Wiltshire Council
Where everybody matters

AGENDA

Meeting: **HEALTH AND WELLBEING BOARD**

Place: **The Kennet Room - County Hall, Trowbridge BA14 8JN**

Date: **Thursday 12 July 2018**

Time: **2.00 pm**

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

Press enquiries to Communications on direct line (01225) 713114/713115.
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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
Vacant	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:

Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection
Bill Bruce-Jones	Avon & Wiltshire Mental Health Partnership
Dr Gareth Bryant	Wessex Local Medical Committee
Tracy Daszkiewicz	Statutory Director of Public Health
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Terence Herbert	Corporate Director - Children and Education
Linda Prosser	Wiltshire Clinical Commissioning Group
Kier Pritchard	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, Introduction and Announcements**

2 **Apologies for Absence**

3 **Minutes***(Pages 7 - 12)*

To confirm the minutes of the meeting held on 17 May 2018.

4 **Declarations of Interest**

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

5 **Public Participation**

The Council welcomes contributions from members of the public.

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

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Friday 6 July 2018** 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 10 July 2018**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **CQC System Review and Action Plan***(Pages 13 - 36)*

To outline the findings of the CQC system review of health and wellbeing in Wiltshire and agree an action plan, including proposals for a refresh of the Joint Health and Wellbeing Strategy.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

7 **Better Care Plan***(Pages 37 - 78)*

To receive an update on the delivery of the Better Care Plan for Wiltshire, including the latest results on Delayed Transfers of Care.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

8 **Wiltshire CCG Care Model: Next steps**

A presentation on the next steps on the development of the care model (setting out the approach and standards) and implications for primary and urgent care.

Responsible Officer: Linda Prosser
Report author: Mark Harris

9 **Healthwatch Wiltshire Annual Report***(Pages 79 - 96)*

To receive the Annual Report for Healthwatch Wiltshire.

Responsible Officer: Emma Leatherbarrow, Help and Care/ Healthwatch Wiltshire
Report author: Stacey Plumb, Interim Manager, Healthwatch Wiltshire

10 **Wiltshire's Offer to Care Leavers***(Pages 97 - 104)*

To endorse the outline offer to Care Leavers in Wiltshire.

Responsible Officer: Terence Herbert
Report author: Lucy Townsend

11 **Multi-Agency Hoarding Protocol***(Pages 105 - 148)*

To agree a multi-agency protocol for Wiltshire for addressing the risks caused by compulsive hoarding behaviours.

Responsible Officer: Carlton Brand
Report author: Tracy Daszkiewicz / John Carter

12 **Date of Next Meeting**

The next meeting will be 17 October 2018

13 **Urgent Items**

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 17 MAY 2018 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Baroness Scott of Bybrook OBE (Chair), Dr Richard Sandford-Hill (Vice-Chairman), Dr Toby Davies, Dr Andrew Girdher, Cllr Laura Mayes, Cllr Ian Thorn, Cllr Jerry Wickham, Cllr Ben Anderson, Terence Herbert, Prosser, Kier Pritchard, , James Scott and Nerissa Vaughan

Also Present:

Tim Gray – Dorset & Wiltshire Fire Service

35 **Chairman's Welcome and Introduction**

It was noted that the meeting would be managed by the Vice-Chair.

36 **Apologies for Absence**

Apologies were noted from Tracey Dasziewiscz, Angus MacPherson, Nerissa Vaughan, Paul Birkett-Wendes

37 **Minutes**

The minutes of the meeting held on the 29 March 2018 were considered.

Resolved

To approve the minutes as a correct record.

38 **Declarations of Interest**

There were no declarations of interest.

39 **Chairman's Announcements**

The meeting's attention was drawn to the announcement regarding the award of contract for Health Watch Wiltshire.

The Chair asked that a letter be sent to the previous contract holders and to their Chair for the hard work and contribution to the Wiltshire.

40 **Public Participation**

There were no questions from the public.

41 **Update on Integration**

Cllr Jerry Wickham and Linda Prosser stated that they were working towards an approve for a governance framework, and were seeking to address the issues arising from the recent CCG visit. A further meeting would be taking place with NHS England.

42 **Integrated Personal Health Budgets**

Ted Wilson, Wiltshire CCG, presented the report which outlined the progress made during 17/18 by Wiltshire CCG to increase the offer of Personal Health Budgets.

Matters highlighted in the course of the presentation and discussion included: how the programme built on the personalisation agenda developed largely in the local government sector; the ambitions to drive the programme on further in the health sector and the local targets for that; that progress was in excess of those targets and that forecasts had been adjusted to take account; the desire to focus on those with long-term conditions with health and social care needs; that personal budgets are a choice; the better outcomes for individuals and how barriers can be overcome; the support, through brokerage, that can be offered.

In response to a question from Cllr Ian Thorn, Ted Wilson stated that budgets could be for up to five years and were for a range of amounts. It was noted that less complex cases had been the focus for support.

At the end of the debate, the meeting;

Resolved

1. **To note the progress made during 17/18**

2. **To note Wiltshire CCG's commitment to expand the offer of the number of personal health budgets and integrated social care and health budgets currently offered in Wiltshire**

3. **To request a report back with a six month update as appropriate.**

43 **Families and Children Transformation Programme**

Terence Herbert, Corporate Director, presented the report which provided an update to the Board on the Families and Children's Transformation (FACT) programme.

Matters highlighted in the course of the presentation and discussion included: How the Health and Wellbeing Board could provide oversight in terms of governance of the programme; the ambitions for ensuring all children, targeted at those in most need, have the opportunity to thrive; the benefits of partnership working; the need to invest in staff to ensure a flexible and responsive workforce; the number of projects being undertaken under the programme; the shared outcomes framework; the seven golden threads running through the programme including: co-production.

In response to an issue raised by the Vice-Chairman, it was confirmed that performance information could be reported along with information about how data had been used to focus resources on priorities.

In response to an issue raised by Cllr Thorn, it was confirmed that less progress had been made on the education work stream, but that the Education, once set up, would be diverse.

In response to an issue raised by the Chief Inspector, it was confirmed that data sharing with partners will be a specific project within the programme.

Resolved

1. **To notes and agree that the FACT Board will be overseen by the Health and Wellbeing Board.**

2. **To note the scale and ambition of this transformation programme – and support its delivery as required;**

3. **To request regular updates and/or items of interest from the FACT Board**

44 **Adult Social Care Transformation Programme**

Terence Herbert, Corporate Director, presented the report which provided an update to the Board on the Families and Children's Transformation (FACT) programme.

Matters highlighted in the course of the presentation and discussion included: How the Health and Wellbeing Board could provide oversight in terms of governance of the programme; the ambitions for ensuring all children, targeted at those in most need, have the opportunity to thrive; the benefits of partnership working; the need to invest in staff to ensure a flexible and responsive workforce; the number of projects being undertaken under the programme; the

shared outcomes framework; the seven golden threads running through the programme including: co-production.

In response to an issue raised by the Vice-Chairman, it was confirmed that performance information could be reported along with information about how data had been used to focus resources on priorities.

In response to an issue raised by Cllr Thorn, it was confirmed that less progress had been made on the education work stream, but that the Education, once set up, would be diverse.

In response to an issue raised by the Chief Inspector, it was confirmed that data sharing with partners will be a specific project within the programme.

Resolved

1. **To notes and agree that the FACT Board will be overseen by the Health and Wellbeing Board.**

2. **To note the scale and ambition of this transformation programme – and support its delivery as required;**

3. **To request regular updates and/or items of interest from the FACT Board**

45 **Better Care Plan**

Jeremy Hooper presented the report which proved a status report for the Better Care Fund Programme, including an update on the Section 75 agreement.

Matters highlighted in the course of the presentation and discussion included: the changes in performance and the underlying reasons for that; the reablement opportunities for those coming out of hospital; the efforts to address information governance issues to identify performance information.

Resolved

1. **To note the performance levels contained in the Integration and Better Care Fund Dashboard;**

2. **To note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.**

46 **Delayed Transfers of Care**

The meeting received a presentation, appended to these minutes, regarding the Delayed Transfers of Care work.

Matters highlighted in the course of the presentation and discussion included: that further improvements required to meet targets for lost bed days; the reasons for delays and the changes, including that delays accessing domiciliary care had reduced but remained significant; that some others areas around choice and assessment had increased; the acknowledgement that some progress had been made but more to do; the need to pay attention to specific location based issues; the changes to widen the focus on all patients overstaying in beds; the work undertaken to co-ordinate the work around discharge; the need to discuss how to reduce, appropriately, unnecessary medical interventions; the need to support more exercise in hospitals so people are healthier to support a more successful discharge; the needs of the wider cohort and how their needs are best assessed for them to be cared in the best setting; the role of Wiltshire Health and Care, and the need to strengthen links to social care and establishing the pathway to seamless handover; the need for further capacity.

Resolved

1. **That an update be given in the autumn regarding reablement to be included as part of a wider discussion on winter preparedness;**

2. **That the September and November meetings be cancelled and an October meeting date be arranged as this would be a better time.**

47 **Sexual Health and Blood Borne Virus Strategy**

Steve Maddern, Consultant in Public Health, presented the report which, brief the Health and Wellbeing Board on the Sexual Health and Blood Borne Virus Strategy (SHBBVS).

Matters highlighted in the course of the presentation and discussion included: that that the strategy had been approved by Wiltshire Council's Cabinet; the scope of the strategy and its focus on preventing infection and unwanted pregnancies; the work on reducing hepatitis and HIV; the consequence of poor sexual health including widening health inequalities; the cost implications from infection and unwanted pregnancies; how best to identify groups at risk; the assessments undertaken and how this targets action; that some issues of sexual violence are low but still being targeted as they have significant impacts on individuals; the importance of health promotion and information in reducing harm and targeting information to at risk groups; the links to national guidance and evidence; the work being undertaken with other stakeholders in the sector; the strategy's key milestones for implementation and governance; the opportunities for measuring performance and identifying progress.

In answer to questions raised, Steve Maddern responded that: prevention work and improving sexual education in schools is key to reducing unwanted

pregnancies, and work was helping to focus on those vulnerable groups that were not accessing contraception and sexual health services.

In answer to questions raised, Steve Maddern responded that: safeguarding issues, including efforts to prevent Child Sexual Exploitation, we included in the plan and gave the example of how frontline staff like pharmacists will be provided with risk assessment tools to identify information to feed into the MASH.

At the conclusion of the debate, the meeting;

Resolved

1. **To note and acknowledge the Sexual Health and Blood Borne Virus strategy document**

2. **To welcome an opportunity to receive an update in year but asked officers to consider a possible update within 6 months**

48 **Date of Next Meeting**

The next meeting of Board would be 12 July 2018

49 **Urgent Items**

(Duration of meeting: 10.00 - 11.47 am)

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

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

Wiltshire Council

Health and Wellbeing Board

12 July 2018

Wiltshire System Action Plan Following Care Quality Commission (CQC) Whole System Review

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Executive Summary

In January 2018 the Care Quality Commission commenced a targeted programme of local system reviews under section 48 of the health and social care act, looking at how health and social care providers and commissioners are working together to care for people aged 65 and older. The reviews focused on the interface between services within a Local Authority area. The main review week took place between Monday 12 to Friday 16 March 2018, with the feedback summit taking place on 12 June 2018.

Proposal(s)

It is recommended that the Board:

i) Notes the draft Local Action Plan and receive verbal feedback on the plan from the Health Select Committee meeting of 11 July

ii) Approve the direction of travel and priorities that set out in the Local Action Plan

iii) To approve the proposal that the full programme delivery plan is brought back to the October meeting of the Health and Wellbeing Board.

Reason for Proposal

Approval of the Local Action Plan

Carlton Brand	**Linda Prosser**
Corporate Director	**Accountable Officer**
Wiltshire Council	**Wiltshire CCG**

Wiltshire Council

Health and Wellbeing Board

12 July 2018

Wiltshire System Action Plan following CQC Whole System Review

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Purpose of Report

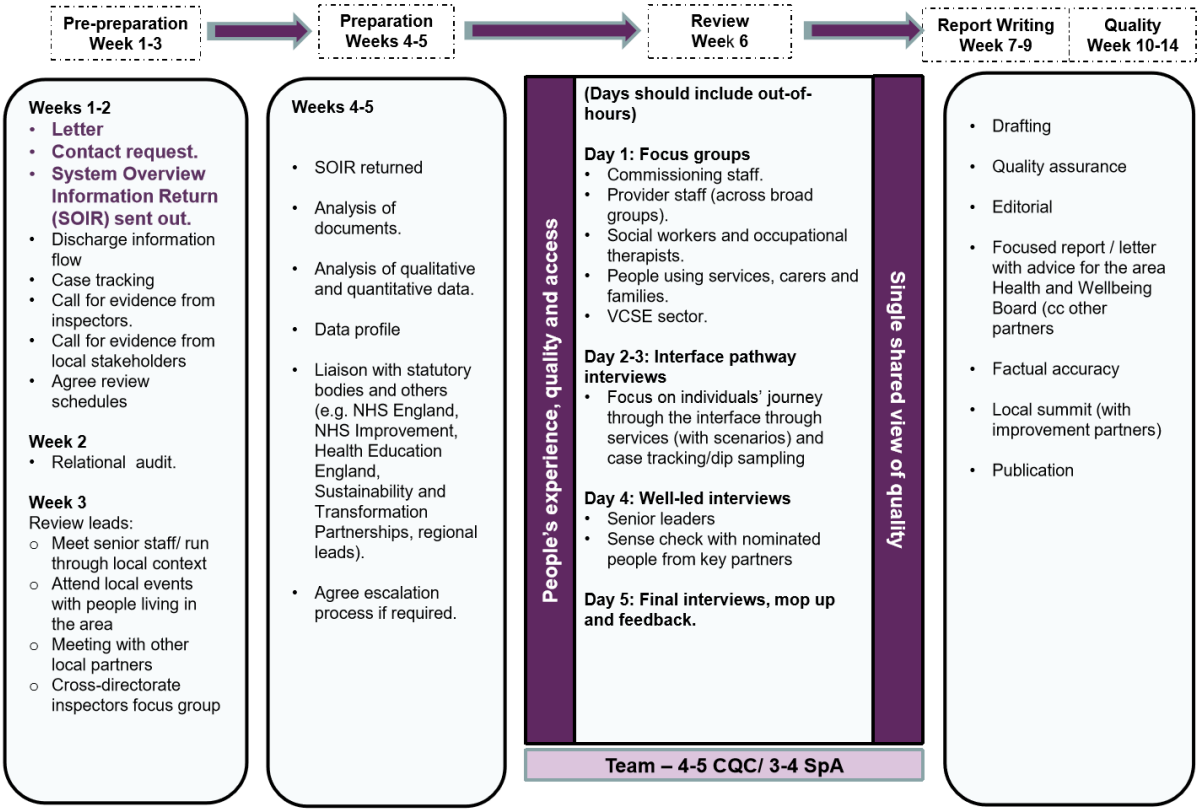
1. Wiltshire Health and Wellbeing Board members are asked to consider this report and attached Local Action Plan and approve the direction and content as set in the action plan. The Local Action Plan has been developed by system leaders and is a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Background

2. CQC were commissioned by the Secretaries of State for Health and for Communities and Local Government to undertake a local system review in Wiltshire in December 2017. The local system reviews aimed to look at how people move between health and social care, including delayed transfers of care, with a focus on people over 65 years old. They also include an assessment of commissioning across the interface of health and social care and of the governance systems and processes in place in respect of the management of resources.

   The CQC review cycle was across a 14-week review cycle, and as part of the review, Wiltshire submitted a 'Local System Overview Information Request' to CQC. This was our opportunity to tell CQC, prior to their visit, how all partners work together to provide safe, timely and high-quality services for older people living in Wiltshire.

Local system review timeline



The CQC system review provided an opportunity for the whole Wiltshire system to have a useful reflection on what is working well and where there were opportunities for improving how the system works for people using services.

The CQC findings were published on 14 June 2018 following a summit meeting held with all Wiltshire system leaders, the CQC review team, Social Care Institute for excellence (SCIE), and operational staff responsible for delivering health and care to Wiltshire population.

The main review week took place between Monday 12 to Friday 16 March 2018 and a primarily draft version of CQC report was available to system leaders on 24 April 2018. On 26 April, a joint strategic planning workshop took place involving all system leaders from across the Health and Social Care system in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests and benefits of our residents.

At the CQC Summit meeting on 12 June further workshop discussions took place to further develop the draft local action plan with support from Richard Humphries, Senior Associate from the Social Care Institute for Excellence.

As part of the CQC review process there is a requirement that each area's system leaders agree a local action plan within 20 working days of CQC report publication. We are asked that the local action plan should contain a response to the recommendations set out in the CQC final report.

Main Considerations

3. The final CQC report published on 14 June 2018 recognises the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, and provides useful insight into the areas where we acknowledge we must do more to improve services for residents in Wiltshire. There have been many positive aspects outlined by the CQC, some of them include:

    - People who need care and support are safe
    - Adult social care transformation programme is positive
    - Integrated discharge teams work well
    - Frontline staff recognised for their commitment and caring approach

4. CQC has highlighted 16 areas of improvement in its final report. In response to these required improvements, all partners in Wiltshire agreed to working in an open, honest and collaborative manner. System Leaders have identified 8 key priority areas and committed to deliver a programme of work based around these 8 key themes:

    - New Wiltshire Health and Social Care framework- to help people in Wiltshire to live as well as possible
    - Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
    - Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
    - Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
    - Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
    - Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
    - Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
    - Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

    The Local Action Plan has been developed around these 8 priority areas and brings the whole system together to work in collaboration to improve services for Wiltshire residents.

It should be noted that part of the plan above will be to look at how the Health and Wellbeing board may operate differently in the future, building on the recent changes to co-chair the board. The Health and Wellbeing strategy is due to be reviewed during 2018, and as part of this review we will review HWB membership.

Next Steps

5. We would like to ask the Health and Wellbeing Board to be responsible for the approval and successful strategic delivery of the Local Action Plan. However, due to the operational nature of some of these actions, detailed monitoring will be discharged to the Health and Social System Transformation Board which has membership from all system leaders across Wiltshire.

   Overall responsibility for delivery of the Local Action Plan therefore stays with the Health and Wellbeing Board whilst the Health and Social System Transformation Board will oversee successful delivery.

6. Timescales

   The programme is now being formally initiated and the local action plan is being developed into a full programme delivery plan, including resource requirements, risk management approach, workstream plans, and benefits realisation schedules. It is therefore planned that the Health and Social Care full programme delivery plan is brought back to the October meeting of the Health and Wellbeing Board.

Carlton Brand	**Linda Prosser**
Corporate Director	**Accountable Officer**
Wiltshire Council	**Wiltshire CCG**

Report Authors: Tony Marvell, Wiltshire Council; Roshan Robati, Wiltshire CCG

Appendix 1 – Wiltshire Local Action Plan

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Wiltshire Local Action Plan in response to the Care Quality Commission review and final report (June 13 2018).

Authors:	Roshan Robati /Tony Marvell
Report Owner:	Carlton Brand (Corporate Director Wiltshire Council
Date:	04 July 2018
Version:	5.0

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

1. The Care Quality Commission have recently undertaken a targeted programme of local system reviews under section 48 of the health and social care act, looking at how health and social care providers and commissioners are working together to care for people aged 65 and older. The reviews focused on the interface between services within a Local Authority area. The main review week took place between Monday 12 to Friday 16 March 2018, with the feedback summit taking place on 12 June 2018.

   Wiltshire have had in place a transformation and improvement programme prior to the review process, and this improvement will continue. The Wiltshire Health and Well Being Board have welcomed the opportunities provided by the review to further improve the way Wiltshire supports people who use the health and care system. This local action plan has been developed in response to the observations contained within the report following its publication of the Wiltshire report on 14 June 2018.

2. On April 26 a joint strategic planning workshop took place involving all system leaders from across the Health and Social Care system in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests and benefits of our residents. At the CQC Summit meeting on 12 June further workshop discussions took place to further develop this local action plan with support from Richard Humphries, (Senior Associate from the Social Care Institute for Excellence).

- All agencies, working in an open, honest and collaborative manner, have committed to deliver a programme of work based around 8 key themes:

    1. New Wiltshire Health and Social Care framework model- to help people in Wiltshire to live as well as possible
    2. Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
    3. Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
    4. Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
    5. Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
    6. Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
    7. Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
    8. Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

3. At the same time as this work is taking place there are other strategic and operationally important connected work such as:
    - The mobilisation of the high Impact model of change framework to improve transfers of care across 8 areas (early discharge planning, systems to monitor patient flow, multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector, home first/discharge to

assess, seven-day services, trusted assessors, focus on choice, enhancing health in care homes).

- The "at scale" work across the Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP) footprint.

4. This local action plan aims to support focus and drive on areas of activity and improvement already in progress as well as the areas for improvement from the CQC review. It is important to recognise this is interlinked with other projects, programmes and changes already underway. Wiltshire's Health and Wellbeing Board will be accountable for the delivery of the plan, whilst accountability for the implementation will rest with the Wiltshire Integration Board.

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

5. The Local Action plan provides a cross reference to the areas of improvement highlighted in the CQC Final report as follows:

CQC Areas of improvement – Report date June 12th 2018	Cross Reference Key
System leaders in health and social care must work more effectively together to plan and deliver an **integrated strategy** across Wiltshire which includes an updated Better Care Plan.	**AOI 1**
System leaders must urgently agree the **continuing healthcare dispute protocol** and resolve outstanding disputes. Systems must be put in place so that services can work together to reduce the likelihood of disputes, increase the conversion rate of referrals and the timeliness of assessments.	**AOI 2**
System leaders must work together to develop a culture that encourages **joint planning, continuous quality improvement and integrated systems** to deliver care for the people of Wiltshire.	**AOI 3**
The system has experienced churn at senior leadership level. There should be a focus on developing **stable leadership arrangements across the system**. Further urgent consideration should be given to the proposed role of joint CCG Accountable Officer and Corporate Director for adult social services, to ensure this will provide sufficient capacity across the local authority and CCG, that the objectives for the role are clear and that there is a strong structure to support it.	**AOI 4**
System leaders should create some space outside formal Health and Wellbeing Board meetings, to **provide a forum for open debate and challenge**. This will help partners further build trust, and an open and transparent culture.	**AOI 5**
There appeared to be some lack of clarity and **overlap of roles between elected members and senior officers** in the local authority. System working would benefit from clearer differentiation between: a) The role of elected members setting policy direction for the local authority and challenging system leaders via scrutiny, and; b) Officers working with partners to develop and implement plans. There must be a clearer forum for senior officers across the system to plan, implement, support and challenge each other.	**AOI 6**
System leaders should develop an **integrated workforce plan** for Wiltshire.	**AOI 7**
System leaders should explore where **transformation work streams across health and social care can be aligned** to further integration and reduce duplication of resources.	**AOI 8**
The system plan for Wiltshire, currently the **Better Care Plan, should be refreshed** and updated to reflect priorities aligned to the STP and the local transformation agenda.	**AOI 9**
GPs, VCSE organisations and independent social care providers should be considered as partners in developing the transformation and integration of services so that there is assurance for leaders and buy-in from providers at the point of delivery.	**AOI 10**
System leads should review the **continuing healthcare referral and assessment process** to improve the timeliness and appropriateness of referrals to improve people's experiences.	**AOI 11**
A clearer, proactive approach to **system-wide risk sharing** should be developed supported by intelligence that enables a preventative approach to managing risk.	**AOI 12**
There should be clearer access to **support and sign-posting for people who fund their own care** and systems need to work together to ensure that people who might become vulnerable as they lack support structures are identified at an earlier stage.	**AOI 13**

There should be **alignment and integration of localities** and improved joint working to ensure effective integrated health and social care teams that meet the needs of people in Wiltshire.	**AOI 14**
There should be contingency planning in place to **manage the transition from block purchasing to in-house reablement** so that leaders are assured that there will be sufficient provision of packages of care.	**AOI 15**
Contracts with independent health and social care providers should have clear specifications and an outcomes framework that is understood and agreed by providers and commissioners. Realistic key performance indicators, that will demonstrate improved outcomes for people who use services, should be agreed.	**AOI 16**

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Wiltshire Health and Social Care Model

In the new Integrated Health and Social Care Model Primary Care, Community Services, Social Care, Mental Health, private providers, Secondary Care and voluntary services work together to deliver a placed-based care for the Wiltshire population. Depending on the needs of an individual as well as risk profile based on risk stratification tools, different level of interventions will be available.

Principles of Place-based Integrated Care:

- Develop/maintain services to promote prevention, self-help, self-care and access to the appropriate care
- To provide improved person-centered proactive services at home or closer to home where possible
- Use Secondary care only when clinically appropriate and treatment/care is not possible in community
- Facilitate timely and speedy discharges once the patients are medically fit to leave hospital
- Minimize the use of long term care
- To agree on an evidence-based and consistent approach to EOL

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1	**New Wiltshire Health and Social Care Framework (SRO: Douglas Blair/Emma Legg)**					**JCB**	
1.1	To ensure more direct involvement of service users in the design and delivery of the new model using tools such as Evidenced-Based Design	SG/ Sara McClellan	Aug 2018	March 2019		WDG	AOI10
1.2	Health and Social Care professionals to promote self-care and self-management dealing with individuals wherever possible	All	June 2018	Dec 2018		WDG	AOI14

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.2.1	To have mechanisms in place to identify vulnerable people who might lack a support network at an earlier stage (preventative approaches through LAC pilot)	Public Health	June 2018	Dec 2018		WDG	AOI8, AOI9
1.3	To identify carers at risk to support them to cope	SG	July 2018	March 2019		WDG	AOI8, AOI9
1.4	To ensure consistent use of Social Prescribing to supports individuals to self-care and connect to community based support	Public Health	July 2018	March 2019		WDG	AOI8, AOI9
1.5	To agree the use of integrated single assessment tool across health and social care to improve service user experience	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6	To use electronic patient flow data to guide discussion at WICC to identify and manage problems throughout the system	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6.1	Integrated Discharge Pathway re-design to accelerate discharges	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6.2	To implement the already agreed 4 discharge Pathways across all hospitals	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.7	To ensure multidisciplinary early discharge planning including EDD expected date of discharge setting is a standard approach in all acute hospitals	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.8	Implement Trusted Assessment model across the whole system.	DE/nominee from providers	July 2018	March 2019		WDG	AOI8, AOI9

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.9	Align Reablement and Home First services, including the provision of contingency plan.	EL/ WHC nominee	July 2018	March 2019		WDG	A015
1.10	Scope and establish a project to develop an integrated patient/family/carers Choice Policy (link to 8 high impact actions)	TM	July 2018	Aug 2018		JCB	AOI8, AOI9
1.11	Review and improve access to support and sign-posting for people who fund their own care	Operational nominees	Aug 2018	March 2019		WDG	AOI13
1.12	Local Authority and CCG to jointly work on to process map of the current CHC Pathways	DM/WC nominee	June 2018	Dec 2018		JCB	AOI11
1.13	To develop an updated jointly agreed CHC Operational Policy and Dispute Resolution Policy	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2
1.14	Production of a training strategy for all staff involved in the identification and assessment of CHC	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2 AOI 11
1.15	To develop a policy agreement across the STP to define the respective responsibilities regarding health and social care interventions to ensure that those individuals who may not meet the criteria for CHC but who may require a joint package of care are appropriately identified	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2 AOI 8, AOI 9
1.16	Review of intermediate care arrangements (IC Beds optimisation)	TW/DE	June 2018	Dec 2018		JCB	AOI 8, AOI 9

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.17	Strengthening our approach to co-production with service users and patients by creating a network of people to engage with using our service user engagement provider	TD	June 2018	March 2019		JCB	AOI8, AOI9
1.18	There is a need to review provider contractual arrangements to ensure 7 day discharges to care homes are achievable	TW/HJ	July 2018	Dec 2018		JCB	AOI8, AOI9
1.19	To increase social worker input to A&E. To review the outcome of the trial at the Great Western Hospital NHS Foundation Trust to have a dedicated social worker in A&E to understand whether this can be continued.	EL	July 2018	March 2019		JCB	AOI8, AOI09
1.20	To ensure there is a joint up approach in supporting care homes to minimise hospital admissions	Operational Nominee	July 2018	March 2019		JCB	AOI8, AOI09
1.21	To establish Red Bag scheme for Wiltshire Care Homes	Operational Nominee	July 2018	March 2019		JCB	AOI8, AOI09
1.23	EOL Board to ensure there is a consistent approach in EOL care including care planning and access to the care plans by all professionals involved with the individual's care	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.24	To jointly identify and prioritise individuals at EOL to prioritise POC for them	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.25	To refresh the Better Care Fund plan for 2017/19	TM	Aug 2018	Sept 2018		JCB	AOI9

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
2.	**A single overarching Health and Social care strategy, improving outcomes with a focus on prevention and early intervention (SRO: Tracey Daszkiewicz)**						
2.1	To create a shared vision statement by engaging with Wiltshire residents and final sign off by H&WBB	SB	July 2018	August 2018		JCB	AOI 1
2.2	Utilise Health and Wellbeing Board to develop an integrated overarching strategy (for the whole population) considering the current climate and challenges to promote prevention, self-care, proactive care closer to home, minimising requirement for long term care and bring best outcome for the population (the current H&WBB Strategy expires in 2019)	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.3	To agree a methodology to develop an evidence based approach for development of strategies, using public health statistics and population intelligence	SB	Aug 2018	Dec 2019		JCB	AOI 1
2.4	To ensure the strategy promotes the culture of quality improvement and empowers staff to try new ways of working and feel supported in doing so	SB	Aug 2018	Dec 2019		JCB	AOI 1
2.5	To design a process to ensure service strategies, amongst all partners, exist and that a golden thread aligns these strategies to the Integrated Overarching Strategy	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.6	Building the continuous improvement methodologies into the development of the strategies to measure outcomes and impact of the new strategies	SB	Aug 2018	Dec 2019		HWB	AOI 1

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
3	**Strengthening Joint Commissioning across the whole system with increasing leadership from providers. (SRO: Ted Wilson and Helen Jones)**						
3.1	A programme of work developing trust and confidence and to promote integration and joint working across all organisations	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.2	Learn from Trust and confidence model in BANES	TM	July 2018	July 2018		JCB	AOI 3
3.3	To further develop joint working arrangements at all levels and work together to commission and monitor the delivery of services	TW/HJ	July 2018	March 2019		JCB	AOI 3 AOI 4
3.3.1	LA and CCG commissioners to align their commissioning strategies so there is one clear ask of providers	HJ/TW	July 2018	March 2019		JCB	AOI16
3.4	To Develop a sustainable financing model to describe how budgets are defined i.e. pool budget etc	SP/IB	July 2018	March 2019		JCB	AOI 3
3.5	To utilise JCB and One Wiltshire Board to jointly deliver outcome based-commissioning intentions and specification for the new integrated model of care	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.6	All system leaders and in specific commissioning leaders to put in place the environment for change to happen by working with others to develop working relationships, systems for collaborative working and development of the infrastructure for community based care.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4
3.7	Commissioners to ensure appropriate processes and mechanisms are in place to jointly monitor and ensure that standards are met and improvements are made.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
3.8	In line with STP strategy and direction providers will increasingly take the leadership role across the system through a new provider led Wiltshire delivery group to be chaired by providers.	DB/Acute CEO's	July 2018	March 2019		JCB	AOI 3 AOI 4
4	**Improve Wiltshire's Health and Wellbeing Board effectiveness (SRO Cllr Jerry Wickham, Carlton Brand)**						
4.1	To refresh the arrangements and the functionality of the board	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.2	To hold to account all partners to deliver the agreed whole system vision and strategy	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.3	All schemes to have objectives and metrics to demonstrate impact. Ongoing performance assessment by the board of all work stream activity scheduled for review by the board	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.4	Improved focus on the topics that are reported to the board linked to population need, our JSNA and shared system objectives	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.5	Option appraisal exercise for future use of independent chair	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.5.1	Joint chair with CCG and the Council	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.6	To plan for a longer view for HWB strategy potentially 15 Years to start considering increasing frail/elderly population amongst other population level health issues.	Lead (tba)	July 2018	Dec 2019		JCB	AO13

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
4.7	On 03 July 2018 a decision was taken by the Council to appoint a permanent DASS. New working arrangements are now under discussion between the DASS and Councillors to better define the roles of elected councillors and Senior officers. New governance arrangements are now being mobilised to enable clear forums for Senior officers across the system to support and challenge each other.	CB, JW	July 2018	Dec 2019		JCB	AO13, AOI6
4.8	All projects and initiatives that are part of the HWBB to report to the board outcomes and milestones progress. Officers would then be held to account for delivery.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
4.9	To focus on prevention, and to look at detailed population level metrics.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
4.10	To develop a quarterly reporting pack on the whole system.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
5	**Unifying and developing whole system governance arrangements (SRO: Linda Prosser/Carlton Brand)**						
5.1	To ensure in developing any programme of work that joint planning as an integrated system takes place and that continuous quality improvement is embedded.	All	July 2018	Aug 2018		JCB	AOI3
5.2	To ensure patient/service user representation in appropriate meetings to facilitate co-design of changes to pathways/services	RR/TM	July 2018	Aug 2018		JCB	AOI10
5.3	To review the planning process for JCB along with Terms of reference to ensure timely production of Commissioning Intentions and their delivery	RR/TM	July 2018	Aug 2018		JCB	AOI3
5.4	To re title the Integration and Better Care Board to Wiltshire Integration Board (WIB)	RR/ DB	May 2018	May 2018		WIB	AOI3

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
5.5	Any individual organisational transformation programmes to provide updates to the WIB	TM	July 2018	Aug 2018		ATB	AOI3, AOI8
5.6	Review TOR for the planned Wiltshire Delivery Group in the context of the wider governance review to ensure full participation from the front-line staff	LP/CB/DB/ EL	July 2018	Aug 2018		JCB	AOI3, AOI8
5.7	To design and plan time for informal discussions between providers and commissioners	TM	July 2018	Aug 2018		JCB	AOI5
5.8	To ensure appropriate representation from voluntary and community sector(VCS) in all key board meetings	RR/TM	July 2018	Aug 2018		JCB	AOI10
5.9	To put in place a clear plan across VCS to ensure all engagement is aligned (Voluntary Sector Alliance)	HJ/TW	July 2018	Aug 2018		JCB	AOI10
5.10	To review and develop a revised approach to have a single programme dashboard and tracker	RR/TM	July 2018	Aug 2018		JCB	AOI3
5.11	To develop a robust risk management structure to ensure ownership of risks by the whole system. This should be developed and supported by intelligence from the tracker and dashboard and made available to the whole system	RR/TM	July 2018	Aug 2018		HWB	AOI12
5.12	To ensure there are regular updates from STP work to WIB/JCB	LP	July 2018	Aug 2018		ATB	AOI8
6	**Developing a sustainable integrated workforce strategy (SRO: Hayley Richards (AWP)/Linda Prosser)**						
6.1	To work with colleges, Health Education England and Social Care Institute for Excellence and NHS Education to develop Integrated Education and Career Pathways	Operational nominee	Aug 2018	March 2019		HWB	AOI7

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
6.2	To understand the workforce demand s across Wiltshire and identify apprenticeship models to encourage people into the health and Social Care profession	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.3	To design a multidisciplinary balanced workforce that considers the needs and requirements of the >50s cohort. Demand should inform capacity planning for registered and unregistered professionals. To take account of the demand and capacity planning within STP as informed by local A&E delivery boards.	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.5	Target existing Wiltshire professionals with opportunities across the whole of Wiltshire to create the Wiltshire knowledge base	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.6	To explore options to collocate health and social care (providers and commissioners) workforce where it will add value for residents	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.7	To establish an Integration Framework to provide guidance to front line staff in joint working	Operational nominee/TM/RR	Aug 2018	March 2019		ATB	AOI7
6.8	Establish the vital role that “key workers” have regarding the twenty-year housing strategy currently being produced for Wiltshire.	Operational nominee	Aug 2018	March 2019		HWB	A017
6.9	The joint integrated workforce strategy needs to accommodate the requirement for 7 day services	Operational nominee	Aug 2018	March 2019		ATB	A017
6.10	We need to consider the work of the Local Enterprise Partnership (“LEP”), along with the role of colleges in the design and preparation of the workforce for the future.	Operational nominee	Aug 2018	Sept 2019		HWB	A017

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
6.11	To ensure flexibility of employment opportunities and career progression is available to across the wider care system from entry level through apprenticeships and professional training	Operational nominee	Aug 2018	March 2019		ATB	A017
6.12	Link to local FE colleges, and Higher Education via the Local Enterprise Partnership (LEP) skills agenda	Operational nominee	Aug 2018	March 2019		HWB	A017
7	**Digital Roadmap (SRO: Christine Steve, Steve Perkins/Carlton Brand)**						
7.1	Working with the STP level to ensure all available digital technologies are implemented, and different IT systems are linked, enabling the patient or service user to tell their story once	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.2	To review accessibility and availability of Access to Service Information (knowledge portal) for both public and professionals in times of crisis. (need to include Police)	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.3	To share and access real time live information from providers' business intelligence systems to plan for demand to speed up the flow in the system.	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.4	To extend the Wiltshire Single View digital solution to all GPs and enable social work teams to access patient health data	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.5	A review of Wiltshire information sharing arrangements to have protocols and agreements in place to ensure that our aspirations are in line with national best practice. The roll out plan needs to be sufficiently aggressive to deliver required infrastructure to improve outcomes for population	RR/TM	June 2018	Dec 2018		JCB	AO3, AO13

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
8	**Single integrated engagement and communications strategy (SRO:** Cara Charles-Barks/Carlton Brand**)**						
8.1	To nominate a communication lead for this work to coordinate internal and external communications messages with all communications leads in partner organisations (Interim responsibility assigned to Tim Edmonds/Sarah MacLennan)	New Comms Manager	June 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.2	To Recruit a joint communications post to work across the whole system	TM	July 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.3	Working together across all partners and agencies to develop the communications strategy and plan	New Comms manager	July 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.4	Workshops with patients and service users to co-produce the shared vision and strategy	New Comms manager	October 2018	Jan 2019		JCB	AOI3, AOI9, AOI14
8.5	Engaging with staff and residents on potential transformational changes and enabling them to shape and own this change	New Comms manager	Sept 2018	June 2019		JCB	AOI3, AOI9, AOI14

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Wiltshire Council

Health and Wellbeing Board

Thursday 12 July 2018

Subject: Better Care Plan

Executive Summary

Non-elective admissions have continued to increase when compared to last year (this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning).

The number of delayed transfer of care days (DTOC) when compared to the corresponding period 12 Months ago continues to improve with 1500 delayed days recorded in April 2018 versus 2200 days recorded in April 2017. The presentation at **appendix 2** provides detailed analysis of the position relating to delayed transfers.

In 2017-18 there were 367 permanent admissions to care homes, compared to the target of 525. In the first two months of this year (April and May) only 24 people were admitted to permanently to care homes which should comfortably deliver the revised (lower target) for the year of 500 permanent admissions. This is a positive outcome, and continues to deliver our ambition of care closer to home.

There are some data quality issues surrounding the measurement of people who are still at home 91 days after discharge. Conversations are ongoing to determine when this data issue will be resolved.

In 2017-18 the BCF has made a positive impact on decreasing delayed transfers of care.

Work has now started to redesign discharge pathways in-line with the new reablement service. There has been good input from across the system by front line staff who through a workshop have already begun to design the new pathway to enable more people to go home more quickly.

Further to the Care Quality Commission system review several areas of improvement have been identified. One of these areas of improvement was that we should refresh our Better Care Fund plan. At the same time, we have been putting in place a reshaped programme of work to support Health and Social Care Integration. The new programme of work will see individual projects and programmes more closely aligned to the achievement of improvements for Wiltshire residents, the Better Care Fund National conditions, and to National performance indicators.

Proposal(s)

It is recommended that the Board:

i. Note the performance levels contained in the Integration and Better Care Fund Dashboard

ii. Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.

Reason for Proposal

To provide assurance that the Better Care Fund Programme is taking forward the Health and Wellbeing Board priorities aligned to transforming care from an acute to community or home.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

Thursday 12 July 2018

Subject: Better Care Fund Programme Dashboard

Purpose of Report

1. To provide a status report for the Better Care Fund Programme.

Background

2. The Better Care Plan is established across Wiltshire, leading schemes, managing the system in terms of flow, responding to increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3. The Better Care Fund plan for 2018-19 continues to take forward the commitment of reducing hospital based care to care local or at home. This is supported by a responsive Home First model that will continue to be strengthened in 2018/19 as our new service models are commissioned.

4. The performance dashboard at **Appendix 1** shows that:

- Overall non-elective admissions for Wiltshire during 2017-18 were around 12.4% (5,344 admissions) higher than last year, but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning, without these changes the increase would be around 6.3% (1,921 admissions). Avoidable emergency admissions in 2017-18 were up 3.0% (150 admissions) and admissions from non-LD care homes were down 2.6% (41 admissions) during 2017-18. M1 data for 2018-19 suggests this level of activity has been maintained.
- New permanent admissions to care homes remain at historically low levels with 367 placements in 2017-18 compared to 434 in 2016-17, and this trend continues in 2018-19 with only 24 people permanently placed in April and May this year.
- The percentage of people at home 91 days post hospital discharge has reduced, data quality issues are causing issues with regards to the production of accurate performance information which is being managed to ensure reliable information for 2018-19.
- The number of bed days lost as a result of delayed transfers of care continues to fall (when compared to 12 Months ago), however our position remains above the planned trajectory.

- Urgent care at home continues to see more referrals, with 71 in March, which is close to the target of 80 people, the % of admissions avoided was lower 84%
- New care at home clients reduced in May with 66 new clients compared to 88 in April, overall care at home clients reduced by 19 from April to May.
- In 2017-18 there were 795 clients supported by the Urgent Care at home service which is an increase of 34.3% on 2016-17 (592 clients).
- In 2017-18 there were 632 admissions to an Intermediate Care Bed which is broadly similar to 2016-17 (624) discharges were slightly higher in 2017-18 at 632 compared to 2016-17 (604).

Better Care Fund 2017/19

5. Further to the Care Quality Commission system review several areas of improvement have been identified. One of these areas of improvement was that we should refresh our Better Care Fund plan. At the same time, we have been putting in place a reshaped programme of work to support Health and Social Care Integration. The new programme of work will see individual projects and programmes more closely aligned to the achievement of improvements for Wiltshire residents, the Better Care Fund National conditions, and to National performance indicators.

   The new Integration programme is based around 8 key themes

   - New Wiltshire Health and Social Care framework model- to help people in Wiltshire to live as well as possible
   - Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
   - Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
   - Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
   - Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
   - Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
   - Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
   - Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

6. There is a large amount of activity underway focussed on admission avoidance and the reduction of delayed transfers of care for example:

- Management of calls through IUC / CAS to be supported and assessed by clinicians to reduce number of patients referred to ED
- Management of calls through IUC / CAS to be supported and assessed by clinicians to reduce number of patients referred to 999
- Validation of all Cat 3 and Cat 4 ambulance calls
- Reduce the wait for discharge on a home first pathway (Review end to end pathway, identify and remove, unwarranted variation, duplication and non-value adding steps and design & mobilise the new pathway for Home First +
- Increase capacity in Home First (Centrally recruitment of RSW's and identification of secondments)
- Process Improvement & increased Capacity. Improve the flow through ICT and community hospitals (Re procurement with potential increase in ICT capacity, enhanced collaboration between health and social care, agreement of operating model to ensure clear lines of accountability, review the end to end pathway for ICT & CH's removing unwarranted variation, duplication and delays, fully embed red and green within community hospitals, and establishment of twice weekly conference calls to discuss all health and social care delays
- Implementation of Trusted Assessor model
- 7 Day Working
- Reduction in Length of Stay across all pathways
- Daily review of “good to go” patients across the Acute providers

Next Steps

6. Timescales

We have agreed to align all existing activity to the National high impact model and a new group is now being brought together to oversee this work.

The new governance arrangements and Wiltshire local high impact model will be populated and brought back to the October meeting of the Health and Wellbeing Board.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Appendices:
Appendix 1: BCP Dashboard
Appendix 2: DTOC data analysis

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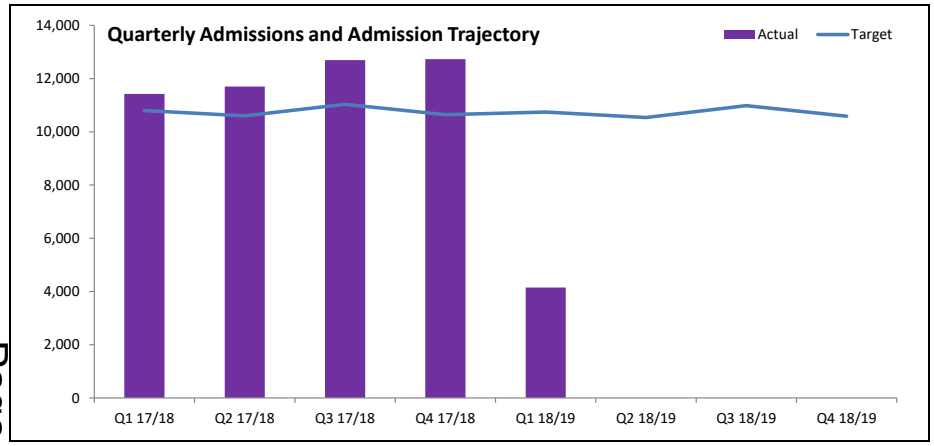
Wiltshire Better Care Fund Dashboard - June 2018

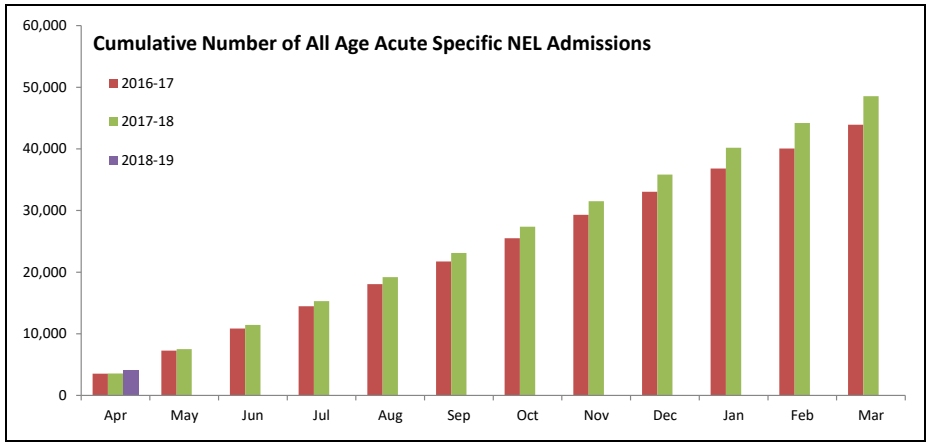
DTOC remained steady in April with NHS delays increasing slightly and ASC delays reducing slightly overall we are seeing a better position than last year. Non-elective admissions have remained similar to the levels seen at the end of last year. Permanent admissions have been very low in the first couple of months of 2018-19. The transformational change of delivering care closer to home or at home will be strengthened by a domiciliary care market development is ongoing and the Council reablement service has commenced and is looking to extend in partnership with WH&C. Urgent Care at Home has continued to see more referrals.

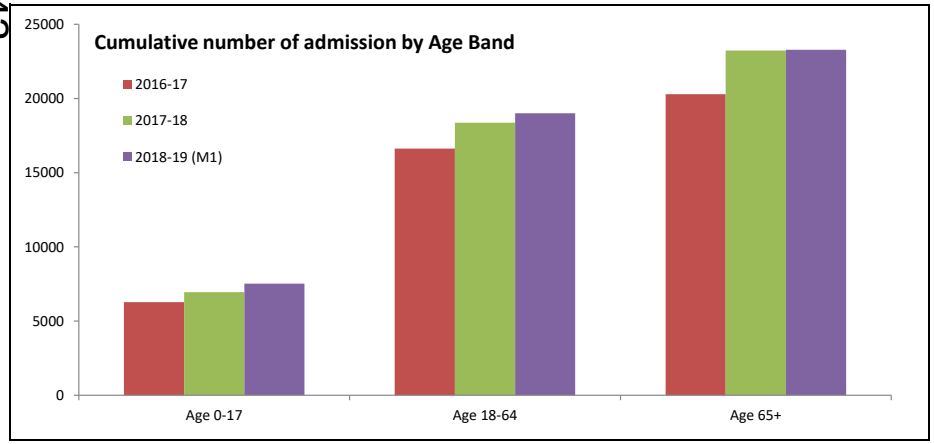
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Red	Amber	Green
National Indicators																
	Specific Acute Non Elective Admissions	4,151												<3250	3250 or <37	>3750
	Permanent Admissions to Care Homes	204	144											>525	525 or >50	<500
	At Home 91 days post discharge with reablement													<80%	80% or <86	>86%
	Delayed transfers of Care	1,540												>1500	1500 or >13	<1325
Wiltshire BCF Schemes																
	IC Bed (Discharges) - Step Down	42												<45	>45 or <60	>60
	IC Bed (Discharges) - Step Up	1												<7	>7 or <10	>10
	Community Hospital Beds - Admissions													<60	>60 or <80	>80
	High Intensity Care - Referrals													<12	>12 or <18	>18
	Urgent Care at Home													<60	>60 or <80	>80
	Rehab Support Workers	34												<60	>60 or <80	>80
	Community Geriatrics															
	Fracture Liaison															
	CHS															
Wiltshire iBCF Activity																
	20 Additional SD IC Beds															
	Admissions															
	Discharges															
	3 Specialist MH IC Beds															
	Additional RSW / UCAH Reablement															
	Housing Adviser															

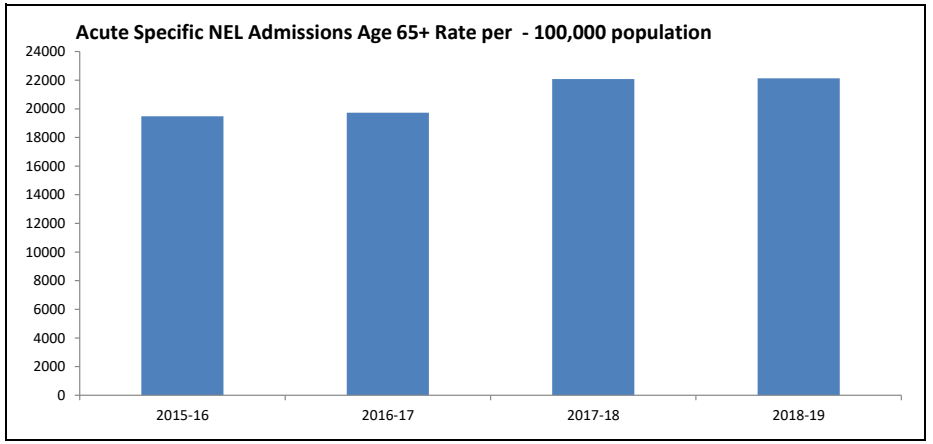
Acute Specific Non Elective Admissions

The M1 2018-19 data suggests that activity has remained at levels seen towards the end of 2017-18.





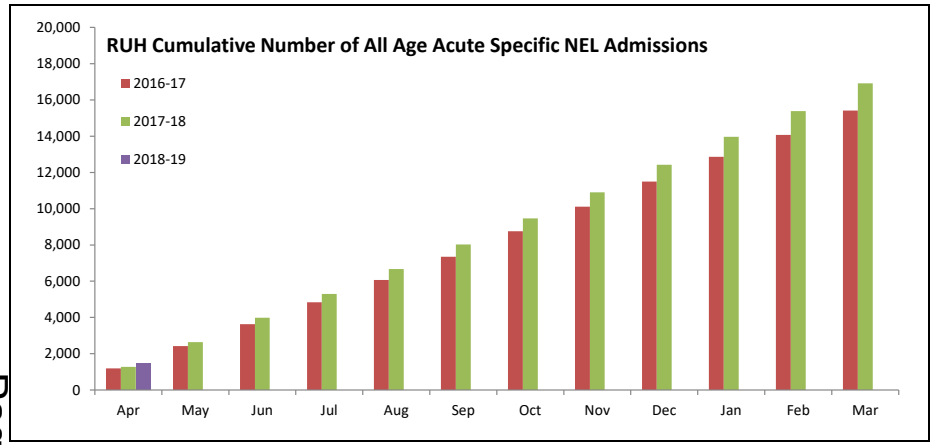


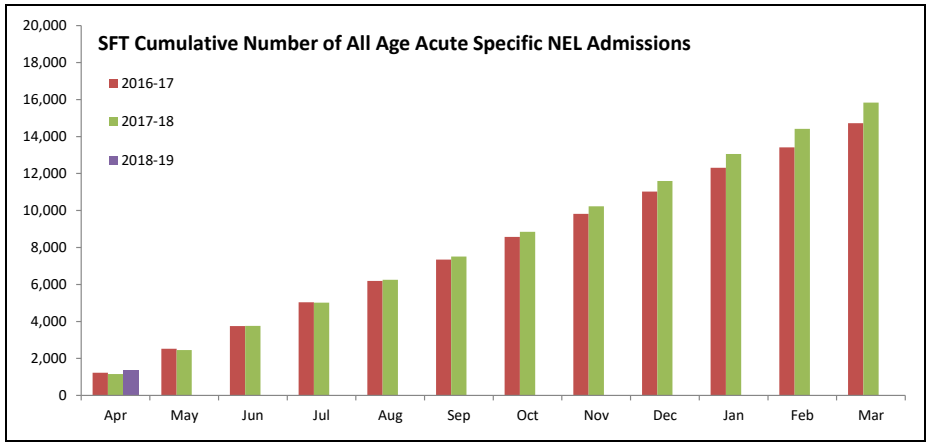


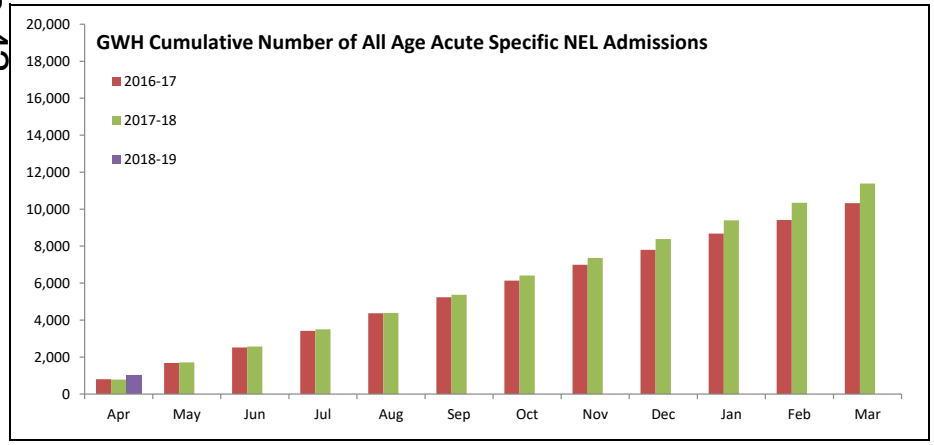
Source: CCG SUS Data

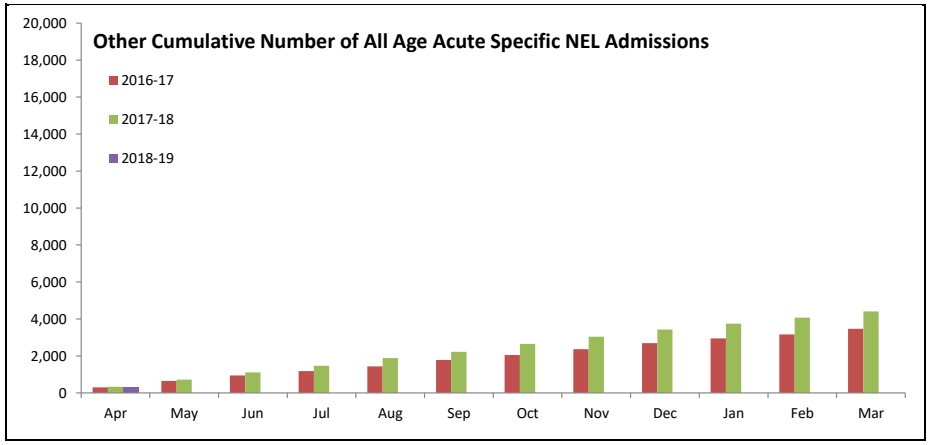
Acute Specific Non Elective Admissions

Activity is higher at the 3 main acute trusts but this represents the first month of the new year and some activity remains uncoded so this might be subject to change.





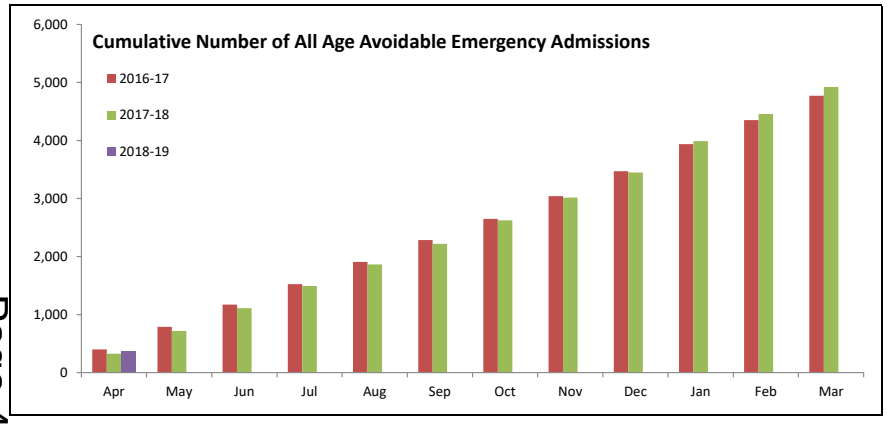


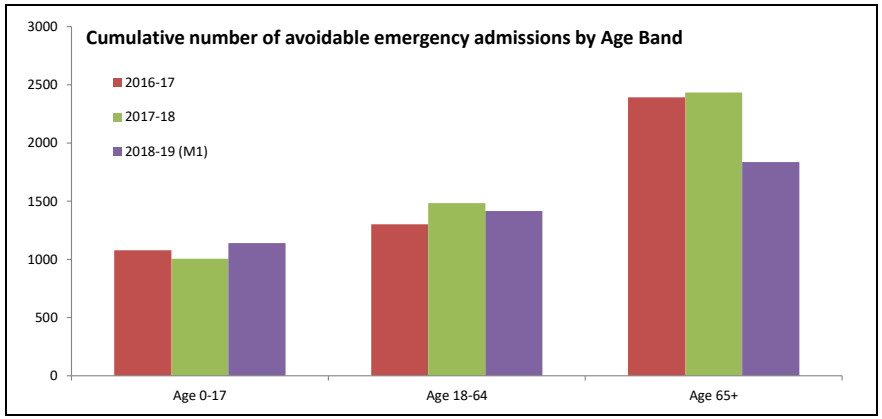


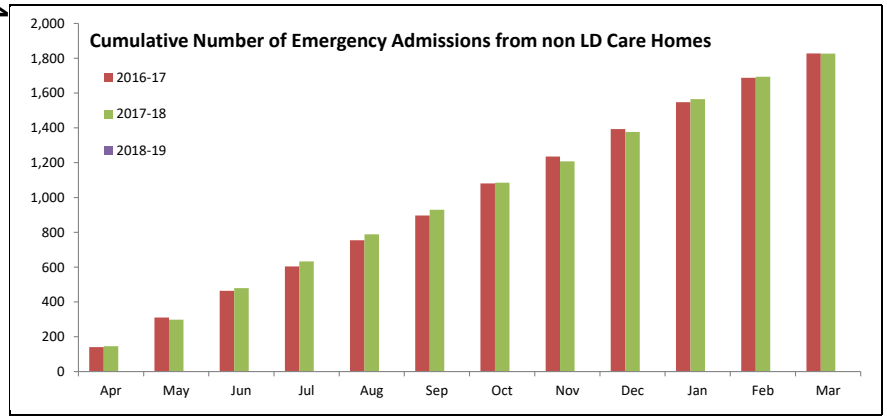
Source: CCG SUS Data

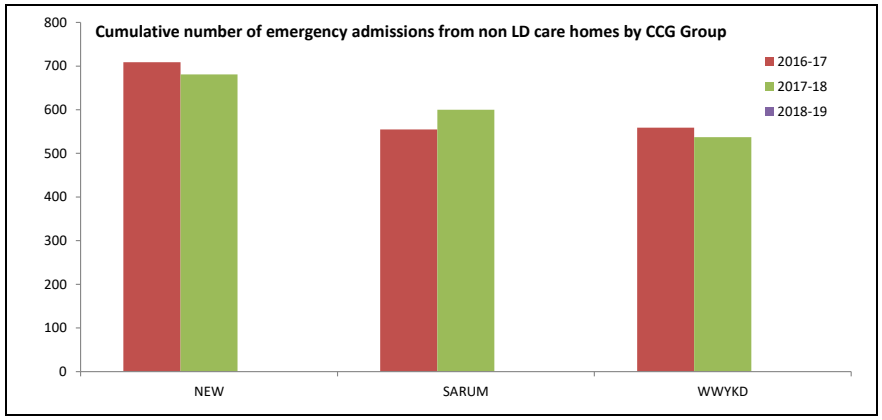
Avoidable Emergency Admissions & Admissions from Care Homes

Avoidable emergency admissions were 11% higher (35 admissions) higher in 2018-17 compared to 2017-18, although the cost of these admissions is around 1% lower. Admissions from non LD care homes in 2017-18 (1,827) were broadly similar to 2016-17 (1,828). When split by CCG group area we see a slight increase in the South, with a decrease in the West and North.





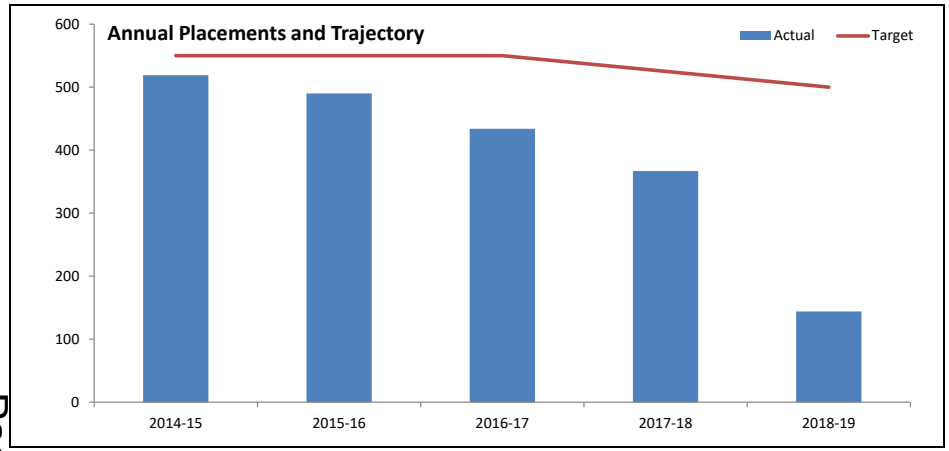


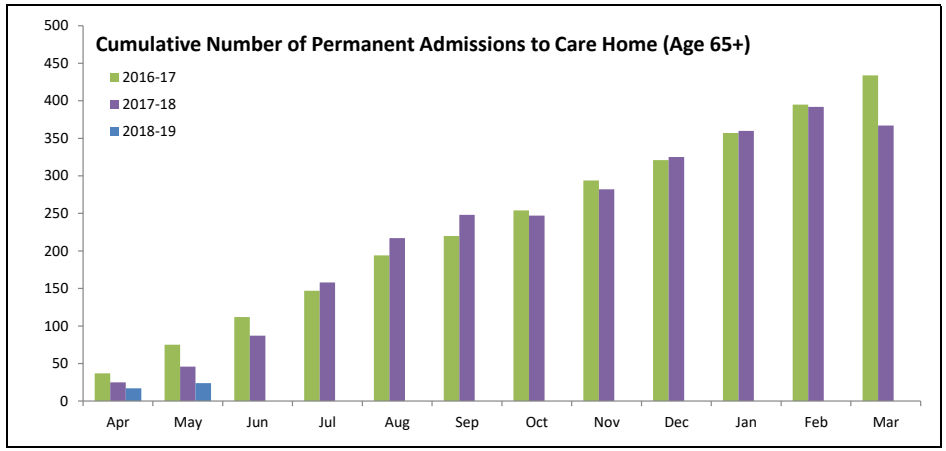


Source: CCG SUS Data

Permanent Admissions to Care Homes

In April & May the number of permanent admissions to care homes was a total of 24, this is well under the levels required to achieve the target for 2018-19 of 500.

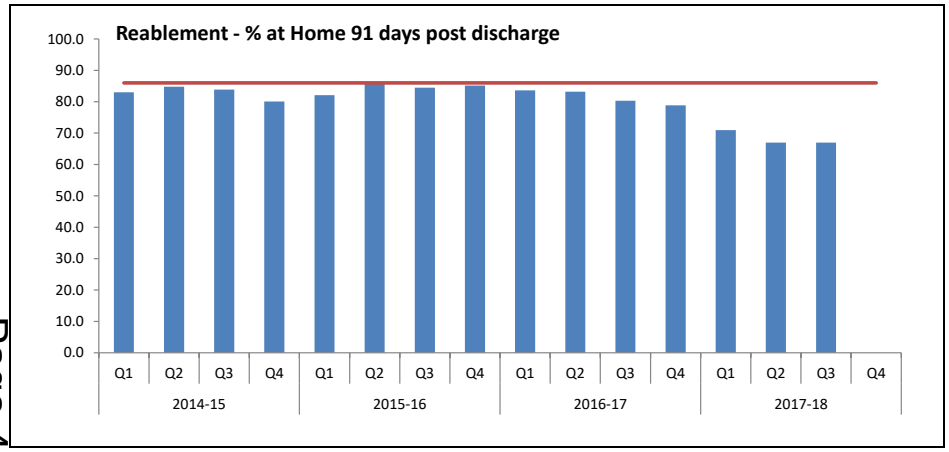


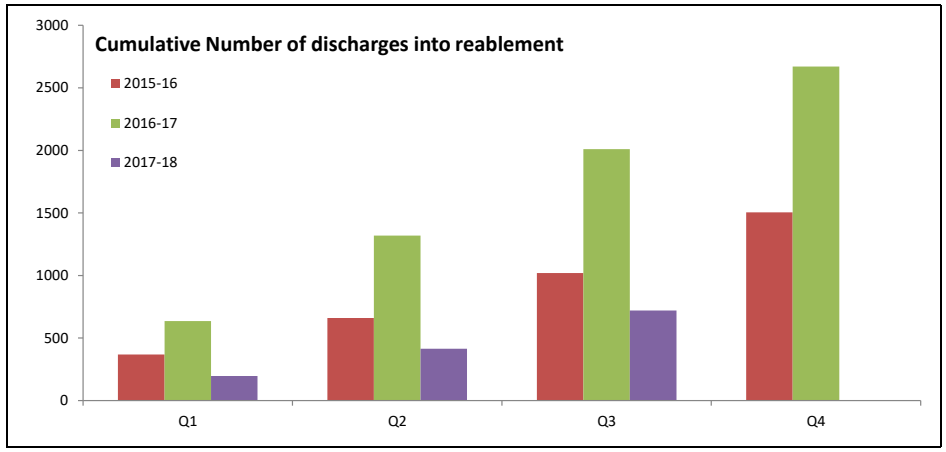


Source: ASC Performance Team

Patients at home 91 days post discharge from hospital

The number of patients entering reablement has reduced due to changes in the discharge pathway following the introduction Home First. Discussions with WH&C confirm this is likely to be more accurate than the 2016-17 position and numbers will return to expected levels in the coming months. Performance has also dropped slightly but should improve in the coming months.

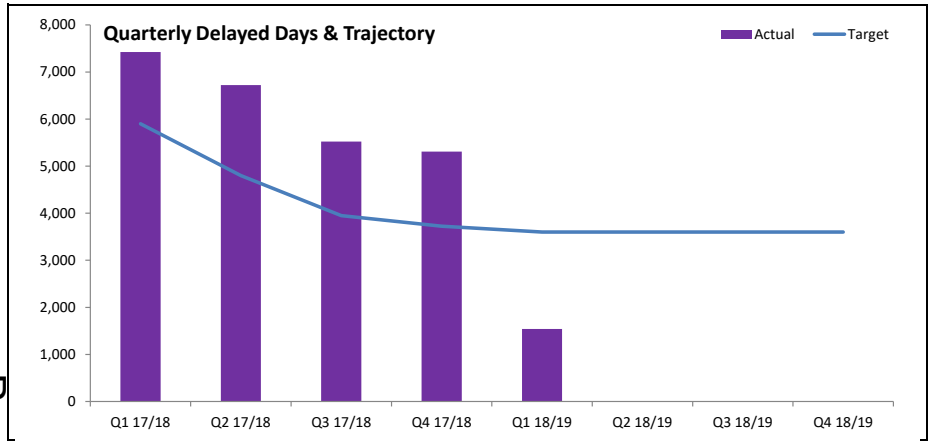


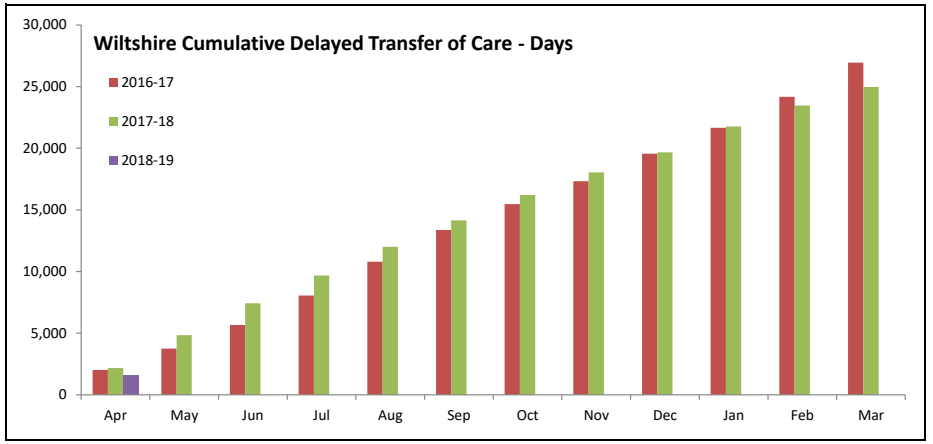


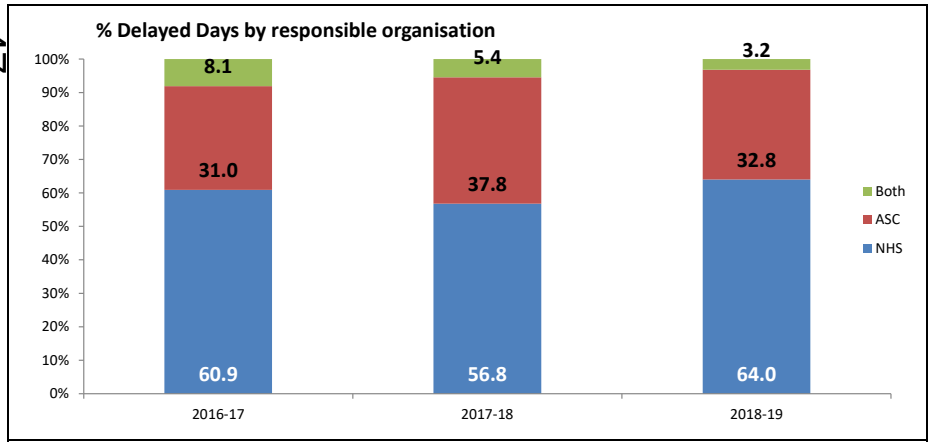
Source: ASC Performance Team & WH&C

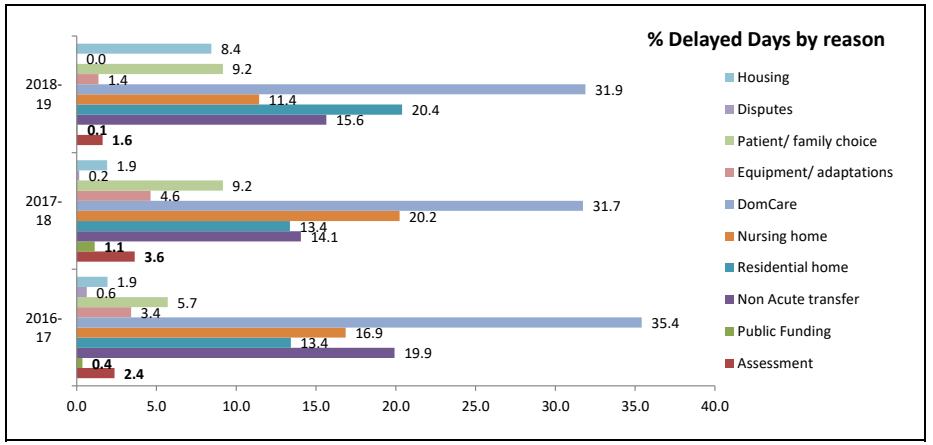
Delayed Transfers of Care - Delayed days

The number of delayed days increase by 5% (38 days) in March to 1,540 and remains well above the trajectory target of 1,200. NHS attributable delays increased in April while ASC attributable delays reduced. Waiting for Packages of Care and Placements accounted for around 60% of the delayed days in March.





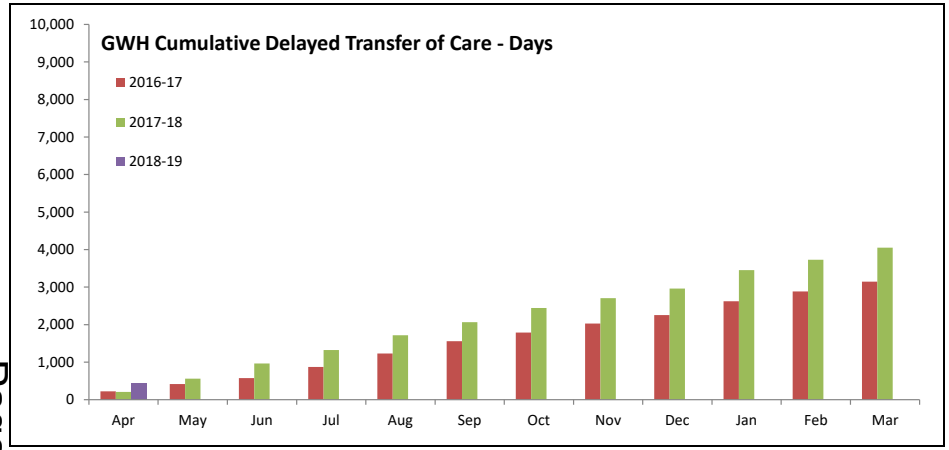


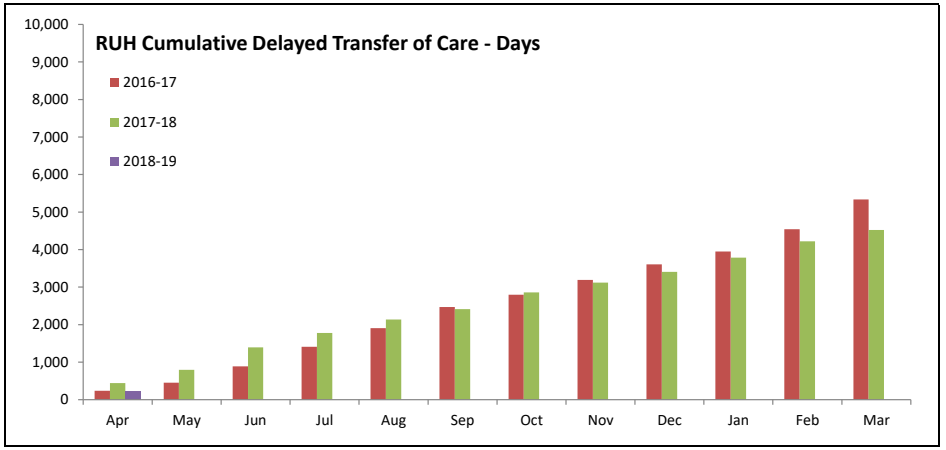


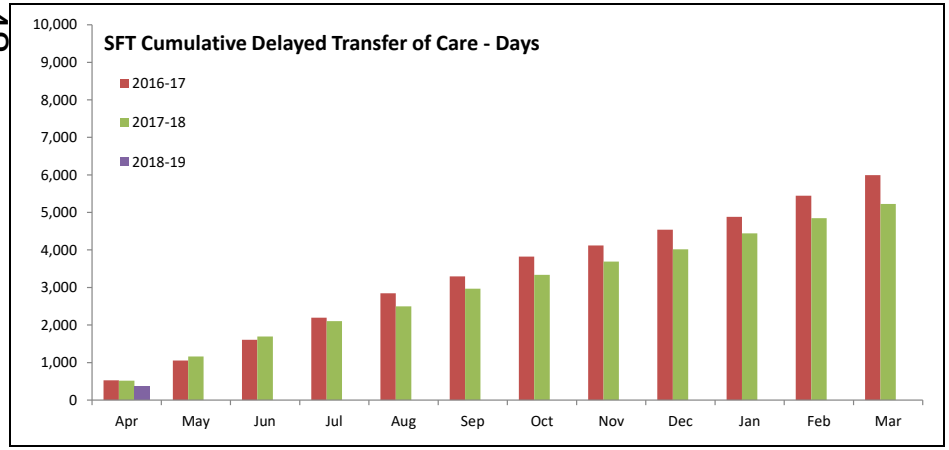
Source: NHS England Monthly Data

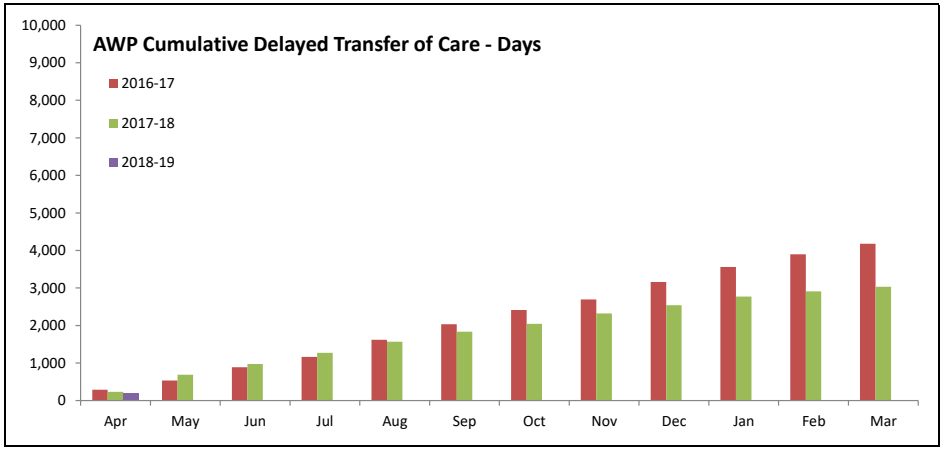
Delayed Transfers of Care - Delayed Days

RUH, SFT and AWP have seen a reduction in delayed days compared to last year, while GWH has seen a rise.





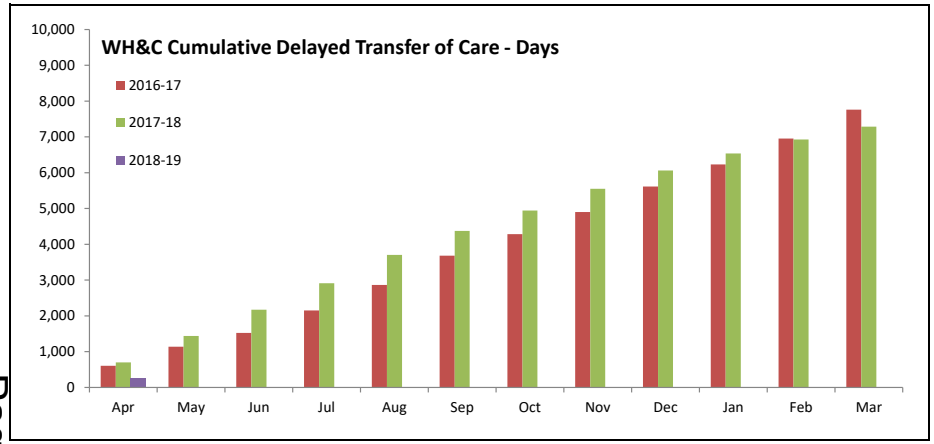


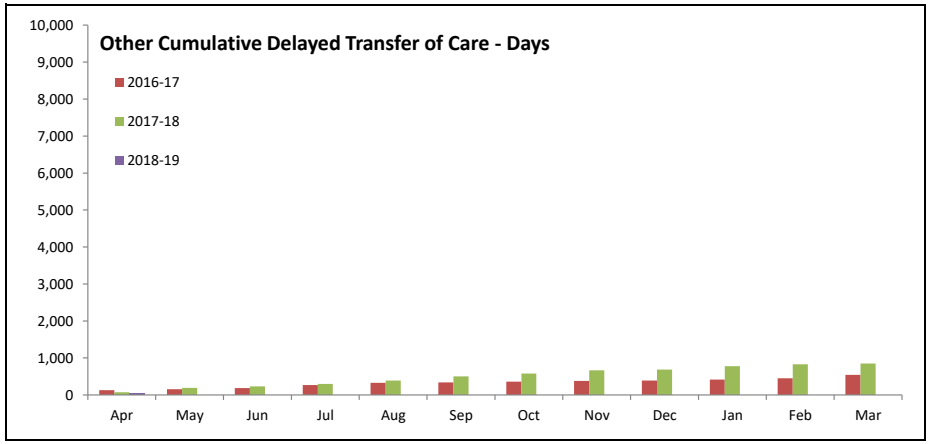


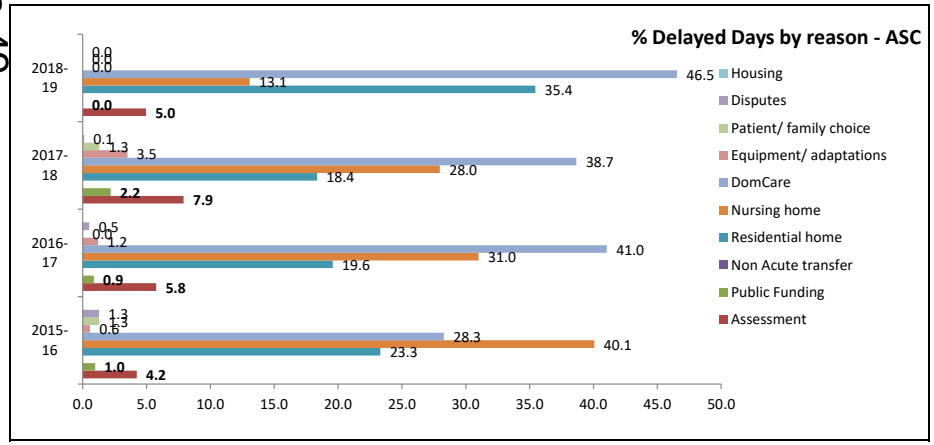
Source: NHS England Monthly Data

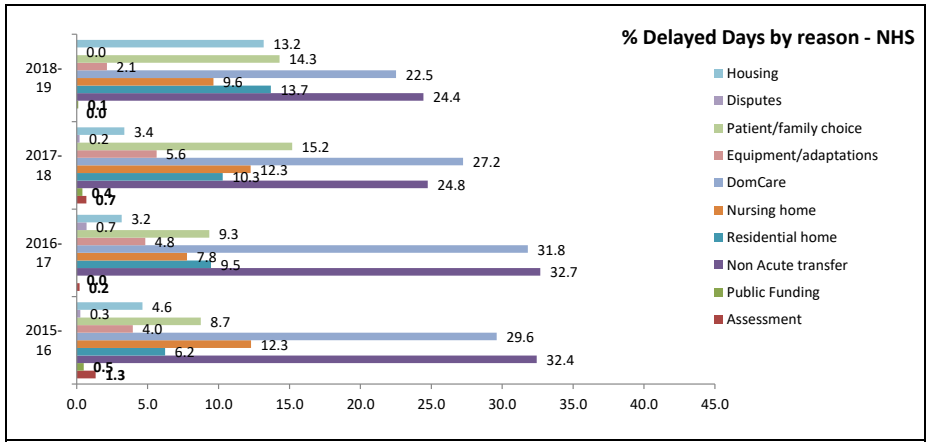
Delayed Transfers of Care - Delayed Days

Delays in Community Hospital are lower that last year while delays in Out of Area Hospitals have reduced in April 2018.
For NHS delays there has been an increase in the percentage of delays due to choice and assessment. For ASC delays the percentage of delays associated with assessment and patient choice have increased.





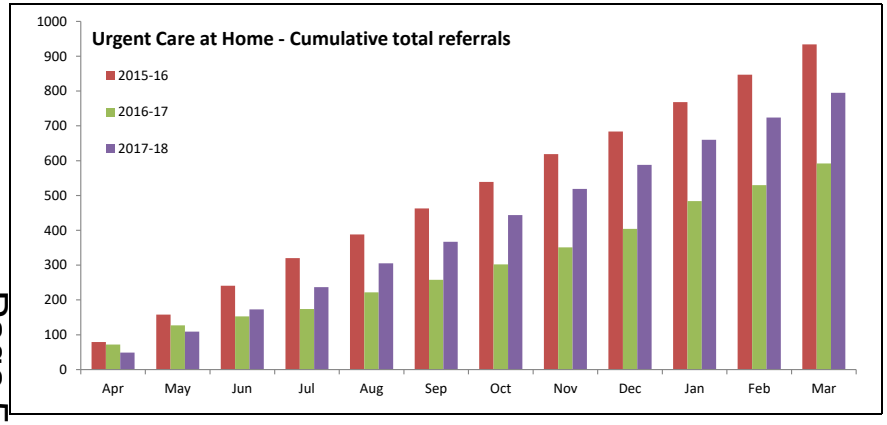


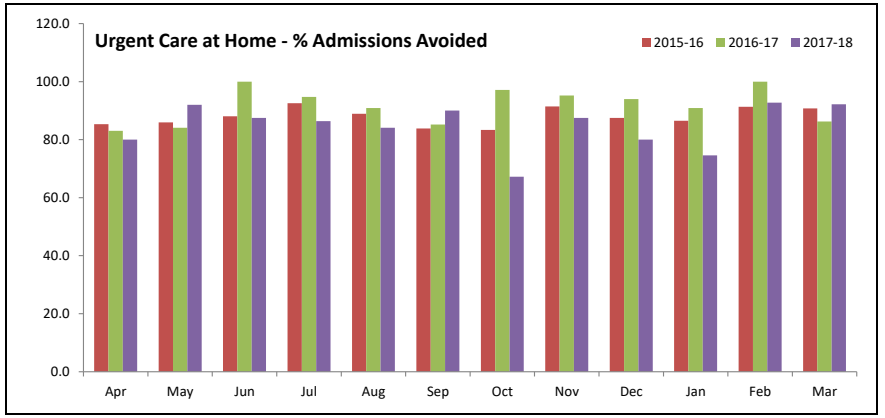


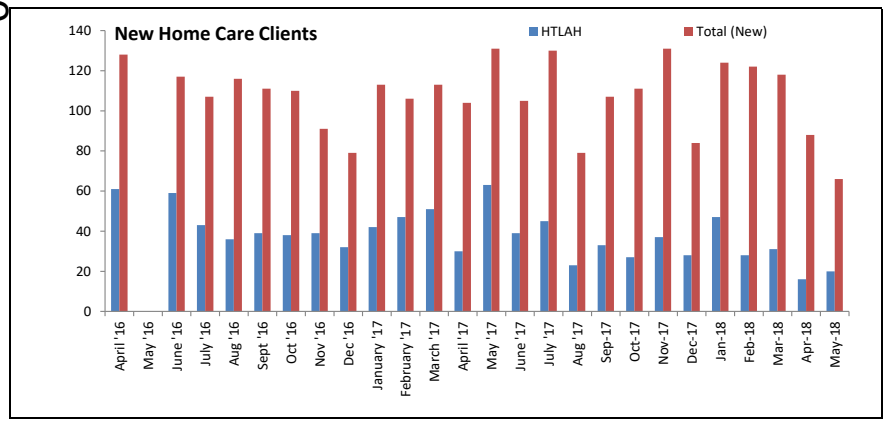
Source: NHS England Monthly Data

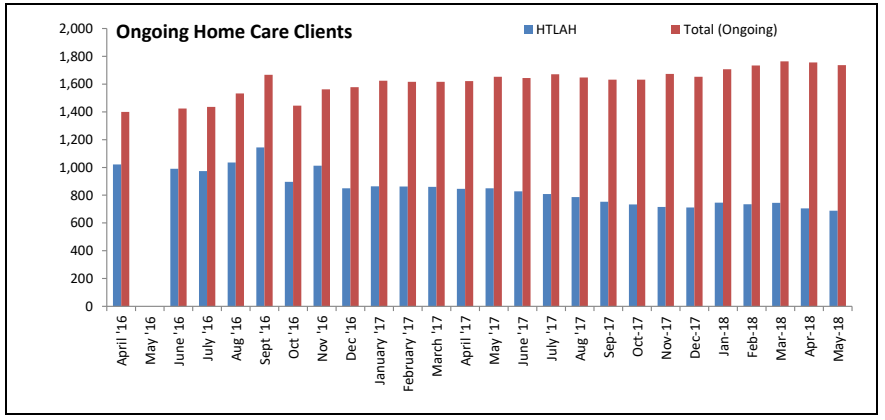
Home Care and Urgent Care at Home Activity

Urgent Care at Home referrals were 71 in March, which is close to the 80 target, and the % of admissions avoided was higher at around 92%. The average number of monthly referrals in 2017-18 was 66 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 84%. The average number of referrals to support discharge is now around 14, this is higher than 2016-17 (9) and 2015-16 (12).
New Care at Home activity decreased in May there were 66 new clients compared to 88 in April. Ongoing clients were 1,737 clients in June compared to 1,756 in April.





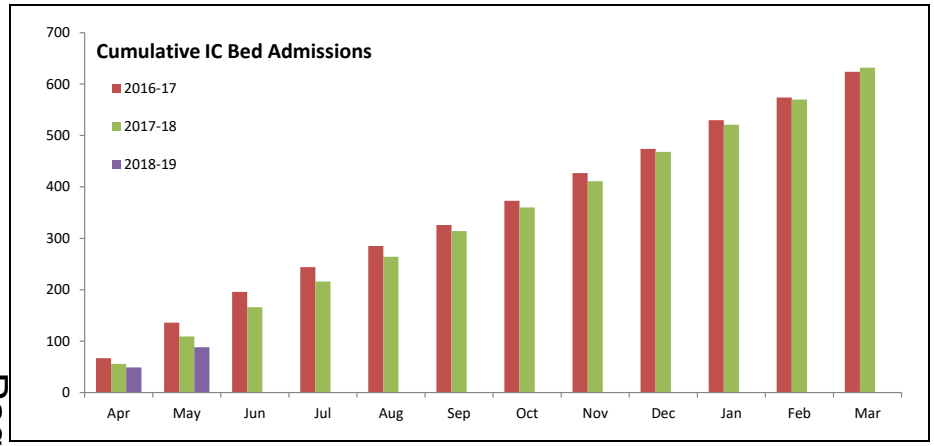


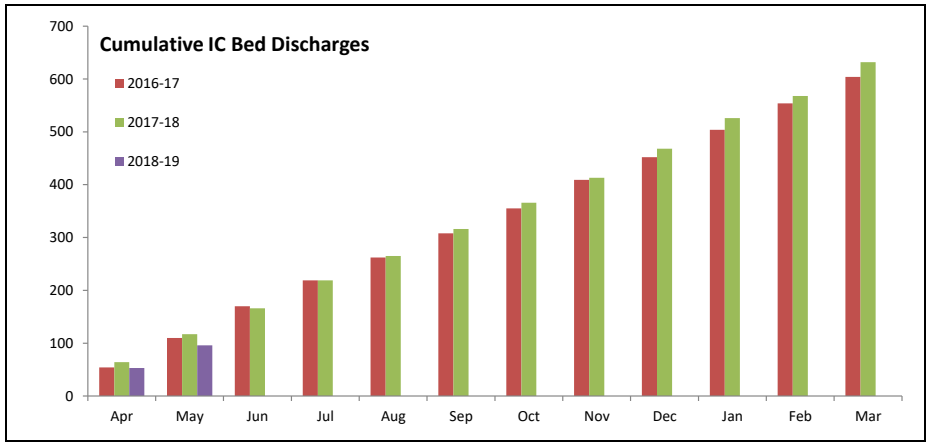


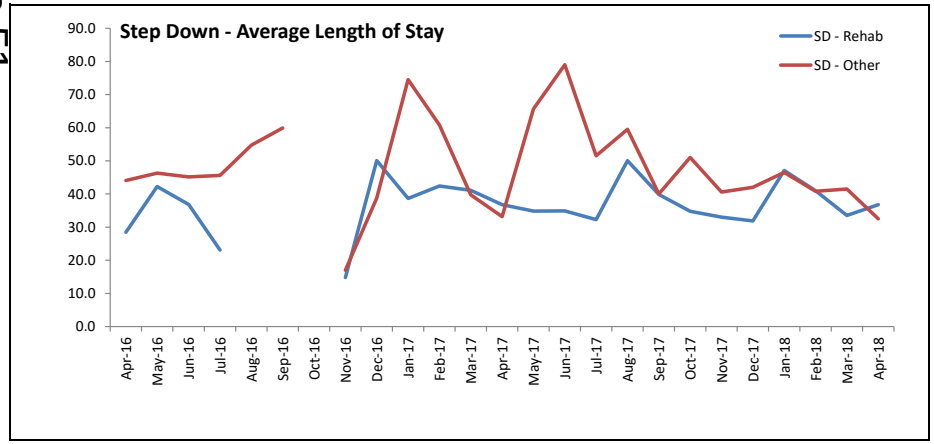
Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

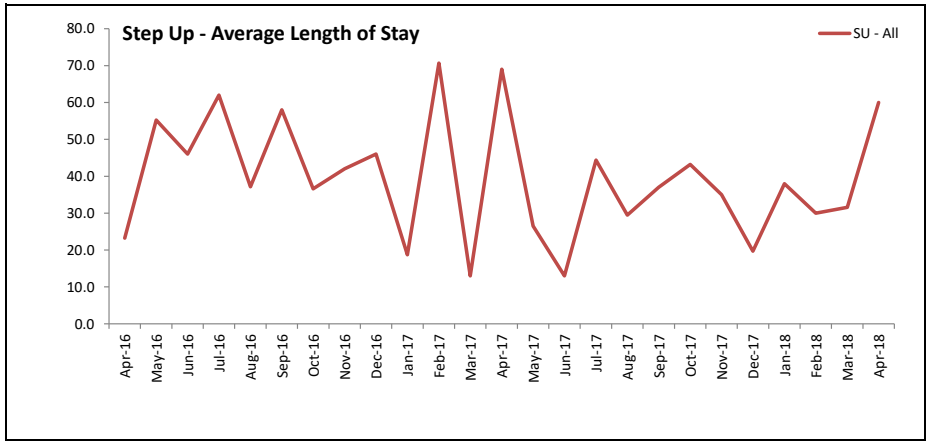
Intermediate Care Beds

Length of stay for rehab reduced in May to 33.5 days, for non rehab patients the length of stay is around the same at 32.5 days. Admissions decreased in May. Step up bed admissions were lower in May.









Source: ASC Performance Team

BCF Scheme Activity & Outcomes

This is the proof of concept of this new format for the dashboard, work is ongoing to develop this sheet to include the main KPI information for the schemes managed under the Better Care Fund. It is hoped over the coming months we will be able to update this to include more information on the schemes.

Scheme		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Acute Trust Liaison													
	GWH												
	RUH												
	SFT												
Access to Care (including Single Point of Access)													
Carers Emergency Card													
Telecare Call Centre													
Telecare Equipment													
Urgent Care and Response at Home													
Hospital at Home													
	SFT												
Integrated Discharge													
	GWH												
	RUH												
	SFT												
Enhanced Discharge Service for EOL Pathway													
IC Beds - SD													
	Admissions	38											
	LoS	33.0											
IC Beds - SU (South)													
	Admissions	1											
	LoS	12.0											
Therapy provision for Intermediate Care Beds													
Step Up Beds (WHC)													
High Intensity Care (WHC)													
	Admissions												
	LoS												
Care Home Liaison													
East Kennet SHARP													
Community Geriatricians													
Home First (Rehab Support Workers Initiative)		34											
Carers													
Integrated Community Equipment													
Community Services													
EOL													
The Leg Club Model													
iBCF Schemes													
	SFT Dom Care												
	20 addition SD Beds												
	3 MH CH Beds												
	Housing Adviser												

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BETTER CARE PLAN

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2018-19 BCF April DTOC Summary

14th June 2018

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April DTOC Delayed Days - Summary

- Wiltshire delayed days increased 2.5% (38 days) in April, 340 days higher than the trajectory (1,200).
- NHS delays (986):
  - Increased in April by 5.7%, over trajectory by 283 days.
  - GWH & AWP are the most over their trajectory
- ASC delays (505):
  - Decreased in April by 5.6%, over trajectory by 116 days.
  - SFT, RUH & GWH are the most over their trajectory
  - Acute delays account for around 70% of ASC delays

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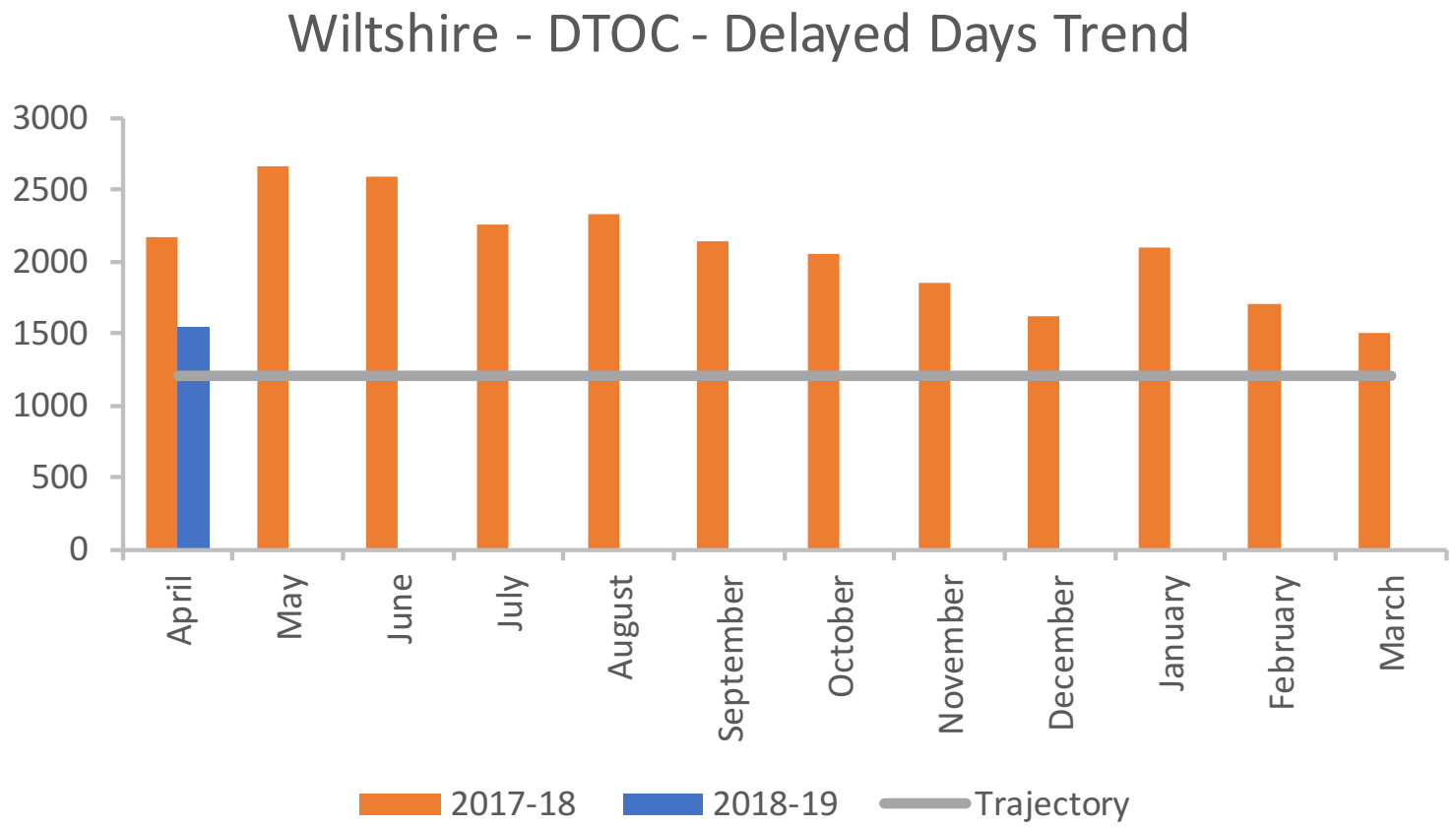
Comparison Trend for All Delayed Days



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April DTOC Delayed Days

	NHS	ASC	Both	Total	Trajectory
Wiltshire	986	505	49	1,540	1,200
GWH	341	84	4	429	100
RUH	168	57	0	225	175
SFT	157	209	0	366	225
AWP	145	16	45	206	200
WH&C	156	115	0	271	450
Others	19	24	0	43	50

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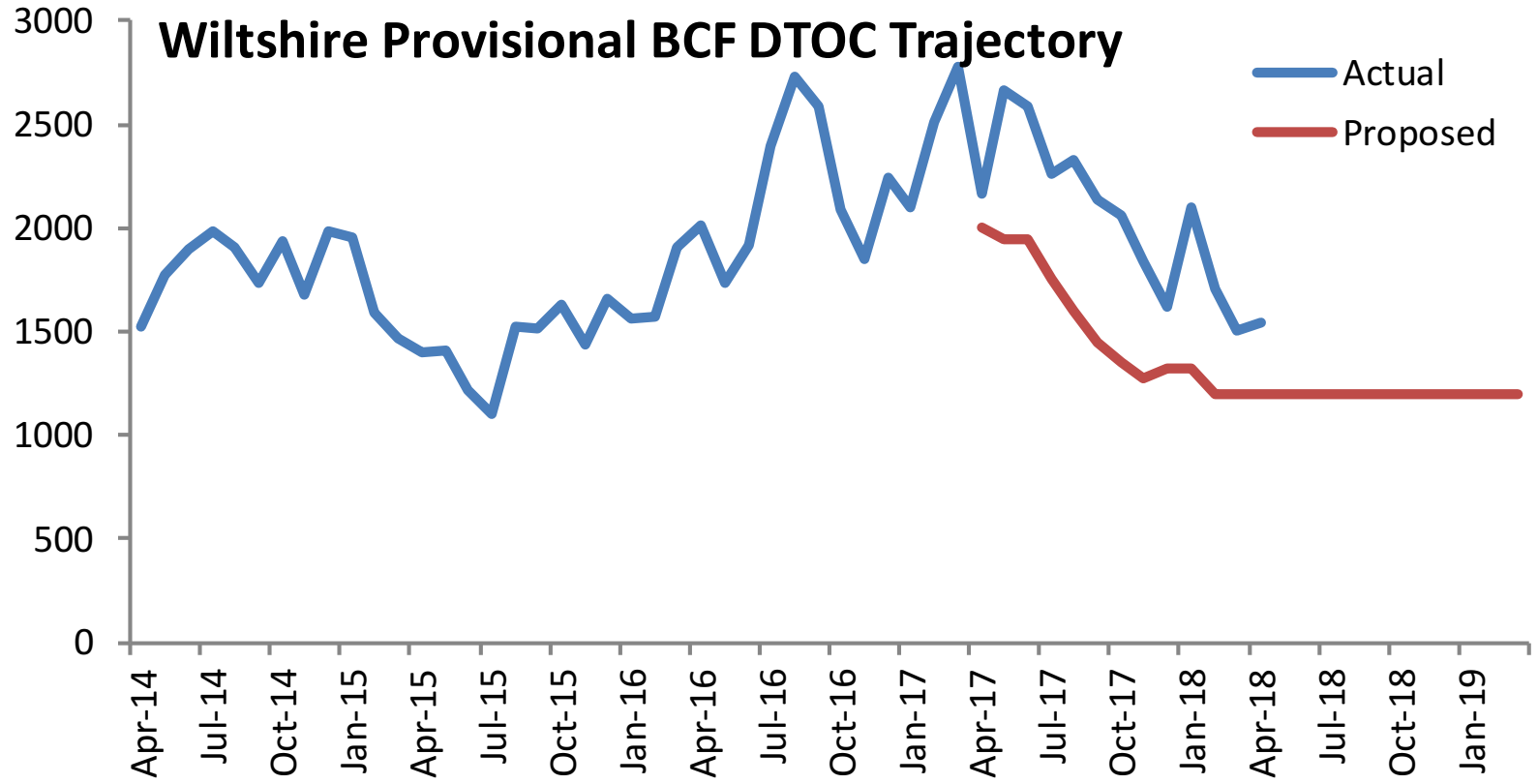
Trend for All Delayed Days



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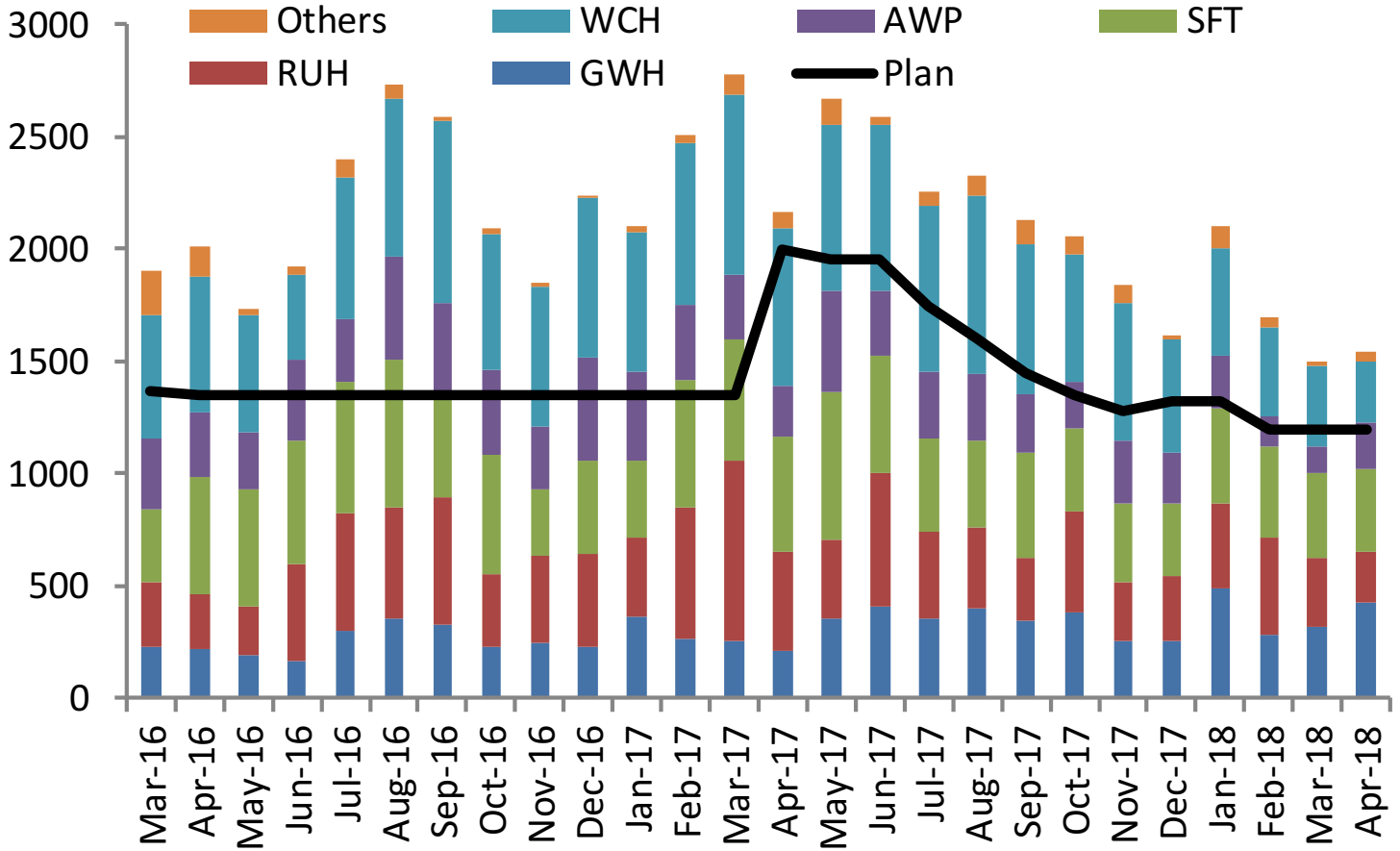
Trend for All Delayed Days by Provider



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Reason for All Delayed Days

Reason	2015-16	2016-17	2017-18	Apr 2018
Assessment	36.6	53.2	75.8	25
Public Funding	10.2	8.0	23.4	1
Non Acute transfer	299.0	447.3	292.5	241
Residential home	191.2	301.3	278.2	314
Nursing home	343.2	378.5	421.2	176
Dom Care	435.2	795.3	660.5	491
Equipment/ adaptations	39.8	76.7	96.4	21
Patient/ family choice	88.0	128.2	190.6	141
Disputes	9.7	14.0	3.3	0
Housing	42.8	43.3	39.7	130

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April NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	986	703	283	40.3
GWH	341	84	257	306.0
RUH	168	139	29	20.9
SFT	157	129	28	21.7
AWP	145	56	89	158.9
WH&C	156	271	-115	-42.4
Others	19	23	-4	-17.4

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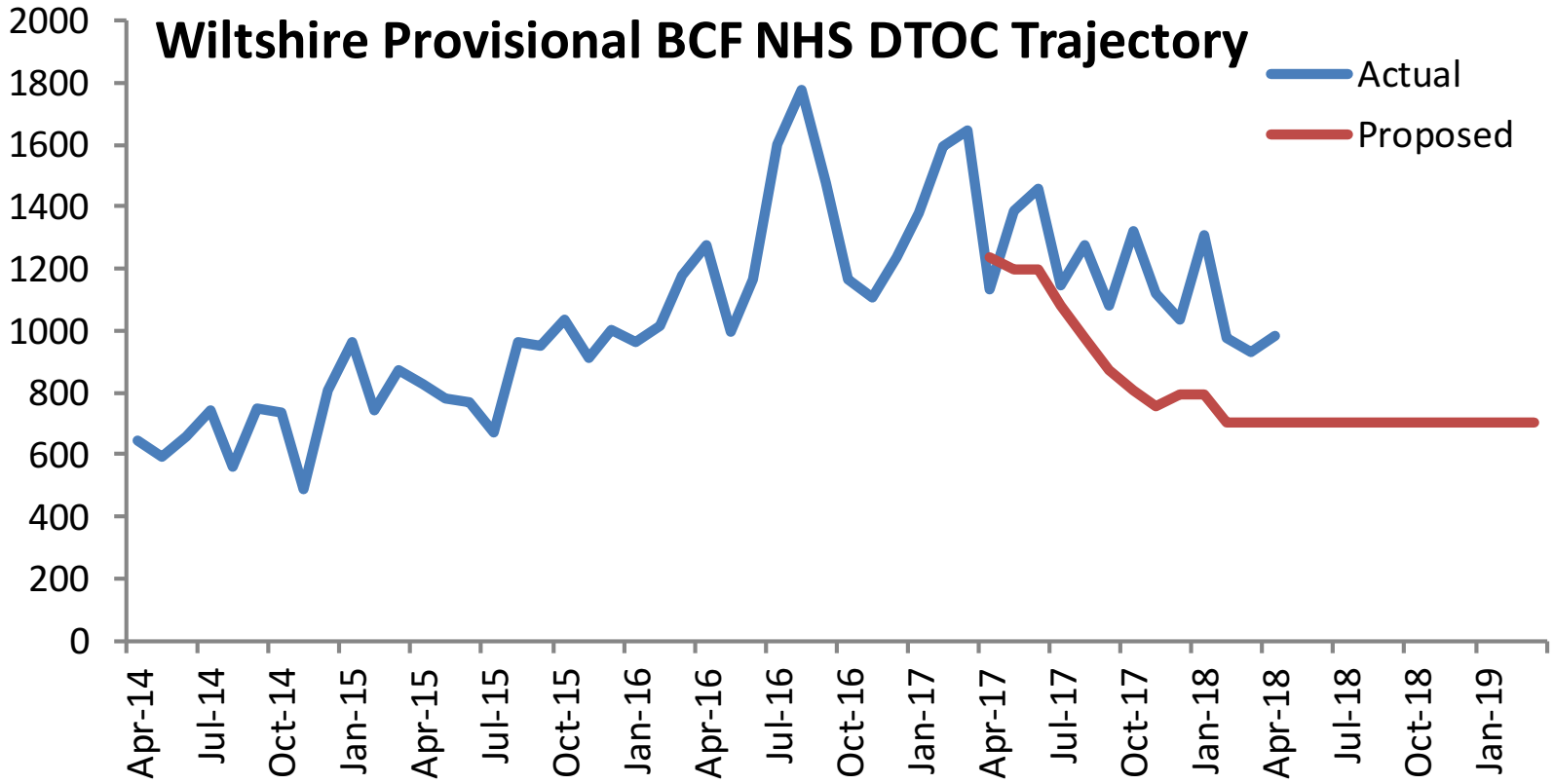
Trend for NHS Delayed Days



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April ASC DTOC Delayed Days

	ASC	Trajectory	Gap	% of GAP
Wiltshire	505	389	116	29.8
GWH	84	15	69	460.0
RUH	57	35	22	62.9
SFT	209	93	116	124.7
AWP	16	56	-40	-71.4
WH&C	115	171	-56	-32.7
Others	24	18	6	33.3

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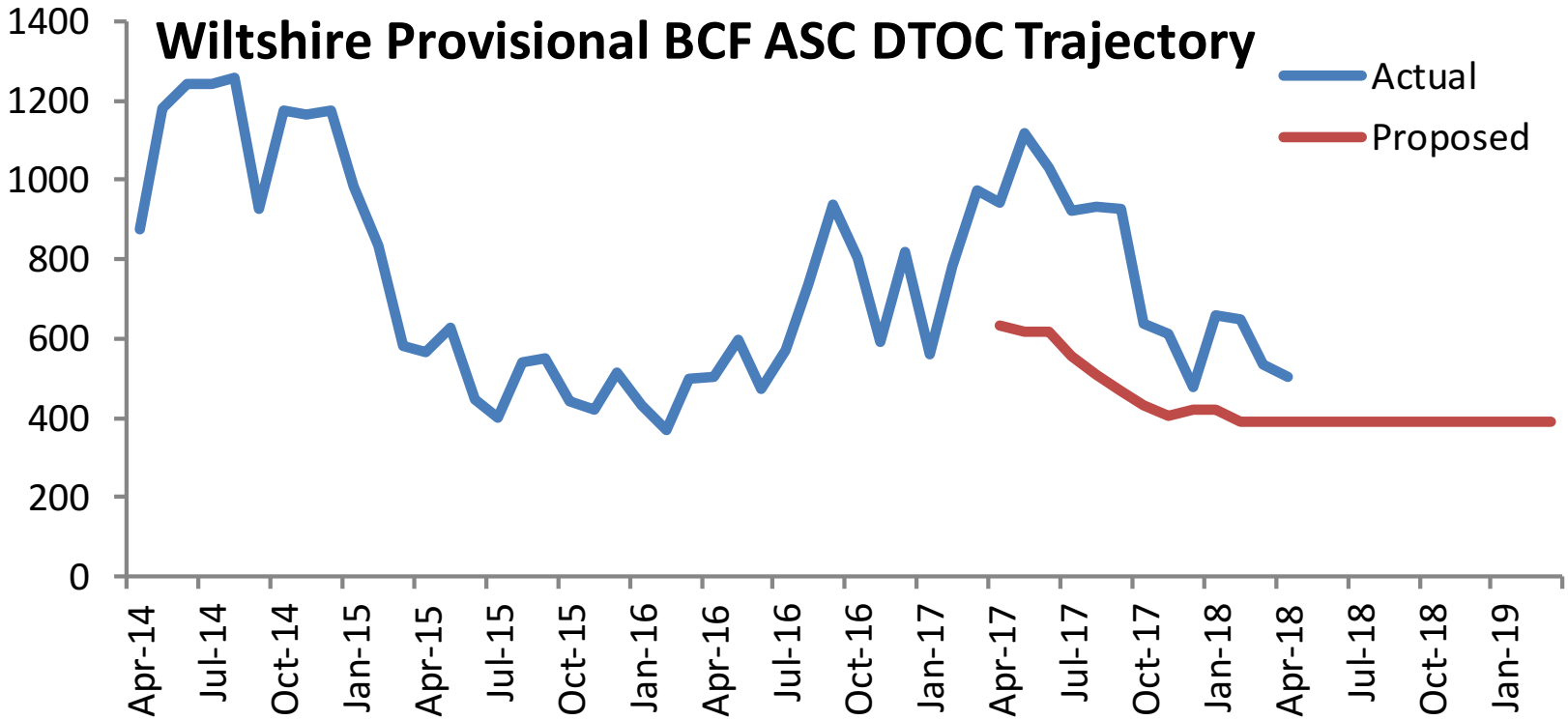
Trend for ASC Delayed Days



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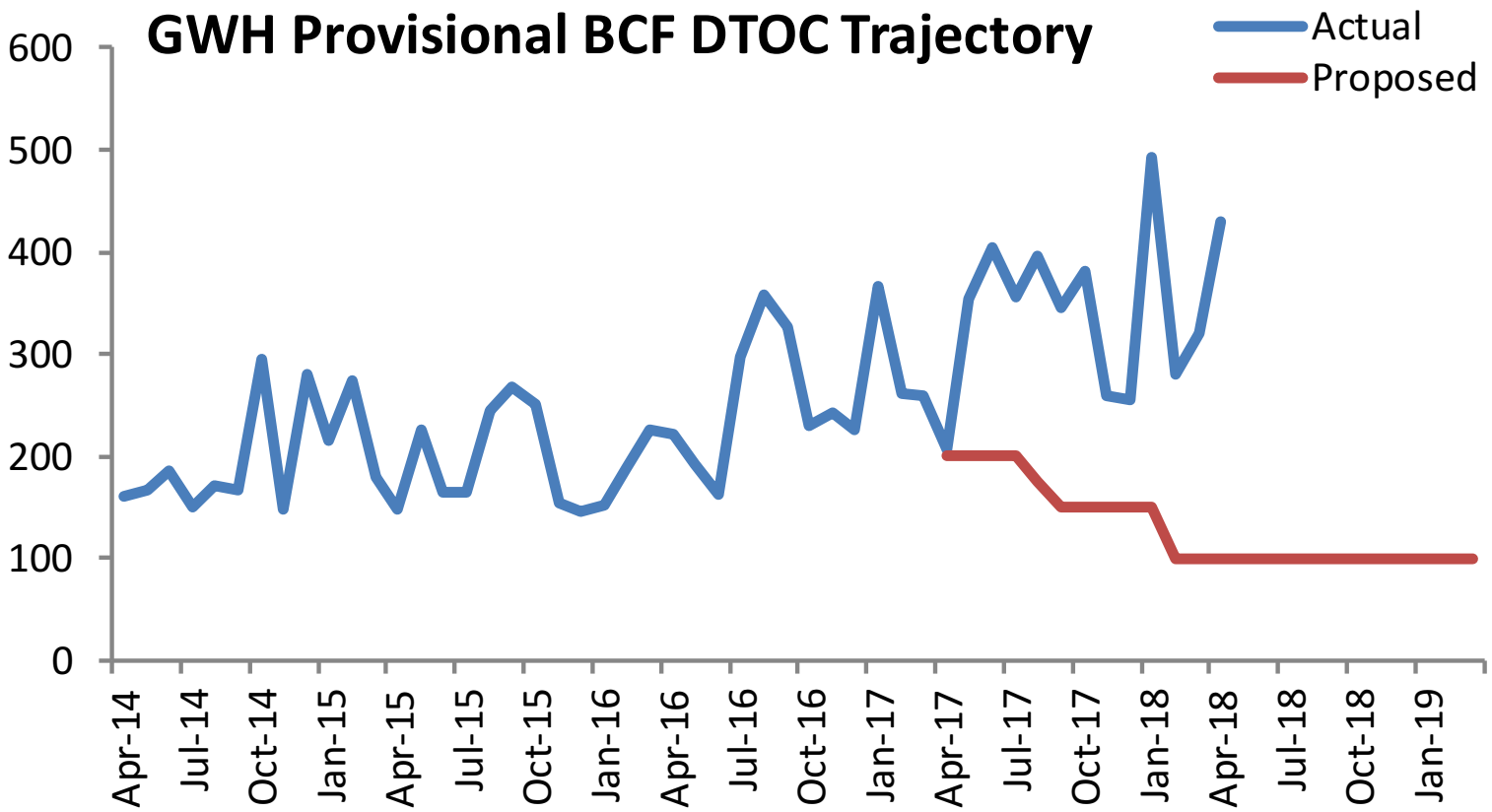
Trend for GWH Delayed Days



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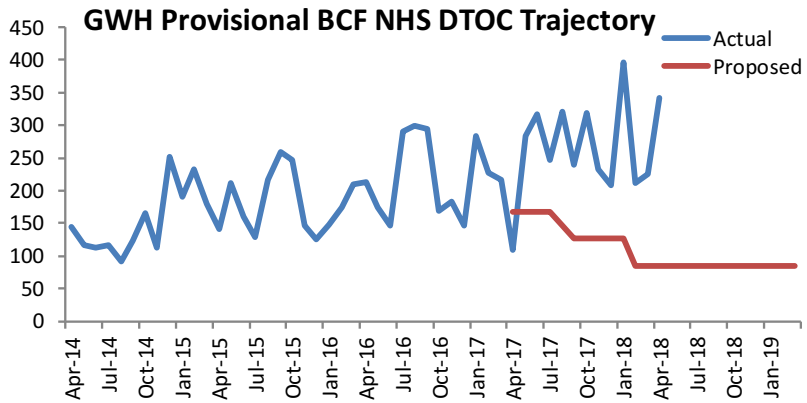
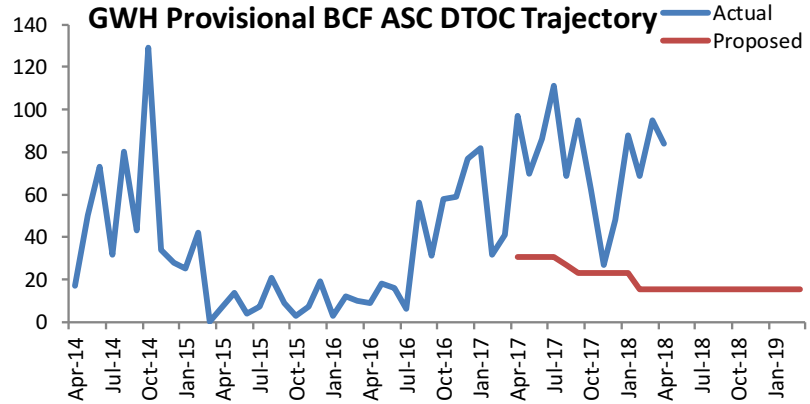
Trend for GWH Delayed Days





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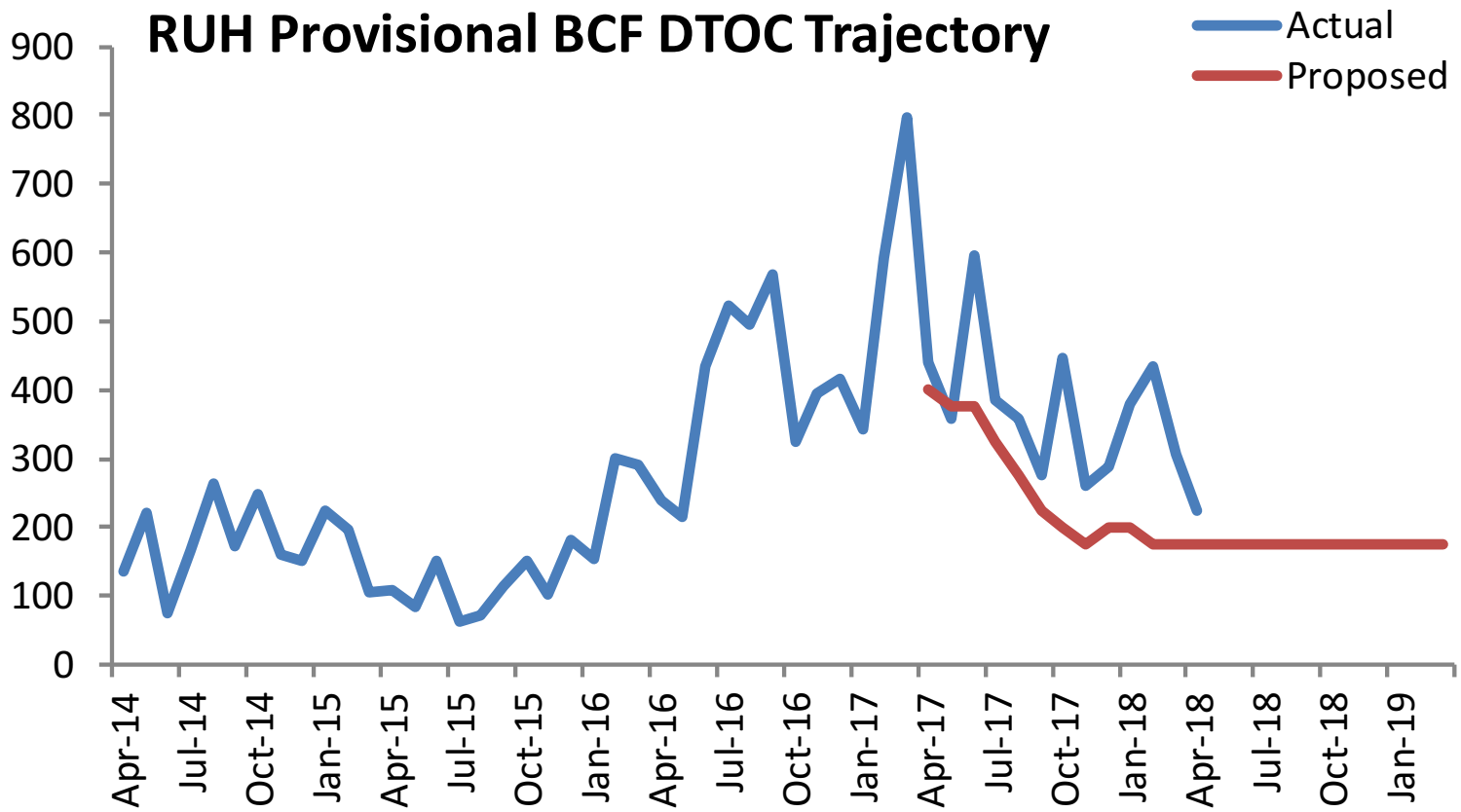
Trend for RUH Delayed Days



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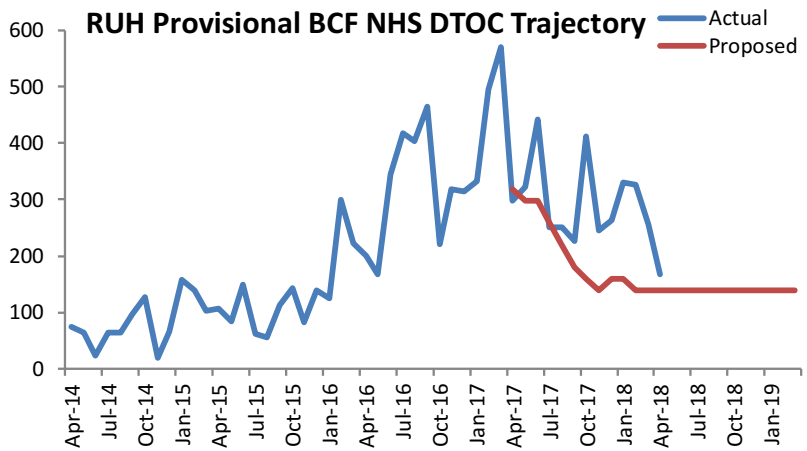
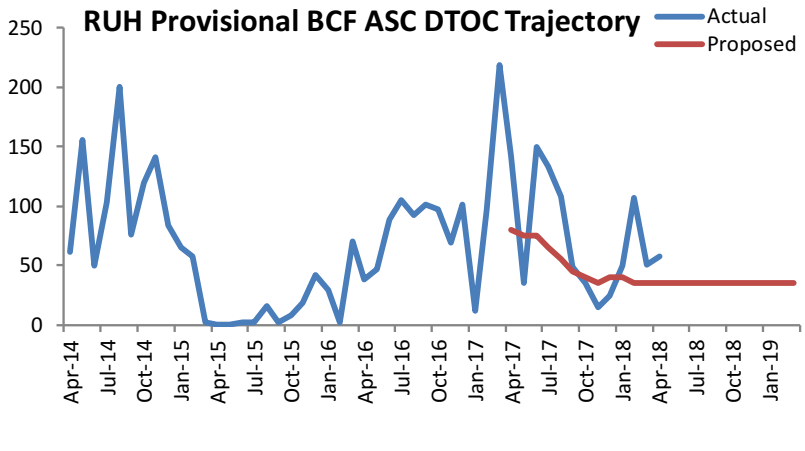
Trend for RUH Delayed Days





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Where everybody matters

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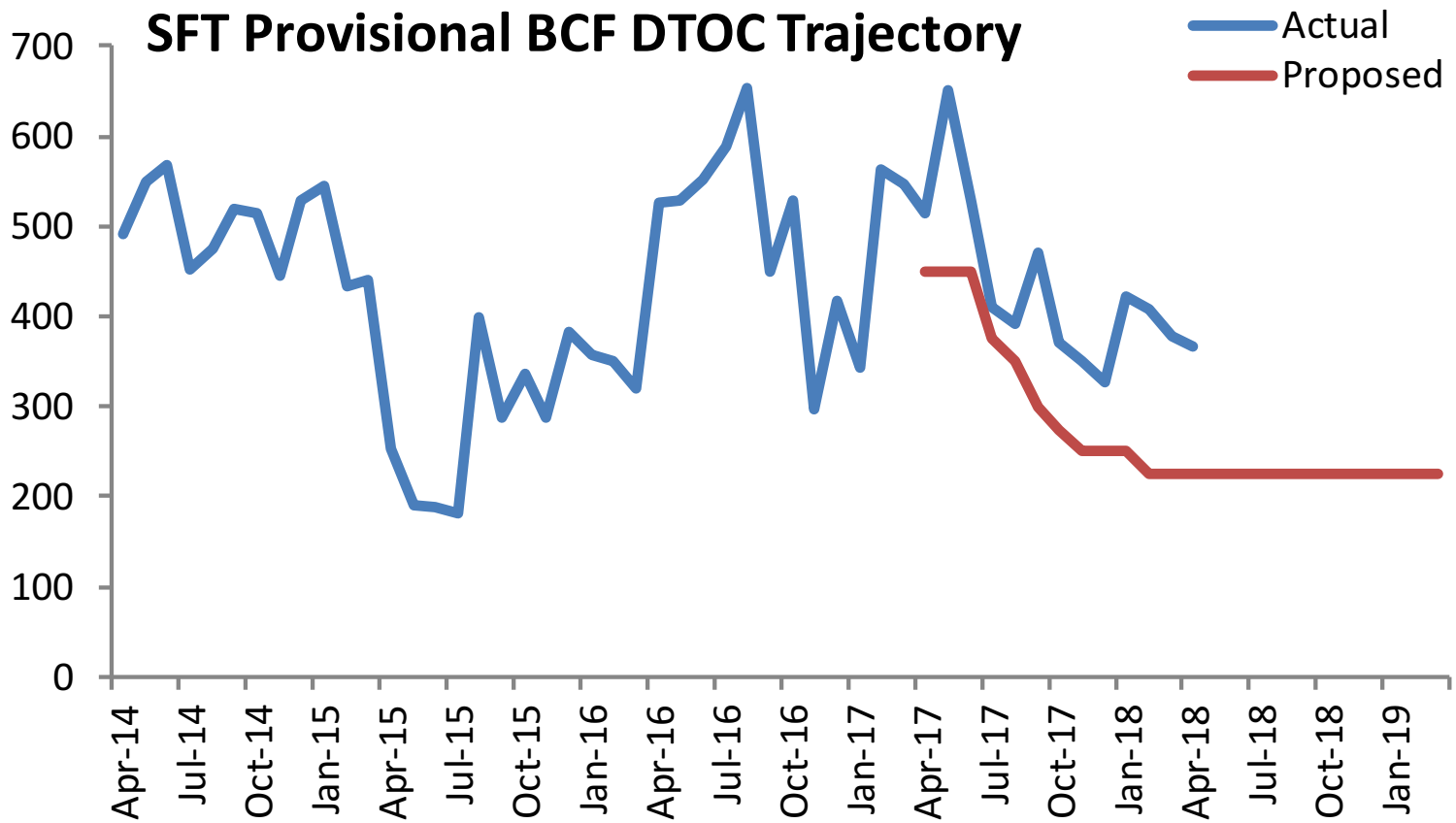
Wiltshire
Clinical Commissioning Group

Trend for SFT Delayed Days



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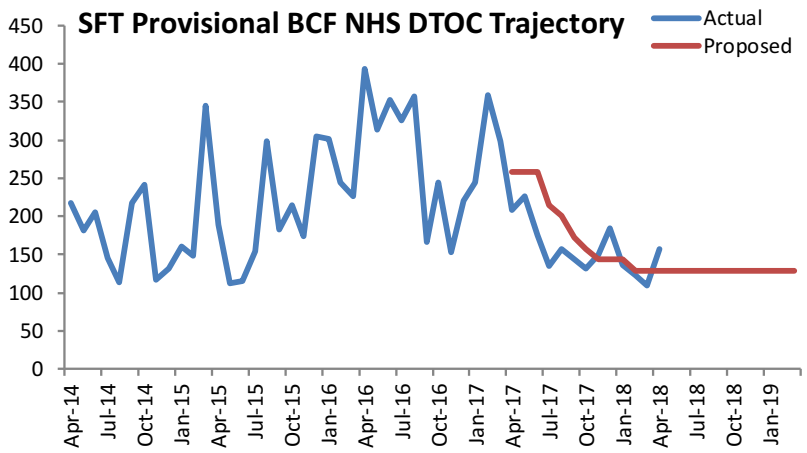
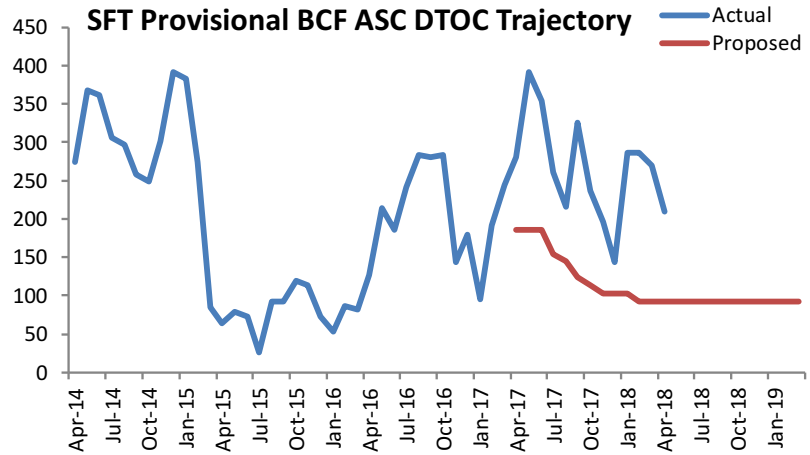
Trend for SFT Delayed Days





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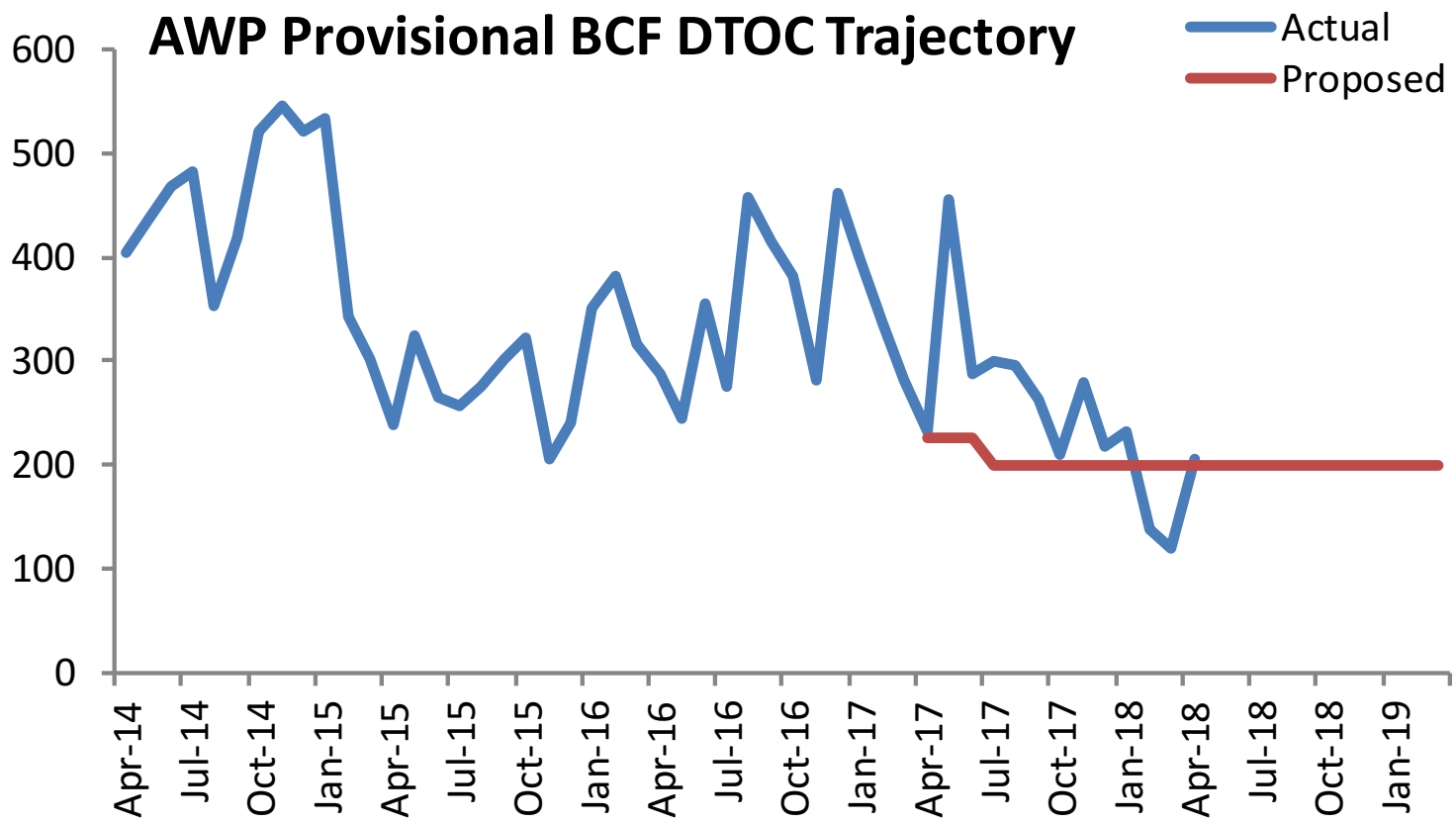
Trend for AWP Delayed Days



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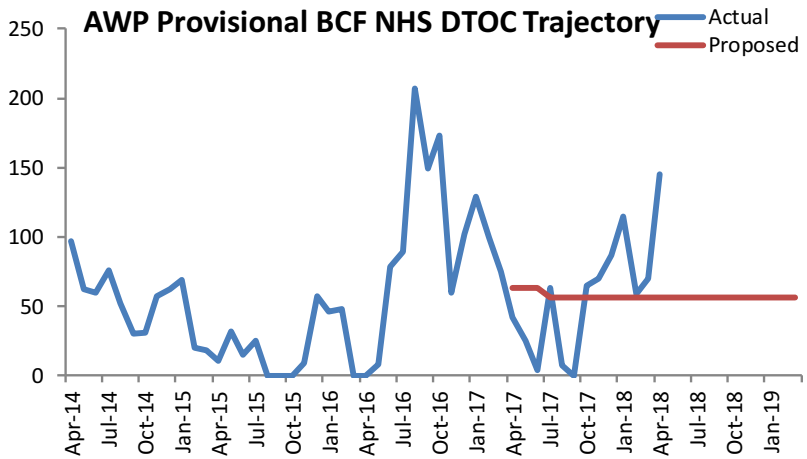
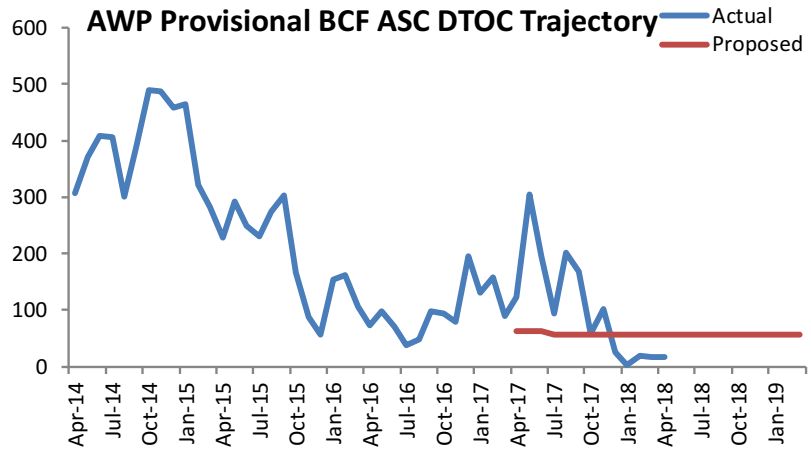
Trend for AWP Delayed Days





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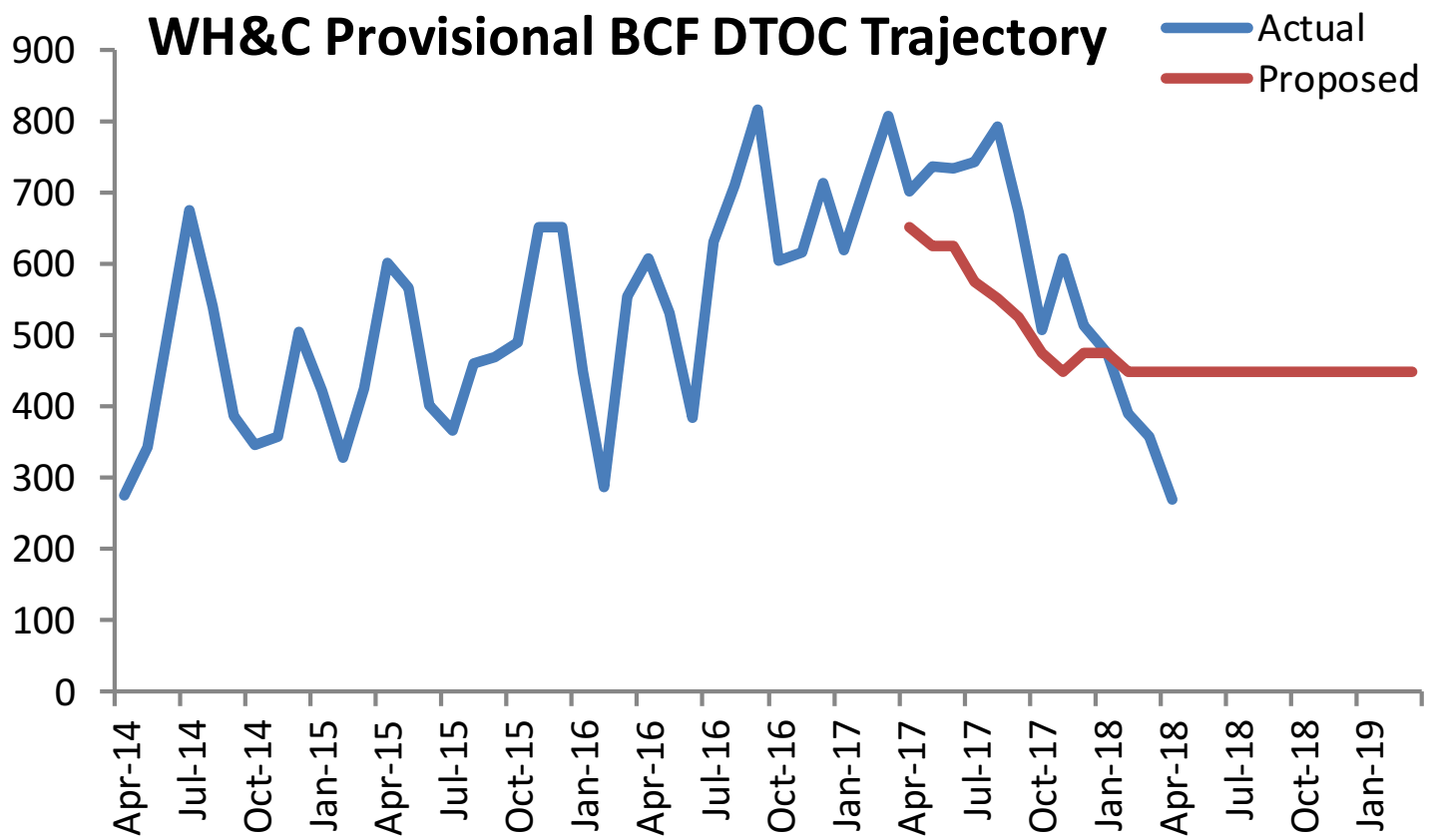
Trend for WH&C Delayed Days



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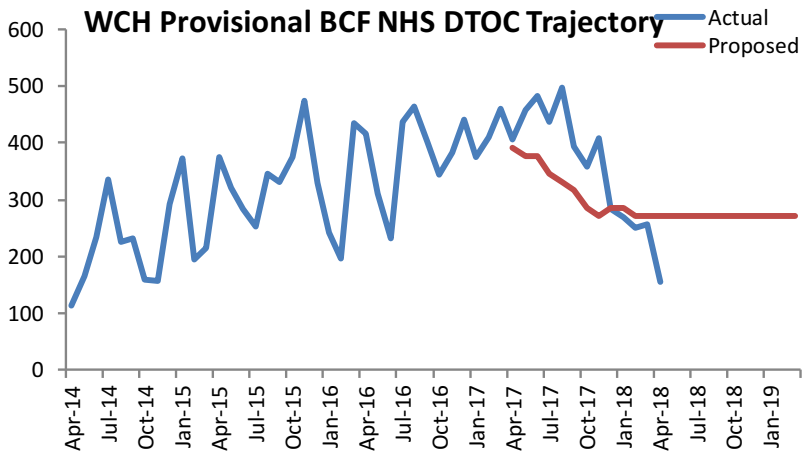
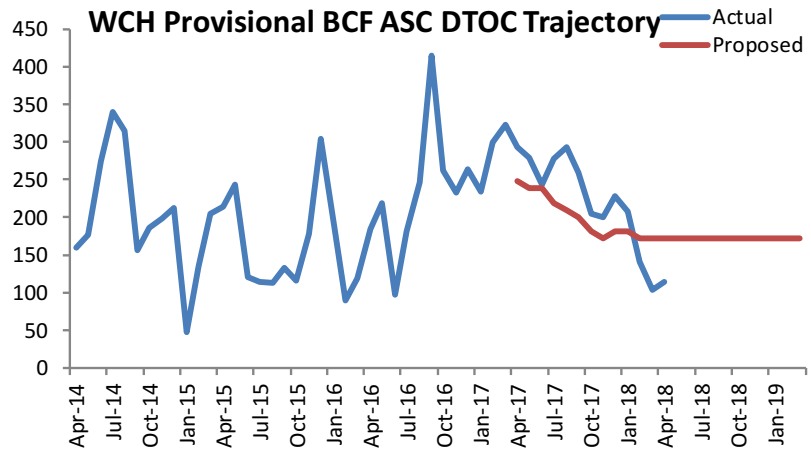
Trend for WH&C Delayed Days





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Benchmarking Performance

Table shows percentage increase or reduction in delayed days from March to April.

	NHS	ASC	Both	Total
England	-4.8	-7.5	-12.0	-6.2
South West	-14.0	0.7	-9.6	-9.0
Statistical Neighbours	-8.8	-5.4	-0.8	-6.8
Wiltshire	5.7	-5.6	44.1	2.5

Wiltshire Council
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Wiltshire
Clinical Commissioning Group

Benchmarking Performance

This shows the Wiltshire rank nationally, 151 would be the highest and 1 would be the lowest.

	NHS	ASC	Total
October 2017	133	120	131
November 2017	127	124	125
December 2017	124	113	124
January 2018	137	129	137
February 2018	124	130	129
March 2018	106	119	107
April 2018	113	124	120

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Wiltshire Council

Health and Wellbeing Board

12 July 2018

Subject: Healthwatch Wiltshire Annual Report 2017/18

Executive Summary

Healthwatch Wiltshire is the independent consumer champion for health and social care. We have a legal requirement to publish an annual report and this gives an opportunity to demonstrate to local people, stakeholders, and the Wiltshire Health and Wellbeing Board the progress which has been made in 2017/18 and to look forward at our plans for 2018/19.

Proposal(s)

It is recommended that the Board:

1. note and comment on the content of the Annual Report
2. recognise the progress which has been made during 2017/18 in fulfilling the statutory duties of a local Healthwatch
3. take up the offer for Healthwatch Wiltshire to share the outcomes from its engagement work as appropriate in the future.

Reason for Proposal

Healthwatch Wiltshire has a statutory duty to promote the voice of local people with regard to health and social care services and has the opportunity to influence commissioners on the Health and Wellbeing Board. This opportunity is provided through Healthwatch Wiltshire's membership of the Board. As such it is important that the Board receive Healthwatch Wiltshire's Annual Report in order to make any comment, recognise the work undertaken to date, and confirm its commitment to listen to the voice of patients, unpaid carers and the wider community through Healthwatch Wiltshire.

Emma Leatherbarrow	**Stacey Plumb**
Director of Partnerships	**Interim Manager**
Help and Care	**Healthwatch Wiltshire**

Wiltshire Council

Health and Wellbeing Board

12 July 2018

Subject: Healthwatch Wiltshire Annual Report 2017/18

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1 Purpose of Report

1.1 The purpose of this report is to present to the Health and Wellbeing Board the Healthwatch Wiltshire Annual Report for 2017/18 to invite comments, recognise the progress achieved during the last year, and confirm a commitment to listen to and take in to account the views of local people about health and social care services in Wiltshire.

2 Background

2.1 Local Healthwatch and Healthwatch England were established in 2012 as part of the Health and Social Care Act 2012. Healthwatch England is the national body which provides leadership and support to the Local Healthwatch network. There is a Local Healthwatch organisation in each upper tier authority area of England. Local Healthwatch has an important role to listen to and share the voice of local people in the design of health and social care services, and in monitoring the quality of those services. Commissioners and providers of these services have a duty to listen to that patient and public voice.

2.2 Healthwatch Wiltshire was set up in 2013 to deliver the statutory activities of a local Healthwatch service (see appendix 1). Wiltshire Council provides core funding to Healthwatch Wiltshire through a contractual agreement. It is important to recognise that the Council does not direct the work plan of Healthwatch Wiltshire but contracts the organisation to deliver the statutory activities.

2.3 Local Healthwatch must prepare an Annual Report by 30 June for the previous financial year (1 April 2017 to 31 March 2018). The report must be submitted to several bodies including Healthwatch England, The Care Quality Commission, NHS England, Wiltshire Clinical Commissioning Group, Wiltshire Council, and Wiltshire's Overview and Scrutiny Committee.

2.4 Following a recent tender process, the Healthwatch Wiltshire contract was awarded to a new provider, Help and Care. The new contract began on 1st June 2018. The contents of this Annual Report relate to work carried out under the previous provider, Evolving Communities.

3 Main Considerations

3.1 The Healthwatch Wiltshire Annual report looks at a range of the activities that were undertaken during 2017/18 including:

- Dementia and mental health
- Children and young people
- Primary care
- How health and social care services work together
- Involving volunteers
- Monitoring the quality of services

3.2 Dementia and mental health
Healthwatch Wiltshire is committed to monitoring the Dementia strategy in partnership with other local organisations and commissioners. Healthwatch Wiltshire has produced two reports focussing on support for people with complex needs and an analysis of community support services. These reports have been presented and discussed at the Dementia Delivery Board. Their findings are being used in the ongoing development of Wiltshire's dementia support services.

3.2 Children and young people
During the year Healthwatch Wiltshire worked with Youth Action Wiltshire on the second year of the Young Listeners project, this time based in a school environment and focussing on accessing support for mental health and school nurses. This project has been shortlisted for a Healthwatch England award at the national conference to be held in October of this year. Healthwatch Wiltshire also worked with a local secondary school to deliver their PSHE sessions to Year 8 students for one term. Young Listeners are also members of the Youth Safeguarding Board (a sub–group of the WSCB).

3.4 Primary care
During September 2017, Healthwatch Wiltshire's annual event took place in the form of a road show. This enabled us to reach every community area in Wiltshire and over the course of 2 weeks we gathered over 1000 reviews of services. Much of the feedback received was about primary care services.

3.5 How health and social care services work together
Healthwatch Wiltshire has been supporting the Better Care Plan by engaging with of service users, patients and carers to find out their experiences of the health and social care. This has involves talking with patients and unpaid carers in hospitals, care homes, and in their own homes. During 2017/18 this has included evaluating the Home first service, engagement about information provision for those with long term conditions and an evaluation of early supported discharge for fractured neck of femur patients at Salisbury Foundation Trust.

3.6 Involving volunteers

It is important to recognise the contribution of Healthwatch Wiltshire volunteers. During 2017/18, 67 volunteers gave 3740 hours of their time to help us to deliver our engagement activity. Healthwatch Wiltshire were also pleased to be awarded the 'Investing in Volunteers' accreditation from the National Council of Voluntary Organisations (NCVO), although unfortunately this wasn't able to transfer over to the new organisation.

3.7 Monitoring the quality of services
Healthwatch Wiltshire has an important role in monitoring the quality of health and care services. This includes the power to 'Enter and View' any publicly funded health and care service. During 2017/18, widespread engagement was delivered and we carried out three unannounced Enter and View visits, making several recommendations that were positively received by the providers. Healthwatch also contributes to the local and regional Quality Surveillance Groups (which includes commissioners and CQC). These give us the opportunity to share any views or concerns gathered from the public.

4 Next Steps

4.1 Our priorities for 2018/19 have been identified based on what we have been told by local people. It is our intention to continue with these locally identified priorities with further work to be undertaken during the year, following the change in provider. Our priorities are:

- Mental health - engaging with people with mental health issues to find out specifically what issues they encounter and continuing to monitor the Wiltshire Dementia Strategy to ensure it delivers in practice what it sets out to do

- Children and Young People - engaging children and young people to ensure their views are listened to and heard

- Social Care - engaging with patients, their carers and staff to find out their experiences of receiving and delivering care and to monitor the impact of changes to Wiltshire Council's Charging policy

- Primary Care – ensuring that local people are involved with and informed on plans for the development of primary care services.

4.2 Healthwatch Wiltshire is grateful for the continued cooperation and support of the Wiltshire Health and Wellbeing Board and its member organisations. This has helped Healthwatch Wiltshire to be effective in its role. For example, the Acute Trusts have given us access to their patients and service users, and commissioners have invited us to carry out engagement so the voices of local people can influence decision making. Finally, Healthwatch Wiltshire would not be able to carry out its role without local people sharing their views and experiences with us. We are very thankful for their contributions.

Stacey Plumb
Interim Manager
Healthwatch Wiltshire

Report Authors:
Stacey Plumb, Interim Manager, Healthwatch Wiltshire
Julie Brown, Healthwatch Officer, Healthwatch Wiltshire

Appendix 1 The statutory activities of local Healthwatch
Appendix 2 Healthwatch Wiltshire Annual Report 2017/18

Appendix 1
The statutory activities of local Healthwatch[1]:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved

3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known

4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

5. providing advice and information about access to local care services so choices can be made about local care services

6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.

8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

healthwatch Wiltshire

local health and care shaped by you

Impact Report

2018

Our vision

is for better health and care in

Wiltshire

which is shaped by the voices of

local people.

Contents

Photo by Siobhan Boyle.

Welcome

Here at Healthwatch Wiltshire, we are passionate about having a health and care service which is shaped by the people who use it.

Our team of dedicated staff and volunteers listen to what people like about services, and what could be improved, and we then share these views with those with the power to make change happen.

We can only carry out this role if local people tell us about their experiences – the good and the bad. So, please talk to us and help make the health and care services in Wiltshire the best they can be!

M Curran

Mary Curran
CEO of parent company Evolving Communities

C Graves

Chris Graves
Chair of Healthwatch Wiltshire

Photo by Siobhan Boyle.

The last year at a glance

We have visited 35 services to talk directly to people receiving health or care and published

5 REPORTS

Over **39,000** views have been made on our website, with the most popular sections including vacancies, reports and Rate and Review.

We have visited

142

local venues to meet the public and find out their views. Places like libraries, carers groups, memory cafes and local support groups.

Our new ebulletin reaches **420** members of the public each month to share feedback and our news.

3740 hours have been given by our volunteers.

67 volunteers have given up their time to support our work in **600** activities.

We have listened to over **4024** views from local people on health and care in Wiltshire.

More than **177** people have been directed to the right information on health and care services.

Your views and the stories you share with us are helping to make care better for our local community.

Who we are

Healthwatch Wiltshire is the county's independent health and care champion.

We exist to ensure that people are at the heart of care.

Our dedicated team of staff and volunteers listen to what people like about local health and care services, and what could be improved.

These views are then shared with the decision-making organisations in the county, so together we can make a real difference.

People can also speak to us to find information about health and social care services available locally.

Photos by Neil Munns.

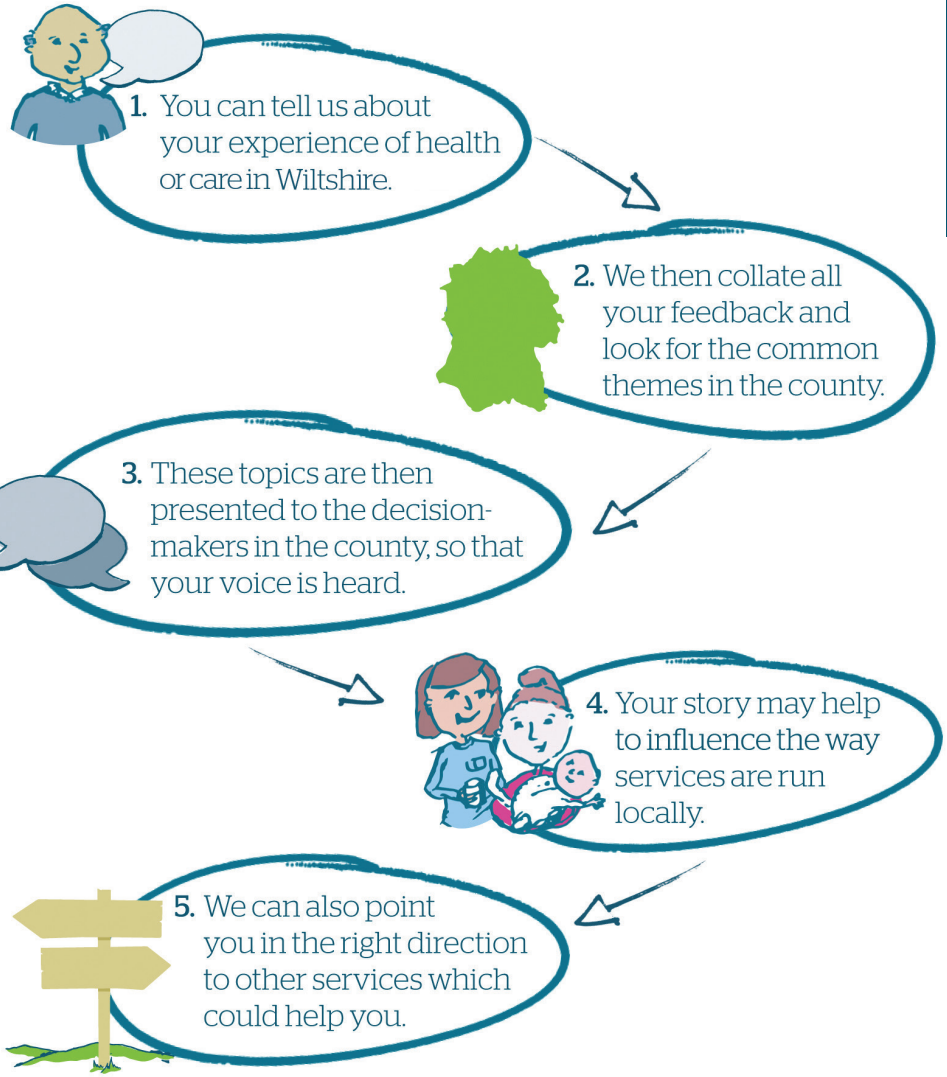
What you tell us

I was diagnosed with cancer which was treated in hospital within two weeks. I can see the same doctor, who has been excellent, to enable continuity. I could not be more pleased with the treatment I have received from the staff at the surgery.

My husband had a cataract operation which went smoothly and efficiently. He was not rushed and that made him feel calm and comfortable.

My daughter fell and broke her front teeth. The dental surgery saw her straight away and referred her to A&E where they later removed them.

What we do



Your views help to shape health and care

Healthwatch Wiltshire helps local people have a say on the way health and care services are run.

We do this in a variety of ways:

- We have a seat on Wiltshire's Health & Wellbeing Board – a top-level decision-making body which plans and oversees health and care in the county. We bring to the table the views of the public and present findings from reports we have carried out.
- We provide advice about good practice in patient and public involvement to health and care providers.
- We have a place on Wiltshire Council's Health Select Committee where we contribute to future planning and task groups.
- Our volunteers play a vital role in our work and are trained to deliver 'enter and view' visits to local health and care settings to talk to patients and their families.
- We are out and about every month in libraries, coffee shops, community centres and carer's groups across Wiltshire listening to the views and experiences of local people.

Reaching diverse groups and communities

Healthwatch Wiltshire worked with The Diversity Trust and other Healthwatch organisations in the South West on a community-based research project to help improve access to health, care and wellbeing for local Trans and Non-Binary people and communities. The project focused on the health inequalities, and discrimination, experienced by Trans and Non-Binary people and communities. The findings have now gone into a report which can be viewed online.

In the driving seat

A roadshow which travelled almost 400 miles around Wiltshire to find out the views of local people on health and care services finished its two-week tour with more than 1,000 views collected.

Staff and volunteers from Healthwatch Wiltshire took to the roads in a classic 1969 VW campervan and parked up at various locations around the county to gather the views and experiences of people of all ages on health and care services.

The Campervan & Comments Tour, which was organised to reach people who may not have heard of Healthwatch Wiltshire before, collected 1,053 reviews and visited key locations all over Wiltshire including Malmesbury, Pewsey, Salisbury, Mere, Trowbridge, Marlborough, Westbury and Chippenham.

Lucie Woodruff, Healthwatch Wiltshire Manager, said: "The roadshow gave us the opportunity to get out there and meet as many people as we could to find out about their experiences."

The services reviewed by members of the public have been inputted into a new 'Rate and Review' online feedback platform and will be shared directly with providers and commissioners.

A User Advisory Group at Dorothy House Hospice Care – set up by Healthwatch Wiltshire – is helping patients, their families and healthcare professionals to have a say on the way services are run. Feedback given over 12 months has now helped to shape strategy and future plans at the hospice.

Making a difference together

Page 89

People living with dementia and their unpaid carers have welcomed plans to provide a clearer pathway of care which would help people stay at home for as long as possible.

Local people in Wiltshire gave their views to Healthwatch Wiltshire on proposals put forward by NHS Wiltshire Clinical Commissioning Group and Wiltshire Council to improve health and care services for those living with dementia in Wiltshire.

The proposals included providing a clear and consistent pathway for professionals, voluntary organisations and the public from the initial diagnosis of dementia onwards. This would involve a team of dementia specialists from different areas coming together to work alongside each other in one team and investing in more specialist nurses linked to the local GP practice.

Lucie Woodruff, Healthwatch Wiltshire Manager, explained: "When the Wiltshire Dementia Strategy was first published in 2014, we formed a partnership with voluntary and community sector groups in the county to make sure the strategy delivered in practice what it promised on paper.

"The aim of this engagement was to enable the public to hear about how the dementia strategy is being put into practice and to have their say on new proposals for dementia care in Wiltshire."

Staff and volunteers at Healthwatch Wiltshire produced an online survey, hosted several public meetings around the county and visited care homes to get people's views about the proposals.

The full report 'Talking to People About Dementia: A Focus on Support for People with the Most Complex Needs' can be viewed at www.healthwatchwiltshire.co.uk/reports-publications.

Photos by Neil Munns and Siobhan Boyle.

Teens give peers a voice

Young people in Wiltshire are helping to make a difference to the way local health and care services are run – after gathering the views of their peers.

'Young Listeners' have taken part in projects over the last year to listen to the views of children and young people on health services, with a focus on mental health and accessing nurses in schools.

The scheme, organised by Healthwatch Wiltshire and Youth Action Wiltshire, involves young people being trained in essential listening skills before visiting secondary schools across the county to hear what pupils think about a range of health and care services.

The Young Listeners found:

- Pupils think some school nurses are good – but getting to see them is difficult
- Teachers are not as understanding about mental health issues as students would like
- Some students didn't know where to go to find help or feel that they had sufficient support
- Their findings will go into a Healthwatch Wiltshire report and this will be presented to health officials.

Chris Graves, chair of Healthwatch Wiltshire said: "It's wonderful to see changes are being made and the voice of young people in the area are being heard. Through these projects, we have seen an absolutely inspiring, engaging and enthusiastic group of young people get stuck into really valuable work. In their own time, they have gone out to listen to other children and young people about their experiences of health and social care services."

Our plans for next year

Our priorities are informed by what people tell us. By having working relationships with local health and social care leaders, this enables us to hear what concerns and issues there are, but also how services are provided for our populations.

Being a partner at the table means we are able to have an opportunity to directly influence. Our work plan priorities are monitored by the Evolving Communities Board.

Our priorities for the next year will be:

- **Mental health, including dementia** - engaging with people with mental health issues to find out specifically what issues they encounter and continuing to monitor the Wiltshire Dementia Strategy to ensure it delivers in practice what it sets out to do
- **Children and Young People** - engaging children and young people through YouthWatch Wiltshire to ensure their views are listened to and heard
- **Social Care** - engaging with patients, their carers and staff to find out their experiences of receiving and delivering care and to monitor the impact of changes to Wiltshire Council's Charging policy
- **Primary Care** – ensuring that local people are involved with and informed on plans for the development of primary care services.

"I found the Young Listeners project from Healthwatch Wiltshire incredibly useful and inspiring. Although I was pushed out of my comfort zone in the beginning, I feel a lot more confidence when talking to people."

Young Listener Bronwen, 14, from Avon Valley School in Durrington.

Photo by Siobhan Boyle.

Our people

The strategic decisions about Healthwatch Wiltshire are taken by the Evolving Communities board.

Healthwatch Wiltshire staff team.

Our directors bring a wealth of experience and skills to the organisation, as well as their passion for the work of Healthwatch Wiltshire.

The staff team, based in Melksham, is led by the Chief Executive Officer Mary Curran, with support from a central team at Evolving Communities which includes expertise in research and insight, HR and finance and communications and marketing.

Our experienced Healthwatch Wiltshire team includes: Lucie Woodruff (Manager) Stacey Plumb (Volunteer and Involvement Officer) Julie Brown (Engagement Officer), Dot Kronda (Project Officer) plus Claire Cooper and James Porter from Your Care Your Support.

Volunteers

Volunteers are at the heart of everything we do, from talking to people about their experiences of local health and care services, to sitting on our board of directors.

They play an important part in delivering our work programme as well as helping the organisation to set its priorities. We hold regular training sessions for volunteers, as well as annual celebrations to thank our volunteers for the time they have given us to help shape local health and care services.

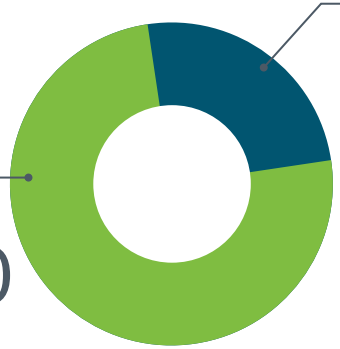
"Whether being part of a team looking at the patient environment or asking people about their views on healthcare, helping a local hospice review their services or occasionally helping out at the Healthwatch office, there is always a new challenge to keep me interested. This means I meet new people all the time and acquire different skills with every new opportunity."

Healthwatch Wiltshire volunteer Deborah from Warminster.

Photos by Siobhan Boyle and Darren Chandler.

Finances at a glance

Income*

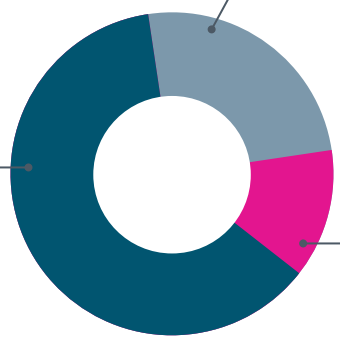


£86,500
Additional income

£190,000
Funding received from local authority to deliver local Healthwatch activities

Total income
£276,500

Expenditure



£89,404
Operational costs

£3,298
Office costs

£174,069
Staffing costs

Total expenditure
£266,771

*Figures produced prior to preparation of the financial statements for year ended 31 March 2018.

Contact us

Tell us what you think of health and care services in Wiltshire and help make health and care better for everyone in our community.

Call us on **01225 434218**

Email **info@healthwatchwiltshire.co.uk**

Visit **www.healthwatchwiltshire.co.uk**

Get social

Facebook: **@HealthwatchWiltshire**

Twitter: **@HWWilts**

Instagram: **@healthwatchwiltshire**

Healthwatch Wiltshire is part of Evolving Communities CIC, Unit 5, Hampton Park West, Melksham, Wiltshire, SN12 6LH. Evolving Communities CIC is a community interest company limited by guarantee and registered in England and Wales with company number 08464602. The registered office is at Unit 5, Hampton Park West, Melksham, SN12 6LH.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement.

Together we are helping to make health and care services better for the people of Wiltshire.

Thank you.

healthwatch Wiltshire

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Wiltshire Council

12 July 2018

Health and Wellbeing Board

Subject: Wiltshire's Offer to Care Leavers

Executive Summary

Following the implementation of the Children and Social Work Act 2017 our duties and responsibilities to care leavers have been extended. Included in the Act is a requirement to publish a Local Offer for care leavers, providing information about services which the local authority offers that may assist care leavers in, or in preparing for, adulthood and independent living.

This reports provides an overview of our new responsibilities, identifies the level of need within our care leaver population and sets out our work to date.

While good engagement across Council services has helped to identify a wider and improved range of services, there is further work to be done to extend the principles of corporate parenting beyond Council services and into Wiltshire businesses and key strategic partners. In this way we intend to build upon this initial offer so that we provide every opportunity for our care leavers to excel and achieve in adulthood.

Proposal(s)

It is recommended that the Board:
i) Endorses the outline offer to care leavers
ii) Consider ways their organisation can assist in strengthening this offer

.

Reason for Proposal

It is a requirement of the Children and Social Work Act for each local authority to publish its offer to care leavers. A draft offer has been developed and as part of a broader consultation process we are seeking feedback from Board on this.

Martin Davis
Head of Service, Care and Placement
Wiltshire Council

Wiltshire Council

12 July 2018

Health and Wellbeing Board

Subject: Wiltshire Care Leaver Offer

Purpose of Report

1. To seek the endorsement of the Health and Wellbeing Board for the new Wiltshire Offer to Care Leavers.

Background

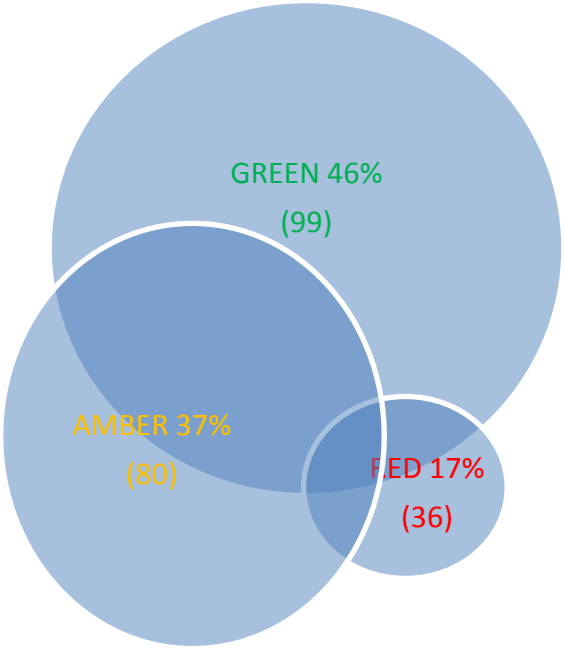
2. Following the implementation of the Children and Social Work Act 2017 our duties and responsibilities to care leavers have been extended. Included in the Act is a requirement to publish a Local Offer for care leavers, providing information about services which the local authority offers that may assist care leavers in, or in preparing for, adulthood and independent living. This includes services relating to health and well-being; relationships; education and training; employment; accommodation; participation in society.

3. This report summarises the local offer that we propose to make to Wiltshire care leavers. The offer will continue to be extended and improved over time. Corporate Parenting Panel and Children's Select have had oversight of the offer. Care leavers and the teams which work with them have contributed to the offer and will continue to be consulted as it is developed.

4. Currently in Wiltshire there are 215 care leavers, the majority of these (165) are aged between 19 and 21 years.

5. Services to care leavers are provided by the two Children in Care Teams. Children in Care are allocated a Personal Advisor (PA) when they reach 15 ½ years, the PA will work alongside the child's social worker to support the child and develop a Pathway Plan. From the age of 18 the social worker will generally stepdown, the PA then becomes the lead professional.

6. We undertake a regular screen of our care leaver population. The screen has been developed by Barnardos to support service development, it provides a RAG rating across domains including accommodation, mental health, education, employment and social inclusion. Findings from the last screen are summarised below:



Young people can move through each section / colour depending on their level of stability. Significant events have an impact on this, depending on the outcome for the young person. Crisis events tend to see them move into red, their ability to cope with crisis and significant events affects their stability. This impacts on a worker's priorities.

7. Green / stable cases have a strong correlation with a long term stable placement through their care career or towards the end. These young people enjoyed good attachments and relationships with carers, they are particularly well engaged in education or training. Common features include:
   - integrated family life in an excellent foster placement
   - doing very well in GCSEs or at collage
   - continues to make excellent progress and is working at or above expected progress
   - SATS better than expected
   - higher education an ambition
   - employed
   - has her own tenancy
   - described as gifted and talented

8. Amber cases have likely experienced several temporary placements, are less likely be in education or employment, are more difficult to engage and more likely to have mental health issues. Emotional and behavioural development is of concern. Common features include
   - history of self-harm
   - exclusions
   - NEET
   - SEND
   - hasn't received any formal education (UASC – unaccompanied asylum seeking children)
   - disengaged

9. Red cases have a strong correlation with those who have had several placements in different areas, including out of county placements, complex mental health needs, NEET, traumatic childhoods and journey through care. Common features include
   - history of domestic abuse, affecting self esteem

- inability to form attachments and have meaningful relationships
- at risk of CSE
- sexualised behaviour
- delayed development
- homeless
- suicidal tendencies and self-harm and ongoing emotional concerns

Main Considerations

10. In response to identified need and to fulfil our obligations under the Children and Social Work Act 2017 we will include in our offer to our care leavers the following.

Personal Advisors

11. Support from PA's currently ends when a care leaver turns 21 unless certain criteria apply, for example if they are in fulltime education. Under the new Act this provision is extended. Our offer is to continue PA support at the level which is required until the care leaver's 25th birthday. To help achieve this we will recruit an additional two PA's. The level of support will be flexed to meet individual need, at any one time we anticipate providing significant support to an additional 43 care leavers.

Accommodation

12. Through the LAC budget we will continue to fund a designated young person's and care leavers accommodation officer. The post holder will continue to act as the initial point of contact and 'trouble shooter' for care leavers who are homeless or at risk of homelessness. Wiltshire care leavers will automatically receive priority banding under the Homes for Wiltshire Scheme.

13. A pilot supported housing partnership has been implemented between Families and Children's Services and Housing. One, two-bedroom flat has been pulled from existing council stock in the Salisbury area and made available for the pilot, two care leavers are now living in this flat. The flat is only available to care leavers, support is provided by a dedicated PA. Rent is capped at or near to Housing Benefit levels, this includes maintenance costs. A second and subsequent flats will be made available depending upon the success of the pilot. We will use this pilot to demonstrate to housing associations and other providers that this shared housing model can work successfully and look to develop this scheme across Wiltshire.

14. Local connection has been agreed for Wiltshire's care leavers who are currently living outside of the county. This enables any Wiltshire care leaver to bid on properties through Homes for Wiltshire or to access the supported housing pilot. We believe that we can better support our care leavers where they live in county and so want to give them the opportunity to return to live in Wiltshire.

15. Rent Guarantee scheme. We will offer to act as a rent guarantor to care leavers where they have a sufficient income to cover rent and associated living expenses but where landlords perceive them to be 'high risk'

tenants. Legal services will review each agreement to ensure Council liability is limited. Currently we act as rent guarantors to 10 care leavers, the majority are attending university.

Work/Independence

16. Dedicated support will be provided through the Building Bridges programme. Building Bridges work with people over the age of 15 and support them into education or employment. Opportunities include volunteering, work experience and support to secure employment, with continued 'in work' support. Financial support and legal advice can also be accessed. Key workers liaise and work with other partners for any other activities appropriate for their participant to access. Applications to Building Bridges will be made via the PA, referral rates will be scrutinised by the LAC and Care Leavers Employment Pathway Steering Group. As a result we expect to see employment rates improve for all care leavers.

17. We will introduce a Grantmentor Scheme within Wiltshire. Grandmentors mobilise older volunteers (age 50+) to use their life experience to support young people leaving care and to help them reach their full potential. The programme works with young people from the ages of 16-24 and provides them with a mentor who is not motivated by pay. Each volunteer supports a young person for a minimum of six months, working towards agreed personal goals. The programme works in partnership with social workers and leaving care teams. It is this combination of skills, experience and effective team working that has made the programme a success elsewhere. Volunteering Matters have supported over 250 care leavers to date, and currently operate the Grandmentors programme in the London Boroughs of: Islington and Hounslow, Ipswich in Suffolk and Folkstone, Kent. In these areas care leavers have benefitted from

- Improved employability skills, readiness for, and progression in education, employment or training.
- Improved relationships and a wider social network.
- Better mental and emotional wellbeing, greater self-confidence, self-worth and resilience.
- Improved independent living skills, including budgeting, maintaining their accommodation and accessing health services such as GP and dentist.

Under this scheme a Volunteering Matters Co-ordinator will be co-located within Children-in-Care South.

18. Care leavers will have favourable access to Council apprenticeships. We have agreement to implement a guaranteed interview scheme for care leavers to all Council apprenticeships where they meet any eligibility criteria. Through the LAC & CL Steering Grp we will publicize vacancies and track applications. A dedicated care leaver apprenticeship will be trialled within the Fostering Service, if a success we will look to provide similar opportunities across the council. The post within Fostering Services will be recruited to over the summer.

19. Work placements (Council & Business). Through the LAC &CL Pathway to Employment Steering Group we will introduce a range of work placements for care leavers within the Council. We will use the learning gained through this before looking to extend opportunities into local businesses. This work is currently led by an Employment and Skills Officer.

20. Transport costs. We have considered a number of ways to support young people to travel across rural Wiltshire. Young people have said that cost makes this prohibitive, as a result it increases the sense of isolation and limits ambition. In response we have agreed to implement a discretionary buss pass scheme for all care leavers. Cost and impact will be monitored on a quarterly basis. This will compliment the offer we currently make to support care leavers to learn to drive; we fund five driving lessons.

Stability & Security

21. Senior Officers to act as mentors to care leavers. We have a wealth of talented and skilled officers working within the council and it would be a positive extension of our corporate parenting responsibilities to ask senior officers from across all departments to act as a mentor for a care leaver. We have operated similar in the past with some officers continuing to mentor a young person today. We will introduce this scheme during the year and extend the offer of a mentor to all care leavers within a 12-month period.

22. Mandatory Training for all officers. We will develop and deliver training to all staff in relation to their corporate parenting responsibilities. This will help underpin the cultural shift that is required if care leavers are to be provided with the opportunities we would want them to have.

23. Legal advice. Legal services will provide free legal advice to care leavers. The range and scope has yet to be fully agreed but will not include criminal law.

24. Care Leaver Champions embedded in each Council Dept. Agreement at Head of Service level to identify an individual to act as single point of contact for PA's within their department who will commit to identify solutions where care leavers are receiving or requesting a service.

Health

25. Free leisure centre passes. An annual leisure pass will be offered to every care leaver. Offering free access to leisure centres provides a positive message to young people about how they are viewed and gives them the opportunity to become more active and engaged in their local community.

26. CAMHS will provide a continuation of support beyond the 18th birthday to all care leavers, with CAMHS interventions tailored around a young person's emotional development, rather than their chronological age. This support, whilst having a mental health focus, also incorporates life skills, employment and / or education opportunities, and generally building emotional resilience for young people who would otherwise struggle to maintain their wellbeing during the transition to adulthood. The flexible

transition offer will be explored with those young people whose emotional development would continue to benefit from a CAMHS intervention post 18, who do not require an adult mental health service. Where adult mental health services are required CAMHS will remain engaged to ensure an effective handover.

Finance

27. Revenue & Benefits workshop and surgeries. Colleagues within the Council R&B service will host surgeries for care leavers and PA's to ensure they are in receipt of all relevant benefits. The service will also include personal budgeting/money management support where appropriate.

28. Financial entitlement leaflet. The same team will develop an entitlement leaflet to help inform care leavers and those working with them. Clarity regarding the complexities of the Universal Benefit scheme will be explained in full.

29. Council Tax exemption. Legislation set out statutory exemptions which the Council must apply but also permits the local authority to introduce its own exemptions under discretionary powers provided by Regulation 13a of the Local Government Finance Act 1992. We intend to create a new local exemption which will be awarded as 25%, 75% or 100% of the council tax due, and awarded either to the care leaver liable for the council tax whether occupying the dwelling either as a single person or part of a couple or to the liable person who would otherwise lose their entitlement to a single person discount. By creating a new local exemption there will be the ability to both monitor the award and removal of the exemption and accurately report and the exact cost of the scheme. On introduction the scheme will be backdated to the start of the new financial year.

30. Contribution towards WiFi payments. Care leavers have said that access to the internet is a real priority for them; while many can do this via mobile phones the cost of access in this way is high. Other LA's have agreed to pay a contribution towards WiFi. We will provide a similar offer to Wiltshire care leavers

Next Steps

31. Our aim is to publish our care leaver offer by September 2018. There is much more that we would like to include in this and work continues to develop the offer. For example, we are looking to establish a charitable foundation with an overarching aim to inspire care leavers to achieve; care leavers would be able to apply for small grants to help them reach a goal or realise their ambition. We will be seeking funds to launch the charity and looking for members to join the committee and help set priorities from point of inception.

32. While we have good engagement across the Council we do need to do more to secure positive and meaningful engagement from local businesses and partner agencies. In doing this we are seeking to extend

the principles of corporate parenting beyond the council so that our offer to care leavers is as broad and as ambitious as possible.

Martin Davis
Head of Service, Care and Placements
Wiltshire Council

Report Authors: Martin Davis
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Wiltshire Council

Health and Wellbeing Board

12 July 2018

Subject: Wiltshire Multi-Agency Hoarding Protocol

Executive Summary

I. In response to an increase in complex and time consuming hoarding cases a task and finish group was drawn together to develop a multi-agency hoarding protocol to improve how we deal with hoarding issues.

II. Each agency involved made a commitment to enable a safer and healthier environment for the individual and others affected by hoarding behaviour

III. The protocol seeks to identify and adopt best practice

Proposal(s)

It is recommended that the Board:
Approves the protocol and supports its use by all relevant agencies when dealing with people who hoard.

Reason for Proposal

To improve how the relevant agencies deal with, and work together on hoarding issues.

John Carter
Head of Public Protection
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

12 July 2018

Subject: Wiltshire Multi Agency Hoarding Protocol

Purpose of Report

1. To inform the Board of the completion of the Wiltshire Multi-Agency Hoarding Protocol, and to recommend adoption of the protocol for all agencies dealing with cases of people who hoard.

Background

2. Reports were presented to the Public Service Board and the Community Safety Partnership at their meetings last year which outlined the increasing number of complex cases of hoarding across the county and the need for a person centred approach to improve how all the relevant agencies deal with people suffering from hoarding behaviour. Work to develop a multi-agency protocol was agreed.

3. Prior to setting up a group to develop the protocol discussions were held with the council's safeguarding leads and the Wiltshire Service Users Network Independent Living Centre to help scope the work.

4. A number of organisations which deal with hoarding issues were invited to join a task and finish group to help develop a new protocol. Representatives included:
    - Wiltshire Council
        - Public Protection (environmental health)
        - Public Health
        - Adult Safeguarding
        - Housing
        - Adult Social Care
    - Dorset & Wiltshire Fire & Rescue Service
    - Wiltshire Police
    - NHS Wiltshire CCG
    - Wiltshire and Swindon Users' Network
    - Richmond Fellowship
    - Avon and Wiltshire Mental Health Partnership NHS Trust
    - Wiltshire Health and Care
    - British Red Cross
    - South West Ambulance Trust
    - Selwood Housing Association

5. The task and finish group held six meetings between September 2017 and April 2018 and identified ways to improve how all agencies deal with people with hoarding behaviours. The aim of the group was to produce a concise document using consistent assessment and referral systems, and to develop a forum for sharing best practice in this area.

Main Considerations

6. The resultant protocol with appendices (see **attached**) covers safeguarding, mental capacity, data sharing and communication issues. It identifies three levels of improvement - safety, utility and comfort (section 14) which acknowledge that a person centred approach may be a slow process, and the minimal level of improvement may be simply to create a safe escape route in case of fire and the fitting of a smoke alarm. The protocol utilises the clutter image rating (appendix 8) as a standardised assessment tool which has been used by the fire and rescue service for some time. It uses a three level severity rating system to identify the actions needed and the relevant agencies to be involved. The referral action flowchart is found in section 16.5, and the practitioners' assessment form, which is a common referral method, in appendix 7.

7. All agencies involved in the group agreed to using the protocol and the final draft has also been shared wider with other social housing providers in Wiltshire.

8. The involvement of the charity sector, in particular the Richmond Fellowship, has been really beneficial to get a wider perspective on the issues involved with dealing with people who hoard.

Next Steps

9. The intention is that all relevant agencies will use the protocol and that it will be subject to a review after six months to identify any improvements. It will be hosted on the Wiltshire Adult Safeguarding Board website with the appendices as separate documents so they can be downloaded and used without the need to download the entire document.

John Carter
Head of Public Protection
Wiltshire Council

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Wiltshire multi-agency Hoarding protocol

Contents

1. Introduction

There are a range of organisations which are involved in dealing with the effects of hoarding behaviour. There is an increased awareness amongst these organisations in Wiltshire of the need to change the historic approach to cases of hoarding. It is recognised that multiple factors (including mental ill health) can play a part in these behaviours, and is evident that a purely enforcement centric approach to hoarding often only results in a temporary resolution only for the behaviour to reoccur within a relatively short period of time.

It is acknowledged that previous cases have often been dealt with in an ad hoc fashion; some more successfully than others, so there is a need to work more closely together. It is also recognised that formal action to enforce house clearance can be to the detriment to the person who hoards.

The various agencies are dealing with an increasing number of situations where someone is hoarding which may be due to a number of different social factors.

There is no one single agency which has the answer to these complex situations, and it is recognised that the way they are handled can be improved by increased cooperation and understanding. By dealing with cases in a more joined up fashion and taking a person centred approach more positive outcomes can be achieved.

2. What is hoarding?

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for which they are designed.

Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.

Hoarding is a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. Hoarding can also be a symptom of other medical disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are well in excess of their real value. Different types of hoarding are detailed in section 8.

3. Development of the protocol

A number of organisations have been involved in the development of this protocol. Representatives included:

- Wiltshire Council
    - Public Protection (environmental health)
    - Public Health
    - Adult Safeguarding
    - Housing
    - Adult Social Care
- Dorset & Wiltshire Fire & Rescue Service
- Wiltshire Police
- NHS Wiltshire CCG
- Wiltshire and Swindon Users' Network
- Richmond Fellowship
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Wiltshire Health and Care
- British Red Cross
- South West Ambulance Trust
- Selwood Housing Association

The tools and powers available to these agencies are detailed in Appendix 1.

4. Aim

This multi-agency protocol is designed to:

Improve how to support people who have a hoarding disorder and assist agencies to work together in identifying the most appropriate solutions.

5. Purpose

- Create a safer and healthier environment for the individual and others affected by the hoarding behaviour.

- Deliver individually tailored solutions which take into account the needs and circumstances of the individual.

- To successfully engage with the individual to encourage sustainable improvement and reduce the risk of recurrence.

- To improve ways in which organisations work together to improve the individuals' home environment.

- To raise awareness of this disorder and the issues facing people who hoard.

6. Multi-agency approach

Due to the varied characteristics of hoarding it has been recognised that a different approach is required by all of the organisations involved. Each organisation brings its own skills and unique approach and by working together provide more options to deliver individually tailored solutions.

This type of multi-agency approach may include:

- A flexible person centred approach to reflect the individual's circumstances and needs.
- Wherever possible identify a lead agency/contact for the client.
- Joint visits to facilitate better understanding and data sharing.
- Use of case conferences to identify the most appropriate way to deal with cases.
- Using evidence based common assessment tools.
- An understanding of the role each organisation has to play and how they interact.
- Sharing best practice.

7. Associated self-neglect

This covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry under the Care Act 2014. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

8. Types of hoarding

Many different items can be hoarded in and around the home. Items include, but are not limited to:

Inanimate objects: This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, papers, receipts, food, containers, DVDs, CDs and VHS tapes, computers and electronic storage devices.

Animal hoarding: Often accompanied by poor standards of animal care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often subject to the accumulation of animal faeces and infestation by insects.

Waste hoarding: Accumulating human waste (both urine and faeces) is a less common form of hoarding.

9. Characteristics of hoarding

Fear and anxiety: compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

Long term behaviour pattern: possibly developed over many years or decades of 'buy and drop'. Collecting and saving with an inability to throw away items without experiencing fear and anxiety.

Excessive attachment to possessions: people who hoard may hold an inappropriate emotional attachment to items.

Indecisiveness: people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.

Unrelenting standards: people who hoard will often find faults with others, requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.

Socially isolated: people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals in favour of office based appointments.

Large number of pets: people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed 'rescuer of strays'.

Mentally competent: people who hoard are typically able to make decisions that are not related to hoarding.

Extreme Clutter: hoarding behaviour may be in a few or all rooms and prevent them from being used for their intended purpose.

Churning: hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

Self-care: a person who hoards may appear unkempt and dishevelled, due to lack of bathroom or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.

Poor insight: a person who hoards will typically see nothing wrong with their behaviours and the impact it has on them and others.

10. Safeguarding

10.1 Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarding property can put a child at risk by affecting their development and, in some cases, leading to the neglect of a child which is a safeguarding issue. Should any concerns relating

to a child's safety be identified during the use of this protocol a referral should be made to the children's MASH (Multi Agency Safeguarding Hub). Further information on this is included in Appendix 2.

10.2 Adults

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent, and stop, both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Different organisations will have their own safeguarding mechanisms which should be referred to in the first instance. Additional information on safeguarding is included in the Wiltshire Safeguarding Adults Board (WSAB) Information Sharing Protocol (Appendix 3).

11. Mental Capacity

Some cases of hoarding may involve individuals who lack mental capacity.
When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity. See Appendix 4 for further information.

12. Data Sharing and Confidentiality

There are a number of data sharing agreements that exist between statutory organisations. In relation to hoarding the Wiltshire Safeguarding Adults Board (WSAB) Information Sharing Protocol (Appendix 3) provides the mechanism for the sharing of confidential information to relevant agencies when required. The mental capacity and understanding of the client needs to be considered when discussing the sharing of information with other agencies.

13. Communication

It is important that all support is offered from a client centred approach – even where enforcement notices are being adhered to. Communication should be managed sensitively with each of the following:

- The individual being supported. Consent should always be sought in the first instance before communicating with:

- The client's family or friends. Where it has been possible and productive to engage family members or friends in support.

- Partner organisations. This may include for example health, social, voluntary, emergency, environmental health and others.

- Complainants / neighbours. This may be a consideration where communicating may help to manage anxieties and distress caused by hoarding behaviours. However it essential to seek client consent before doing this to preserve the integrity of the relationship between support worker and client.

Appendix 5 details some good practice advice on communication.

The Safe and Independent Living (SAIL) referral form is contained in Appendix 6.

A client should always be informed if information is being passed between organisations / individuals whether this is with or without their consent. Ideally the client's consent should be requested on the practitioner's hoarding assessment form (Appendix 7). If consent is not given by a client then a clear explanation of the reason why the communication will be made without consent should be offered.

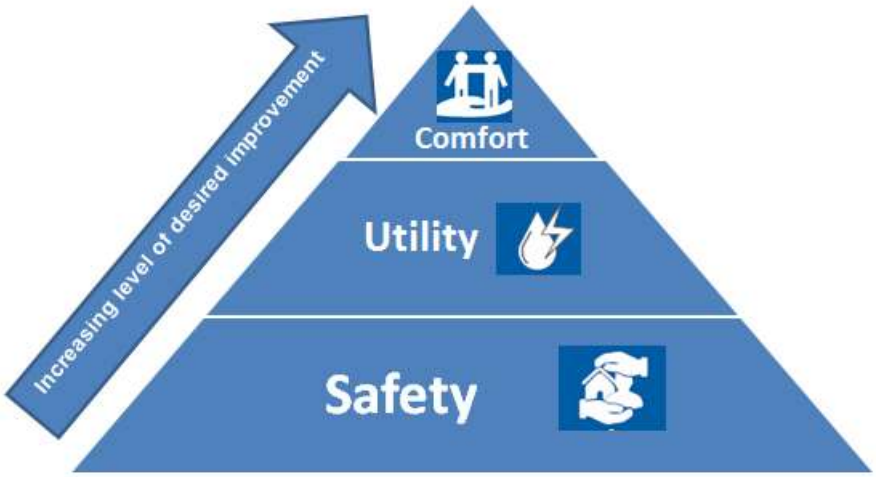
14. Managing expectations

The majority of people who hoard may require long term actions due to their mental health needs. It is, therefore, important that the different parties involved in these cases are aware of the complexities and limitations, and that resolution of a case is likely to take considerable time.

Often people who hoard do not accept help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene or fire risk from accumulated possessions.

However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help the experience of de-cluttering is normally less distressing. Recent, albeit limited, research indicates that people who are supported to reduce their possessions are less likely, or are less quick, to return to previous hoarding behaviours with the same severity. Support over the longer term may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

A useful approach to significant hoarding can be to structure discussion around three levels of safety, utility and comfort. This approach does not provide a process but rather a way of exploring and setting objectives that are realistic on different levels.



Safety – This is the most basic level of desired improvement.

The installation of smoke alarms to act as an early warning in the event of a fire is the most basic initial step and typically the least intrusive.

Working with the individual to ensure they have two safe escape routes from their house in case of fire and trying to establish a commitment to keep these routes open as a priority. It should be noted and discussed with individuals that this is as important for firefighters or other emergency services faced with entering premises as it is for the occupant. A concern for other people's safety is often more motivating than a simple consideration of one's own.

This level of improvement may be as much as an individual can manage and should be respected and understood as an improvement. It will not require disposal of any possessions.

Utility – Frequently the impact of clutter is such that it is no longer possible for an individual to use their kitchen, bathroom, bedroom and living room for the purposes they are designed for. Once a basic level of safety has been achieved support can then move towards working with individuals to restore utility within their home.

Discussion can usefully be directed towards choosing a particular space and working to regain the function of that space. The priority in determining where to start should come from the client based on their own aspirations for their space and what would be most important for them as an improvement to their way of living. This may not be the same as the support worker's practitioner priorities. Find out through discussion whether in fact a newly restored facility will ever actually get used given the client's lifestyle – what do *they* want? Considerations might include the following:

Kitchens should provide a place to store and prepare food in a reasonably hygienic environment. This may simply be a safely accessible kettle or a microwave without excessive surface clutter on or around it. Washing facilities may help in the management of excessive clothing. Are there drying facilities? Fridges keep food fresh – if in working order. Often appliances have fallen into disrepair as well as disuse. Cookers need a greater level of consideration as they will typically incur greater risk of use in a hoarded space.

Bathrooms should provide for the use of the toilet as a priority, and then washing facilities in a hand basin, followed by the possibility of bathing / showering.

Bedrooms should provide a place to sleep if only the bed itself is cleared of clutter. Individuals who have not used a bed for a long time may not use a bed once it is cleared having established other sleeping patterns / behaviours.

Living Rooms should provide a space to sit. This is usually the one thing all houses will retain, though it may only be one single usable seat for the resident and may not be in the living room. Providing additional seating (support workers may appreciate this during a visit) and a space to deal with correspondence (often neglected) can be valuable improvements. The living space may be incorporated in the kitchen – there is no need to be too prescriptive where it is.

A great deal can often be achieved by sorting in the first instance (as opposed to 'churning') before consideration moves to the disposal of goods.

Comfort – This is the highest level of improvement and may take considerable time and commitment from an individual, with support, to achieve.

Sometimes this is simply a consideration of personal comfort – what an individual would like in terms of more space, easier household management etc.

Sometimes it will extend to their feelings with regard to visitors – what an individual would be comfortable for others to see e.g. their key-worker, a meter-reader, postman or landlord.

Some individuals may be motivated by the prospect of re-engaging with friends or family – of being able to have grandchildren to visit perhaps.

This level is obviously harder to achieve and maintain but, if handled sensitively, promises greater sustainability with those clients who are willing and able to travel this distance in recovering management and control of their household space and their possessions within it.

What is achievable in each case will be different and will be dependent on the individual client's starting position, motivation and support.

15. How to assess hoarding

The Clutter Image Rating scorecard (Appendix 8) will be used by all organisations dealing with hoarding cases. This tool provides an objective visual assessment technique to rate the severity of hoarding from 1 (least cluttered) to 9 (severe clutter).

In addition, the hoarding assessment reference guide (Appendix 9) identifies levels of risk (minimal, moderate and high/critical) and provides a framework to determine what actions should be taken based on the severity and impact of the hoarding on the individual concerned. The results of the clutter image rating assessment should be recorded on the practitioner's hoarding assessment form (Appendix 7). The client should be asked if they would be willing to sign the form to agree the risks highlighted and to give their consent to share the information with other relevant agencies. If there is a concern that the adult with hoarding behaviour lacks capacity they should be offered advocacy to support them with this decision.

Staff from agencies that assess hoarded properties are expected to comply with their own organisation's policy in relation to the use of Personal Protective Equipment.

16. Referral mechanisms

To refer cases at level 2 or 3, as identified on the practitioner's hoarding assessment form, the form should be emailed to the safeguarding advice and contact team which is given at the end of the form. If the form is sent from a non-secure email address it needs to be password protected. A decision will then be made on whether the situation is likely to warrant a section 42 enquiry or a professionals meeting and a non-statutory investigation. The referral should record the details of the practitioner who completed the assessment form. Where the form has been completed in a multi-agency capacity then all participants should be invited to be signatories confirming it is a multi-assessment of risk.

In the event of safeguarding concerns information may be shared without consent; please refer to the WSAB Information Sharing Protocol (Appendix 3).

16.1 What is the activity/situation requiring an assessment of risk?

Provide a summary of the circumstances that have required the Hoarding Protocol to be followed. This should be brief but sufficient for someone who is not currently involved in the

case to understand the presenting concerns and the needs.

16.2. List the identified risks of harm

List all those risks on the assessment form that affect the person's safety or the safety of others. These are the risks that need to be addressed through the Hoarding Protocol. There may be other risks in the person's life that are already managed effectively and do not need to be included in this assessment. This will include the client's appreciation of the risks which are recorded on the assessment form (Appendix 7). Examples of such a risk would be where lack of access by a district nurse prevents dressings being changed or a lack of access and egress presents a fire risk.

16.3 Risk management plan

Once the referral form has been submitted, a decision is made in the MASH as to the way forward. If the situation warrants a non-statutory route the team manager or deputy manager in the MASH will call a professionals meeting to look at addressing the issues. Professionals who attend the meetings will be asked to sign up to completing any actions set and report the progress back at future review meetings.

An individual with mental capacity has a right to decline support. However efforts should be taken to ensure that the decision made is an informed one. No individual however has a right to place another person at risk. In these circumstances actions may be required contrary to the person's wishes. A Risk Management Plan may be required which will need to clearly record what actions are required, which risk this reduces (record the number of the listed risk), who is responsible and the timescale. Wherever possible the action plan should relate to named persons and not titles or agencies alone. Timescales must refer to a date and not to undefined terms such as 'ongoing' or 'asap'.

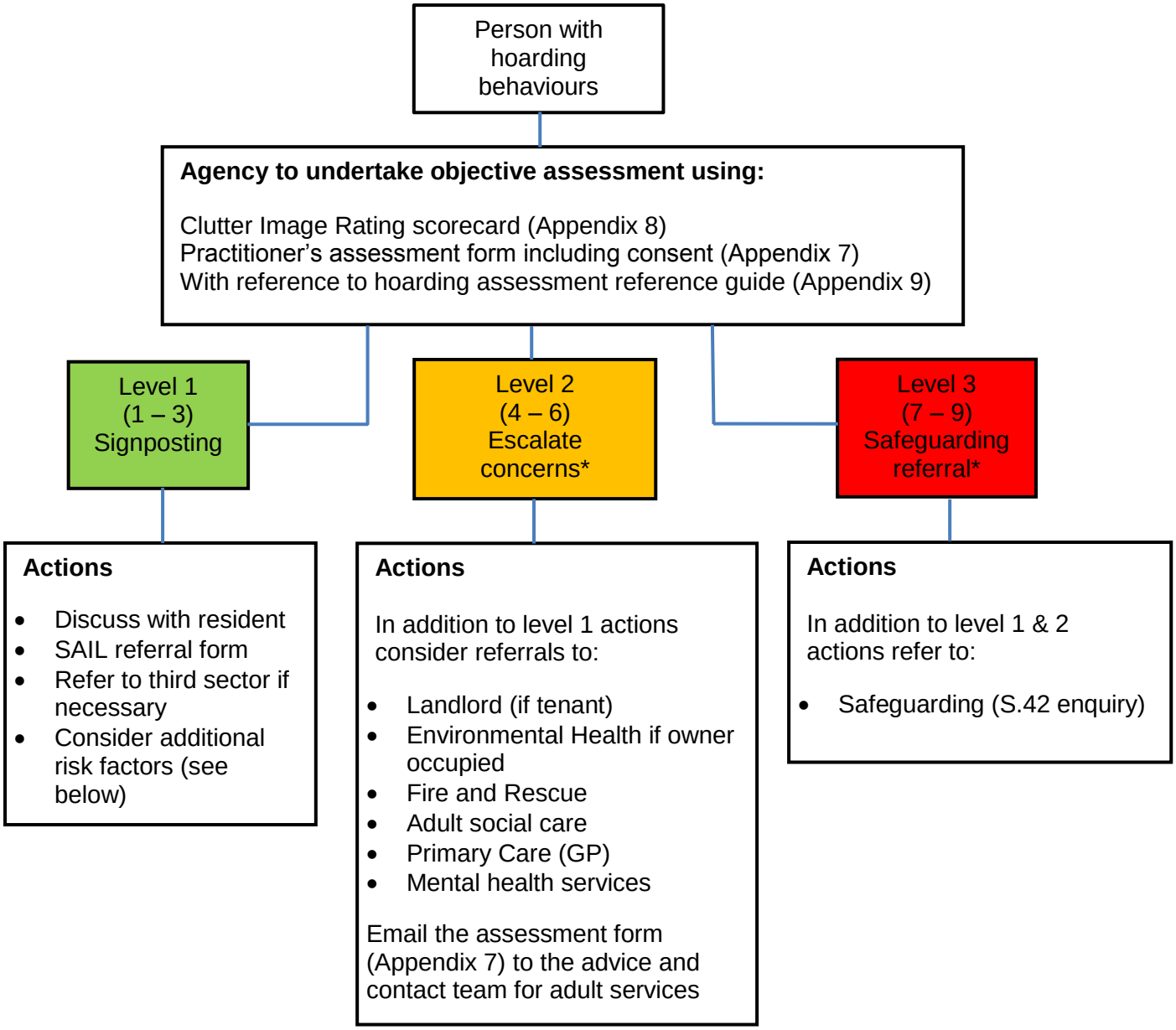
16.4 Review

The frequency of review will be dependent upon the nature of the circumstances and the seriousness of the risk and be agreed as part of the Hoarding Protocol process. A review will be undertaken by means of a further professionals meeting or discussion involving all relevant parties. Required amendments as identified during the review should be recorded on the template, the completion date will need to be updated and a new review date set.

The referral actions flowchart is detailed on page 11.

Agency contact details for referrals are contained in Appendix 10.

16.5 Referral actions flowchart



**In the event of safeguarding concerns information may be shared without consent; please refer to Appendix 3 – the WSAB Information Sharing Protocol.*

Additional risk factors:

- Fire risk e.g. Smoking/e-cigarettes, mobile heating appliances or open fires, overloaded sockets, portable stoves or candle use.
- Lack of smoke detector
- Lack of heating
- Substance Misuse
- Patient disability
- Flammable liquids/gases/oxygen therapy

17. List of appendices

Appendix 1 - Roles, tools and powers
Appendix 2 - Children safeguarding
Appendix 3 - WSAB Information Sharing Protocol
Appendix 4 - Mental capacity
Appendix 5 - Communication good practice
Appendix 6 - SAIL form
Appendix 7 - Practitioner's hoarding assessment form
Appendix 8 - Clutter Image Rating Scorecard
Appendix 9 - Hoarding assessment reference guide
Appendix 10 - Contacts and referral details

Appendix 1

Roles, tools and powers

Safeguarding Adults Team - Wiltshire Council
Within the Safeguarding Adult Team cases of hording are approached under the same thresholds and legal framework as other safeguarding concerns; specifically the Care Act:

The Safeguarding Adult's Team works under the Care Act 2014. This legislation requires local authorities to fulfil specific duties in relation to safeguarding adults. These duties apply in relation to any person who is aged 18 or over and is at risk of abuse or neglect because of their needs for care and support.

Under the Care Act 2014 we have a duty to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in an adult's case where:
A local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) —
(a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of.

Within the same Act is a duty to promote Wellbeing, and in particular have regard to an adult's views, wishes, feelings and beliefs. The Department of Health Care Act Guidance notes that 'professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in section 1 of the Care Act.

The Safeguarding Adult Team also works under the Mental Capacity Act, which has the following guiding principles:

- a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- that individuals must retain the right to make what might be seen as eccentric or unwise decisions
- best interests - anything done for or on behalf of people without capacity must be in their best interests
- least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

If individuals or professionals have safeguarding concerns they can report these via 0300 456 011.

Safeguarding concerns can also be discussed with Specialist Senior Practitioners on duty Triage by calling 01380 826509.

Adult Social Care - Wiltshire Council
The Care Act statutory guidance 2014 formally recognises self-neglect as a category of abuse and neglect – and within that category identifies hoarding.
This enables local authorities to provide a safeguarding response, including the duty to share information for safeguarding purposes; the duty to make enquiries (S42) and the duty to provide advocacy, where a person has no one to advocate on their behalf. These duties apply equally whether a person lacks mental capacity or not.
The change in eligibility criteria, for social services and the focus on wellbeing, create a clear basis for social work intervention with people who hoard/self-neglect. The completion of an Assessment of Care and Support Needs, Risk Assessment and Mental Capacity Assessment (if required) will be utilised to inform enquiry and decide the most appropriate and proportionate route to take.

Public Protection (Environmental Health Powers) - Wiltshire Council
Environmental Health has certain powers which can be used in hoarding cases. Some are mentioned below. The Chartered Institute of Environmental Health has produced some guidance which lists statutory powers available to address hoarding and by means of a case study and the results of a survey, reviews the incidence and diversity of cases coming to the attention of environmental health authorities in the hope that, eventually, that may lead to better ways to resolve them.

Public Health Act 1936
Section 79: Power to require removal of noxious matter by occupier of premises
The Local Authority (LA) will always try and work with a householder to identify a solution to a hoarded property, however in cases were the resident is not willing to co-operate the LA can serve notice on the owner or occupier to "remove accumulations of noxious matter". Noxious not defined, but usually is "harmful, unwholesome". No appeal available. If not complied with in 24 hours, The LA can do works in default and recover expenses.

Public Health Act 1936
Section 83: Cleansing of filthy or verminous premises
Where any premises, tent, van, shed, ship or boat is either;
a) filthy or unwholesome so as to be prejudicial to health; or
b) verminous (relating to rats, mice other pests including insects, their eggs and larvae)
LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Public Health Act 1936
Section 84: Cleansing or destruction of filthy or verminous articles
Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damage by Pests Act 1949
Section 4: Power of LA to require action to prevent or treat Rats and Mice
Notice may be served on owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works.

Environmental Protection Act 1990
Section 80: Dealing with Statutory Nuisances (SNs)

SNs are defined in section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following:
Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance
(c) fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
(e) any accumulation or deposit which is prejudicial to health or a nuisance
(f) any animal kept in such a place or manner as to be prejudicial to health or a nuisance
The LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.
For further guidance and information please refer to the Chartered Institute of Environmental Health Officers Professional Practice Note: Hoarding and How to Approach it
https://www.cieh.org/media/1248/hoarding-and-how-to-approach-it-guidance-for-environmental-health-officers-and-others.pdf

Public Health - Wiltshire Council
Work on inequalities in health and mental health issues with other partners including Public Protection and the Fire Service, particularly through projects such as Safe and Independent Living (SAIL) the issue of hoarding is regularly mentioned as an issue.

The service employs health trainers who offer six 1 hour sessions of one-one support for vulnerable adults over the age of 18 in Wiltshire. The areas they provide support in are healthy eating, increasing physical activity, reducing or stopping smoking, reducing alcohol intake and emotional wellbeing. Health trainers work with adults who have a range of complex mental health needs and individuals who are socially isolated, they support clients who are hoarding to access relevant support services but will not visit the property personally.

Planning - Wiltshire Council
Town and Country Planning Act 1990
Section 215: Power to require proper maintenance of land
(1) If it appears to the local planning authority that the amenity of a part of their area, or of an adjoining area, is adversely affected by the condition of land in their area, they may serve on the owner and occupier of the land a notice under this section.
(2) The notice shall require such steps for remedying the condition of the land as may be specified in the notice to be taken within such period as may be so specified.
(3) Subject to the following provisions of this Chapter, the notice shall take effect at the end of such period as may be specified in the notice.
(4) That period shall not be less than 28 days after the service of the notice.

Animal Welfare Act – Wiltshire Council and Wiltshire Police
The aim of the Act is to improve the welfare of animals, impose greater responsibility on their carers, and provide greater investigation and entry powers for police and local authority staff to deal with offences.
Under section 9 of the Animal Welfare Act 2006, it is the duty of any person responsible for an animal to ensure that its welfare needs are met. These include:
- The need for a suitable environment (how it is housed)
- The need for a suitable diet (what it eats and drinks)
- The need to exhibit normal behaviour patterns
- Any need to be housed with or apart from other animals, and
- The need to be protected from pain, suffering, injury and disease

South Western Ambulance Service NHS Foundation Trust
SWASFT clinicians make many referrals for patients exhibiting signs of self-neglect including hoarding behaviour. In our analysis of 16/17 referral data self-neglect was the most common theme for adult referrals across the Trust.

Housing Support - Wiltshire Council
Work to support Council tenants who have all manner of mental health issues with quite complex needs and cross overs with addiction issues.

Primary care (General practitioners)
Clinicians working in primary care such as GPs would be likely to encounter patients with hoarding behaviours and their relatives. This would be likely to be in the form of reviewing them for medical issues which may or may not be related to their hoarding behaviours. In the setting of a GP surgery it may be difficult to identify patients with hoarding behaviours.

However GPs undertake home visits and it is possible that GPs would sometimes visit patients who hoard and therefore be in a position to identify hoarding behaviours. District nurses work with patients in their own homes more frequently than GPs, therefore district nurses would be likely to be the better placed than GPs in order to identify hoarding behaviours.

In primary care if clinicians see patients who are living in unsafe housing conditions, they would be likely to raise their concerns with the safe guarding lead in the GP practice. The person who holds this role would be likely to vary between GP practices, but it would be likely to be a nurse. The safeguarding lead would then activate the local safeguarding policy.

With regard to information sharing patients are very frequently happy for professionals to share information about them with others, with their informed consent. From a clinical perspective there are circumstances in which clinicians can breach patient confidentiality against the patients' wishes (when the patient is deemed to have capacity). These include circumstances in which public safety is in danger.

"Disclosing personal information about a patient without consent may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. This could arise, for example, if a patient may pose a serious risk to others through being unfit for work or if conditions at work are unsafe."

The above would have to be assessed on a case by case basis, but if it was deemed that the hoarding behaviour was endangering the public, patient confidentiality could reasonably be broken by the doctor.

Dorset & Wiltshire Fire and Rescue Service
Safe & Well Advisors and operational crews raise concerns of hoarding to other partners through the SAIL project (Safe and Independent Living) which involves signposting onto our partners and other agencies. Where necessary, advisors will submit an internal Safeguarding Alert Form to the Safeguarding Co-ordinator who will continue with signposting and record and monitor progress. Where appropriate advisors and crews may also raise the risk with Fire Control in relation to the predetermined attendance system for operational risk. There are no powers of enforcement within the community safety department.

Mental Health Service – NHS and Wiltshire Police
Mental Health Act 1983 Section 135(1)
Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met.
The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.

NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.

Richmond Fellowship
Richmond Fellowship Wiltshire Community Housing Support currently (2018) has a contract with Wiltshire Council to support clients with a range of tenancy issues that might place their tenancy at risk. This also includes hoarding behaviours, though it should be recognised that the capacity to support individuals in dealing with these issues is limited to between 6 and 8 clients with hoarding behaviours at any given time across the County.

Support can range from advice and support to gain additional help with issues related to hoarding – including referrals to other services - or it can include direct help to physically tackle the hoard and help to dispose of objects and materials through local recycling centres, waste collection services etc.

Improving Access to Psychological Therapies (IAPT) service
Wiltshire IAPT offers a range of support in many locations all over Wiltshire for people who have mild to moderate depression or anxiety. The individual can self-refer by phoning or can book a course online. Professionals can also refer with consent from the individual.

Selwood Housing
Selwood Housing recognises that no two customers are the same, and that people who hoard often have a variety of mental, physical, financial and support needs. It will therefore use a range of alternative approaches to deal with hoarding, including playing a leading role in multi-agency partnerships to ensure that services are provided in a coordinated way. It will also develop appropriate strategies for working with and responding to the needs of customers who compulsively hoard.

The housing association is committed to supporting customers with a hoarding tendency who are willing to engage with support, but at the same time needs to balance this against the significant impact that hoarding can have on the property itself, the needs of the people living there, as well as residents living nearby. Tenancy enforcement may therefore be deemed necessary, and will be taken where the hoarding is causing a hazard or significant harm to themselves or other persons, or the customer continuously fails to engage with support, or access to the property is being refused or is not possible, in particular in relation to the legal obligations to carry out gas safety checks.

Human Rights Act 1998
Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.
These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Appendix 2

Children safeguarding – Professional practice guidance

If you receive a disclosure or have concerns about the impact of hoarding upon children, establish what support is already in place for the family and consider what additional support your organisation can offer. Following review of the threshold guidance/levels below, progress a plan of support for the family in liaison with the professionals already working with the family. Information sharing with parental consent is required and therefore a conversation with the parent/carer about your concerns will be necessary, and their consent obtained to share information with relevant professionals i.e. school, health visitor etc. If you believe the concerns amount to the potential need for children's social care involvement, speak with your designated/named safeguarding lead within your organisation. The Safeguarding Lead will consider further actions required referring to the threshold level below, including consultation with the Multi Agency Safeguarding Hub (MASH) on 0300 4560 1008 to discuss if a referral should be submitted (again with parental consent). If consent is not given by parents and you have child protection concerns then you must seek further advice from your safeguarding lead and MASH as necessary.

Level 1 – Universal: Children, young people and families whose needs are met by universal services and are thriving.
Level 2a – Additional Need: Children, young people and families who have a specific unmet need and may be in need of early support. Consult with family and relevant agencies and consider completion of a Common Assessment (Early Help CAF - Common Assessment Framework) and Team around the Child meetings (CAF Helpline 01225 713884).
Level 2b – Multiple and/or emerging needs: Children, young people and families who have multiple unmet needs and/or are showing early signs of emerging needs that are in need of collaborative, targeted early support (i.e. a multi-agency response). Consult with family and relevant agencies and consider completion of a Common Assessment (Early Help CAF) and Team around the Child meetings (CAF Helpline 01225 713884). For cases where a CAF has already been completed and is not effecting change, consult with the MASH to consider a referral for a family key worker within the Support and Safeguarding Service.
Level 3 – Complex Needs: Children, young people and families are struggling to cope and need a coordinated intensive response to multiple needs. They are experiencing sustained and persistent issues or problems that have not been possible to resolve at previous levels. Children and young people at this level may need a statutory/specialist assessment or intervention (e.g. from social care or child and adolescent mental health services). Contact the MASH to discuss making a referral.
Level 4 – Acute/Severe Needs: These children, young people and families are not coping and need specialist statutory intervention and/or child protection. There will be serious concerns about the child/young person's health, care or development including risk of or actual significant harm. Apply this level if there is a risk of significant harm to the child. Contact the MASH to discuss making a referral.

Appendix 3

Hoarding Protocol

WILTSHIRE SAFEGUARDING ADULTS BOARD

February 9, 2016
Authored by: John Carter

Wiltshire Safeguarding Adults Board (WSAB)
Information Sharing Agreement (ISA) December 2015

This agreement is written to promote the sharing of **personal data and/or sensitive personal data** as defined by the Data Protection Act (1998) in the specific context of Adult Safeguarding. It describes:

a) The information which will be shared between the partner organisations listed and

b) The arrangements for assisting compliance with relevant legislation and guidance, including the Data Protection Act (1998).

See Section 7 of this Agreement for the legal basis under which personal data and/or sensitive personal data can be shared.

The following statement should guide all information sharing within the Wiltshire Safeguarding Adults Board (WSAB) and among partners involved in responding to safeguarding adults concerns:

Whenever there is a need to share personal data and/or sensitive personal data to safeguard an adult at risk of abuse or neglect, the specific reasons for sharing the information should be recorded, along with why it is considered relevant. The volume and detail of information shared must always be sufficient but not excessive for the required purpose. Wherever possible, decisions to share information should be made within the context of appropriate support, rather than by staff acting alone.

Where information is fully anonymised, or is otherwise non-identifiable or wholly statistical in nature it is not necessary to apply this agreement. Care must be taken however to establish that information is fully anonymised, as the obvious fields of person-identifiable data may not be the only positive identifiers within shared material.

1. Background

The Wiltshire Safeguarding Adults Board (WSAB) recognises the need to provide clear guidance to staff in partner organisations on when and how to share information, in order to both:

a) Prevent abuse or neglect of adults at risk, and

b) Establish facts in order to safeguard and aid the recovery of adults at risk

- Information sharing agreements do not in themselves make the sharing of personal data and sensitive personal data legal or ethical. The Data Protection Act (1998) sets out the context in which information may be used legally with this agreement and the over-arching protocol, echoing the legislative framework and promoting best practice and co-operation across partner organisations.

Most recently, the Care Act 2014 set out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They 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

- **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy

- **Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested. Local Authorities must:

- **Cooperate** with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

More detailed guidance will be developed in line with this agreement, if required.

2. Information Sharing Purposes:

- To seek advice about a specific adult safeguarding situation or to establish grounds for an adult safeguarding response.

- To prevent or detect a crime, or support the prosecution of offenders.

- To raise a safeguarding adults concern and plan an adult safeguarding enquiry..

- To safeguard an adult at risk.

- To make a referral to a partner organisation for immediate action to protect an adult.

- To establish the potential need for involvement of partner organisations in adult safeguarding work (enquiry, prosecution or protection arrangements).

- To initiate and conduct an adult safeguarding enquiry.

- To make a referral to organisations for the purposes of requesting or amending services to persons at risk of abuse or neglect.

- To make a referral to organisations for the purposes of requesting or amending services to persons or organisations alleged to have caused harm (also known as “source of risk”).

- To make a referral to the Disclosure and Barring Service (DBS) or to provide information to the

- DBS for the purposes of them coming to a barring decision.

- To make a referral, or to provide information, to a professional regulator for the purposes of them coming to a decision. For example to dealt with complaints and grievances.

- To notify the Care Quality Commission who may need to take action relating to a source of risk that is a registered care provider.

- To notify the Charity Commission who may need to take action relating to an organisation alleged to have caused harm (also known as “source of risk”) that is a registered charity.

- To notify employers who may need to take action about a member of staff, a volunteer or a student (paid or unpaid) who is believed to be a source of risk in the course of their work.

- To notify service providers of a risk posed by a service user\ customer.

- To inform the development of multi-agency policies and strategies for protecting adults at risk of abuse.

- To monitor and review adult safeguarding concerns and the impact of adult safeguarding policies and procedures, including both the equalities (race, ethnicity, gender, sexuality, age, disadvantage and disability) impact of the policies and the outcomes for individuals. This may include both quantitative and qualitative information, personal data and sensitive personal data, the personal views of individuals and expressions of relevant professional opinion.

- To conduct safeguarding adults reviews.

3. Information to be shared:

What types of information will be shared?

There are two distinct classifications of data covered by the Data Protection Act (1998); Personal data and sensitive personal data.

- Personal data includes data relating to a living individual who can be positively identified from the data or from the data and other information which is at the disposal of other individuals or is in the public domain. Personal data includes obvious identifiers such as names, addresses, dates of birth, as well as NHS or National Insurance numbers. Facial photographs and CCTV footage are also regarded as personal data, as are descriptions or photographic records of unique scars, tattoos or other markings.

- Sensitive personal data includes data relating to racial or ethnic origins, religious beliefs or similar belief systems, political opinions and affiliations, trade union membership, physical or mental health (including disabilities), sexual life, the commission or alleged commission of offences, and criminal proceedings.

Information relating to adult safeguarding may involve a wide range of both personal data and sensitive personal data. In circumstances relating to many types of abuse and neglect (further descriptions can be found within the Care & Support Statutory Guidance – issued under the Care Act 2014 - section 14.17) local authorities are advised not to limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case should always be considered:

It is impossible to cover all potential scenarios in this agreement. The guidance is therefore to:

1) **Share as much as, but no more than, is necessary.**
2) **Always document the reasons for sharing personal data and sensitive personal data.**
3) **Record why it is believed the data shared is relevant and proportionate.**

4. Methods Used for Sharing:

Within the Safeguarding Process, information may be transferred in the following ways:

- Verbally, face to face, in meetings or on the telephone.

- In written communications, (for example, forms, minutes, letters, statements or reports)

- Transferred in hard copy through internal or external mail services.

- In written information transferred by secure email, or secure file transfer systems.

- Information accessed in situ, via provision of access to organisational databases or records.

When each of these methods is used it is essential to consider the safest way to record and mark the information and to ensure safe transit and delivery. Information should be appropriately secured in transit and transferred by methods aligned to the best practice specified in the "Protecting Information in Government Report – January 2010".

1. Verbal conversations and interviews should be recorded in a written statement that is agreed by the information giver. Care must be taken to record and denote information clearly as fact, statement or opinion and to attribute any statement or opinion to the owner. All information should be recorded in such a way that it can be used as evidence in court, should that be required at a later date.

2. Meetings should be recorded in minutes that are agreed by the delegates present.

3. Written communications containing confidential information should be transferred in a sealed envelope and addressed by name to the designated person within each organisation. They should be clearly marked "Private & Confidential – to be opened by the recipient only".

4. When files are transferred on electronic digital media devices, the files should be encrypted to an appropriate standard, with decryption keys / passwords supplied separately.

5. When confidential information is sent by email, it should be sent and received using secure government domain email addresses, to ensure encryption of information in transit. The full list of secure Government email systems are below. They have email addresses ending:
    - .cjsm.net (Criminal and Justice)
    - .gcsx.gov.uk (Local Government/Social Services)
    - .gse.gov.uk (Central Government)
    - .gsi.gov.uk (Central Government including Department of Health)
    - .gsx.gov.uk (Central Government)
    - .hscic.gov.uk (The Health and Social Care Information Centre)
    - .mod.uk (Military)
    - .nhs.net (NHS mail)
    - .pnn.police.uk (Police)
    - .scn.gov.uk (Criminal and Justice)
    - Emails between Wiltshire Council accounts are secure
    - Any local arrangements

6. In-transit security is reliant on BOTH the sender AND recipient using one of the email domains listed above. In the absence of this, the SENDER will need to encrypt the content of the email using additional software. This may be achieved by sending an encrypted attachment. Other methods include using the, or the NHSmail [SECURE] system. In all transfer scenarios, the onus is on the SENDER to ensure that:

    - Information is transferred securely
    - The chosen method is acceptable to and workable by the recipient
    - Information has reached the required recipient

7. In the event that a recipient receives information by an unsecured route, it is incumbent on the recipient to advise the sender and agree a secure route for future transfers of information.

5. Need to Know

Key roles of individuals within the Safeguarding process will govern whether they need to know information about adults at risk, alleged sources of risk, witnesses and other information pertaining to incidents.

In addition to those raising or responding to safeguarding adults concerns, other people who may contribute and receive information include other staff and managers, volunteers, family members, carers and witnesses. These people may be invited to contribute to strategy discussions or meetings, enquiries and case conferences and reviews.

At all times, it is essential to be certain of the reasons why an individual or a meeting needs access to the information. That is, is it necessary for this individual or meeting to know this information in order to conduct the enquiry or to safeguard an adult at risk or witness?

Where an enquiry involves more than one adult at risk, it may be necessary to partition meetings so that contributors can be invited only for specific items, based on their need to know.

6. Information Retention and Disposal

The Data Protection Act (1998) requires that personal data and sensitive personal data is not retained for longer than necessary. Partner organisations may have their own organisational, legal or procedural requirements for records retention and disposal. These retention schedules should be observed and applied at all times.

Where no such organisational procedure exist, it is essential to keep pertinent information as long as there continues to be a need for protection arrangements, to ensure that protection arrangements are not compromised and that such information is securely disposed of when no longer required.

7. Legal Basis for Sharing

While it is regarded as good practice for staff and volunteers to seek consent from individuals before sharing their personal data and/or sensitive personal data – sharing information to safeguard adults at risk, or to cooperate with other individuals or organisations that are working to protect adults at risk, is a Local Authority duty under sections (6), (7) & (45) of the Care Act 2014.

Legal basis:

Schedule 2 (5)(b) of the Data Protection Act 1998 “for the exercise of any functions conferred on any person by or under any enactment”

Schedule 3 (7)(1)(b) of the Data Protection Act 1998 “for the exercise of any functions conferred on any person by or under any enactment”

Under Part 1 of the Care Act 2014, Local Authorities have a statutory duty to:

- co-operate with other persons in the exercise of functions relating to adults with needs for care and support, and to carers (Sections 6 & 7)
- notify receiving LA when an adult receiving care and support moves (Section 37)
- comply with request for information by Safeguarding Adults Board to enable or assist the

- SAB to exercise its functions. This could include information about individuals (Section 45 – see part 10 of this agreement for further guidance)
- Involvement of independent advocate in assessments, plans etc. (Section 67)
- Involvement of independent advocate in Safeguarding (Section 68)

It is necessary for Wiltshire Council Adult Social Care to share the personal information outlined within this agreement in order for the Authority to fulfil its statutory duties under the Care Act 2014.

General guidance:

If consent is obtained, where appropriate, it should be recorded using approved consent documentation and/or information systems. Where it is not possible to obtain consent, this could be because:

- the individual does not have the mental capacity to consent
- it may not be safe to seek consent
- it may not be possible to seek consent for some other reason

In cases where it has not been possible to seek or obtain consent, staff or volunteers should always record the justification for sharing the information, and how this decision was arrived at. If the individual does not have the mental capacity to consent, staff or volunteers should record this using their agency's Mental Capacity Assessment recording tool and record their decisions to share information using their agency's Best Interests Decision recording tool.

Other relevant legislation and guidance

- Criminal Justice Act 2003
- Criminal Procedures and Investigations Act 1996
- Civil Contingencies Act 2004
- Regulation of Investigatory Powers Act 2000
- Homelessness Act 2002
- Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012
- Mental Capacity Act 2005
- Local Government Act 2000
- Mental Health Act 1983 (as amended in 2007)
- Common Law Duty of Confidentiality

For further advice on justifiable grounds for sharing information contact your organisation's Data Protection specialist or Caldicott Guardian.

8. Reluctance to share information (applying Section 45):

In the event that an organisation declines to share information considered necessary to enable the Board to exercise its functions, consideration should be given to whether the concern warrants the Board exercising Section 45 of the Care Act.

Requests for the Board to exercise Section 45 must be made in writing to the Chair of the Safeguarding Adults Board by the organisation's Board Member or Deputy, detailing how the relevant criteria is met.

Wherever practicable, the Chair of the Board will seek the views of statutory members of the Board, before reaching a decision as to whether to exercise Section 45. This may not always be possible for example, where such a delay would place an individual at further risk.

9. Discipline

Although this agreement seeks to promote the sharing of information between partner organisations, use of the information shared should never exceed the purposes or intentions of the original reason for sharing. Where allegations are made that information has been used inappropriately or that the confidentiality of subjects has been breached, partner organisations will co-operate in a full and frank enquiry of these allegations.

In the event that any wilful misconduct is substantiated which resulted in a breach of subject confidentiality, this will be regarded as an act of serious or gross misconduct and acted upon accordingly.

Performance of this Agreement

Should any member of staff or volunteer working for a partner organisation feel that the letter and spirit of this agreement is not being honoured, or that barriers to legitimate sharing of information are being raised, this should be communicated to their organisation's representative on the Wiltshire Safeguarding Adults Board, who will in turn follow this up with their counterparts and Data Protection leads in the Member organisation.

Approved by (Signatory Name): …….

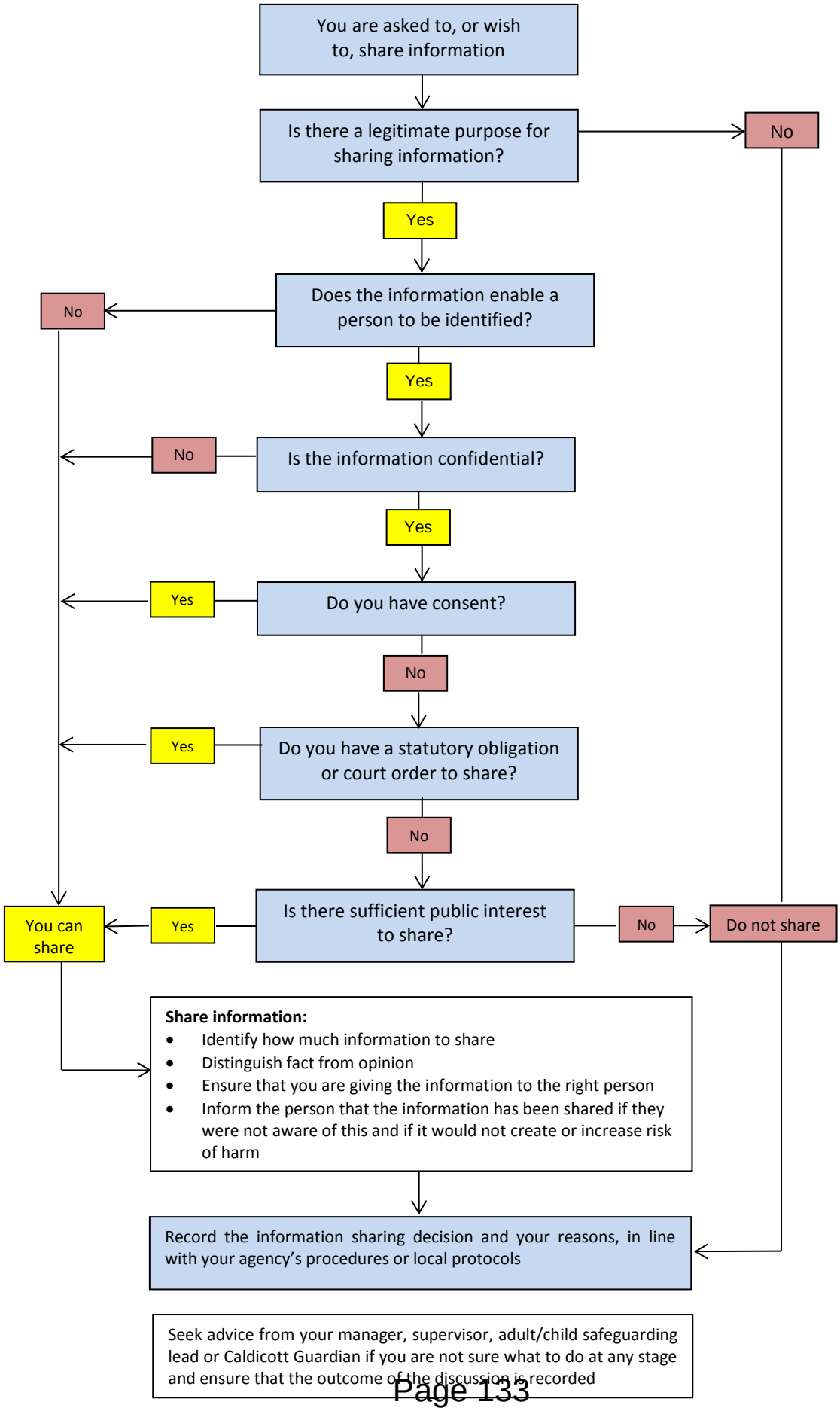
Signature: ……

For (Member Organisation): ……

Date: ……..

Once signed, this document should be sent to the Wiltshire Safeguarding Adults Board. Copies should be retained by the named person above and be made available for inspection. A copy should also be sent to the Data Protection Officer/ Caldicott Guardian of each partner organisation, if this is a different person.

Key Principles for Information Sharing



Appendix 4

Mental Capacity

The Mental Capacity Act 2005 (MCA) provides a statutory framework for people who lack capacity to make decisions for themselves. The Act has 5 statutory principles and these are the values which underpin the legal requirements of the act. They are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.

2. A person is not to be treated as unable to make a decision unless all practical steps have been taken without success.

3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

4. An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his or her best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity. This is confirmed by The MCA Code of Practice which states that one of the reasons why people may question a person's capacity to make a specific decision is 'the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision' (4.35 MCA Code of Practice, p52). Arguably, extreme hoarding behaviour meets this criterion.

Any capacity assessment carried out in relation to hoarding behaviour must be time and decision specific, and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the 'decision maker'. Although the decision maker may refer to the NSAB Self-neglect multi-agency Strategy and Guidance Document - August 2016 they need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity.

If the client lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirement of the best interests 'checklist'. Due to the complexity of such cases, there must be a best interests meeting, chaired by a team manager.

In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (CoP) to make the best interests decision. Agencies may have their own mental capacity assessment form.

Appendix 5

Communication good practice and things to avoid

When communicating with someone who hoards do:

- **Imagine yourself in that person's shoes**. How would you want others to talk to you to help manage you anger, frustration, resentment and embarrassment?
- **Match the person's language**. Listen for the way they describe their belongings and use the same language. To the individual they may be keepsakes, bits and bobs, or just outstanding items on a 'to do' list.
- **Use encouraging language**. Use language that reduces defensiveness and increases motivation to solve the problem. E.g. "I see that you have a pathway from the front door to your living room. It's great that you've kept things out of the way so you won't trip or fall".
- **Highlight strengths**. A visitor's ability to notice their strengths will help establish a good relationship.
- **Focus the intervention on safety and organisation of possessions.** Work later on discarding. Discussion of the removal and disposal of possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

Avoid the following:

- **Judgemental language**. Individuals who hoard will not be receptive to negative comments. The sheer volume of accumulated objects is not 'a mess' or 'a hoard' or a 'fire trap'. This is simply a state of affairs that has come about, often without a clear realisation on the part of the individual until it presents as a significant problem.
- **Words that devalue or negatively judge possessions**. People who hoard are often aware that others do not view their home and possessions as they do. Avoid referring to objects as stuff, clutter, or rubbish whilst you determine how best to refer to objects in your relationship with the individual.
- **Letting your non-verbal expression say what you are thinking**. It is very easy to appear judgemental in terms of posture or facial reactions. Be aware of this and try not to be caught unawares especially when you may be the first person in a long time that has had any real access to the individual's property and they may be feeling extremely vulnerable and exposed.
- **Making suggestions about the person's belongings**. Even well intentioned comments about discarding items too early in the process may not be well received. Allow the individual time to consider how best to think about disposal, once a degree of sorting and organisation has taken place.
- **Trying to persuade or argue with the person.** Often efforts to persuade people to make a change may have the opposite effect. Instead it may be useful to clarify the extent to which you are able to help and to remind the individual of the usefulness of your support if you are both able to make changes by working together.
- **Touching the person's belongings without permission**. Those who hoard often have strong feelings about their possessions and may find it upsetting when another person touches their things. It may be helpful in the first instance to think of the objects as an extension of the person themselves. Always ask permission before assuming they can be picked up, inspected or moved.

Appendix 6

24 May-2018

S.A.I.L
Safe and Independent Living

Householder name:			DOB:
Address:			Postcode:
Telephone no:		Email:	
Alternative contact details.		Completed by	

SAIL referrals need to be made via the Your Care Your Support portal and a Data Information Sheet needs to be left with the client. If completing on paper the results of the questions will then need to be entered onto the portal at: https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/safe-and-independent-living **Please make sure the client is aware of this.**

Security and Safety	
Would you like advice and practical help to make sure that your home is as secure as possible? *(Wiltshire Bobby van)*	Yes / No
Have you been a victim of crime or anti-social behaviour in the last 12 months? *(Victim Support)*	Yes/No
Do you find it difficult to keep your garden tidy? *(Age UK Wiltshire)*	Yes /No
Are you concerned about traders who call at your home asking to do work on your home or garden? Are you concerned about scam emails and letters?(Wiltshire Council Trading Standards)	Yes/No
Would you like a Home Fire Safety Check? Do you need working smoke detectors? *(Dorset and Wiltshire Fire & Rescue Service)*	Yes / No
Health and Wellbeing	
Would you like to learn more about what equipment is available to help you live independently ?*(Medequip)*	Yes /No
Have you had a fall in the last three months and not seen a healthcare professional? *Encourage client to self refer to G.P*	Yes / No
Would you like support for a hearing or visual impairment? *(Referral to hearing and vision team)*	Yes /No
Do you care for a relative or friend in an unpaid role who couldn't manage without you , would you like more information about support available for carers (Carer support Wiltshire)	Yes/No
Would you like information and advice about keeping healthy and well? (health trainers can help you to stay healthy through exercise, reducing the amount you smoke/drink)	Yes / No
Do you feel lonely or isolated? – would you like to know about what's going on near you that might help? e.g. lunch clubs, social activities, exercise classes, educational courses *(Age UK)*	Yes / No
Would you like more information about what care and support might be available to help you to live as independently as possible? (Wiltshire Council Customer Advisors)	Yes / No
Living Conditions	
Do you have any difficulties using bath/toilet/kitchen facilities? Or difficulties getting in and out of your home, or using the stairs? (Wiltshire Council Customer Advisors)	Yes / No
Would you like advice about keeping warm, saving energy, and the grants available to help with heating and insulation? *Warm and Safe*	Yes / No
Income and Finance	
Would you like someone to help check that you are receiving all the income that you are entitled to? Age UK money advise service	Yes / No
Are you having trouble paying your bills? *Warm and Safe*	Yes/No

Remarks

Important, please read to customer – Where you have indicated 'yes' above you are consenting to this information being shared with the named partner organisations who deliver additional support to you. By signing this form you are giving your consent for this in accordance with the General Data Protection Regulations 2018. A Data Information Notice is supplied on behalf of Wiltshire Council (who administer SAIL) detailing how your data will be used once this information has been transferred onto the Your Care Your Support portal.

Signed (Customer) _____ Date _____

Are you willing to be contacted to provide feedback Yes/No

Appendix 7 - Practitioner's hoarding assessment form

Date of home assessment							
Client's name							
Client's date of birth							
Address							
Client's contact details	Landline		Mobile				
Type of dwelling							
Freeholder	Yes	No	If tenant – Landlord's name & address				

Household members	Name	Relationship	Date of birth

Family/friends/advocate's contacts	
Pets present (indicate type and number)	
Agencies currently involved	
Non-agency support in place ▪ Ex-military?	

RISKS

Structural damage to property		Insect or rodent infestation		Large no. of animals		Clutter outside	
Rotten food		Animal waste in house		Cleanliness concerns		Human faeces	
Blocked exits		Self neglect		Concerns for other adults		Concerns re children	
Other							

Use Clutter Image Rating to score each room (*use living room pictures to rate rooms not pictured in CIR)*					
Living room		Kitchen		Bathroom	
Bedroom #1		Bedroom #2		Bedroom #3	
Dining room		Hallway		Garage	
Attic		Basement		Car	

Property overall assessment (total clutter rating) - please tick					
Level 1 (1 – 3)		**Level 2 (4 – 6)**		**Level 3 (7 – 9)**	

How would these risks affect the person's safety or the safety of others? *(E.g. lack of access by district nurse prevents change of dressings).*		
Name of practitioner		
Signature of client		
Do you agree with the risks identified above?	Yes	No
Are you happy for this information to be shared with other agencies indicated below?	Yes	No
What do you want to happen as a result of this referral?		
**In the event of safeguarding concerns information may be shared without consent; please refer to Appendix 3 – the WSAB Information Sharing Protocol.*		

Referral to other agencies (Please tick all that apply)

Safeguarding (child or adult)		Adult social care	
Environmental Health		Children's services	
Fire and Rescue service		GP or district nurse	
Police		Mental health service	
Housing/Housing Association/ private landlord		RSPCA	
Voluntary sector (specify)		Other e.g. SSAFA (specify)	

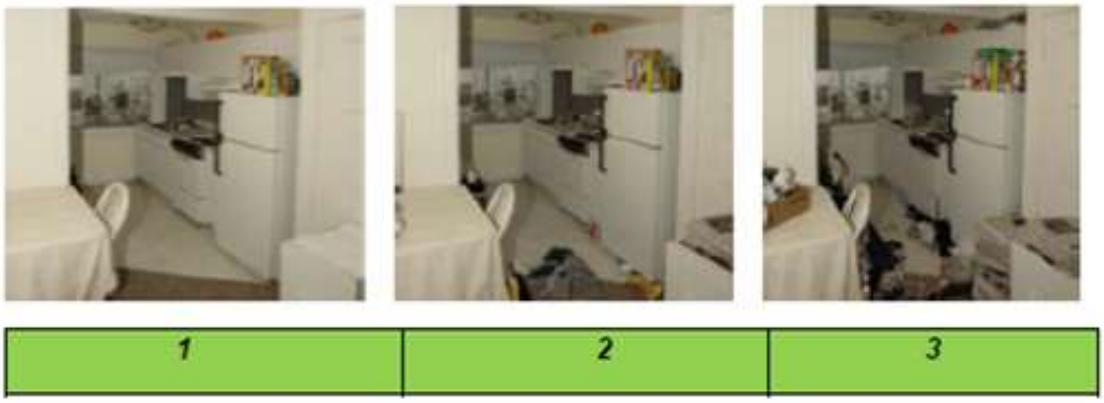
Form to be scanned and emailed to the advice and contact team at:
AdviceandContact@wiltshire.gov.uk

Password protect if sent from a non-secure email address.

Appendix 8

Clutter Image Rating: Kitchen

Please select the photo that most accurately reflects the amount of clutter in the room



1	2	3

4	5	6

7	8	9

Images courtesy of TreatmentsThatWork™

Appendix 8

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in the room



1	2	3



4	5	6



7	8	9

Images courtesy of TreatmentsThatWork™

Appendix 8

Clutter Image Rating: Living Room

Please select the photo that most accurately reflects the amount of clutter in the room

1	2	3

4	5	6

7	8	9

Images courtesy of TreatmentsThatWork™

Appendix 9 Hoarding assessment reference guide

Factors	Guidance			
1. The vulnerability of the person	**Less vulnerable**	**More Vulnerable**		• Does the person have capacity to make decisions with regard to care provision / housing etc? • Does the person have a diagnosed mental illness? • Does the person have support from family or friends? • Does the person accept care and treatment? • Does the person have insight into the problems they face?
2. Types of Seriousness of	**Low risk**	**Moderate**	**High / Critica**	• Refer to the table overleaf. Types and Seriousness of Hoarding. Look at the relevant categories of hoarding and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. • Incidents that might fall outside invoked Adult Protection procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling • If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. **This tool does not replace professional judgement and does not aim to set a rigid assessment for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding may fall within the low risk category, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.**
Hoarding Property				
Hoarding household				
Hoarding Health and				
Hoarding Safeguarding				
3. Level of hoarding (see clutter image rating scale for hoarding)	Low risk	Moderate risk	High risk	Determine if the hoarding is: • A fire risk? • Impacting on the person's wellbeing (Care Act 2014 definition)? • Preventing access to emergency services? • Affecting the person's ability to cook, clean and general hygiene? • Creating limited access to main areas of the house? • Is the person at increased risk of falls?
4. Background to hoarding	Low impact		Seriously affected	• Does the person have a disability that means that they cannot care for themselves? • Does the person have mental health issues and to what extent? • Has this been a long standing problem? • Does the person engage with services, support and guidance offered? • Are there social isolation issues?
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Others may be affected by the hoarding. Determine if: • Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding? • Does the hoarding prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	Determine if there is reason to suspect: • That the hoarding is an indicator that the person may be being abused • The person may be targeted for abuse from local people • That a crime may be taking place • That the person is being neglected by someone else • That safeguarding is required
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – Public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

Appendix 9 Hoarding assessment reference guide

Types and Seriousness	Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement	The examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral.	
Level of	**Minimal Risk**	**Moderate**	**High / Critical**
Hoarding Property	• All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained	• Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open	• Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter through windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
Hoarding – Household functions	• No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4- 6 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside	• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale and not used for intended purpose • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible and no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable and is at risk of notice being served.

Appendix 9 Hoarding assessment reference guide

Hoarding – Health and Safety	• Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately. • Personal protective equipment is not required	• Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • Resident trying to manage personal care but struggling • No writing on the walls • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • PPE – e.g. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.	• Human urine and or excrement may be present • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
Hoarding – Safeguarding of children, family members and / or animals	• No Concerns for household members	• Hoarding on clutter scale 4 -6 does not automatically constitute a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert	• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
RESPONSIBILITY	**All workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling, improve wellbeing – Preventative measures**	**Workers to follow the processes identified by local procedures for Safeguarding. Consult with Local Authority Safeguarding Adults for advice and guidance. Inform Social Worker or Nurse if involved with person.**	**Referral to Social Services Safeguarding Adults and follow Local Authority Safeguarding Procedures.**

Reproduced courtesy of Deborah Barnett T-ASC (Training, Advice, Solutions and Consultancy)

Appendix 10

Contacts and referral details

Wiltshire Council Safeguarding
Tel: 0300 456 0111

Adult social care referrals
Tel: 0300 456 0111
https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/steps-to-care-and-support/self-referral

Environmental Health (Public Protection)
publicprotectionwest@wiltshire.gov.uk
Tel: 01225 770556

Safe and Well (Dorset & Wiltshire Fire Service)
All referrals for a Safe & Well visit should be made through our Safe & Well portal which is accessed via our website www.dwfire.org.uk
The email address to use for all specific visit requests where hoarding has been identified is safeandwell@dwfire.org.uk Emails to this address should be sent password protected for data protection. The contact telephone number is 0800 038 2323.
(The current version of the form is in appendix 6.)

Improving Access to Psychological Therapies (IAPT) service
Wiltshire IAPT offers a range of support in many locations all over Wiltshire for people who have mild to moderate depression or anxiety. The individual can self-refer by phoning or can book a course online. Professionals can also refer with consent from the individual.
Tel: 01380 731335
Email: awp.wilts-iapt@nhs.net

Richmond Fellowship
Wiltshire CHS WiltshireCHS@RichmondFellowship.org.uk

Richmond Fellowship Community Housing Support
Office H – Unit 1A, Bath Road Business Centre, Devizes, SN10 1XA.
Telephone: 01380 724833

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