in community-focused provision.

Market Development

The Adult Social Care Market Position Statement (MPS):

The social care market position statement is currently being refreshed to reflect the changes envisaged by the ongoing transformation project, the latest data from the JSNA (set for agreement at November HWB), the progress the Council has made with respect to extra care housing and alternatives to residential provision across all service user groups. This will be completed and further work will be undertaken to address any gaps identified by the MPS following its completion.

Work undertaken through the Transformation Programme and the JCB has identified opportunities for further integration across health and social care to combine strategies and jointly develop the market.

These strategies will inform the MPS and engagement events are being held with key stakeholders to assist in the creation and delivery of the joint priorities identified.

Two key papers from the Transformation Board will go to cabinet in December outlining a new approach to the domiciliary care market and reablement, both of which are crucial to managing demand and creating capacity to minimise flow into and maximise flow out of the acute sector into the community.

A new post of Service Director for Commissioning will bring together commissioning for adult care and children's services within the Council, providing opportunities for combining strategies across a whole life-span.

Market Development

The Care Act 2014 and Commissioning:

In order to fulfil our new duties of Market Shaping under The Care Act, the Council and the CCG have undertaken the following:

- **Supported the development of the Wiltshire Care Partnership** (membership organisation representing social care providers) to act as the relationship lead with independent providers.
- **Strengthened the Quality Assurance function** to support providers to improve and maintain standards within the market.
- **Market mapping and gap analysis** to inform joint health and social care strategies and understand interdependencies across the system including the financial sustainability of key providers.
- **Co-production of new BCF schemes** with providers including Home-First.
- **The launch of a Progression Model for people with learning Disabilities** – working towards greater independence to complement work being undertaken on **Asset Based Assessment** and Reviews and combined with a transparent approach to the cost of care with providers
- **Establishment of a workforce sub-group to the JCB** to progress initiatives which enhance the workforce and to reflect the changing demands of the market
- **Further developing community resilience strategies** including Local Area Co-ordination to support and develop local resource. Working with local Health and Well Being Boards to inform them about Adult Social Care Transformation and target and develop local solutions that make best use of local assets.



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Section 5: Ongoing projects

Intermediate Care – Care Homes

Existing Budget 2017-18: £5.22 m Budget 2018-19: £5.22m

Scheme Description:

- 70 intermediate care beds (step down beds county-wide and step-up beds in the South of the county)
- Physiotherapy and occupational therapy input
- Social work input
- Primary care input
- Programme Management

Outcomes in these beds are improving slowly in terms of throughput and outcomes (getting people home) but with the additional training which has been provided to these homes we expect to see further improvements in outcomes.

Outcomes 2017-18: 60 admissions per month

Outcomes 2018-19: 60 admissions per month (to be reviewed following project evaluation).

Intermediate Care – Community Hospitals

Existing Budget 2017-18: £0.86m

Budget 2018-19: £0.86m

Scheme Description:

Phase 1

Continue to commission existing 15 community hospital beds for the step up pathway in the North and West of the County at Wainster and Savernake. This needs to be underpinned by a clear system strategy and commitment to step up by Wiltshire Health & Care.

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.

Outcomes 2017-18: 25 admissions per month

Outcomes 2018-19: 25 admissions per month (to be reviewed following project evaluation)

End of Life Care

Existing

Budget 2017-18: £0.31m

Budget 2018-19: £0.31m

Scheme Description:

Within Wiltshire it is recognised that 30 % of all hospital non-elective admissions are for patients with a life limiting diagnosis.

To support admissions avoidance and improve quality of life for these patients we need to;

- Progress
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 (Wiltshire Health & Care) to ensure they take a more proactive case management approach to patients on an end of life pathway.
 4. Continue commissioning of the 72 hour EOL pathway.
 5. Review and agree future role of hospices in the EOL agenda.

Outcomes 2017-18: 16 cases per month

Outcomes 2018-19: 16 cases per month (to be reviewed following project evaluation)

Mental Health Liaison

Existing

Budget 2017-18: £0.2m

Budget 2018-19: £0.2m

Scheme Description:

Avon & Wiltshire Partnership provides support to Care Homes through training and individual management plans for specific patients. This helps the homes to manage patients with complex dementia in the home environment rather than requiring admission to an acute hospital.

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Outcomes 2017-18: project evaluation to be completed Q3

Outcomes 2018-19:TBA

Community Geriatrics & Services

Existing Budget 2017-18: £4.48m

Budget 2018-19: £4.48m

Scheme Description:

- Community geriatrician coverage across Wiltshire is provided through a Community Geriatrician at each of the 3 acute trusts to support discharge planning and provide advice in the community. In 2017-18 we need to link this capacity in more formally with established community teams.
- Contribution to the Community Health Services contract (Wiltshire Health and Care)
- Developing robust “interface” care with each acute hospital, enhancing the Acute Trust Liaison model and diverting appropriate patients to established models of care in the community (for discharge and admission avoidance).
- We are also looking at the role of community nurses, matrons and therapists in the high intensity care programme to ensure effective roll out of the High Intensity care programme, led by Wiltshire Health and Care and which 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

Outcomes 2017-18: Project evaluation to be completed Q3

Outcomes 2018-19: TBA

Urgent Care at Home & Access to Care

Existing

Budget 2017-18: £1.59m

Budget 2018-19: £1.59m

Scheme Description:

- Urgent care at home is a service to provide admission avoidance and additional bridging domiciliary and nursing care support across a 7-day period to support further discharges from the acute hospitals. There is an explicit target for UCAH to move back to performance levels delivered in 15/16 which was circa 80 cases per month management for admission avoidance and discharge facilitation.
- Domiciliary care services to support the delivery of rehabilitation delivered by Wiltshire Health and Care

Outcomes 2017-18: 80 cases per month for Urgent Care at Home

Outcomes 2018-19: 80 cases per month (to be reviewed following project evaluation)

Maintaining Social Care

Existing

Budget 2017-18: £9.18m

Budget 2018-19: £9.5m estimate

Scheme Description:

This money is used to support and maintain the adult social care activities of Wiltshire Council including complex packages of care to allow clients to remain at home for as long as possible.

In addition we have strengthened our work and links with providers to provide greater assurance on the quality of the care provided.

Care Act

Existing

Budget 2017-18: £2.5m

Budget 2018-19: £2.5m

Scheme Description:

This money is used to support and maintain the adult social care activities of Wiltshire Council generated by the implementation of the Care Act 2014. This includes the impact of new duties in relations to carers assessments and services.

Prevention, including services for carers

Existing

Budget 2017-18: £1.76m

Budget 2018-19: £1.76m

Scheme Description:

There are over 47,000 unpaid carers in Wiltshire. 2,700 of them are young adult carers aged between the age of 16 and 25 who look after siblings or parents. Carer Support Wiltshire helps them to access support, services, education and training, and breaks from their caring role. Ensuring carers have a voice in policy making and planning for services, and we work with health and social care professionals and employers to develop best practice.

The services cover the whole of Wiltshire and are available to anyone who is aged 16 or over.

This work stream also funds a fracture liaison service at Salisbury Foundation Trust, this was initially funded for 12 months and following a successful initial evaluation has been extended for another year, we will now also be looking at how this service can be rolled out across the other 2 acute trusts which serve the Wiltshire population.

As part of our prevention work we have also undertaken training with care homes which was physiotherapist led to help train care home staff in reablement and aids and equipment which might be useful in helping people retain their independence for longer. We have also undertaken Health Coaching Training for over 150 medical professionals in the South of Wiltshire which is in the process of being evaluated and we hope to undertake in the North and West of the County in the coming year.

Outcomes 2017-18: to be established following a stocktake and evaluation

Outcomes 2018-19: TBA

Integrated Discharge Support

Existing

Budget 2017-18: £2.66m

Budget 2018-19: £2.66m

Scheme Description:

- Our Home First Pilot recognised the benefit of an integrated team of social workers, hospital discharge staff and domiciliary care staff working on the discharge of patients with ongoing care needs. An integrated discharge team is now established across all 3 acute trusts in Wiltshire.
- The integrated discharge teams are supported by our single number access to care service which facilitates the provision of the ongoing support or care needs.
- For self funders we also offer a service through the Care Home Select organisation to support facilitate the finding of both Care at Home or a Placement.
- Telecare support to maintain people independently at home

Outcomes 2017-18: 80 cases per month

Outcomes 2018-19: 80 cases per month (to be reviewed following project evaluation)

Healthwatch Service User Engagement

Existing

Budget 2017-18: £0.1m

Budget 2018-19 tbc

Healthwatch have been commissioned in 2017/18 to undertake engagement with Wiltshire population related to projects held within the BCF, these are:

- **Information for the public** – evaluate the current provision of information for the 5 most prevalent LTC in Wiltshire as identified in 2016 Joint Strategic Needs Assessment (JSNA)
- **Sound Doctor** available via Your Care Your Support Wiltshire, evaluate the set of patient information videos for those with LTC, unpaid carers and sub set of health and care professionals, (slide 51)
- **Home First** transferring patients out of a setting once medically fit, to their own home, in a timely fashion over 65yrs and rehabilitation workers who provide additional capacity to facilitate early discharge. To evaluate the effectiveness of these initiatives and improvement opportunities from the point of view of the patient, relatives, staff and stakeholders
- **Higher Intensity Care team** to capture from patients, unpaid carers and staff experiences of the service and potential future developments,
- **Choice Policy** to evaluate discharge by capturing patients and staff experiences of preparing for hospital discharge
- **SFT Fracture femur**, early supported discharge service, facilitate a focus group and collate responses into a report to inform the BCP learning and future projects
- **Single View** to gather views to inform the development, evaluate the impact of the pilot

Disabled Facilities Grant

Existing

Budget 2017-18: £2.79m

Budget 2018-19: £3.03m

Scheme Description:

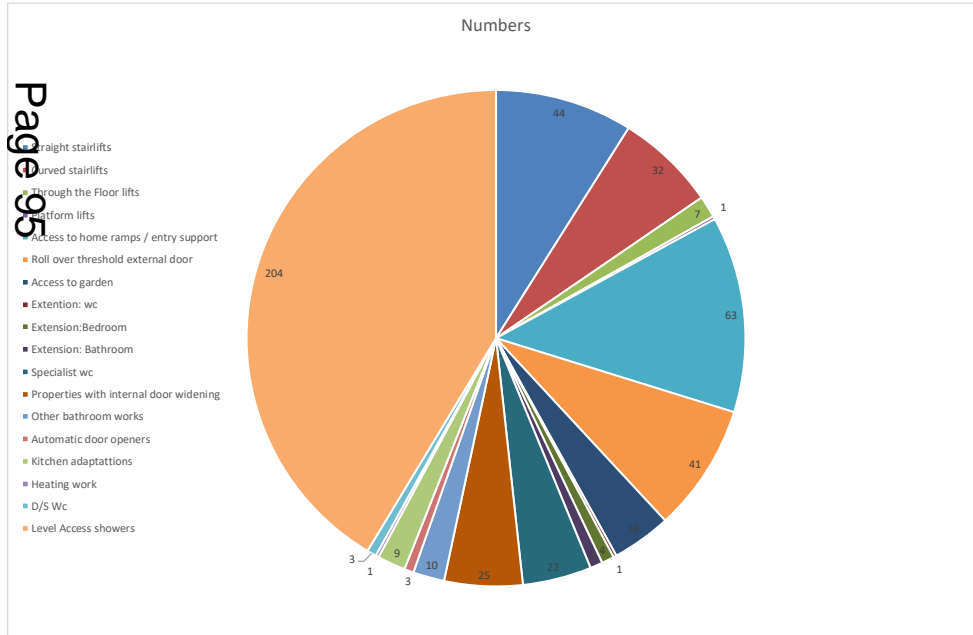
The Council proactively worked with the CCG to ensure a whole systems approach to prevention and reablement, and as such volunteered the inclusion of the Disabled facilities Grant (DFG) into the BCF pool ahead of the transfer by DCLG. The purpose being to recognise that by seeking to increase people staying living in their own homes and avoiding longer residential or other support costs, we need to ensure those residents are able to live in their homes. As such the DFG allocation is for aids and adaptations to homes for this purpose. The Council has topped up the Government allocation every year for the last 7 years as part of this commitment and strategy.

Further detail can be provided on the top up per annum on request and is reported to the Council's Cabinet as part of the capital programme.

Disabled Facilities Grant 1/3

The detailed plan for spend is fluid as it is based on need, and that can vary month to month depending on the case load and professional assessment of need to re-enable clients to maintain a health and high quality of life in their own homes.

The following slide notes the process and governance around award and monitoring of the fund. The following is a breakdown of the types of equipment provided 2016/17, this is not untypical:

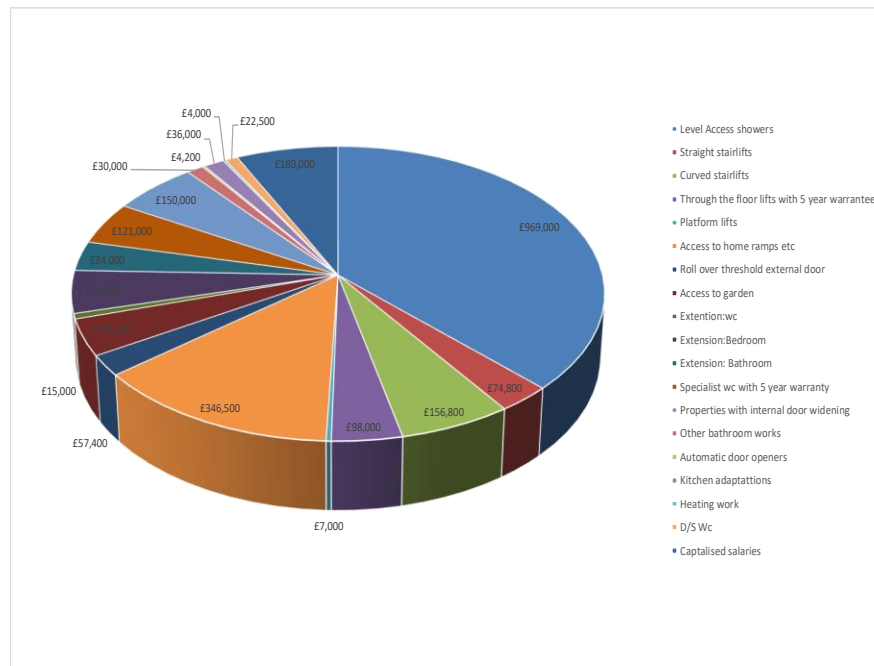


Type of adaption	Numbers
Straight stairlifts	44
Curved stairlifts	32
Through the Floor lifts	7
Platform lifts	1
Access to home ramps / entry support	63
Roll over threshold external door	41
Access to garden	19
Extension: wc	1
Extension: Bedroom	4
Extension: Bathroom	4
Specialist wc	22
Properties with internal door widening	25
Other bathroom works	10
Automatic door openers	3
Kitchen adaptattions	9
Heating work	1
D/S Wc	3
Level Access showers	204

Disabled Facilities Grant 2/3

The full DFG grant that is included within the BCF Pool was spent in 2016/17, and continues to be in 2017/18, on DFG items only supporting reablement

Type of DFG spend	Total (£)
Level Access showers	£969,000
Straight stairlifts	£74,800
Curved stairlifts	£156,800
Through the floor lifts with 5 year warranty	£98,000
Platform lifts	£7,000
Access to home ramps etc	£346,500
Roll over threshold external door	£57,400
Access to garden	£102,600
Extension:wc	£15,000
Extension:Bedroom	£120,000
Extension: Bathroom	£84,000
Specialist wc with 5 year warranty	£121,000
Properties with internal door widening	£150,000
Other bathroom works	£30,000
Automatic door openers	£4,200
Kitchen adaptattions	£36,000
Heating work	£4,000
D/S Wc	£22,500
Capitalised salaries	£180,000
Total	2,578,800



Disabled Facilities Grant 3/3

Disabled Facilities Grants are provided to enable disabled household members to access essential facilities in their home. For example, but not exclusively, they include work to provide access to their home and from their home into the community, adaptation for the purpose of bathing and toileting, provision to provide access to a room for sleeping, for preparing a meal and access to the garden. The provision of such facilities allow the disabled person to live and function in their home creating increasing their independence and personal well being allowing them to remain in living at home. In turn the impact on family members who provide caring roles is eased as is the input required by the local authority to provide a person centred care package. Safe access in and around the home and to facilities also reduces the risk of falls.

A typical customer journey would involve an assessment by an Occupational Therapist who will make a referral to housing outlining the person's needs. On that day following a provisional financial assessment by Housing and agreement of the disabled person the details are sent to an agent usually the Local Home Improvement Agency who help put together a specification, monitor the work and put together an application. Housing staff work closely with the Agent and the Occupational Therapist to ensure the work specified meets the needs and that a successful application made, with a focus on reablement. The authority to agree individual DFG applications sits with the Private Sector Housing Manager under the scheme of delegation. There is a limit to the DFG funding so each application of £30,000 and the majority are far less than this. There are statutory eligibility criteria for DFGs and they are a mandatory grant so if an applicant meets the statutory criteria as assessed by an OT it is our duty to agree the award of a grant to enable the applicant to procure the adaptation. Also attached is the detailed criteria which is lifted from the legislation <http://www.legislation.gov.uk/ukpga/1996/53/part/I/chapter/I/crossheading/disabled-facilities-grants> para 23.

The process is monitored closely to ensure that works progresses in a timely fashion. The budget, spend and potential spend is monitored closely by the budget holder in consultation with social care re upcoming need / accruals. This is reported to the Cabinet through the Capital Programme, as well as the HWBB and JCB through the BCF plan monitoring. Any over commitment is subject to budget monitoring and decision making based again on need.

BCF Management and administration 2017/18

Existing

Budget 2017-18: £0.32m Budget 2018-19 £0.32m

The Council and CCG recognise that there is a need to administer the BCF and iBCF to be able to both monitor, evaluate and service the various returns. As such this budget and spend reflects dedicated resources to administer this grant effectively. This is less than 1% of the overall BCF/iBCF, but the CCG and Council continue to review these costs and has taken action to manage these costs down slightly going forward.

Section 6: New Projects

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Home First/Rehab Support Workers

New for 2017-18.

Budget 2017-18: £1.2m

Budget 2018-19: TBA

Scheme Description:

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 are 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 works 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.

The success of the scheme will be evaluated during 2017-18 and if successful funding will be continued into 2018-19.

Outcomes 2017-18: to support additional 21 discharges per week

Outcomes 2018-19: TBA to ensure alignment with new reablement service 2018/19

Integrated Equipment Services

New for 2017-18.

Budget 2017-18: £5.10m

Budget 2018-19: £5.10m

Scheme Description:

Wiltshire Council currently spends around £1.8m and NHS Wiltshire CCG spends around £3.3m on providing equipment in the community. 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.

Outcomes 2017-18: Based on need

Outcomes 2018-19: Based on need

Adult Social Care Transformation 1/2

New for 2017-18.

Budget 2017-18: £5.81m

Budget 2018-19: £7.21m

Scheme Description: In Wiltshire, the Council, CCG and all NHS providers agreed to utilise the non-recurring iBCF to transform adult social care to deliver a sustainable service model to effectively meet current and future demand. This builds upon the lesson learnt to develop and enhance our focus to deliver the key priorities within the BCF objectives

The programme is focused on:

- Developing a model of prevention
- Developing a reablement service that complements Home First
- Increasing capacity in the domiciliary care market
- Reviewing the residential and nursing care home capacity
- Redesigned customer journey

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The funding also has to strike the balance between transforming asap and providing market stability and capacity whilst the change occurs, as such the next slide sets out some of this impact in more detail as a breakdown of spend by category:

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 ensure value for money

Outcomes 2017-18: outlined in the business cases (commercial sensitive) appendix x

Outcomes 2018-19: TBA

The additional funding in Wiltshire (£5.8m 2017/18) has been specifically allocated as follows:

	Type of work funded	£m
A	<p>Sustainable Transformation:</p> <p>Project team to support the transformation to recognise the need to provide capacity, capability and drive to push forward transformation and maintain focus on delivery and analysis of KPIs</p>	0.409
Page 103	<p>Providing stability and extra capacity in the local care systems:</p> <p>Wiltshire has allocated iBCF to maintain social services in a period of transition by providing market stability to enable the council to provide stability and extra capacity in local care systems. This need has arisen due to the ongoing pressures on providers to maintain financial viable services. In 2017/18 the Council has had an additional increase of £1m above its projected costs arising from letting of new contracts for care for additional demand and increased complex reassessments. To not have let or moved to spot purchase would have destabilised the market further.</p> <p>We have also faced a £840k pressure from the stability of the market arising from cessation of three Learning Disability Providers in the last 3 months.</p> <p>In addition, there is a pressure of £350k within this on intermediate care within the BCF that will be covered within this amount. This is a critical factor in the need to change the current market and transform.</p> <p>This is thus different from business as usual and is clearly ensuring a stable market, and takes account of local pressures which if not addressed would have reduced the market capacity and would have had an adverse impact on DTOCs.</p>	2.200
	<p>Improving Reablement:</p> <p>Wiltshire has allocated iBCF to deliver its Vision to create a reablement service and front door, which will impact positively on DTOCs. Detailed business cases for the transformation and a more detailed breakdown of this spend are available on request, but are commercially sensitive.</p>	2.352
D	<p>Immediate interventions:</p> <p>Wiltshire has recruited additional capacity to support targetted development where the greatest focus on immediate action to address DTOCs is needed, including more intermediate care beds and reablement domiciliary care capacity. Hospital based OT to facilitate discharge</p>	0.847
Total		5.808

Reablement Outcomes

- Nationally modelled reablement impact assumptions to current activity and average hours of service for Adult Social Care in Wiltshire upon demand and capacity pressures as shown below. It is anticipated that the creation of a directly provided reablement function that is aligned to Home First rehabilitation will have the single most significant investment impact to ameliorate flow pressures within the Wiltshire Health and Social Care economy.

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New customers into the system will go through a reablement phase and 60% will exit without the need for further ongoing services. The remaining 40% will have a reduced level of service moving from an average of 13 hours to 11 hours per week expressed as a service cost equivalent across the system.

- 15% of existing customers who have reablement potential will be put through a period of reablement giving a reduced need to the 11 hours average described above.
- 15% will be diverted customers who would otherwise have gone into residential care and will follow the new reablement pathway
- 20% will be diverted customers who would otherwise have gone into intermediate care and will follow the new reablement pathway outcomes

Overview of Better Care Budget Spend by Scheme Type (2017-18)

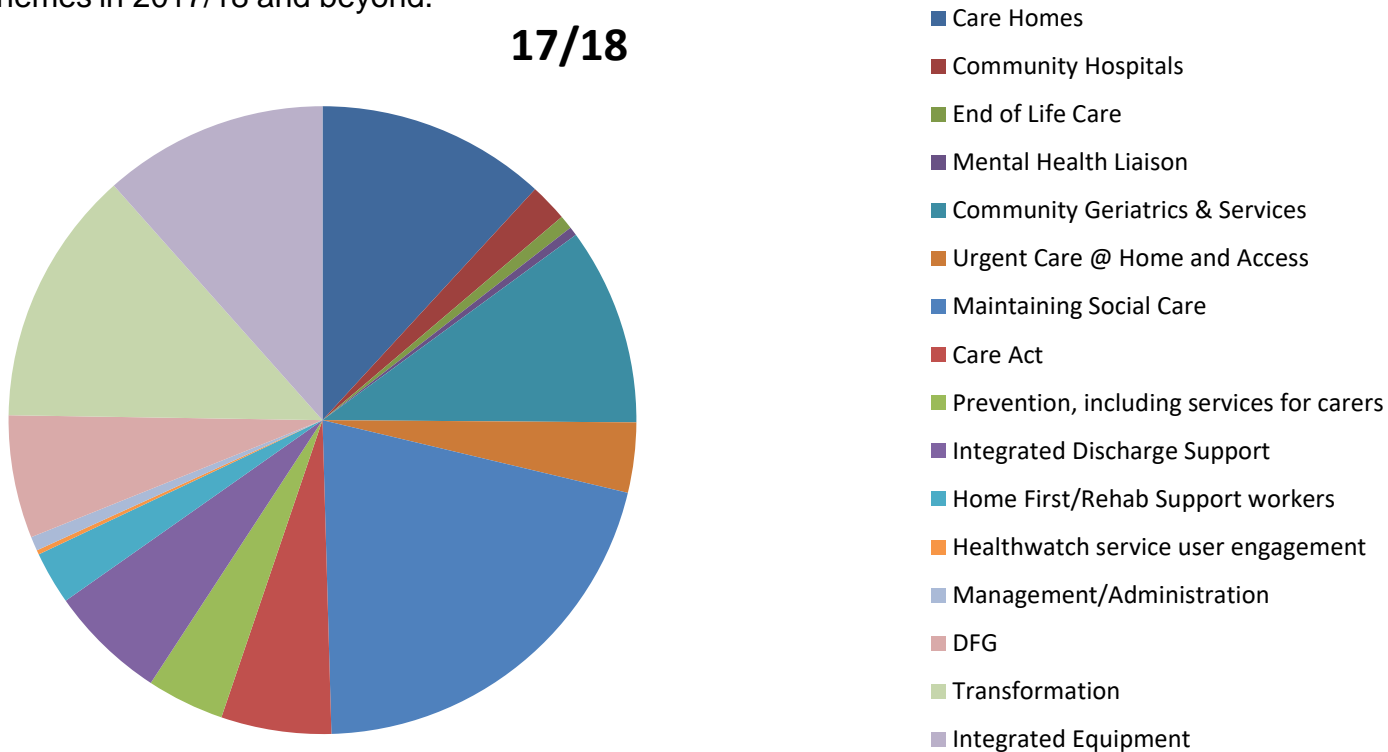
The funding contributions for the BCF, including agreement on identification of funds to be finalised in the Section 75 2017-19 and defined in the finance template.

The summary overview is set out below.

Funding levels for 2017/18 for existing schemes, to enable stability in ongoing schemes and to maximise the fund for new integration and transformation schemes in 2017/18 and beyond.

17/18

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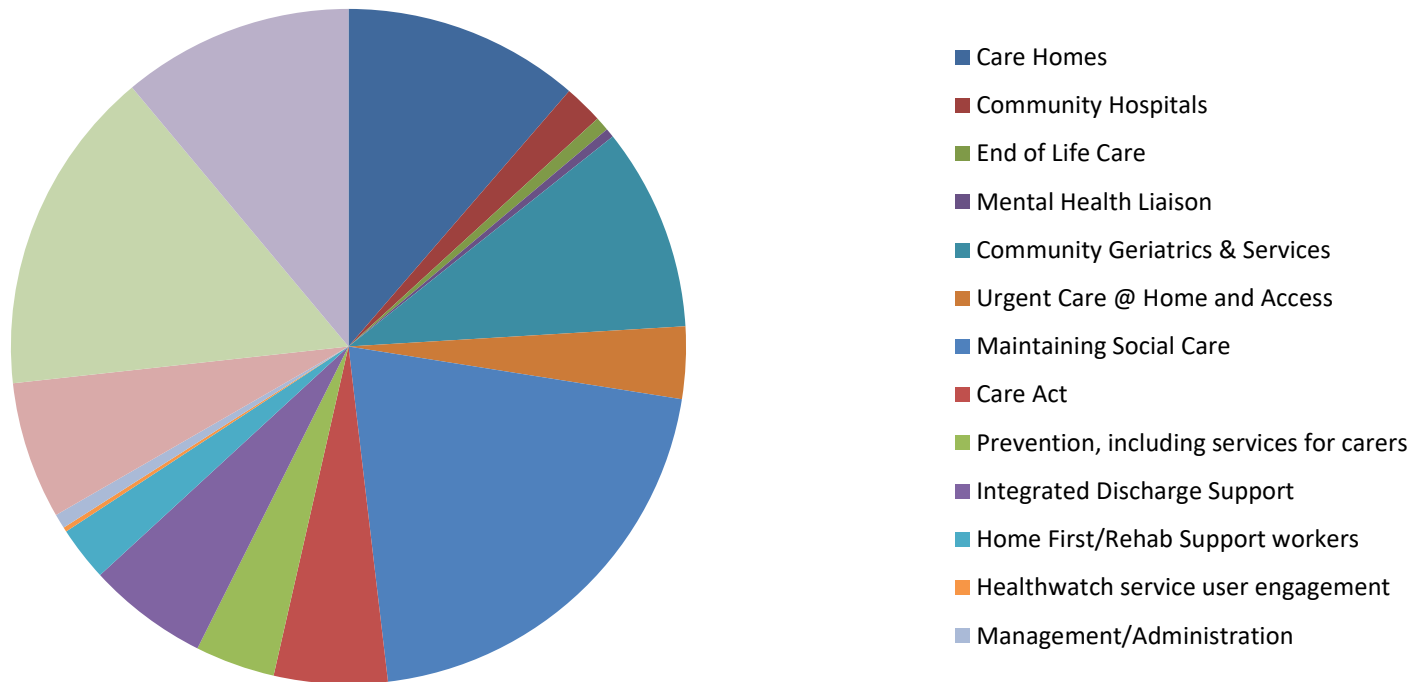


Overview of Better Care Budget Spend by Scheme Type (2018-19)

The funding contributions for the BCF as set out in the finance template . The summary overview is set out below.

18/19

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Section 7: National conditions supporting evidence

National Condition 1 – Jointly Agreed Plan

National Conditions For The Better Care Fund 2017-18	Does your BCF plan for 2017-18 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
<p>1) Plans to be jointly agreed</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 108</p>	<p>Has the area produced a plan that all parties sign up to, that providers have been involved in, and is agreed by the health and well being board?</p> <p>In all areas, is there a plan for DFG spending? And, in two tier areas, has the DFG funding been passed down by the county to the districts (in full, unless jointly agreed to do otherwise)?</p>	<p>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 (HWB) to approve any required submission if it was unable to bring this to a full meeting of the Board. The HWB Board meeting held on the 19th September 2017, ratified the submission in accordance with the delegated powers, the subsequent submission on the 11 October 2017 has been signed off within our formal delegated powers.</p> <p>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, approved and monitored by the 3 A&E delivery boards which cover the main providers for the Wiltshire population.</p> <p>The DFG monies funds adaptations to a disabled persons property that are both necessary and appropriate for the needs of the disabled person and reasonable and practicable in relation to the property to remain independent in their own homes. See slide 47.</p> <p>Spending is aligned to the Health & Wellbeing Board and Better Care Fund objectives.</p>

National Condition 2 – Maintain ASC

National Conditions For The Better Care Fund 2017-18	Does your BCF plan for 2017-18 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
<p>2) Maintain provision of social care services (not spending)</p> <p>Page 109</p>	<p>Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* from their 16/17 baseline for 17/18 and 18/19</p>	<p>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.</p> <p>There are challenges in respect of domiciliary care which impact on safe and timely discharges from hospital. There is limited capacity currently in the market, impacting on DTOC rates and requiring spot purchasing to increase capacity in accordance with demand. HTLAH provides a very limited reablement service in its current form however there is scope to further enhance the models of care to manage demand and promote independence in 2018/19. The effectiveness of Home First is dependent on capacity within the domiciliary care market, without this flow Home First will be unable to deliver the agreed outcomes. The Council and health partners recognise a short-term pragmatic spend to respond to crisis whilst a robust sustainable model is being established. In summary the 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.</p>

National Condition 2 – Maintain ASC

National Conditions For The Better Care Fund 2017-18	Does your BCF plan for 2017-18 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
2) Maintain provision of social care services (not spending) Page 110	Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* from their 16/17 baseline for 17/18 and 18/19	The analysis shows that we are committed and have approved the year on year increase which meets the minimum requirement condition as set out in our quarterly submissions.

National Conditions 3 – NHS Out of Hospital

National Conditions For The Better Care Fund 2017-18	Does your BCF plan for 2017- 18 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
<p>3 : NHS commissioned Out of Hospital Services (Policy Framework)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 111</p>	<p>Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?</p>	<p>The key development for 2017-18 is the embed the Home First scheme across Wiltshire. 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.</p> <p>The Home First Scheme is lead by Wiltshire Health and Care (WHC) providing Rehabilitation Support Workers (RSW) employed directly as part of the Core Community Teams. This should be seen as part of the wider initiatives to enable discharge to assess, maintain independence and enable our over 65years residences to return to their home and be supported in the community.</p> <p>Evidence base: The Home First model 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:</p> <ul style="list-style-type: none"> • The importance of an integrated discharge approach • That discharging a patient home as soon as 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 <p>New model: 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 2017-18 we have tender for an Integrated Urgent Care Service which will bring together our out of hospital urgent care services under one umbrella to ensure we can maximise A&E attendance avoidance. The ASC Transformation programme established in Wiltshire Council will maximise and strengthen the prevention opportunities across health</p>

National Conditions 4 – Transfers of Care

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Issues and/or actions that are being taken to meet the condition, or any other relevant information.
<p>4. Implementation of the High Impact Change Model for Managing Transfers of Care</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 112</p>	<p>Is there a plan for implementing the high impact change model for managing transfers of care?</p>	<p>A key focus 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 commitment in December 2017 is to achieve 1,325 lost bed days, and sustain thereafter.</p> <p>Our key schemes in 2017-18 and 2019 focuses on early mobilisation, transfer and ensuring longer term independence. This is seen as a system wide approach to include prevention, admission avoidance using digital solution to enable care to be provided in community. The Wiltshire Home First programme enables patients to return home as soon as they are “medically stable” with enhanced domiciliary and health care in the patient’s own home. The model, expenditure and activity for 2017/18 financial year will be evaluated to ensure alignment with the planned reablement service in 2018-19 to strengthen delivery of an outcomes based service, learn to accelerate delivery of the out of hospital model in support of the overall better care plan. This will commitment the discharge earlier in the acute pathway (A&E and AMU assessment areas) and working with providers ensure internal tracking and monitoring of the estimated discharge date, improvement methodologies such as red and green actions are established alongside the safer buddle for discharge and the seven day clinical standards are met. The programmes that support this are acute trust liaison, urgent care at home and the rehab support workers programme. Wiltshire has established a patient Choice policy and has seen a reduction in choice related delays and has been adopted as an area of good practice by our neighbouring CCGs. The Choice Policy will be reviewed in 2018/19 to ensure it is being consistently applied and learning from the implementation is incorporated in the evaluation.</p> <p>IBCF is targeted at reducing demand thereby improving flow and increasing capacity in the domiciliary care market place.</p>

Reducing Delayed Transfers of Care High Impact Changes Appendix 2

The need to adopt new approaches to meet the new national performance targets (submitted on 21 July 2017) is recognised however Wiltshire trajectory proposes Dec 2017 (lost bed days of 1325). A forward action plan is being developed collaboratively using 'High Impact change Model'.

The DTOC plan is taken forward by the A&E Locality Boards encompassing the three hospitals, CCG's, Adult Social Care, Community providers and Mental Health provider. The overall responsibility for delivery of the plans remains with the STP (ACS) A&E delivery board.

Wiltshire assessment of the High Impact change Model for transfers of care as summarised in table 1

	Hi Impact Change 1	High Impact change2	High Impact change 3	High Impact change 4	High Impact change 5	High Impact change 6	High Impact change 7	High Impact change 8
	Early discharge Planning	Systems to Monitor Patient flow	Multi disciplinary/ agency discharge teams	Discharge to Assess	Seven day service	Trusted Assessor	Focus on choice	Enhancing health in care homes
Self Assessment	Mature	Established	Established	Established	Plans in Place	Plans in Place	Plans in Place	Plans in Place

The following slides set out a summary of the current approach and high level actions for each pillar and embrace the integrated, whole system approach which is needed to deliver transformation and are not exclusively aligned to BCF funding streams or projects. Appendix 3: DTOC Milestone tracker

The outcome will be to improve the transfer of patients to the right place, with the right care and support without avoidable delays. Residents will stay for a shorter time in hospital once their necessary medical care is complete. Initial support needs are met and assessments are completed in a settled environment, ensuring people feel safe to live the life they want with support to manage their risks, build independence, health and wellbeing.

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Previous National Conditions

The Better Care Fund in Wiltshire still recognises the importance of the conditions attached to earlier years of the Better Care Fund remains committed to plans which will help achieve those conditions.

Moving to 7 day services

We continue to work with NHS providers and the Council to providing a genuinely 7 day service. The Better Care Fund continues to pay for additional Social Work Capacity to ensure that delays in accessing the right service are minimised. The national ambition to implement the 4 clinical standards within the acute setting has been met by Salisbury FT in March 2017, Royal United Bath FT have a trajectory for achievement in March 2018 and Great Western FT by 2020.

Data Sharing

The Wiltshire Single View project remains active and continues to develop business cases for the sharing of information across the county. The project has a pilot operational within a number of GP practices which provides combined information on a client to help ensure a holistic view of the patients care needs. The programme is exploring implementing the project into hospital settings in 2018/19 to enable timely discharge

Joint Assessments:

We continue to work with all providers on the development of a trusted assessment. This is underpinned by joint training and working groups to build confidence in the system.

Section 8: Programme governance and assurance

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Programme Governance (1/2)

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 and the terms of reference are held in appendix 1 (slide 80)

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.



Programme Governance: (2/2)

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 and prioritise areas for decision by the Joint Commissioning Board, providing effective oversight and coordination. A Better Care report and the use of the pooled funds is taken to the Joint Commissioning Board, monthly.

Joint Commissioning Board: BCF dashboard demonstrating performance outcomes is taken monthly and includes they key performance outcomes for the Better Care Fund. (Appendix 7: BCF Dashboard)

Bi-monthly public reports on the delivery of Better Care are 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, 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.

Public engagement: is at the heart of the JSNA and 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..

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 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.

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**.

Wiltshire's approach to evaluation

Evaluation of the performance of BCF Schemes is regularly reported to the Health and Wellbeing Board, specifically to demonstrate the impact of the BCF in terms of admission avoidance and systems flow.

The Joint Commissioning Board considers business cases for new schemes and recommendations for continuation or conclusion of schemes. In addition, the Council's Health Select Committee have established a specific task group to scrutinise the impact of BCF schemes.

The impact of BCF schemes is measured in terms of the following:

- **Performance against Key Performance indicators and BCF metrics**. For example, the Urgent Care at Home Scheme is monitored through contract review for admission avoidance, hospital discharges supported, and average length of stay; the HomeFirst scheme has a comprehensive performance dashboard which measures success against the original business case and is reviewed by commissioners each month; a monthly intermediate care report sets out the effectiveness of intermediate care beds in terms of numbers of people supported, numbers of hospital discharges supported and admissions avoided, average length of stay and delayed transfers home.
- **Performance against outcome measures**. For example, Quarterly outcomes reports from the provider of services to unpaid carers indicating how services address the outcomes set out in the Joint Carers Strategy. These reports include a variety of metrics, and also carer stories and case studies.
- **Customer feedback**. For example, the BCF has funded Healthwatch to undertake impact reports on patient experience, including hospital discharge services; services for unpaid carers; Home First pilots.
- **Full independent evaluation reports for specific schemes**. For example, a recent evaluation of the Fracture Liaison Service funded from the BCF
- **Annual stocktake, gap analysis and evaluation** of each work streams to inform commissioning intentions and planning for following financial year.

Inequalities & Equalities Act

Wiltshire Council and NHS Wiltshire CCG are firmly committed to the principles of equality and inclusion in both employment and service provision. We are keen to celebrate the diversity of people who live and work in Wiltshire. This means making our services accessible to all, treating people fairly and providing a fully inclusive working environment. Wiltshire is a relatively affluent county with a lower than average representation of BME communities, that said there are pockets of deprivation across Wiltshire. In establishing the Better Care Fund schemes we used data from the local JSNA to ensure that the schemes and services provided are available to all regardless of where they live, their gender, ethnicity or sexual orientation. The aim of the health and wellbeing strategy is to reduce inequalities across Wiltshire.

The JSNA in Wiltshire provides benchmarking information for Wiltshire against the England, South West and our ONS Statistical Neighbours, this provides good data to help understand where outcomes are better and where we might usefully learn from others. In developing the Home First scheme we have visited other local authority areas both regionally and nationally to understand how their schemes work and what aspects would work in Wiltshire and what aspects might struggle.

Wiltshire Council is an active member of the South West ADASS and supports the benchmarking of adult social care performance on a quarterly basis. NHS Wiltshire CCG uses the services of the SCW CSU and Commercial organisations to help understand performance and capture best practice ideas from across the country and internationally.

Section 9: Assessment of risk/risk management

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Assessment of Risk/Risk Management

A separate risk register is in the Appendix 4. The most significant risks for the BCP can be summarised as:

Leadership and culture change to deliver integration is assessed as a risk. **The Wiltshire Better Care Plan receives full support from the organisations' leadership teams, the cabinet member for Adult Social Care, the Health and Wellbeing Board and the JCB.** Current vacant posts (DASS and CAO) are held by experience and stable interim postholders. A new joint leadership structure has been agreed and a plan is in place to recruit a joint DASS/CAO. **To support new operational models culture change will be required for staff at all levels,** including leadership, across partners, providers and the voluntary sector to influence a change in culture long term. Performance management frameworks for providers and employees will be adopted, as well as clear communications to service users to help facilitate change.

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 DTOC plan has been developed and particular actions are underway impacting on acute and community settings.

The impact of demand upon capacity and the impact on the workforce. Pressures on recruitment and retention of appropriately skilled and experienced staff. 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 council's development of a Reablement Service to manage demand and release capacity any additional actions that can be prioritised locally from the eight high impact changes self-assessment. We are **developing a revised joint workforce plan** across the whole system.

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.** In addition, unexpected CQC related issues requiring alternative care arrangements could result in a financial pressure within the BCE and are being proactively managed through robust contingency planning and the adoption of a fair pricing mechanism in the market

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Assessment of Risk/Risk Management (2) Appendix

Issues around Information Governance and the sharing of data 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.

Risks to delivery are currently identified and discussed at the most appropriate level, initially this would be the BCF Finance and Governance Group meeting; where this meeting is able to manage or mitigate the risk it will or it will escalate to the Joint Commissioning Board. If the Joint Commissioning Board requires further advice or authority the matter will be referred to the Wiltshire Health & Wellbeing Board.

Going forward in 2017-18 the establishment of a integrated Programme Management Office (PMO) between the Council and CCG, is being explored. This office will then provide the understanding of project performance and associated risk and refer that to the relevant board for decision or management. In 2018-19 the integration of the PMO function will strengthen the governance going forward.

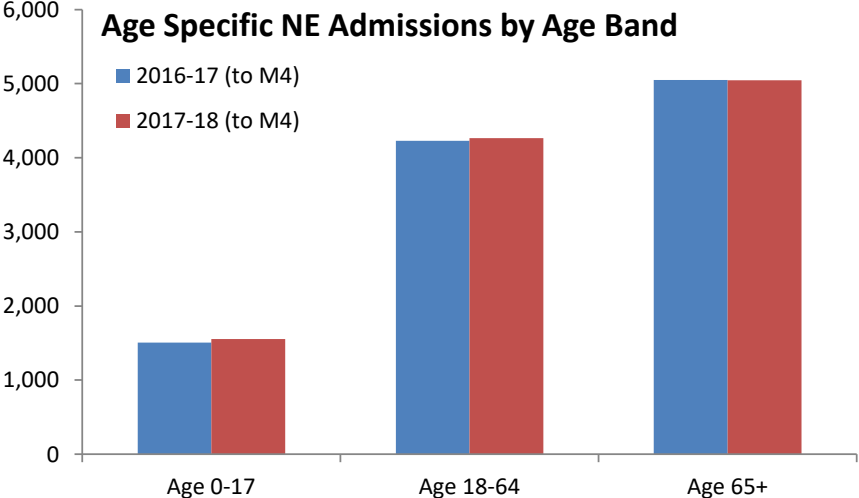
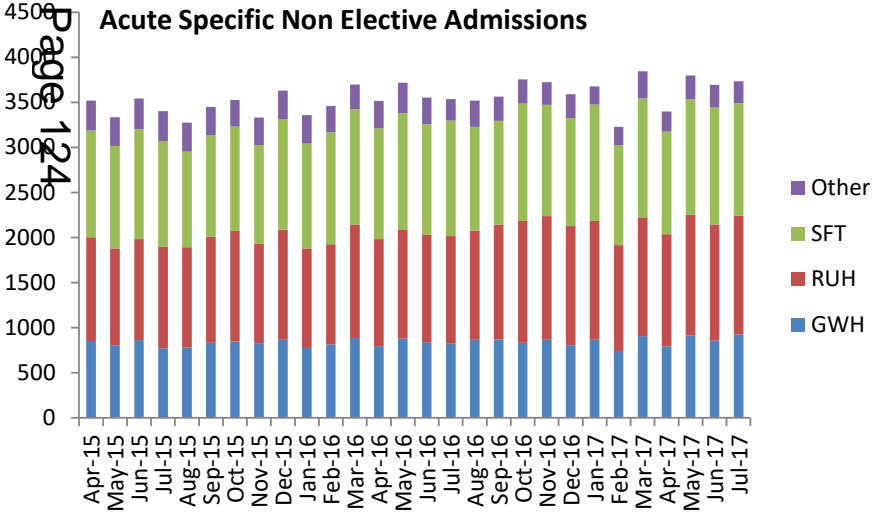
Building upon previous evaluations of schemes, a stocktake, gap analysis and evaluation of the Better Care schemes and Improved Better Care Schemes will be undertaken in 2017/18. Going forward the PMO will undertake a prince 2 function of the ongoing Better Care Fund and schemes. This will allow the Joint Commissioning Board and Health and Wellbeing Board to further evaluate the effectiveness of the scheme and approve changes to its scope and structure where this is felt appropriate. This team will be supported by Wiltshire Council, Public Health and Clinical Commissioning Group to ensure the reviews also look at the impact on inequalities.

Section 10: National metrics

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National Metrics 1 – Emergency 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.

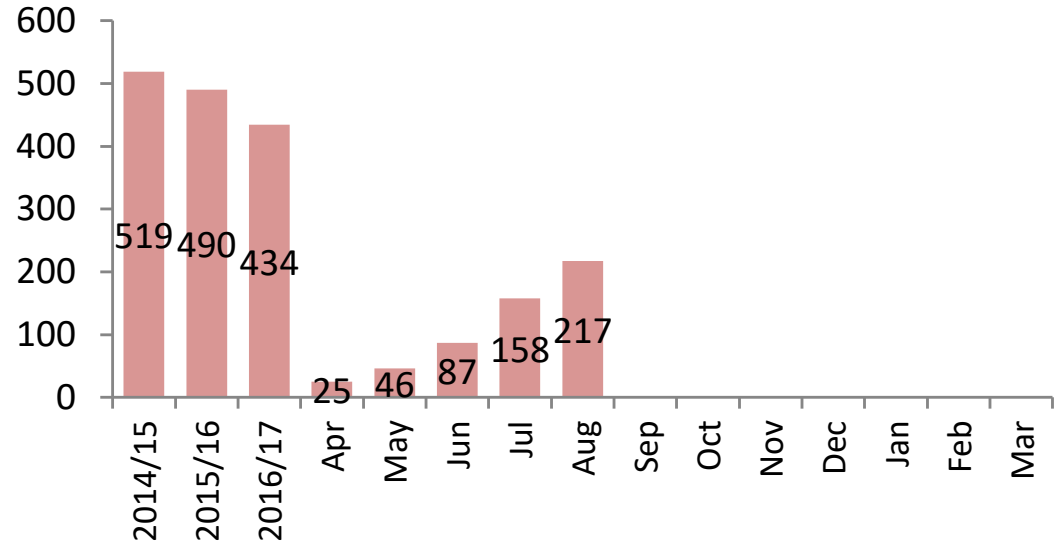


National metrics 2 – Care Home Admissions

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.

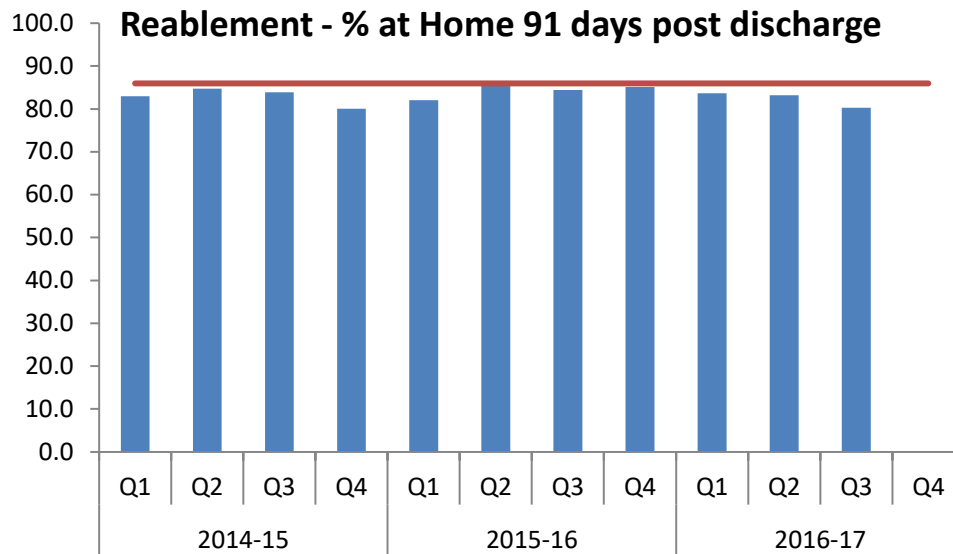
Target 2017-18 – 525
Target 2018-19 – 500

65+ New Permanent Placements



National metrics 3 – Reablement effectiveness

Additional funding for adult social care provides an opportunity to develop and implement a transformation plan for the adult social care service; invest in development of reablement services in the county and further develop the domiciliary care market to ensure adequate capacity in the market to enable people to maximise their independence and remain at home. This work will help to improve the flow from the acute providers and throughout the whole system. The target is to improve the proportion of people able to remain at home post discharge from hospital.



National metrics (4)

Indicator1 &2	2017/18 Target and Target Basis	Notes & Key Drivers
<p>Delayed Transfers of Care</p> <p><i>(Delayed transfers of care from hospital per 100,000 population.)</i></p> <p>Page 127</p>	<p>2017/18 trajectory proposes delivery of 1,325 lost bed days in December 2017. The High Impact Change Model plan will underpin the delivery plan and the new service models in 2018 provide a framework for sustaining delivery</p> <p>Wiltshire is committed to improving the performance of transfers of care for our residents.</p>	<p>Has the metric taken into account performance to date and current trajectory and are schemes in place to support the target? Yes, recognising the risk to sustaining performance due to new integrated services planned for 2018</p> <p>Have all partners agreed a metric for planned reductions in delayed transfers of care across the geography of the BCF plan? Does the metric take account of the indicative reductions in DToCs published by the Department of Health? Yes</p> <p>Have clear metrics been set for reductions in NHS attributable delays, Social Care attributable delays and jointly attributable delays that reflect the indicative reductions? Yes</p> <p>Does the narrative set out the contribution that the BCF schemes will make to the metric including an analysis of previous performance and a realistic assessment of the impact of BCF initiatives in 2017/19 towards meeting the ambition set out in the local A&E improvement plan? Yes</p> <p>Have NHS and social care providers been involved in developing this plan? Yes</p> <p>Appendix 1 DTOC plan and Appendix 2 High Impact Changes 79</p>

17/18 DToC plans 21 July submission to NHSE (1)

The Better Care Plan has over the last 3 years taken the lead for:

- Co-ordinating system actions in relation to managing delayed transfers of care
- Developing the system DToC Action Plan and the associated capacity management plan for Wiltshire
- Chairing the system wide DToC Steering Group
- Commissioning and funding all the key operational services and initiatives relevant to this agenda. For example the Better Care Plan funds intermediate care, help to live at home, access to care and invest in the protection of core social care services.

It should be recognised this approach is one which is well established across the Wiltshire system establishing processes to manage any increased demand across the system and ensure we maintain high quality patient care in times of system challenge as well as a range of other associated services and programmes.

For Wiltshire our approach will build on what is currently in place and maximise capacity appropriately for the right patients at the right time.

The focus is very much “business as usual“ with the aim that our approach continues to be embedded into the day to day practice of all staff across the system to bring identifiable benefit to patients even when the system is under pressure.

The Wiltshire system is in a strong position to respond to NHS England requirement for the development of a Wiltshire DToC plan as we have taken a system wide approach since 2014 in relation to the reduction of delayed transfers of care and non-elective length of stay. This commitment is clearly demonstrated in our commissioning intentions and the approach we are taking to flagship schemes such as integrated discharge (home first approaches). The completion of the High Impact Challenges summary has provided the foundation to undertake a refresh of the DToC plan in 2017/2018 (Appendix 1) and will be supported by a DToC Board under development.

17/18 DToC plans 21 July submission to NHSE (2)

	Jul-17	Aug-17	Sept-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total Delayed Days	1749.4	1599.5	1449.6	1349.6	1274.6	1324.6	1324.6	1199.7	1199.7
NHS Delayed Days	1,079.2	977.3	872.8	808.5	759.2	794.2	794.2	702.9	702.9
ASC Delayed Days	552.8	510.0	466.0	431.7	406.9	421.4	421.4	388.9	388.9
Both Delayed Days	117.4	112.2	110.7	109.4	108.6	109.1	109.1	108.0	108.0

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This presents the high level trajectory submitted in July 2017 for Delayed Days, under pinning this is a detailed breakdown by provider and responsibility. Further analysis on reasons for delay is also being undertaken to provide information to support providers and commissioners to work together to ensure effective management of delays across the system.

Wiltshire BCF Performance Review – Dashboard Appendix 7

For the last 3 years we have developed and evolved a dashboard which covers the national BCF indicators, underlying metrics, such as admissions to hospital from care homes, which underpin the overall performance and performance of the main BCF funded schemes, such as Urgent Care at Home and Intermediate Care Beds. The dashboard provides a summary picture as well as detailed trend analysis and provider breakdown to allow for detailed discussions about issues with outcomes and performance to be discussed.

The dashboard is reviewed monthly at our Joint Commissioning Board, The BCF Finance & Governance Group meeting and the CCG Governing Body meeting, which also includes a summary report on performance and its links to the CCG QIPP schemes. This provides an opportunity for the Council, CCG and partners to consider the performance of the schemes and if they are continuing to deliver the outcomes which are expected. For new schemes, such as the Home First Pilot in Salisbury and the Fracture Liaison Service at SFT full evaluations were undertaken and considered at the Joint Commissioning Board which then decides on ceasing or continuing funding.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Code	Indicator Name	Defn	Unit	Target	Current Value	Current Period	Last Value	Last Period	Last Update	Target Value	Target Period	Commentary	Comments	BCF Scheme Impact	Source	
1	Material Metrics - Better Care Fund															
2	BCF 4.1	Specific Acute Non-Effective Admissions	Number of Specific Acute NE Admissions	↓	11,81	Jul '17 - Sept '17 (Based on July - 17 & Aug-17)	10,616	Jul '16 - Sept '16	09-Oct-17	10,589	Apr-17 to Jun-17	Overall for 2016-17 the CCG saw a 4.0% (1658 admissions) increase in emergency admissions (excluding Maternity). In 2015-16 to 16-17 there has been an increase of 1.2% (212 admissions)	10-16 growth in being seen in non- (6,724), GWH is broadly similar (0.8%) while SFT has seen a reduction (1.5%) as have other out of area hospitals. To M5 Under 16s are down 2.6% (89 admissions), Age 16 to 64 are up 3.3% (247 admissions) while Age 65+ are similar at +0.4% (34 admissions). PLH has seen the biggest rise 6.7% (412 admissions), GWH have seen a smaller rise of 0.8% (36 admissions) while SFT has seen a reduction of 1.3% (66 admissions)	SUS - Acute Specific Admissions		
3	BCF 4.1	Specific Acute Non-Effective Admissions	Rate per 100,000 population of Specific Acute NE admissions	↓	2,321	Jul '17 - Sept '17 (Based on July - 17)	2,204	Jul '16 - Sept '16	09-Oct-17	2,200	Apr-17 to Jun-17	The rate of admission is slightly higher than target, reflecting the bigger increase in admissions than expected.		SUS - Acute Specific Admissions		
4	BCF 4.2	Permanent admissions to residential or nursing homes.	Number of permanent admissions to care homes	↑	248	Aug-17	217	Aug-17	05-Oct-17	525	2017-18	There was a net increase of 31 permanent admissions to care homes in September which is a reduction on the last couple of months and close to the monthly average seen during 2016-17 of around 36 which was slightly lower than that seen in 2015-16 (43). A simple forecast for year end based on the first 8 months would be around 500 which is close to the 525 target. Provisional work on the data suggests up to 20% of the current picture could be wrongly coded, it is envisaged we will get an updated picture		SALT Tables		
5	BCF 4.2	Permanent admissions to residential or nursing homes.	Rate per 100,000 population of permanent admissions to care homes	↑	500	2017-18 (Simple FDT)	525	2017-18 (Simple FDT)	05-Oct-17	529	2017-18					
6	BCF 4.3	Reablement	% of people discharged to rehabilitation who are still at home 91 days post discharge	↓	78.8	Jan '17 to Mar '17 Discharges	815	Oct '16 to Dec '16 Discharges	05-Oct-17	86%	2016-17	This represents all discharges supported by the Neighbourhood Teams, ISP Clerks and IC bed patients discharged from hospital Jan to March 2017. This shows a further slight reduction in the percentage to last quarter and is under BCF target. The number of deaths in all areas suggest this might not reflect those genuinely being offered reablement. Due to issues with obtaining the detailed data from the Community Health Teams the actual ASCCF submission will reflect IC and	Q1 (Q3) NT - 80.3 (83.1) IC - 70.7 (86.1) ISP - 78.6 (85.0)	NT & Care First		
7	BCF 4.4	Delayed transfers of care (Days)	Average number of delayed days in the month.	↑	6,780	Jul-17 to Sept-17 (Based on July - 17)	7,425	Apr-17 to Jun-17	14-Sep-17	4,800	Apr-17 to Jun-17	This is the latest data as published by NHS England, which showed 2,589 delayed days in July compared to 2,589 in June. The forecast for the quarter shows the total number of delayed days would be around 2,000 higher than the BCF target of 4,800. The main reason for people being delayed in hospital remains the capacity within the domiciliary care market. Wiltshire Council commissioners are actively looking at this. Wiltshire Health and Care have now recruited to majority of their Rehabilitation Support Worker Posts and are starting to	In July SFT was under the target but all other Trusts were over the target.	NHS England		
8	BCF 4.4	Delayed transfers of care (Days)	Rate per 100,000 population of	↑	19	Jul-17 to Sept-17 (Based on Jul-17)	21	Apr-17 to Jun-17	14-Sep-17	14	Apr-17 to Jun-17			NHS England		

Wiltshire DTOC Plan 2017/18

NHS Wiltshire CCG and Wiltshire Council has substantial amounts of activity at 3 major Acute Trusts, Wiltshire support the A&E delivery boards at each of those trusts and develops specific support for each trust to maximise the opportunity to reduce delayed transfers of care.

At this time we are currently supporting (not exclusive list) the trusts in the following ways:

- Continuing to support Integrated Discharge Service
- Working with Help to Live at Home provider to secure additional packages of care
- Establishing Home First Model in Q3 2017 and moving into 2018
- 9 extra step down intermediate care beds to support patients no longer in need of acute care and awaiting care at home or placement.
- Additional Reablement Domiciliary Care Capacity for 9 months specifically to support the hard to isolated outlying areas which have always been a difficult area to provide adequate home care.
- Age UK Home from Hospital Service
- Additional private ambulance transport to support people getting home

This additional support over and above the business as usual and response to winter designed to ensure our focus remains on achievement of the DTOC trajectory while we await the system wide ASC transformation and establish the new reablement model in 2018-19.

Section 12: Appendices

Appendix 1: Delayed Transfers Plan

Appendix 2: High Impact Changes Assessment

Appendix 3: DTOC milestone tracker

Appendix 4: Risk Register

Appendix 5: Key documents and Hyperlinks

Appendix 6: Joint Commissioning Board ToR

Appendix 7: BCF Dashboard

Appendix 5: Key documents and links

Documents policies and journals accessed through the hyperlinks are set out below:

Slide Number	Narrative section	Hyperlink
Slide 3-14	Vision & priorities	<ul style="list-style-type: none"> Health and Wellbeing Strategy (http://www.wiltshire.gov.uk/downloads/1621)
Slide 13	BSW STP	<ul style="list-style-type: none"> http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/04/BSW-STP-Final-14-12-16.pdf
Slide 15-20	JSNA Demographics	<ul style="list-style-type: none"> HWB JSNA (http://www.intelligence-network.org.uk/health/jsa-health-and-wellbeing/) Community Area JSA () http://wiltshirejsa.org.uk/
Page 133	JSNA/ Population profile	<ul style="list-style-type: none"> Wiltshire Health profile 2017 (http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000054.pdf) Wiltshire PHOF Aug 2017 (http://fingertipsreports.phe.org.uk/public-health-outcomes-framework/e06000054.pdf)
	Protecting Social Care Services	<ul style="list-style-type: none"> https://www.gov.uk/government/publications/adult-personal-social-services-revenue-funding-2017-to-2018
	Slide 55,56,&57	iBCF funding contributions
	Health & Wellbeing ToR	<ul style="list-style-type: none"> http://cms.wiltshire.gov.uk/mgCommitteeDetails.aspx?ID=1163
	Joint Commissioning Group	<ul style="list-style-type: none"> Ratified 20 September 2017 (attached in body of submission)
	Integrated Performance and Governance Group (BCF)	<ul style="list-style-type: none"> ToR to be provided -

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Source of Funding (All)

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Acute	1904964	1672775	1519058
Community Health	9987443	15696095	15557812
Continuing Care	300000	300000	300000
Mental Health	200000	202200	202200
Other	4174000	3637313	3878377
Primary Care	156000	282000	282000
Social Care	16207593	22293225	23985579
Grand Total	32930000	44083608	45725026

HWB Funding Sources	2016/17	2017/18	2018/19
Total Local Authority Contribution exc iBCF	4,960,000	7,041,889	7,282,953
Total iBCF Contribution	-	5,810,359	7,210,533
Total Minimum CCG Contribution	27,970,000	28,470,322	29,011,258
Total Additional CCG Contribution	-	2,760,678	2,219,742
Total BCF pooled budget	32,930,000	44,083,249	45,724,487

Source of Funding CCG Minimum Contribution

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Acute	1904964	1672775	1519058
Community Health	9411443	10518417	10921070
Continuing Care	300000	300000	300000
Mental Health	200000	202200	202200
Other	1623000	845064	845064
Primary Care	156000	282000	282000
Social Care	14374593	14649866	14941866
Grand Total	27970000	28470322	29011258

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		£14,631,898	£14,909,904
Planned Social Care expenditure from the CCG minimum	£14,374,593	£14,649,866	£14,941,866
Annual % Uplift Planned		1.9%	2.0%
Minimum mandated uplift % (Based on inflation)		1.79%	1.90%

Source of Funding Additional CCG Contribution

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Community Health		2760678	2219742
Grand Total		2760678	2219742

Source of Funding Local Authority Contribution

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Community Health	576000	2417000	2417000
Other	2551000	2792249	3033313
Social Care	1833000	1833000	1833000
Grand Total	4960000	7042249	7283313

Source of Funding Improved Better Care Fund

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Social Care		5810359	7210713
Grand Total		5810359	7210713

Area of Spend	Values		
	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Acute	1904964	1672775	1519058
Community Health	11911443	13358417	14053070
Continuing Care	300000	300000	300000
Mental Health	200000	202200	202200
Other	1623000	845064	845064
Primary Care	156000	282000	282000
Social Care	11874593	11809866	11809866
Grand Total	27970000	28470322	29011258

Update on S136 pathway work

Wiltshire Council

Health and Wellbeing Board

9th November 2017

Update on S136 service pathways programme

Purpose of Report

1. The purpose of this report is to brief the Health and Well Being Board on progress in relation to the streamlining of S136 service pathways provided by Avon and Wiltshire Partnership Trust (AWP) for the B&NES, Swindon and Wiltshire (BSW) , and Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Plan (STP) areas.

Background

2. Members will recall that a presentation was given at the Health and Well Being Board on 9th February 2017, updating them on this important work programme. S136 services are provided under the Mental Health Act for people who appear to be suffering from an acute mental health condition, and who may present a danger to themselves or others. The S136 suites provide a place of safety for these people while they await an assessment by mental health professionals.

Members will recall that service users and representatives from each organisation involved participated in work to agree a “To Be” Pathway, which described how the service would look if it operated at its optimum for both service users and staff. The “To Be” pathway is attached for information at Appendix 1.

This report gives an update on the complex ongoing work to streamline the services and ensure the highest quality of care for these service users, by achieving the proposals in the “To Be” pathway.

Main Considerations for the Council

3.1 As reported to the meeting in February, several task and finish groups have been set up to review the various parts of the S136 pathway. These groups all have representatives from each of the appropriate organisations involved, and each is chaired by a senior manager from one of the organisations. The organisations include the 6 CCGs in the two STP areas, the acute trusts, the Avon and Somerset and Wiltshire Police forces, AWP and the councils from the two STP areas.

3.2 The Task and Finish groups are as follows:

1. **Resource & Capability Mapping & Matching** – this group is identifying a clear picture of how current resource and capability will have to move within and across organisations to support implementation, to ensure that the programme is cost neutral across the systems.
2. **S136 Suites in Swindon & Wiltshire** – this group is working towards the implementation of an agreed approach to S136 suites in the county of Wiltshire, together with reciprocal arrangements for the provision of professional support and arrangements for the provision of S12 doctors. As this work will be of most interest to HWBB members, further detail is given in section 4 below.
3. **Clarity & Consistency / Exploiting Opportunity** – this group is focussing on a common approach towards the use of protocols, language and terminology across the organisations; developing a suite of joint training and awareness raising for use across all public services; and identifying and implementing small changes to the pathway that can make a big difference in prevention, de-escalation and de-stigmatisation for service users.
4. **Prevention and Diversion & Safe Places** – this group is developing the detailed design and implementation of the Mental Health Advice and Support Service (MHAS) for adults and children which will support the prevention of unnecessary detention and support efficient flow through the pathway to reduce waiting times. It will also identify “pop up” safe places (as opposed to places of safety) for both adults and children, across the areas that can be used for mental health assessments to prevent detentions
5. **Reciprocal Arrangements** - this group is agreeing the best possible inter-organisational arrangements to prevent waste, duplication and error, mainly associated with the unnecessary travel of professionals. This will result in a signed agreement that meets each organisation’s needs and the best deployment of professionals so that services are co-ordinated around the needs of the service users, with the right skills in the right place at the right time, optimising travel time and waiting.
6. **Children & Young People** - this group is ensuring that S136 services are seen as an all age issue , and that adjustments to the pathway result in all children receiving a safe and equitable service that complies with regulatory requirements and that good practice is applied across the whole geography covered.
7. **Emergency Departments** - this group is focussing on developing a safe pathway in acute trust emergency departments (EDs) that ensures the best possible experience for people under S136 detention who come to an ED either because they have a physical health need or because there is nowhere else they can safely be placed if the “layered approach” in the “To Be” pathway (see appendix 1) has failed to provide alternatives.

The groups have all met at least once, and have agreed key objectives and deliverables. The programme director who set up the programme left at the end of August, and the new programme director started in mid October 2017.

A Programme Board meeting has been scheduled for Monday 20th November, and a meeting is also being arranged for all task and finish group leads to meet together with the programme director to discuss areas of overlap between the groups to agree consistency in approach.

There is also a parallel workstream being led by the AWP medical director on improving Section 12 doctor availability, as one of the causes of unacceptable delays in the S136 place of safety suites is the difficulty in identifying two doctors who are eligible to undertake a mental health act assessment.

Specific Wiltshire Issues

4. The proposals for future services for Swindon and Wiltshire residents are causing some discussion.

It is proposed that the current S136 services in Swindon, Devizes and Salisbury should be closed, and that service users from those areas should be transferred to the new, purpose designed four bed unit in Devizes.

The current services in Swindon, Devizes and Salisbury are “pop up” services that are mobilised when required. This means that the facilities and staffing are not specialist and therefore not always appropriate for such a vulnerable group and that the quality of service is therefore not as good as it should be for these individuals in crisis.

The requirement to travel to a specialist unit mirrors the acute model of service in these areas, where often people have to travel to Oxford or further afield to access specialist acute physical health care.

A consultation was held on this proposal, but it is possible that further consultation will need to take place. Discussions are ongoing with NHS England on this and it may be that a verbal update can be given to members at the Health and Well Being Board meeting on 9th November 2017.

Safeguarding Considerations

5. The purpose of streamlining the S136 pathway across all organisations in BSW and BNSSG is to ensure that some of the most vulnerable members of our society receive the best possible care when they are experiencing a mental health crisis. The pathway covers both children and adults, and, when the final proposals are defined and agreed will considerably improve the safety and quality of services and service user experience.

Public Health Implications

6. This work links in with public health priorities in both the BSW and BNSSG STP areas.

The incidence of mental health conditions is rising nationally, and this pathway focusses on those people who are experiencing an acute mental health crisis. Reconfiguring the S136 pathway will help to ensure that high quality mental health services are available for those that need them, and that waiting times for assessment are reduced. The work will also ensure that unnecessary detentions under the Mental Health Act will reduce as services are better co-ordinated across organisations.

Environmental and Climate Change Considerations

- 7 a) The final proposals from the task and finish groups will result in professionals travelling less as it is envisaged that agreement around reciprocal arrangements will result in less unnecessary mobilisation of on-call resources and acceptance of professional assessments across geographical boundaries.
- b) Reduction in travel will result in a reduction in carbon emissions.

Equalities Impact of the Proposal

8. This work supports the Council's commitment to
 - a) tackle inequalities and promote cohesive communities as the work relates improving the quality of services to the to the most vulnerable people in our society
 - b) not discriminate in the way we provides services to the public as the improvement to services will help to ensure that only those who need to be detained under the mental health act will be
 - c) not to discriminate in our employment related practices
 - d) promote equality and good relations between different groups, as this work is fostering discussion and understanding between statutory organisations and service users across a broad geographical area.

Risk Assessment

9. This is an update report only.

A full risk assessment will be undertaken when there are formal proposals to be considered.

Financial Implications

10. It is expected that this work will be cost neutral across the system.

Legal Implications

11. One of the reasons that this work is being undertaken is the impending change to the legislation around waiting times for Mental Health Act assessments in S136 suites. It is expected that in mid-December 2017, the waiting times will be reduced from a maximum of 72 hours to a maximum of 24 hours.

This is challenging as currently the 72 hour maximum is sometimes breached. The proposals for the “To Be” pathway will help to ensure compliance with this new requirement.

12. In terms of ethical governance issues or Human Rights implications the new pathway will help to ensure that only those people who need to be detained under the Mental Health Act will be, and that other individuals will be able to access care in a setting more appropriate to their needs without being sectioned under the Mental Health Act.

Conclusions

13. Members are asked to note this progress update

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Ted Wilson
Wiltshire Mental Health Crisis Care Concordat Action Group Chair

Report Author: Jill Shepherd
S136 Programme Director

31 October 2017

Background Papers
None

Appendices

Appendix 1 – “To Be” Pathway

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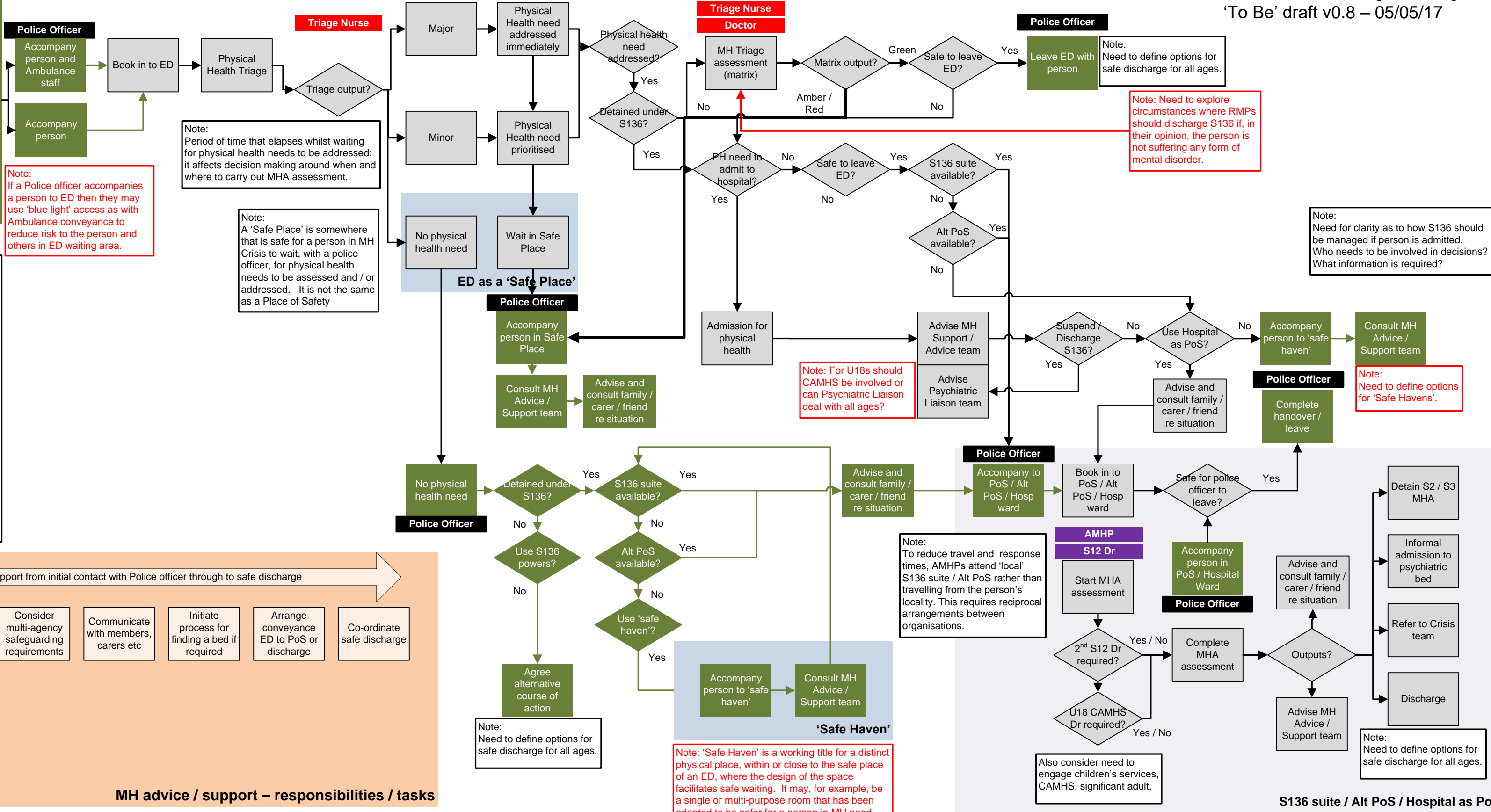
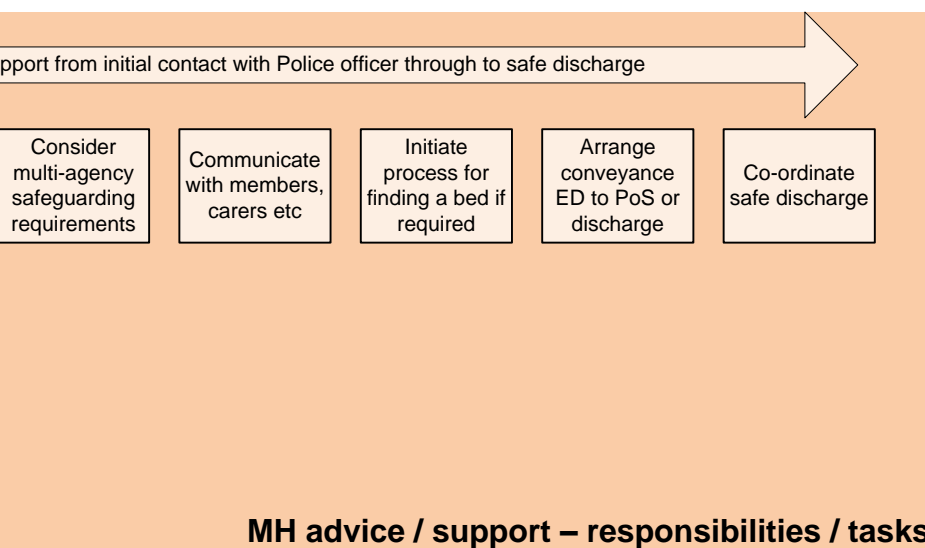
Hospital Emergency Department

MH Crisis / S136 VSM ED and PoS to discharge – All Age 'To Be' draft v0.8 – 05/05/17

Note:
1. The person has been detained under S136; an Ambulance has attended; physical health needs require ED intervention.
2. The police officer has decided not to use S136 powers; an Ambulance has attended; physical health needs require ED intervention.
3. The person has been detained under S136; an Ambulance has not attended; it is not clear whether there are physical health needs.
4. The police officer has decided not to use S136 powers; an Ambulance has not attended; it is not clear whether there are physical health needs.

Note:
If a Police officer accompanies a person to ED then they may use 'blue light' access as with Ambulance conveyance to reduce risk to the person and others in ED waiting area.

Note:
1. Police officer(s) have been communicating regularly with MH Advice / Support team from initial contact with the person.
2. The Ambulance Service has, generally, attended and assessed physical health need as requiring ED intervention.
3. The person has, generally, been conveyed to ED in an ambulance or other appropriate transport.
4. ED has been forewarned of the person's impending arrival by Ambulance Service or MH Advice / Support team.
5. Psychiatric Liaison team has been advised of the person's impending arrival by MH Advice / Support team.
6. If the person is under 18 years of age then CAMHS and, if appropriate, Children's Social Services have been made aware and mobilised.



Note:
Period of time that elapses whilst waiting for physical health needs to be addressed: it affects decision making around when and where to carry out MHA assessment.

Note:
A 'Safe Place' is somewhere that is safe for a person in MH Crisis to wait, with a police officer, for physical health needs to be assessed and / or addressed. It is not the same as a Place of Safety

Note: Need to explore circumstances where RMPs should discharge S136 if, in their opinion, the person is not suffering any form of mental disorder.

Note:
Need for clarity as to how S136 should be managed if person is admitted. Who needs to be involved in decisions? What information is required?

Note: For U18s should CAMHS be involved or can Psychiatric Liaison deal with all ages?

Note: Need to define options for 'Safe Havens'.

Note:
To reduce travel and response times, AMHPs attend 'local' S136 suite / Alt PoS rather than travelling from the person's locality. This requires reciprocal arrangements between organisations.

Note: 'Safe Haven' is a working title for a distinct physical place, within or close to the safe place of an ED, where the design of the space facilitates safe waiting. It may, for example, be a single or multi-purpose room that has been adapted to be safer for a person in MH need.

Note: Need to define options for safe discharge for all ages.

S136 suite / Alt PoS / Hospital as PoS

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Wiltshire Council

Health and Wellbeing Board

9th November 2017

Subject: Strategic Outline Programme

Executive Summary

The CCG's Governing Body has agreed to support a Strategic Outline Programme to determine the health infrastructure needs across the localities not already covered by the Strategic Outline Case for North West Wiltshire.

Proposal(s)

It is recommended that the Board:

- i) Notes the approach taken by Wiltshire CCG.

Reason for Proposal

The need to plan for a sustainable health infrastructure

Presenter name: Linda Prosser

Title: Interim Chief Officer

Organisation: NHS Wiltshire CCG

Subject: Strategic Outline Programme

Purpose of Report

1. To update the Health and Wellbeing Board on the proposed work programme.

Background

2. The CCG have undertaken a Strategic Outline Case (SOC) exercise for the towns of Chippenham, Melksham and Trowbridge. This is in response to a growing primary care infrastructure gap, an increasing population and a community estate that is underutilised and in poor condition.

This SOC covered three localities within the CCG. Having undertaken this exercise the Governing Body has agreed to pause progress on the SOC so that a Strategic Outline Programme can be undertaken to incorporate the remaining localities within the CCG which also face similar levels of challenge.

Main Considerations

3. Across the CCG the 20 locality areas – 4 of these have already been considered (relating to Chippenham, Melksham, Trowbridge and Devizes). The CCG has considered differing approaches and timescales in relation to reviewing these remaining areas. These range from one single approach over a condensed time period to multiple consecutive SOC's over a 2-3 year timescale.

In order to deliver this programme in a timely and effective manner the Governing Body has agreed on a condensed timescale with the activity, once initiated, to be completed within 6 months. The scope of this exercise is also under consideration and requires further discussion with key stakeholders and groups (such as the One Public Estate). We will need to fully understand the future buildings requirements for primary care and community services for adults. We need to agree whether children, mental health and other service areas are to be included. This timescale is also dependent upon the input from commissioner, provider and user stakeholders as key contributors to the process.

Next Steps

4. The next step in the process is for the CCG to gain NHS England agreement to commence the procurement process for a strategic partner to undertake the exercise.

Presenter name: Linda Prosser
Title: Interim Chief Officer
Organisation: NHS Wiltshire CCG

Report Author:
Steve Perkins, Chief Financial Officer, NHS Wiltshire CCG

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Wiltshire Council

Health and Wellbeing Board

9 November 2017

Subject: Adults Multi-Agency Safeguarding Hub

Executive Summary

Demand for adult care services is increasing within a context of pressure on resources and workforce (for example, difficulty recruiting social care workers). The transformation of the adult care has several interlinked projects designed to improve the whole of the adult social care service to meet these challenges now and in the future. The 'front door' describes the first point of contact for Wiltshire residents who need to access information, advice or support from adult care and is key for managing demand. The Multi-Agency Safeguarding Hub will be the single point of contact for all safeguarding concerns regarding adults in Wiltshire. It brings together professionals from services that have contact with adults and families, and makes the best possible use of their combined knowledge to keep adults safe from harm.

The purpose of this report is to inform the Health and Wellbeing Board on the development of the Multi-Agency Safeguarding Hub (MASH) and the redesign of services to safeguard vulnerable adults. The Multi-Agency Safeguarding Hub (MASH) is a service which builds upon existing partnership work in Wiltshire. It is designed to help professionals who are working with vulnerable people by providing them with a collated picture of the individual and family. It will involve different agencies working together in the same location and sharing information to provide a more coordinated, timely and proportionate response to welfare and safeguarding concerns.

The MASH includes the staff and team required to manage safeguarding referrals signposted via the front door or received by another means. The MASH team will gather information and identify any referrals that require an Adult Protection Investigation to commence under Section 42 of the Care Act 2014. The MASH team will lead and manage these investigations in accordance with the internal policies and procedures and engage with other relevant bodies and parties to gain the necessary evidence required.

Proposal(s)

It is recommended that the Board:

- i) To note the progress on the development of the Adults Multi-Agency Safeguarding Hub

Reason for Proposal

To inform the Health and Wellbeing Board of the work by partners to develop a multi-agency safeguarding hub given its importance to all health and social care organisations with safeguarding responsibilities.

Alison Elliott
Interim Corporate Director
Wiltshire Council

Subject: Adults Multi-Agency Safeguarding Hub

Purpose of Report

1. To inform the Health and Wellbeing Board of the development of a Multi-Agency Safeguarding Hub.

Background

2. The concept of a Multi-Agency Safeguarding Hub (MASH) has been in existence for several years in Wiltshire. The importance of timely sharing of information to protect adults at risk is widely recognised. Over decades' numerous serious case reviews have pointed to a lack of information sharing between professionals as one of the key factors leading to failures of adult safeguarding.
3. The function of a MASH is to create an environment where sensitive information can be shared securely through the co-location of the 3 agencies; social care, the police and health. This allows professionals to access their own agency's information about an adult to facilitate effective information sharing and informed decision making at the earliest stage possible. The MASH will facilitate the ability to filter and signpost cases so that the investigation work load can be managed and vulnerable adults can be protected whilst also ensuring that the referrals that are assessed not to meet safeguarding thresholds are appropriately signposted elsewhere. This will be done by screening out at an early stage those allegations that do not warrant a formal statutory safeguarding investigation but instead could be dealt with by a partner organisation or through support from another part of adult social care.
4. In the last three years Wiltshire, has seen a significant increase in the number of safeguarding concerns reported to the Council. However, of the referrals to the Safeguarding Adult Team (SAT), only 17% are progressed to Early Strategy Meeting stage as most concerns are not found to be safeguarding issues. Furthermore, the number of recurrent referrals has increased in recent years and analysis shows there is inconsistency in the way cases are treated and investigated. (See section 3 below for a full analysis.)
5. Under the Care Act 2014 local authorities acquired new safeguarding duties giving Wiltshire Council a greater role in protecting adults at risk. Essentially this means that the Council must:
 - lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
 - arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
6. Locally we are meeting these requirements but since the implementation of the Act in 2015, teams and agencies have acquired a better understanding of how we can work together more effectively. Multi-agency safeguarding arrangements for adults are now being developed locally with health and police partners. These arrangements will help us deliver better outcomes for adults at risk of abuse and work toward preventative strategies with those adults. Before these changes are implemented there is a need to assess how the council's own safeguarding services are allowing the organisation to effectively and efficiently fulfil its duties. This review is part of the wider transformation of adult care services. The Council, as part of its wider plan for improving adult services and by ensuring that adults at risk of abuse are safeguarded, has an opportunity to:
- Do more to prevent people from experiencing harm, rather than treating the consequences of vulnerability and harm.
 - Ensure a greater number of people with care and support needs can live as independently as possible.
7. To do this our approach to safeguarding must enable the best possible decision making based on good quality evidence and appropriate consultation with partner agencies, the person at risk and their family. Standards must be consistent across the county and through excellence in service delivery allow us to improve outcomes for some of the most vulnerable people in our communities.
8. Current service delivery arrangements involve 17 teams and many more individuals in the process of handling enquiries and conducting safeguarding investigations. The complexity of the system in place increases the risk that we will fail in our duty to protect adults at risk of abuse and reduces our ability to ensure a consistent, high quality of customer focused service. In addition, there is a risk that with the ever-increasing number of safeguarding concerns being raised a high proportion of which when scrutinised do not require a formal safeguarding investigation the system will continue to deal with a significant number of inappropriate referrals. This ties up resources and prevents these being targeted to those most in need.
9. Referrals are received from the public, professionals in the care sector, health colleagues and from across public and voluntary sectors when it's suspected that:
- **an adult with care and support need is experiencing, or is at risk of, abuse and neglect,**
 - **and who, because of their care and support needs, is unable to protect themselves from abuse or neglect.**

Under the Care Act 2014, Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria above is, or is

at risk of, being abused or neglected. The following process, currently applies when the council is notified that it is suspected that abuse or neglect is taking place:

- Referrals are received by Customer Advisers who take details and record information on the CareFirst data system and send thee by the desk top to the Safeguarding Adults team who provided the triage service.
 - Referrals are then triaged by the Safeguarding Adults Team who assess whether the case meets criteria (set out under section 42 of the Care Act 2014) for the local authority to undertake further enquiries.
10. The team aim to do this within 24 hours of receiving the referral. However, the team may need to gather further information before a decision can be made as the initial referral may not contain this which can delay the decision-making process. Some investigations are started without going through the formal triage process by operational teams who identify the issues locally and proceed without sending these through to triage. There is a risk that the decision for these to go forward as formal section 42 enquiries is taken locally and not as part of a comprehensive central decision making process.
11. In the case that section 42 criteria are met the process then undertaken to investigate the reported concern or incident is as follows:

Triage – Four pathways may result from the initial triage process

- If further information is needed before a decision can be made advise on what is needed is sent to the operational team
 - If the concern is not to be investigated under a section 42 the team provide advice to the operational teams in the area the abuse occurred regarding what might be needed i.e. social care intervention etc.
 - The team determine what type of investigation will take place and which agencies need to be involved. Investigations will then be assigned an investigating manager and investigating officer from one of the 17 locality or specialist teams who will follow the safeguarding adult multi agency policy and procedures. The central safeguarding team have no further input into the investigation process ongoing.
 - The Safeguarding Adults Team will hold investigations where there is concern that large scale abuse or neglect is taking place or if the situation is extremely complex or politically sensitive. However, 95% of concerns raised are investigated by social workers in locality teams.
12. This process means that an individual(s) at the centre of an investigation will usually come into contact with a minimum of three separate council teams (customer services, safeguarding adults and the locality/specialist team) and at least four council officers. There is evidence that the methodology for

investigations varies from team to team with time frames and outcomes differing and a resulting lack of overall comprehensive approach to investigations.

13. Our vision is to provide a consistent comprehensive person centred, multi-agency approach to investigating any suspected incidents of abuse and neglect and to changing outcomes. Improvements to people's first experiences of asking for help will enable us to:
 - Ensure the most appropriate response is provided at the first opportunity
 - Ensure the customer receives a person-centred approach to their concerns from the start rather than more complex route and potentially more confusing response.
 - Robustly identify and respond to immediate and longer term risks to the individual.
 - Develop and maintain resilience within our communities by taking all opportunities to develop preventative strategies with the adult at risk.
 - Reduce dependence on resources, and ensure our skilled multi-agency resources are used more effectively
14. In 2015/16 4,566 referrals were made to the customer advice team by callers who suspected abuse or neglect had taken place or who wanted advice. A large proportion of these calls were made by concerned professionals reporting incidents (including unwitnessed falls or marks left when bandaging was removed) and did not meet the criteria for an investigation. After triage, only 993 of those referrals resulted in further investigation (early strategy actions) – 22%.
15. Over the last five years there has been significant increase in the number of concerns raised with the council's adult safeguarding team. As life expectancy continues to rise in the general population and in groups with complex, long term health conditions demand on wider social care is expected to continue to increase. As it does the number of adults at risk of abuse, with care and support needs, will increase. It is essential we are well prepared to ensure that groups of adults at greater risk are well protected and effectively safeguarded. A service that provides a multi-agency approach to safeguarding will provide a model that protects individuals, reduces duplication, is better able to identify trends in issues and proactively engage in a safeguarding prevention strategy.
16. There is now an opportunity to improve the service we provide to the most vulnerable people in our communities by:
 - **Improving the management of concerns raised.**
 - Improve outcomes through simplifying the delivery structure for safeguarding by increasing skills both for triaging at the front door and for the teams conducting investigations, conferences and reviews.
 - Provide more co-ordinated and effective multi-agency safeguarding services to protect adults at risk of abuse. This will mean having key partners such as the police and healthcare co-located and working alongside one another, under the lead of the Council team. Further input from partners such as Commissioners and mental health will be provided via a 'virtual' link.

- Work closely with the new front-door function, assisting in the correct triaging of concerns. Locating the MASH alongside the Front Door team will allow for immediate liaison with partners at all stages of the process.
 - **Improving the recruitment and retention of staff.**
 - Increase capacity in our locality and specialist (mental health and learning disability) teams by using staff time more efficiently. The time-consuming investigative work will be managed and carried out by the central MASH team, freeing up locality teams to manage 'business as usual' cases.
 - Reduce pressure on our wider adult care teams
 - Provide staff who conduct safeguarding investigations with the training and support they need to do their job effectively
 - **Increasing oversight of safeguarding investigations.**
 - Ensure there is consistency across Wiltshire and that safeguarding investigations are conducted to the same standard and with the same high degree of rigour regardless of where they take place.
 - Improve the audit and quality assurance of the service.
 - The MASH will maintain an overview of all safeguarding alerts and identify emerging concerns.
 - Maintain a focus on self-neglect and high-risk behaviours.
 - Promote effective multi-agency partnership to deliver successful prevention and support to adults at risk.
 - Raise the profile of safeguarding adults.
 - Better identify situations that require consideration of a Safeguarding Adults Review (SAR).
17. The Adult Social Care Transformation Board will recommend to Cabinet (7 November 2017) the development of a simplified system, that refines the customer pathway. It also offers assurance that local knowledge, relationships and geographical proximity will continue to make safeguarding operations effective. This will change the existing model by:
- The MASH will sit behind a more robust front door where all enquiries regarding adult social care are received. Putting in place a robust front door – giving call handlers the ability to take professionally informed decisions at an initial stage. Only those enquiries that appear to meet section 42 criteria are passed to the MASH. The Front Door Business Case contains the detail behind this.
 - The MASH will amalgamate the existing Safeguarding Adults Team (SAT) into a centralised MASH which will consist of investigation managers and professionals from health (such as district nursing, GP links etc.) and the police Safeguarding Adult Investigation Team (SAIT). Other partners such as public protection, the voluntary sector, probation, mental health, Health Watch Wiltshire etc. will be linked virtually.
 - Investigating officers will continue to be drawn from the existing locality teams but their safeguarding work will be managed by the central Investigation Managers (IM) team. All investigations will be overseen by the Investigation Manager based in the MASH.
 - A new role of Enquiry Officer will be created. This role will take on the time-consuming administrative tasks such as meeting coordination and following

up on information requests. The Enquiry Officer will be a skilled role with the ability to make some decisions where appropriate.

18. Advantages of a supported locality model:

Consistency in service delivery and outcomes

- A streamlined customer pathway that delivers a better service to those making an enquiry and those involved in, and at the centre of, an investigation (both professionals in the care sector and members of the public).
- Reduced risk relating to the many exchanges of information and responsibility that currently occurs. Being located together will enable organisations to instantly query and cross-check issues.
- A more streamlined model facilitates effective performance management and quality assurance to be realised

More efficient use of staff time and skills

- Training can more readily be comprehensively delivered to all Investigation Managers and Investigation Officers.
- Retention of local input and knowledge from the locality teams who provide the Investigation Officers
- Proximity of Investigation Officers to the place of investigation
- Social workers within locality team remain involved in safeguarding investigations – skills are retained and professional satisfaction maintained
- Investigation Managers can concentrate on increasing their knowledge, skills and expertise of safeguarding legislation and policy and applying this to their work.
- It would be possible for Investigation Managers to develop expertise in leading investigations for certain types of forms of abuse i.e. financial abuse, emotional abuse, neglect caused by poor care in a care setting etc.
- The aim is to hold as many safeguarding meetings as possible at County Hall which will use staff time more efficiently through reducing travel time. However, it is acknowledged that some meetings will take place elsewhere to meet customer and stakeholder needs.

Next Steps

Council staff with our partners will continue to refine the model with service users and cares.

The MASH and new safeguarding arrangement will be operational from May 2018.

Alison Elliott
Interim Corporate Director
Wiltshire Council

Report Authors:
Alison Elliott and Heather Alleyne, Head of Safeguarding

Wiltshire Council

Health and Wellbeing Board

9 November 2017

Subject: Director of Public Health's Annual Report 2016-17

Executive Summary

The Director of Public Health has a statutory responsibility to produce an annual report for Public Health. The Health and Social Care Act 2012 states: "The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report. "

The attached report: 'Living longer healthier lives' by Wiltshire's Director of Public Health meets the statutory requirement for 2016-17.

The report will be published on the Council website.

Proposals

It is recommended that the Health and Wellbeing Board notes the publication of the Annual Report.

Reason for Proposal

The Health and Social Care Act 2012 introduced a duty for all upper-tier and unitary local authorities to take appropriate steps to improve the health of the people who live in their areas. This includes providing facilities for the prevention or treatment of illness (such as smoking cessation clinics) and providing information and advice.

Regulations require local authorities to take particular steps in exercise of their public health functions. These include providing services such as the National Child Measurement Programme, children's public health services, NHS Health Checks, and sexual health services; together with a duty to provide information, and advice; and to participate in arrangements to protect the health of the population (including infectious disease, environmental hazards and extreme weather events).

The DPH's annual report covers a range of topics associated with the health of the population of Wiltshire, the challenges and responses.

Tracy Daszkiewicz
Director of Public Health
Wiltshire Council

Living longer healthier lives

Director of Public Health
Wiltshire Council

Annual Report
2016 – 17



Acknowledgements

This annual report has been written by Tracy Daszkiewicz and John Goodall with contributions from:

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For further information and data about Wiltshire's public health visit the Wiltshire Intelligence Network website: www.intelligencenetwork.org.uk

For information about Wiltshire's public health services visit: www.wiltshire.gov.uk/public-health

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Public health is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

Faculty of Public Health, Royal Colleges of Physicians of the UK 2010

Foreword

I am delighted to present my annual report on the health of the population of Wiltshire. This report draws on the Joint Strategic Needs Assessment (JSNA) and adds to our understanding of health and well-being in Wiltshire. In times of reducing resources and increasing demand, Public Health's role becomes all the more central in highlighting the importance of prevention and in providing evidence to decision-makers.

We are fortunate to live in a place and at a time where the threat from communicable disease is greatly reduced thanks to the efforts of medicine and our comprehensive national public health immunisations and vaccination programmes. Those programmes, together with national screening services, and wider legislation associated with health and safety, food standards, licensing and a range of other regulations, mean we are protected from a range of threats to our health.

The biggest dangers to our health today are from non-communicable diseases often linked to behaviours and lifestyle. To reflect this the focus of this year's report is on health improvement associated with lifestyle and other factors. However, we need to remain vigilant of the need to protect against communicable diseases; pandemic flu for example remains an ever-present threat to population health. We also need to be able to respond effectively to disasters and weather-related events, as well as enforce protective legislation through our trading standards, environmental health, health and safety, food and animal safety teams, while continuing to safeguard the vulnerable in Wiltshire.

Although average life expectancy has risen consistently in recent years, this has not been the same for all groups in society. While the physical and mental health of people in Wiltshire is generally better than the England average, there is a growing gap in health inequality between the most and least deprived. We need therefore to ensure that health and wellbeing is considered in all policies and that the wider determinants of health and their consequences are addressed.

This latter aspect is especially pertinent in Wiltshire with an ageing population and increased demands this places on families, the NHS, and social care. Services need to evolve to ensure needs are met through greater flexibility in the system and understanding what services are needed and when.

My thanks to the Public Health, Public Protection, Occupational Health and Safety, and Leisure teams for their efforts to protect and improve the health of our Wiltshire population. They cannot do this

alone however, and we are fortunate to benefit from working closely with our colleagues across Wiltshire Council, the NHS, Wiltshire Police, Fire and Rescue and our other partners in Wiltshire, together with regional and national agencies. Our collaboration means we are able to work effectively to reduce risks and improve the health and wellbeing of the population. In doing so we can help everyone to live longer, happier and healthier lives.

Tracy Daszkiewicz, Director of Public Health.

Public health practice made huge strides during the 20th century, transforming the living standards of millions and saving countless lives in the process. Yet real threats still linger and new ones emerge. Dealing with the avoidable mortality caused by, smoking, obesity, harmful level of alcohol consumption as conclusively as cholera and typhoid were dealt with requires different ways of thinking and acting.

The health of Wiltshire's population is generally good and across many areas of health there is continuing improvement. People are living longer and there is a commitment across the communities and organisations in Wiltshire to improve health and well-being.

However, good health is not enjoyed by all and we face a challenge to reduce the gap to ensure people enjoy not only longer but also healthier lives. Embedding prevention and early intervention in all policy and practice will enable the focus on reducing the number of people living with preventable chronic conditions; premature deaths, work limiting illness, disability, and acute morbidities; all contribute to persistent inequalities. We recognise the effect that remaining healthy has on happiness.

This report shows the importance of using public health data and the expertise of the public health team working collaboratively both within the Council and with other partners to ensure we adopt a preventative approach to protect and improve the health of our population. It's only by promoting the benefits of good health and addressing the social determinants of health by including prevention of ill health in all our policies that we will reduce the escalating demands on adult social care and the NHS, reduce inequalities and improve the overall health and wellbeing of local communities.

Councillor Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection.

Introduction

This report by the Director of Public Health covers a range of topics associated with the health of the population of Wiltshire. Each section considers the challenges and what we are doing to prevent or respond to those needs. This report therefore reflects not only the work of Wiltshire Council's Public Health and Public Protection and Leisure team, but also the work of Wiltshire's Health and Wellbeing Board and its strategy to improve the health of the population, together with the efforts of Wiltshire's thematic partnerships that pursue the aims of Wiltshire having strong healthy communities, and protecting the most vulnerable.

The first section of this report describes the overall population and life expectancy for Wiltshire and is followed by a life course approach, which includes starting, living and ageing well. Subsequent sections cover health protection, safeguarding, and health in all policies. At the end of the report are data tables and charts.

This report does not replace the Joint Strategic Needs Assessment (JSNA) produced by Wiltshire Council to inform evidence-based service development.

Wiltshire Council's Public Health JSNA programme provides a number of products ranging from an overview JSNA for Wiltshire, down to more detailed topic specific JSNAs that give a set of agreed facts and figures to be used by the council, our partners and organisations within Wiltshire.

Wiltshire's JSNA's are available on the Wiltshire Intelligence Network website, www.intelligencenetwork.org.uk.

The 2017 Health and Wellbeing JSNA will be published in December 2017.

General population challenges

The population of Wiltshire is growing and is ageing. The overall population is projected to increase to 516,000 persons by 2026 from 488,400 in 2016.

The under 15 years of age population is projected to decrease slightly from 87,500 to 87,000 persons, whilst the working age population, aged 15 to 64, is projected to remain around 299,500 persons.

Wiltshire's projected 5.6% total population increase over the next 10 years is therefore accounted for by increases in the retirement age population. This poses Wiltshire with a significant 'ageing population' challenge.

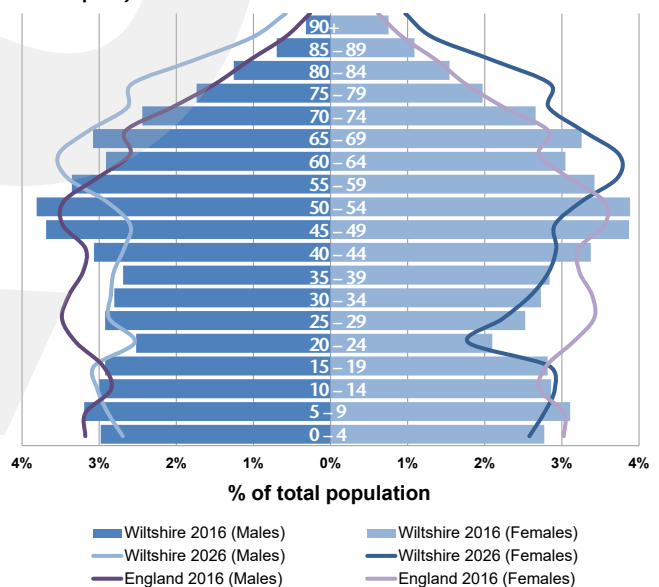
See page 24 for the population data table.

In Wiltshire **45%** is the projected increase in the number of over 80s by 2026.

Between 2016 and 2026, **27%** is the projected increase in Wiltshire of people aged over 65.

Age profile

ONS mid-year population estimates 2016 and 2026 projections



488,000 people live in Wiltshire.

In 2026, **1/4** of Wiltshire's population will be aged over 65.

Life expectancy

Life Expectancy is the average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant in future. This is an important measure, providing information on overall trends in population health.

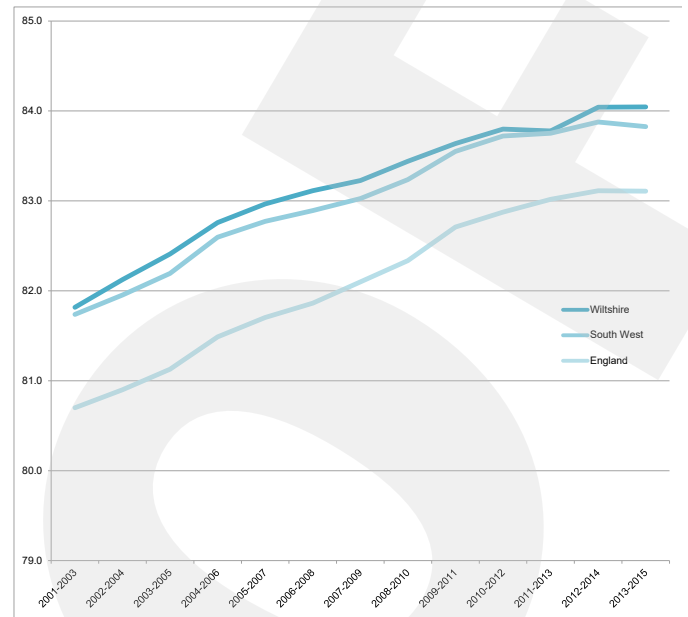
Average life expectancy has increased steadily in Wiltshire in recent decades. Less than a century ago, deaths from infectious diseases were common. Today, chronic non-communicable diseases are the leading causes of death, with long periods of moderate and severe ill health often preceding death.

The health of the Wiltshire population is generally better than the England average. Life expectancy for both men and women is higher than the England average at 80.8 and 84.0 years for males and females respectively.

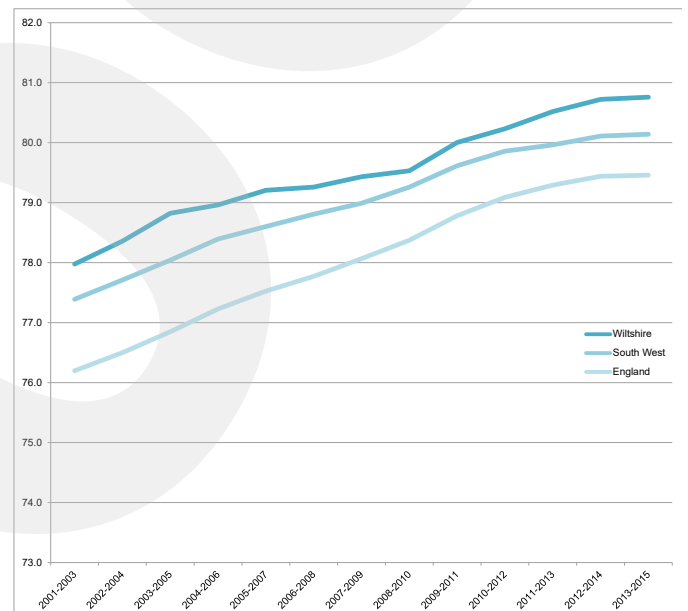
However, healthy life expectancy are 64.8 and 66.8 years for males and females which means many people in Wiltshire can expect around 16 years of ill-health or disability during their life.

In Wiltshire, over 1,250 people die each year before reaching the age of 75. It is important therefore to start well in life and then improve one's health by good choices: not smoking, eating healthily and drinking alcohol sensibly, being active and maintaining good mental health.

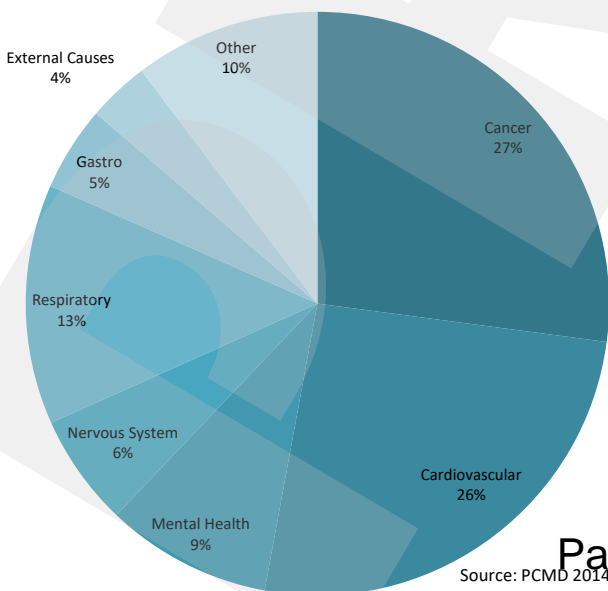
Life expectancy in years for males at birth



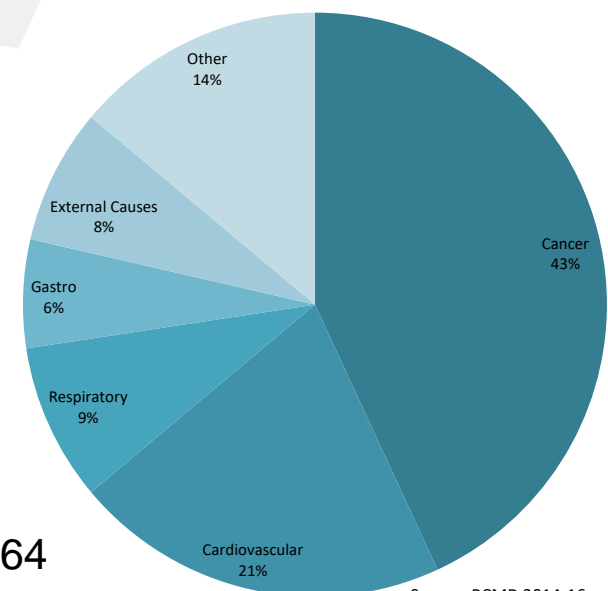
Life expectancy in years for females at birth



Cause of death: all ages in Wiltshire



Cause of death: under 75 years in Wiltshire



Health inequalities

This map shows differences in the areas of deprivation in Wiltshire using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD), shown by lower super output area. The darkest coloured areas are some of the most deprived areas in England. The chart below shows the percentages of the population who live in areas at each level of deprivation.

Wiltshire’s overall IMD score places the unitary authority area in the top third least deprived local authorities in England. However, whilst Wiltshire as a whole is not deprived, 12 of the 285 lower super output areas in Wiltshire are in the 20% nationally most deprived group. This represents 4.3% of the Wiltshire population. Additionally there are rural areas where relative affluence is found alongside relative poverty.

There is a social gradient in life expectancy. People living in the most deprived areas in Wiltshire have on average the lowest life expectancy.

This can be seen in the chart on page 25.

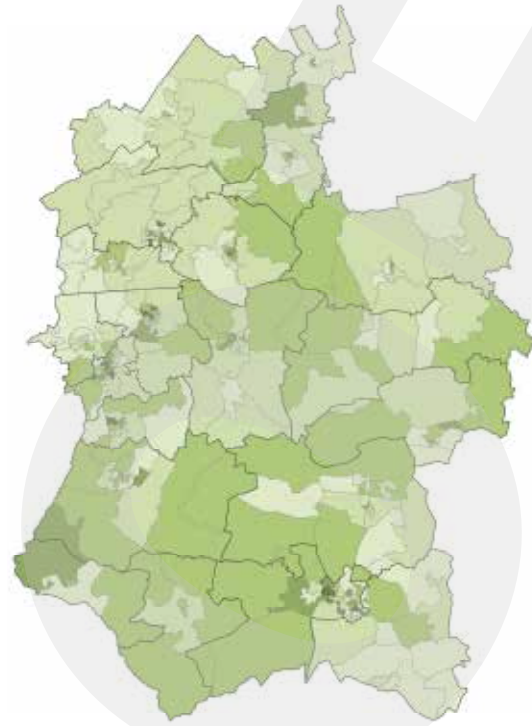
In addition to those geographical population considerations, there are also groups within the population of Wiltshire who may suffer health inequalities for different reasons. These include people with a disability, carers, military families, travelling showpeople, gypsy and traveller groups, boat dwellers, prisoners at HMP Erlestoke, and national or ethnic groups.

Over 4,200 households in Wiltshire are in social rented accommodation.

Wiltshire has over 10,400 low income families.

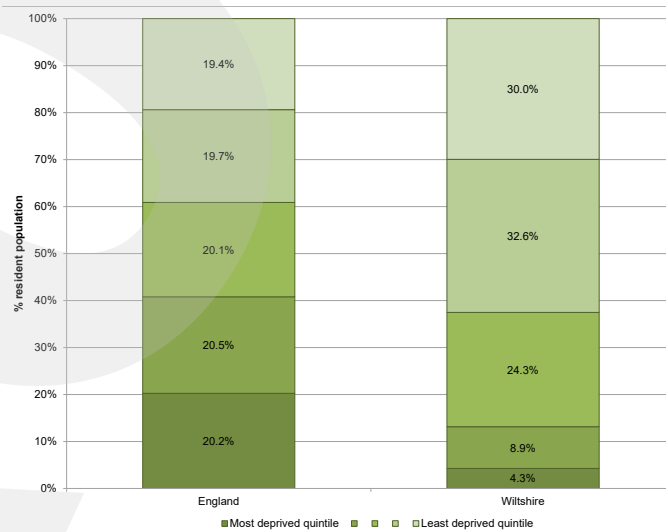
1/3 of households receiving benefits are in the 10 most deprived wards in Wiltshire.

Wiltshire IMD map



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Percentage of the population who live at each level of deprivation.



People living in the most deprived areas can spend nearly a third of their lives in poor health.

Over 4% of the Wiltshire population received Employment and Support Allowance.

Starting well

Why this is important for Wiltshire

There is overwhelming evidence that the first five years have lifelong effects on health and wellbeing, educational achievement and economic status.

Pregnancy and the first two years lay the foundations for physical, intellectual and emotional development. Healthy neurological development and attachment are key and require a relationship with a primary carer who is sensitive and responsive to an infant's needs.

Giving every child the best start in life is vital to reducing health inequalities across the life course. Challenges include:

- Early identification of pregnant women with complex social needs and vulnerabilities
- Ensuring women have access to support programmes
- Reducing the rates of smoking in pregnancy to achieve the national target of 6% by 2022
- Supporting women with mild to moderate perinatal mental health concerns to access support available
- encouraging and supporting pregnant women and families with young children, to make healthy lifestyle choices

Good health in childhood and adolescence are vital for securing young people's future wellbeing in later life

Data at national and local level show that many of the trends in health behaviours and health outcomes for young people are going in a positive direction. However, there are indicators of concern in relation to levels of anxiety and poor emotional wellbeing, and a rise in the use of e-cigarettes.

Levels of excess weight among children appear to be levelling off – yet show no clear signs of declining.

The inequalities gap in terms of the difference in rates of excess weight between areas with highest and lowest deprivation is widening nationally and locally.

9.7% pregnant mothers smoke in Wiltshire compared with England's 10.8%.

Smoking doubles the risk of stillbirth.

Stillbirths in Wiltshire = **3.9%**,
England = 4.6%.

282 children in every 10,000 of 0-2 years old are supported by Childrens Social Care.

Children who grow up in poverty face a greater risk of having poor health, being exposed to crime, and failing to reach their full potential, creating a cycle of poverty for the future.

66% of young people were satisfied with their life compared with 71% in 2015.

11.8% of children are in low income families in Wiltshire (England 20%).

1 in 3 children end in Year 6 as overweight or obese.

4.2% of secondary school aged young people smoke cigarettes.

Only 21.7% Wiltshire children aged 5-15 meet national guidelines on physical activity (at least seven hours physical activity a week) – national average is 22%.

Starting well

What is being done in Wiltshire

Wiltshire Council's Public Health team commissions health visitor and school nurse services to help all children from pregnancy to 19 years of age.

The evidence-based Healthy Child Programme (0-5 years), led by health visitors, offers every child a schedule of health and development, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed.

Other services include routine screening for perinatal and infant mental health problems; and breastfeeding peer support.

Specialist healthy lifestyle in pregnancy services are available to support women to stop smoking and for weight management.

Wiltshire's Maternal Healthy Me programme help mothers-to-be maintain a healthy weight in pregnancy.

Baby Steps is a targeted relationship based programme that supports expectant parents with additional needs to prepare for the transition to parenthood, focussing particularly on strengthening the relationship between parents and bonding with their baby.

Wiltshire's Child Health Improvement Strategy identifies the objectives needed to ensure that Children and Young People experience optimal health, both in childhood and throughout their lives.

On the whole, young people in Wiltshire have good health compared to the rest of England. Our aspirations for our young people are high, and we strive to improve in many areas, such as reducing levels of hospital admittance for childhood accidents among 15-24 year olds.

We are committed to understanding and reducing health inequalities within our county, and have highlighted where we know these exist across a range of health outcomes such as obesity, and childhood accidents. These inequalities are targeted in the Child Health Improvement Implementation plan.

The school nursing service delivers the Healthy Child Programme (5-19s) in schools.

135 referrals to the free Healthy Me family-based healthy lifestyle programme aimed at overweight children 7-11 years old.

74.2% of Healthy Me children reduced their BMI by taking part.

22 Healthy Me 'Bitesize' sessions delivered in primary school time – combining physical activity and healthy eating messages to children.

Over 300 mothers took part in Maternal Healthy Me programme for healthy weight gain.

Over 300 parents participated in the Baby Steps programme.

Over 60 volunteers were trained as breastfeeding peer supporters.

StreetGames projects work with young people who do not participate in sport currently, are part of alternative sport subcultures or who live in areas of high deprivation.

Between 4 June and 29 July 2016 **15,714** pupils at 47 schools took part in the Big Pledge 2016 activity challenge.

Wiltshire Council's **sports development teams** deliver community based sports activities, and volunteering opportunities for vulnerable and hard to reach young people aged 13-25 years.

Living well

Why this is important for Wiltshire

Reducing harm from tobacco and alcohol

Smoking is the primary cause of preventable illness and premature deaths in the UK. It is significantly associated with chronic obstructive pulmonary disease (COPD), various forms of cancer, coronary heart disease and stroke. Exposure to second-hand smoke increases the risk of these conditions and contributes to serious illnesses among children, such as asthma.

Smoking during pregnancy poses health risks to both mother and baby. Recent research has found that chemicals from tobacco smoke are present long after second hand smoke has dissipated. These toxic residues may harm babies, children and vulnerable adults. Smokers living with or working with babies and children should be aware that these toxins can be transferred from clothing, skin and hair, long after the cigarette has been extinguished.

Smoking is the biggest single cause of inequalities in death rates between the rich and poor. Smokers typically become ill more often, take longer to recover and have more complications than non-smokers.

85% of adults drink alcohol and fortunately most drink in a 'low-risk' way. But well over a fifth of the population regularly drinks more than what may be healthy for them and they are putting their future health at risk. This is perhaps unsurprising given we drink twice as much alcohol compared with the 1950s and 1960s.

The type of illnesses that can develop after 10 to 20 years of regularly drinking more than 14 units a week include: cancers of the mouth, throat and breast; stroke; heart disease; liver disease; brain damage; damage to the nervous system.

The effects of harmful drinking are felt by all of us. Its impact on individuals, their families and communities is wide-ranging. Alcohol consumption is a contributing factor to many hospital admissions and deaths from a diverse range of conditions for people of all ages.

Cigarettes are the only consumer product that **kills** when used as intended.

Cigarette smokers die **10 years** younger than non-smokers.

10.3% of expectant mothers in Wiltshire smoke.

Smoking materials are a **major cause** of accidental house fires

Children who live with smokers are more likely to develop bronchitis, pneumonia or other breathing problems.

Smoking is **15% spend** for lowest income households.

1 in 4 routine and manual workers smoke in Wiltshire

Regularly drinking more than **14 units a week** risks damaging your health.

106,000 adults in Wiltshire drink at risky levels.

672 Wiltshire people were in alcohol treatment in 2016.

Alcohol misuse is a factor in **almost 1/2** of violent assaults.

2,670 alcohol related hospital admissions in Wiltshire in 2016.

Living well

What is being done in Wiltshire

Reducing harm from tobacco and alcohol

Wiltshire's Public Health team supports local businesses to create a smokefree culture in the workplace.

One of the strongest influences on a child beginning to smoke is modelling the behaviour of older children and adults. In 2016 Wiltshire Public Health supported 39 town and parish councils to erect smokefree signage in children's play parks with the aim of sending a clear message that smoking around children is unacceptable behaviour.

Nationally around 80% of prisoners smoke. HMP Erlestoke became smokefree in May 2016. Wiltshire Council's Public Health team has supported the smokefree implementation plans for the prison and continues to support the prison's healthcare team and health trainers.

Wiltshire's free stop smoking service is available county-wide via GP practices and pharmacies.

The five yearly free NHS Health Check for everyone aged 40 to 74 years gives a cardiovascular disease risk assessment and lifestyle advice. Where appropriate, individuals are referred to health improvement services such as the stop smoking service, or health trainers.

Wiltshire's Substance Misuse Service attended WOMAD, Fieldtrip and Westbury Street festivals and other events, promoting positive alcohol messages.

In 2016, e-learning modules were launched, enabling improved access to alcohol support across entire Wiltshire.

Wiltshire's Substance Misuse Service works collaboratively with Combat Stress to support military veterans.

86% of adults in Wiltshire do not smoke.

25% reduction over 10 years in heart disease and stroke mortality through reduction in smoking.

1,806 smokers in Wiltshire accessed support to quit smoking.

52% of smokers setting a quit date were successful.

911 pregnant women were supported to stop smoking.

Wiltshire's **Health Trainers** help people to stop smoking and drink sensibly.

Over **28,000** people were invited for their NHS Health Check in 2016.

Since 2011, over **76,000** people have had their 5 yearly NHS Health Check in Wiltshire.

Over **3,000** young people were engaged in discussions and education about sensible alcohol consumption.

Living well

Why this is important for Wiltshire

Being more active and eating healthily

Being physically active is associated with a range of health benefits. These include: improved mental wellbeing; reduced social isolation; reduced risk of heart disease, stroke, diabetes and some cancers; improved bone strength; and reduced risk of falling by older people.

The challenge in Wiltshire is to make physical activity the preferred choice. For example, providing opportunities for active travel and ready access to affordable leisure and sports opportunities for everyone.

England's Chief Medical Officer recommends adults should engage in 150 minutes of physical activity a week. Wiltshire is one of the most active areas in the country with 73% of adults active for more than 150 minutes per week. However 14.7% of adults are active for less than 30 minutes a week.

A healthy balanced diet is important for everyone at any age. It provides the body with the right amount of nutrients for essential bodily functions and helps protect us against many non-communicable diseases. Consuming a diet high in calories, high in saturated fat, salt and sugar increases the risk of obesity and associated diseases such as diabetes and can have negative effects on an individual's mental wellbeing.

Fruit and vegetables are part of a healthy, balanced diet so it is important that we eat enough of them. Evidence shows there are significant health benefits to getting at least five 80g portions of a variety of fruit and vegetables every day.

In Wiltshire, 65.8% of adults are overweight or obese. This has associated costs of ill health; increased hospital admissions, increased sick days from work, and an increased number of people living with non-communicable diseases and disability. About half of all workers in UK are office based and will typically spend up to 80% of each day sitting down. Sitting has been linked with cardiovascular disease, diabetes, and certain cancers.

"If sport and physical activity was a drug, it would be regarded as a miracle cure."

Up to **80%** of cardiovascular disease is caused by poor lifestyle.

Inactivity is responsible for **1 in 6** deaths.

Over **80%** of adults with learning disabilities are inactive.

58,000 adults in Wiltshire are active for less than 30 minutes a week.

Over **73,000** people in Wiltshire have high blood pressure.

65.8% of Wiltshire adults have a BMI of 25 or more.

Over **9,000** people in Wiltshire have a BMI of 40 or more.

A waist over **37** inches for men or **31.5** inches for women increases risk of type 2 diabetes.

Over **23,000** people in Wiltshire have diabetes.

90% of diabetes is Type 2 for which obesity and inactivity are key risk factors.

Only **59%** adults in Wiltshire eat their 5 a day portions of fruit and vegetables.

People who are physically active have up to **83% lower risk** of osteoarthritis.

Living well

What is being done in Wiltshire

Being more active and eating healthily

Our integrated public health and leisure management team gives us a unique opportunity to deliver innovative local services that improve health and wellbeing and promote active lifestyles. Our programmes provide opportunities for people of all ages and abilities to benefit from being active.

In 2016/17 there were over 3.3 million visits to Wiltshire Council's leisure and sports centres and increased attendance in the community sports and physical activity programmes. Council leisure centres offer affordable gym memberships, including discounted membership for children and young people.

In 2016/17 the Wiltshire Playing Pitch Strategy was adopted. This underpins the Core Strategy providing robust evidence for sports governing bodies and Sport England.

Wiltshire's annual Big Pledge activity challenge had a Road to Rio Olympics theme with over 18,100 participants.

In 2016 Wiltshire Council and NHS Wiltshire CCG launched the joint Wiltshire Obesity Strategy. The strategy adopted a life course approach to tackling obesity. The first year of implementing the strategy has seen a number of successes:

- 8.9% increase in adults aged 40-74 years having their NHS Health Check
- Childhood obesity rates have stayed steady
- New Tier 2 weight management services for children and pregnant women were commissioned
- Wiltshire Council developed a healthy weight 4 life e-toolkit which has been published on the Wiltshire Council web page
- We have developed a 'Raising the Issue of Weight' training package for professionals in Wiltshire
- Now in its third year, Wiltshire's Eat Out Eat Well scheme promotes caterers who make it easier for customers to eat healthily.

Wiltshire Council has introduced workplace initiatives to encourage regular movement and activity throughout the day and during breaks. These include pop-up on-screen reminders, standing or walking meetings, and provision of suitable eating areas away from desks.

73% of adults in Wiltshire are physically active.

47 schools participated in the Big Pledge activity challenge.

Active Health physical activity service had over **3,300** referrals.

70% of Active Health clients lost weight .

2,450 people were supported to lose weight by our Slimming on Referral services.

50% of clients supported by Health Trainers lost weight.

18.5 to 24.9 is a healthy BMI for adults.

Wiltshire's Playing Pitch Strategy assessed over 600 sports pitches used by over **900** teams playing football, rugby, cricket and hockey.

Get Wiltshire Walking has **2,400** registered walkers and 157 trained volunteer walk leaders.

Our Health Trainers supported over **800** clients, an increase of 40% compared with 2015.

Over **500** companies have received nutritional advice from the food standards team.

216 businesses have the Eat Out Eat Well award.

See page 27 for table of weight management interventions

Living well

Why this is important for Wiltshire Mental health and wellbeing

Mental health and wellbeing is 'everyone's business'.

Poor mental health can have a devastating impact on the quality of life for individuals, their families, and carers, as well as a significant impact on the economy. It has links to poverty and exclusion, unemployment, crime, chronic illness and anti social behaviour. People with a mental health issue are more likely to die prematurely and to develop physical health problems.

It is important locally and nationally to adopt the principle that mental health is given equal priority with physical health.

Most mental illnesses begin during childhood, adolescence, or in early adult life. By investing in promotion, prevention and early intervention it is possible to improve educational attainment, employment opportunities and physical health as well as reducing harmful behaviours such as substance misuse and self-harm and suicide.

Negative attitudes towards mental health, pre-judgements and prejudices can result in behaviour that makes it harder for individuals with mental health problems to live a normal life. Mental health stigma may be manifested in discrimination and lead to loss of self-esteem, aggravating existing mental and physical health problems and making it more difficult to access many things other people take for granted.

Education to improve personal skills and our understanding of how we can help someone who is living with mental ill health is key to creating a community environment that will support people to stay well.

There is an important role for protective factors in promoting positive mental health and wellbeing in the population.

Having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity. Work-related stress is the second most commonly reported cause of occupational ill health in the UK, accounting for 37% of all work-related ill-health cases, and 45% of all working days lost due to ill health.

67,000 people with Common Mental Disorders (adults) in Wiltshire.

6,000 people in Wiltshire with eating disorders.

estimated **2,100 cases** with a psychotic disorder.

22,000 people in Wiltshire with a personality disorder.

7,700 people in Wiltshire living with bipolar disorder.

Perinatal mental illness affects **up to 20%** of women.

Around **29,000 cases** of self-harm in Wiltshire a year.

12,200 harmful drinkers in Wiltshire.

12,100 people with a drug dependence.

Education, altruism, employment, social engagement and exercise are some of the protective factors for mental health and wellbeing.

9 out of 10 people with a mental health problem experience stigma and discrimination within the workplace.

Living well

What is being done in Wiltshire

Mental health and wellbeing

There is growing evidence about protective factors facilitating positive mental health and emotional wellbeing. The Five Ways to Wellbeing has emerged as a nationally recognised tool to support emotional wellbeing through use of those protective factors.

The five way to wellbeing comprises:

1. Connect
2. Be Active
3. Take Notice
4. Keep Learning
5. Give

In Wiltshire we are working to raise awareness of the Five Ways to Wellbeing in the general population and to those recovering from a diagnosed mental health condition.

A range of opportunities and interventions to prevent poor mental health developing are offered across Wiltshire. These include 'arts on prescription', community reading groups, wildlife and environment projects, peer support groups and men's groups. These schemes encourage prevention and early intervention and response to known triggers to poor mental health.

A perinatal mental health pathway has been developed to ensure that new and expectant mothers with mental ill health are identified and have better access to treatment options.

Interactive sessions to raise awareness about mental health were given to Wiltshire Council staff and councillors in 2016. The package has been offered to Area Boards and health and wellbeing groups across the county. We will also offer the Wiltshire Council e-learning package on mental health to partners and other employers across the county to enable them to raise awareness amongst their staff.

The Workplace Wellbeing Charter award gained by Wiltshire Council shows a commitment to create a workplace environment which supports good health and wellbeing. This award, coupled with the signing of the 'Time to Change' pledge to end mental health stigma and discrimination, provides a strategic steer to partner employers, commissioned services, contract suppliers and the wider community to follow suit.

Wiltshire Council provides managers with advice on how they can identify and supportively respond to mental health issues with a theme of early intervention and access to support services. Employees are encouraged to increase their own understanding of mental health and have access to a range of options to support self help and resilience.

All 18 of Wiltshire's community area boards selected mental health as one of their top three priorities.

Five GP practices piloted Arts on Prescription schemes – **reaching over 100 people.**

100% of women are routinely screened in pregnancy and during the first year of motherhood to ensure early identification of mental ill health.

3,348 Wiltshire Council Staff completed a mental health awareness e-learning package.

Over 80% of health visitors and midwives have attended perinatal and infant mental health training.

85% of people engaged with the Community Links service have demonstrated improved outcomes.

Wiltshire's Improving Access to Psychological Therapies Service exceeds the national recovery rate standard.

23% reduction in Section 136 detentions under the Mental Health Act in Wiltshire (crisis care emergency power for Police to detain).

Mental health staff in police control room supported police officers dealing with possible mental ill health incidents **3,810 times.**

72 staff received multi-agency Suicide Intervention Skills (ASIST) training.

Living well

Why this is important for Wiltshire

Sexual health and substance misuse

Throughout our lives, sexual health is a vital part of our health and wellbeing. From learning about our bodies as a child to becoming an adolescent when we need to learn how to make positive choices, to moving into adulthood when we consider sexual ill health and our contraception needs.

Sexual ill health does not affect people equally, with some groups having a higher burden of sexually transmitted infections (STIs) than others.

Chlamydia is the STI with the highest number of diagnoses: the majority are young people. Wiltshire does not meet the nationally set detection rate for Chlamydia although we are able to identify a large number of individuals living with this infection.

Despite our under 18 conception rates reducing substantially in recent years, this remains a challenge. Young mothers are 22% more likely to be in poverty at the age of 30 and children of teenage mothers have a 63% increased risk of experiencing child poverty.

Although the sexual health and wellbeing of the general population is a priority, there are certain sub groups: young people, Lesbian, Gay and Bisexual individuals, and those from black and ethnic minority groups - which are at higher risk of infection and/or exclusion from mainstream services due to stigma, service inequalities or social exclusion.

While the number of people with a serious drug problem in Wiltshire is relatively small, their dependency affects everyone around them. The most obvious effects of drug misuse are ill health, sickness and, ultimately, death. Particularly devastating to an abuser's health is the contraction of needle borne illnesses including hepatitis and HIV through injection drug use. Children of individuals who misuse drugs often are abused or neglected as a result of the individuals' preoccupation with drugs.

43% of all new STI diagnosis were in young people.

43% of people living with HIV in Wiltshire were men who have sex with men.

HIV prevalence rate: **0.72 per 1,000** residents.

All new STI diagnosis rate: **480 per 100,000** residents.

5,669 young people aged 13-24 yrs tested for Chlamydia – 31.6% were male 68.4% female .

Average age of those tested for Chlamydia = **21 years.**

489 were positive and signposted to treatment.

Deaths among heroin users are **10 times** the rate in the general population.

A typical heroin user spends around **£1,400 per month** on drugs.

25 drug related deaths in Wiltshire annually.

Living well

What is being done in Wiltshire

Sexual health and substance misuse

The public health team works closely with a range of partner organisations in raising awareness of sexual health issues to as many people as possible. These include primary care venues and community pharmacies to provide access to sexual health testing and treatment services for infections such as chlamydia. We make it possible for residents to access HIV screening via an online service which helps identify those who may be living with the virus but who may not feel confident accessing a sexual health clinic.

Health promotion campaigns have increased the numbers of individuals accessing sexual health services. These included improving the uptake of Long Acting Reversible Contraception (LARC); a summer sexual health campaign; and National HIV Testing / World AIDS day.

We provide information and support to schools and school nurses for young people about sexual health and contraception to enable them to develop good relationships and make positive choices.

The No Worries sexual health service for 13-24 year olds is delivered in 18 GP practices, 21 community pharmacies and by School Health Nurses across Wiltshire. This service enables young people to get advice and help with sex and relationships or treatment should they require it from trained and experienced clinicians.

The Wiltshire Substance Misuse Service is delivered by Turning Point: a specialist community service providing support to people suffering from drug and alcohol problems.

Our community health trainers help people to drink less before their drinking becomes a problem for their health and those around them.

Wiltshire Substance Misuse Service offers online modules to enable service users to access treatment via the internet, thus improving access in rural areas.

Primary Care venues offering LARC
contraception: **92%**.

we distributed **47,500 free**
condoms.

125 young women under 18
conceived compared with 250 conceptions
5 years ago.

71 young people aged 13-17
years obtained Emergency Hormonal
Contraception from a community
pharmacy.

Young people using sexual health services
are screened for indicators that they may
be being sexually exploited or abused.

3,000 young people saw a
theatre production highlighting risks of
New Psychoactive Substances.

1,000 individuals received treatment at
a specialist drug misuse service.

692 individuals received treatment at a
specialist alcohol misuse service.

Opiate (typically heroin) recovery levels
in Wiltshire are **the best in the**
South West.

300 young people given
treatment support.

Ageing well

Why this is important for Wiltshire

In recent years there have been dramatic improvements in life expectancy with people across the UK enjoying longer lives. Between 2016 and 2026 it is expected that the number of people in Wiltshire aged over 65 will increase by 27% and the number over 80 will increase by 45%.

It is increasingly common for people in their 60s and even 70s to have living parents or older relatives.

An older population has more complex health and care needs than the general population. We know that prevention of ill health through appropriate support for older people is the best approach, ensuring that through awareness, choice, and control, people are able to maintain their independence and live well for longer.

Older people may be more vulnerable than others to feeling isolated. There are links between health and wellbeing, social inequality and loneliness which are unevenly distributed across the county. Around 2% of the Wiltshire population aged 65 and over live in the areas most at risk of social isolation.

See the map of loneliness for Wiltshire on page 26.

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall.

2,024 people aged 65 and over were admitted to hospital as a result of a fall in 2015/16.

101,000 to 129,000: the projected increase in the number of over-65s between 2016 and 2026.

Around 2,200 people over 65 are at highest risk of social isolation.

Older people account for **over 65%** of hospital inpatient admissions.

Over 12,000 people aged over 65 are unpaid carers.

Hospital admissions due to falls in persons aged over 65 = 1,880 per 100,000.

It is estimated that **over 6,600** people in Wiltshire have dementia.

Over 4,700 older people receive domiciliary or care home support from Wiltshire Council.

£30,000 a year average care home costs paid by Adult Social Care.

Between 2010 and 2014 an average of 259 people in every 100,000 died from cancer each year in Wiltshire. This is lower than England average of 287.

“ This year’s DPH annual report demonstrates the far reaching opportunities for the CCG to draw on the evidence produced by Public health, in terms of prevalence and the needs of our local population. We enjoy a close working relationship with Public health and consider them an intellectual strategic partner; informing service design and commissioning. ”

Richard Sandford-Hill
GP and Chair of NHS Wiltshire Clinical
Commissioning Group

Ageing well

What is being done in Wiltshire

Social Isolation and loneliness are a priority for the Wiltshire Older People's Collaborative (WOPC). This collaborative is chaired by public health and brings together representatives of the key organisations responsible for delivering activities and actions to support older people in Wiltshire to live well for longer.

The collaborative's work has focused on the triangulation of data from urgent care provision, fire and rescue service and local community areas with the Age UK map of loneliness to identify those areas at greatest risk of social isolation and the impact it is having on population health.

Wiltshire leads the way in reducing fuel poverty and protecting those with poor health over winter. The Warm & Safe project is delivered jointly by Wiltshire Council and Dorset & Wiltshire Fire and Rescue Service to provide help and advice about improving energy efficiency in homes.

The Wiltshire Falls and Bone Health steering group brings together the key organisations delivering care for older people to take action on falls. Its work has focused on: streamlining and standardising the provision of falls care across the county; setting up and evaluating a fracture liaison service in Salisbury NHS Foundation Trust; and the provision of training and education for primary care colleagues. Falls prevention training has been given to care home and domiciliary care staff, to unpaid carers in the county, and at community engagement events run with partners from community physiotherapy teams and Active Health instructors.

GPs refer patients to Wiltshire Council's Active Health classes for falls prevention and exercise after stroke to reduce falls risk and improve quality of life.

The NHS Health Check is a free 5 yearly assessment of an individual's cardiovascular disease risk for everyone aged 40 to 74. In Wiltshire this public health mandated service is provided by GP practices and so helps to prevent ill health and promote healthy lifestyles.

20 stroke survivors completed an Active Health Exercise After Stroke course.

11,400 attendances at Active Health falls prevention classes in 2016/17.

Over 14,000 people had their NHS Health Check in Wiltshire in 2016.

In 2016/17 Warm and Safe supported more than **1,300 households** through the cold homes referral process, helping them achieve more affordable warmth, an increase in income and benefit from free or subsidised energy efficiency improvements.

In 2016/17 Warm and Safe helped **59 households** claim the £200 Surviving Winter Fund to pay for electricity or gas bills.

Warm and Safe helped 508 households save **£52,943.77** in energy bills.

344 vulnerable households signed up to the Scottish and Southern Energy Priority Services Register.

Health protection

Why this is important for Wiltshire Protection from disease, environmental hazards and incidents

Health Protection can be described as activities which protect the population from external threats. These include:

- Ensuring the safety and quality of food, water, air and the general environment.
- Helping to preventing infections and the transmission of communicable disease
- Responding and managing outbreak or other types of incident that threaten the population of Wiltshire.

A wide range of issues can pose environmental risks and hazards. These include contaminated land, air and water quality and other nuisance behaviours such as noise, smells or smoke.

Air quality in Wiltshire is predominantly good. However in a small number of locations the combination of traffic, road layout and geography mean that recommended annual averages for nitrogen dioxide and fine particulates are exceeded. The resulting health risks include: lung irritation or inflammation, reduced resistance to respiratory infections and worsening of heart and lung conditions. Prevention programmes are fundamental in avoiding infections. Teaching and promoting basic skills such as good hand hygiene is vital to protect our health, particularly those most vulnerable in the work place, in closed settings such as schools or care homes, and at home.

In rural Wiltshire it is also important to recognise the risks from our natural surroundings such as ticks and their ability to transmit Lyme disease.

Antimicrobial resistance is the ability of microorganisms (e.g. bacteria) to stop antibiotic medications from working against it. As a result some standard treatments for infections are becoming ineffective.

Whilst major incidents and emergencies are thankfully rare occurrences, preparing, planning and training to respond to major incidents is a fundamental part of health protection.

Work programmes are prioritised against national and local risk assessments. Risks are assessed against their likelihood of occurrence and level of impact the incident would cause.

Top five health protection risks in Wiltshire:

1. **Influenza type disease** (pandemic)
2. **Flooding**
3. **Loss of telecommunications**
4. **Disruption to fuel supply**
5. **Major reservoir dam failure/collapse**

The World Health Organisation estimates that **3.3%** of new TB cases are multi-drug resistant.

only 49.3% of those individuals aged under 65 at risk had their flu vaccination.

72% of over 65s had their flu vaccination.

Health protection

What is being done in Wiltshire

Protection from disease, environmental hazards and incidents

A new Annual Status Report was submitted to DEFRA on air quality in Wiltshire.

The Antibiotic Awareness Programme raises awareness amongst the public on why they should not expect antibiotics for illnesses such as common colds. We are also working with partners reduce antibiotic use in farming.

To spread the message about hand hygiene a competition was held with primary schools to design a badge. The 'Naughty Bugs' competition rewarded the best entries by presenting the schools with 'Glow Light Kits' which can be used in school to show how easy it is to spread germs by hand.

Our tick awareness programme continues on their habitat and what to do if bitten. Prior to a recent Duke of Edinburgh expedition, youths were given information about ticks and had to use their new knowledge to remove one that had attached itself to one of the participants.

We work closely with care homes in Wiltshire to provide advice, review working practices, and reduce the risk of residents developing infections. This includes visiting homes and sharing best practice.

Each year we work with the NHS to help promote uptake of Seasonal Flu Vaccinations and to encourage Council front line staff to protect themselves, their families and particularly the vulnerable members of the community. This year we made it easier to access vaccination sessions with longer clinics in a variety of locations. We also simplified our on line booking system.

Local authorities have a duty to monitor air quality within their areas having regard to national air quality objectives and standards and report this information to the Department for Environment, Food and Rural Affairs (DEFRA) on an annual basis. Air quality in Wiltshire is predominantly good with the majority of the county having clean, unpolluted air. There are however a small number of locations where the combination of traffic, road layout and geography has resulted in exceedences of the annual average for nitrogen dioxide (NO₂) and fine particulates (PM₁₀).

Information relating to air quality monitoring in Wiltshire can be found on our dedicated air quality website: www.wiltshireairquality.org.uk

Public Health team works closely with NHS, police, fire, and other partners to ensure plans and preparations are in place should we need to respond to a major incident or public health emergency.

Eight Areas in Wiltshire are routinely monitored for Air Quality.

During 2016/17, **7 care homes** were visited and supported.

1,027 Wiltshire Council staff had their flu vaccination.

96.3% of children in Wiltshire have had their MMR vaccination.

97.1% of children in Wiltshire have had their Meningitis C vaccine.

Wiltshire had 3.2 cases of TB per 100,000 people



Dorset & Wiltshire Fire and Rescue Service is embedded in the strategic planning work being undertaken to ensure and support a partnership approach to the safer communities agenda. The Director of Public Health's report outlines many areas of collaboration which demonstrate the cross-organisational work being carried out to improve outcomes. The Fire and Rescue Service collaborate on a number of key areas, including road safety, vulnerability, reducing harm associated with using drugs and alcohol and many more. The report highlights how collaboration is achieving a positive effect for people living and working in Wiltshire

Gus Cuthbert
Area Commander (Wiltshire)
Dorset & Wiltshire Fire and Rescue Service

Safeguarding and public protection

Why this is important for Wiltshire

Safeguarding is the action taken to promote welfare and protect people from harm. Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.

Safeguarding children and promoting their welfare includes:

- Protecting them from maltreatment or things that are bad for their health or development.
- Making sure they grow up in circumstances that allow safe and effective care.

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

Anti-social behaviour (ASB) can affect individuals and whole communities. Where it is persistent, it adversely affects people's feelings of safety, the quality of their lives and also their perceptions about levels of crime.

Anti-social behaviour is 'Behaviour that caused or was likely to cause harassment alarm or distress to one or more persons not in the same household'

Long term and sustainable solutions to ASB require addressing its root causes, which can include alcohol and drug dependency, troubled families, domestic abuse, mental health needs and poverty.

Tackling ASB involves community members and groups to enable long term solutions to entrenched problems.

Taking a victim focused approach reduces the risk of harm to vulnerable victims and repeat victims through early identification, ensuring proactive approaches to reduce ASB and providing appropriate support.

566 cases in 16/17 were supported by the Multi Agency Risk Assessment Conference (MARAC).

over 400 adults with learning disabilities supported by adult social care throughout the year.

Since the Anti-Social Behaviour, Crime and Policing Act 2014 came into force, Civil injunctions have replaced ASBO's.

134 antisocial cases were supported by the Anti-Social Behaviour Risk Assessment Conference (ASBRAC).

Domestic abuse is a challenging and multi-disciplinary issue affecting women, men and their children across all communities. The impacts on those living with its effects can be devastating and are likely to continue long after the abuse has ended. The national prevalence rates for domestic abuse indicate 9,374 women and 5,891 men experiencing domestic abuse in Wiltshire. The actual number of domestic abuse incidents reported to Wiltshire police in 2015/16 was 3,354, which is significantly lower than the projected volume and suggests a culture of non-reporting with a large unmet need. Wiltshire has recognised the response to tackling domestic abuse requires earlier identification and intervention to reduce the time families are living with and being exposed to its impacts. This means working holistically with the 'whole' family, to change behaviours to stay safely together that disrupt and challenge inter-generational abuse.

“The detailed collaborative work of Wiltshire Police and Wiltshire Council in addressing domestic abuse, modern slavery, reducing crime offending, and in restorative justice are seldom brought to the public's attention. This report includes insights into the scale of some of the areas of safeguarding and public protection and our successes in working together.”

Angus Macpherson Police and Crime Commissioner for Wiltshire and Swindon

Safeguarding and public protection

What is being done in Wiltshire

Wiltshire's Multi Agency Safeguarding Hub (MASH) provides a central point of contact for public and professionals for children's safeguarding concerns. The co-located team of professionals from the core agencies of children's social care, the police and community health services deliver an integrated service, including the provision of information, advice and signposting to appropriate services.

The Multi Agency Risk Assessment Conference (MARAC) focuses on ensuring the safety of high risk victims of domestic abuse. Each MARAC is attended by key agencies including Wiltshire Police, NHS Wiltshire, probation, housing agencies, Wiltshire Domestic Abuse Service and Wiltshire Council.

Anti-social behaviours vary from area to area. Working in partnership via the Anti-Social Behaviour Risk Assessment Conference (ASBRAC) we seek speedy resolutions. The ASBRAC is a partnership forum where cases are considered and actions decided. Actions include support for victims, interventions, or enforcement action against the perpetrators of Anti-Social Behaviour.

The Public Protection service includes: animal health and welfare, trading standards, underage sales, rogue traders, alcohol licensing, noise nuisance, environmental protection, air quality, private water supplies, pest control, food safety and food standards, infectious diseases, health and safety, events, emergency planning and Anti Social Behaviour.

The licensing team's responsibilities include the sale of alcohol, entertainment, animal boarding and breeding, pet shops, dangerous wild animals, zoos and gambling establishments.

Two Public Protection officers were nominated for national awards for environmental protection. One for improving noise control from the Great Western Rail modernisation project, and the other for innovative multi agency work to resolve persistent noise and anti social behaviour by a person with severe learning difficulties.

Wiltshire's MARAC has helped more than **4,000 victims**, or potential victims, of domestic abuse over the past 10 years.

227 victims were protected.

In 2016, Wiltshire Council made its **first Public Space Protection Order** – banning the consumption of alcohol in public areas of Trowbridge.

There are **5,500** food premises in Wiltshire.

Over 1,000 inspections were carried out for food hygiene and sampling.

Over 600 private water supplies are routinely risk assessed and tested.

Over 1,100 noise complaints received.

5,500 licensing applications received.

Pest control team carried out **over 3,000** pest treatments.

Health in all policies

Preventing ill-health and reducing demands on other services

When considering the social determinants of health, rather than the medical cause of diseases, local government services are effectively health and wellbeing services. The role of local authorities is therefore paramount in protecting and improving the health and wellbeing of all sectors of society.

See the diagram on page 26.

In practical terms this is about the importance of policies that set the preconditions for good health, redress inequalities, provide healthy environments, make it easier to access facilities without having to drive, encourage physical activity such as walking and cycling to and from work and school; the creation of communities, reducing social isolation, and encouraging everyone to improve their mental health and wellbeing by living a healthy lifestyle.

Health in all policies includes collaborative working and the engagement and involvement of public health specialists with organisations and agencies to promote and pursue health protection and health improvement while addressing inequalities.

The Health and Wellbeing Board's Strategy includes active travel, residential and workplace travel plans, promoting walking and cycling, and school travel plans.

The Safe and Independent Living (SAIL) project implemented in partnership with Dorset & Wiltshire Fire and Rescue Service provides a multi-agency approach to signposting, support, and services. SAIL is particularly beneficial to older and vulnerable people

Public Health provided input to the 'Design Guide' around residential developments ensuring that the health needs of the population, particularly those who are most vulnerable, are considered.

Public Health is a standard heading included in all council policy papers in Wiltshire.

The Public Health team worked closely with every Community Area Board to provide 18 engagement events where local Joint Strategic Assessment data were used to inform local priorities for action plans.

Wiltshire's Health and Wellbeing Board meets six times a year.

Wiltshire Council's Health Select Committee meets six times a year.

Making Every Contact Count (MECC) is an example of our collaborative multi-agency approach as it uses every opportunity to make a difference to people's health and wellbeing. Training in MECC enables staff to initiate very brief healthy conversations around core elements of lifestyle behaviours such as stopping smoking, increasing physical activity, reducing alcohol consumption, maintaining a healthy weight and diet and promoting mental and emotional health and wellbeing.

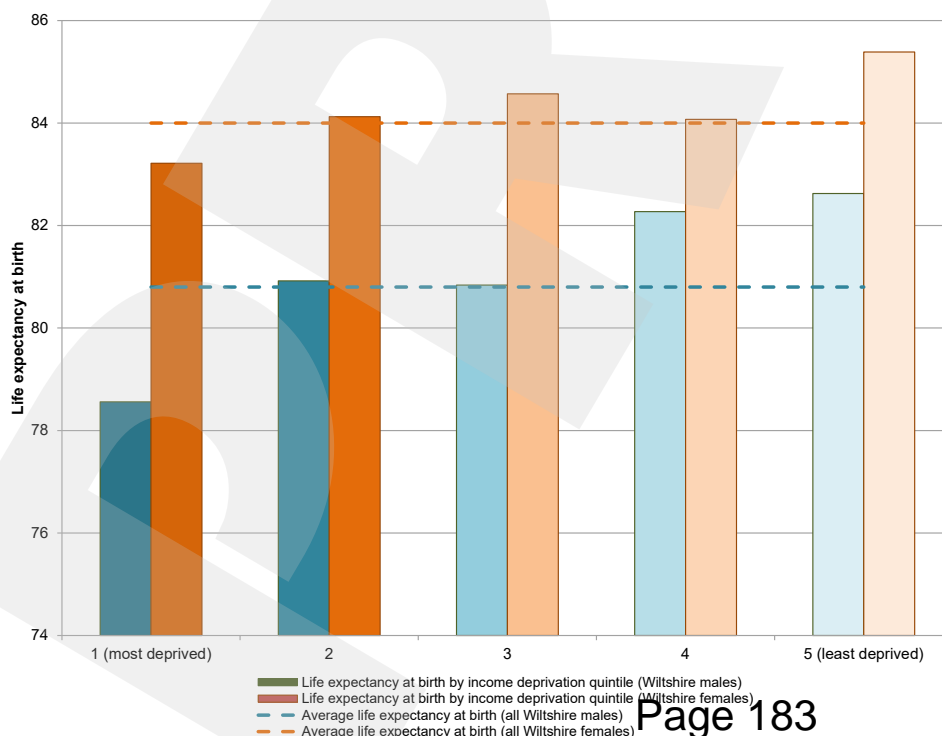
Warm and Safe collaborated with the Royal College of General Practitioners and local GP practices, contributing to a system wide, integrated approach to reducing fuel poverty and excess winter deaths in Wiltshire. Warm and Safe Wiltshire has a single point of contact to support people living in cold homes and with health conditions exacerbated by cold and damp conditions. The project supports residents across Wiltshire with in-depth advice and case work on heating and insulation improvements, switching energy providers, claiming the Warm Home Discount and other grants, and referrals to support services.

Tables and charts

Table: Mid 2016 population estimates for Wiltshire resident population and forecast to 2026

Age	Wiltshire 2016						Wiltshire 2026					
	Males		Females		Persons		Males		Females		Persons	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	14.6	6.0	13.5	5.5	28.1	5.8	13.9	5.4	13.3	5.1	27.2	5.3
5-9	15.6	6.5	15.2	6.1	30.8	6.3	14.9	5.8	14.3	5.5	29.2	5.7
10-14	14.6	6.1	14.0	5.7	28.6	5.9	15.6	6.1	15	5.8	30.6	5.9
15-19	14.3	5.9	13.7	5.6	28.0	5.7	15.8	6.2	14.6	5.6	30.4	5.9
20-24	12.3	5.1	10.2	4.1	22.6	4.6	13.1	5.1	9.2	3.5	22.3	4.3
25-29	14.3	5.9	12.3	5.0	26.6	5.4	14.8	5.8	11.5	4.4	26.3	5.1
30-34	13.7	5.7	13.3	5.4	27.0	5.5	14.7	5.7	13.4	5.1	28.1	5.4
35-39	13.1	5.4	13.9	5.6	27.0	5.5	14.5	5.7	14.6	5.6	29.1	5.6
40-44	15.0	6.2	16.5	6.7	31.5	6.4	13.8	5.4	15.1	5.8	28.9	5.6
45-49	18.0	7.5	18.9	7.6	36.9	7.6	13.4	5.2	15	5.8	28.4	5.5
50-54	18.6	7.7	19.0	7.7	37.6	7.7	15.0	5.9	16.8	6.5	31.8	6.2
55-59	16.4	6.8	16.7	6.8	33.1	6.8	17.6	6.9	19.2	7.4	36.8	7.1
60-64	14.2	5.9	14.9	6.0	29.1	6.0	18.2	7.1	19.3	7.4	37.5	7.3
65-69	15.0	6.2	15.9	6.4	30.9	6.3	16.2	6.3	16.9	6.5	33.1	6.4
70-74	11.9	4.9	13.0	5.3	24.9	5.1	13.6	5.3	14.6	5.6	28.2	5.5
75-79	8.5	3.5	9.6	3.9	18.1	3.7	13.3	5.2	14.7	5.6	28.0	5.4
80-84	6.1	2.5	7.5	3.0	13.7	2.8	9.2	3.6	10.9	4.2	20.1	3.9
85-89	3.4	1.4	5.3	2.1	8.7	1.8	5.2	2.0	6.8	2.6	12.0	2.3
90+	1.6	0.6	3.7	1.5	5.2	1.1	3.0	1.2	5.0	1.9	8.0	1.6
Total	241.2	100.0	247.2	100.0	488.4	100.0	255.8	100.0	260.2	100.0	516.0	100.0

Source: Office for National Statistics licensed under the Open Government Licence
ONS 2016 mid year estimates and 2014-based subnational population projections
Population numbers presented in thousands



There is a social gradient in life expectancy. People living in the most deprived areas in Wiltshire have on average the lowest life expectancy.

Tables and charts

Weight Management Interventions in Wiltshire by Life Course

Level	Interventions	Early years	Children and young people	Adults	Older people	Wiltshire coverage
Universal	Active travel walking and cycling		✓			
	Cycling programmes e.g. SkyRide		✓	✓	✓	
	Active Wiltshire	✓	✓	✓	✓	✓
	Get walking			✓		
	Run England Beginners Groups			✓	✓	✓
	Community Sport and Leisure opportunities		✓	✓	✓	✓
	Healthy Child Programme	✓	✓			✓
	Baby Friendly Initiative	✓				✓
	Breastfeeding campaign	✓				
	Wiltshire Healthy Schools Programme		✓			
	School PE and Sport Programme		✓			✓
	School Travel Plans		✓			✓
	Oral Health Promotion Programme		✓			
	National Child Measurement Programme		✓			✓
	Health Information Services				✓	
	Social Marketing Campaigns		✓		✓	✓
	Make Every Contact Count				✓	
	Raising the Issue of Healthy Weight – training					
Mum2Mum breastfeeding peer support	✓					✓
Targeted	Baby Steps	✓				✓
	Weaning programme	✓				
	Healthy Start Scheme	✓	✓	pregnant women		✓
	Practical cooking and nutrition programme	✓	✓			
	Free Family Swimming		✓	✓		
	NHS Health Check Programme			✓	✓	
	Health Trainer Programme			✓	✓	✓
Wiltshire Wildlife		✓	✓	✓		
Specialist	Maternal Weight Management Programme – Healthy Me			pregnant women		
	Child Weight Management Programme – Healthy Me		✓			
	Weight Management on Referral		✓	✓	✓	✓
	Active Health (GP Physical Activity on Referral)			✓	✓	
	Dietetic clinics			✓		
	Drug therapy			✓	✓	✓
Bariatric surgery				✓	✓	

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