Wiltshire Council
Where everybody matters

AGENDA

Meeting:	**HEALTH AND WELLBEING BOARD**
Place:	**County Hall, Trowbridge**
Date:	**Wednesday 17 October 2018**
Time:	<u>**10.00 am**</u>

Please direct any enquiries on this Agenda to Craig Player, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713191 or email craig.player@wiltshire.gov.uk

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Voting Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of Council (Co-Chair)
Dr Richard Sandford-Hill	Chair of Wiltshire Clinical Commissioning Group (Co-Chair)
Dr Toby Davies	CCG - Chair of SARUM Group
Dr Andrew Girdher	CCG -Co-Chair of NEW Group
Dr Catrinel Wright	CCG – Chair of WEST Group CCG – Chair of WEST Group
Vacant	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:

Daszkiewicz	Director - Statutory Director of Public Health

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
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Dr Carlton Brand	Corporate Director – Adult Care & Public Health
Terence Herbert	Corporate Director - Children and Education (DCS)
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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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult Part 4 of the council's constitution.

The full constitution can be found at this link.

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AGENDA

1 **Chairman's Welcome, Introduction and Announcements**

2 **Apologies for Absence**

3 **Minutes** *(Pages 9 - 14)*

To confirm the minutes of the meeting held on 12 July 2018. (Copy attached)

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 **Wednesday 10 October 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 **Friday 12 October 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 **Chairman's Announcement**

The All Party Parliamentary Group on Arts and Health and Wellbeing recently wrote to Health and Wellbeing Boards to highlight the findings of its recent inquiry published here:
http://www.artshealthandwellbeing.org.uk/appg-

inquiry/Publications/Creative_Health_The_Short_Report.pdf

The report includes a recommendation that:
We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.

Accordingly board members are requested to highlight a board member from their organisation to Meril.Morgan@wiltshire.gov.uk, Arts Lead for Wiltshire Council. The Cabinet Lead for Wiltshire Council is Cllr Richard Clewer.
This will enable closer working on arts and health to take place including where appropriate collaboration on funding applications and relevant events.

The report also highlights the value of arts through social prescribing, the importance of consideration within Sustainability and Transformation Partnerships and Healthwatch Wiltshire advocating for arts within health and care programmes.

Acute hospitals serving Wiltshire already have some provision for arts in place, alongside a number of care homes and GP surgeries.

7   **Wiltshire Safeguarding Children's Board Annual Report***(Pages 15 - 44)*

To consider the implications of the areas highlighted in the WSCB annual report 2017/18 and early thoughts on future working arrangements following the removal of the statutory basis for the board in 2019.

Responsible Officers: Mark Gurrey, Independent Chair

8   **Family and Children's Transformation Programme***(Pages 45 - 56)*

To assess progress against the programme objectives to date and agree the next steps.

Responsible Officers: Terence Herbert
Report author: Lucy Townsend

9   **CAMHS Local Transformation Plan***(Pages 57 - 70)*

To agree the Local Transformation Plan for Child and Adolescent Mental Health Services in Wiltshire.

Responsible Officer: Terence Herbert, Linda Prosser
Report author: Judy Edwards

10   **Winter Preparedness***(Pages 71 - 94)*

To receive a presentation regarding winter underway in the health services, public health and social care.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Jo Cullen, Tracy Daszkiewicz

11   **Better Care Plan***(Pages 95 - 138)*

To assess progress on the implementation of the Better Care Plan schemes and consider the latest performance information (including delayed transfers of care).

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

12   **Adult Social Care Transformation Programme***(Pages 139 - 152)*

To assess progress against the programme objectives to date and agree the next steps.

Responsible Officers: Carlton Brand
Report author: Emma Legg

13   **CQC System Review and Action Plan***(Pages 153 - 172)*

To assess progress in delivering the action plan developed in response to the CQC system review of health and wellbeing in Wiltshire.

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

14   **Acute Mental Health Services***(Pages 173 - 198)*

To receive an update on:

    a) Performance on s136 detentions, and
    b) The Adult Mental Health Transformation plans in BSW.

Responsible Officer: Linda Prosser, Ted Wilson, Nicola Hazle
Report author: Ted Wilson, Georgina Ruddle

15   **Date of Next Meeting**

To note that the next meeting is due to be held on Friday 14 December 2018, starting at 2.30pm.

16   **Urgent Items**

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 12 JULY 2018 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Laura Mayes, Cllr Jerry Wickham, Daszkiewicz, Terence Herbert and Prosser, Nichola Hazel, Paul Hargreaves, and Emma Leatherbarrow.

In attendance: Byron Standen

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50   **Chairman's Welcome, Introduction and Announcements**

Due to the absence of the co-chairs, nominations were sought for a member of the Board to chair the meeting.

There being only one nomination it was;

Resolved

That Councillor Jerry Wickham chair the meeting.

51   **Apologies for Absence**

Apologies were received from Baroness Jane Scott OBE, Dr Richard Sandford-Hill, James Scott, Cllr Ben Anderson, Dr Carlton Brand, Cllr Ian Thorn and Chief Constable Kier Pritchard.

52   **Minutes**

Resolved

That the minutes of the meeting held on the 17 May 2018 be approved as correct record.

53   **Declarations of Interest**

There were no declarations of interest.

54   **Public Participation**

There were questions from the public.

55   CQC System Review and Action Plan

Linda Prosser gave 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.

Matters raised in the course of the presentation and discussion included: that Wiltshire was one of 20 areas that benefited from the CQC review on the health and social care system; the workshops that had taken place to draw up the action plan that seeks to address areas for improvement; the focus on expanding the use of digital solutions; the theme common across the 20 areas reviewed including the need to improve on delayed transfers of care; that the Health Select Committee had offered their input and in summary they were concerned that the 86 actions may not be achievable; that the Select Committee would get regular updates; and that the plan would be submitted to the CQC, but that there was unlikely to be reinspection.

Resolved

To note the draft Local Action Plan and the feedback on the plan from the Health Select Committee meeting of 11 July;

To approve the direction of travel and priorities that set out in the Local Action Plan for submission to the CQC; and

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

56   Better Care Plan

Linda Prosser and Jeremy Hooper presented an update on the delivery of the Better Care Plan for Wiltshire, including the latest results on Delayed Transfers of Care.

Matters raised in the course of the presentation and discussion included: the links to the issues highlighted in the CQC report; the reduction in numbers going to care homes; how methods of collecting data have impacted on reporting; the reduction in delayed days but that the target was not being met; the different level of delays from different locations; the collaborative approach being taken to access care packages; what opportunities there are to fund non-personal care in localities to take demand of the domiciliary care providers.

In answer to a question from the Board, it was noted that terms of reference were being agreed for the transformation group and that an integration board was in place.

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;**

3. **To note the revised trajectory 1200 per month on DTOC;**

4. **To consider the BCP refresh and the plans from the integration board once available; and**

5. **To mandate the integration board to produce plans, as mentioned above, to address the concerns highlighted regarding the deterioration performance at Salisbury Foundation Trust in particular.**

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

Linda Prosser gave presentation on the next steps on the development of the care model, setting out the approach and standard, and implications for primary and urgent care.

Matters raised in the course of the presentation and discussion included: the key principles underlying the model; the analysis of the demographics of communities and the impact on the model; the assessment of travel times; the desire to standardise opening times; the opportunities to discuss how to meet the needs of social care and other partners when developing where the locations of where services should be best delivered from; how the gaps in provision will be assessed and met; the plans to start to consult with the public once specific changes will be made; the links between health and social care reablement services; and the urgent care centres and the impact on diverting from other services.

Resolved

1. **To note the presentation; and**

2. **To ask officers to prepare a report for a future meeting regarding implementation plans and their links to the Adult Care Transformation Plans.**

58 **Healthwatch Wiltshire Annual Report**

Emma Leatherbarrow and Stacey Plumb, presented the annual report and slides.

Matters raised in the course of the presentation and discussion included: the priorities for previous year, including a focus on dementia and mental health,

and how findings were responded to; the results from the young listeners project which is still a valued project; the reviews of primary care and the inequalities between different areas; the specific work in support of better care plan; that some review and reports had not yet been reported to the Board; the importance of volunteers in delivering work and that most are remaining; the monitoring work undertaken and actions taken; the other areas covered by the parent organisation; the opportunities for peer-learning; the support given over the phone by experienced staff; and the governance structure that is being set up in Wiltshire that will be accountable locally.

Resolved

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

2. **To recognise the progress which has been made during 2017/18 in fulfilling the statutory duties of a local Healthwatch**

3. **To welcome the continued engagement of Healthwatch Wiltshire with the Board and opportunity to share the outcomes from its engagement work as appropriate in the future.**

59 **Wiltshire's Offer to Care Leavers**

Laura Mayes presented the report which asks the Board to endorse the outline offer to Care Leavers in Wiltshire.

Matters raised in the course of the presentation and discussion included: that council had a duty of care for care leavers until the age of 25; how the proposals have been developed; the desire to develop a further the draft, and how partner organisations would be engaged; the input from the Children's Select Committee; the growth in numbers of relevant children; the important factors including stable housing; the mentoring projects and access to apprenticeships; that a discretionary bus pass and driving lessons are offered to help young people overcome transport barriers; the support given through revenue and benefits; the possibility of setting up a charitable foundation for care leavers in the area; that partners had agreed to look at how they can contribute to the plans; and the interest from partners in receiving training and further information on how they can improve the offer to care leavers.

Resolved

1. **To endorse the outline offer to care leavers;**

2. **To request that partners actively consider ways their organisation can assist in strengthening their offer to Care Leavers;**

3. **To ask that in the update, given the Board n six months, that officers identify what the take up from partners had been and what changes had been made; and**

4. **That the update include information about the milestones in the plan.**

60   **Multi-Agency Hoarding Protocol**

John Carter, Head of Public Protection, presented the report which recommend the adoption of the protocol for all agencies dealing with cases of people who hoard.

Matters raised in the course of the presentation and discussion included: that hoarding is recognised as a mental health issue which can have significant impacts on individuals and partner agencies; the process of drawing up a protocol to promote best practice; the wide range of partners involved; that the protocol is an operating tool that helps staff dealing with issues; the relevance of safeguarding and data sharing issues; the move to a 'person centred' approach; the agreement to a common assessment and trigger points for access; the importance of understanding a person's background when establishing what help is needed; and the escalating list of referral actions based on an assessment of severity.

In answer to question from the Board, it was noted that: there was good engagement with AWP, but that further discussions could take place to update the protocol particularly with reference to community mental health teams; that work was ongoing to ensure that data sharing barriers were overcome.

Councillor Wickham thanked the officer for the report and that a further update be given to a future meeting

Resolved

1. **To approve the protocol and supports its use by all relevant agencies when dealing with people who hoard.**

2. **To ask that a programme or project implementation plan and performance measures is reported to a meeting after six months.**

61   **Date of Next Meeting**

It was note that the next meeting would be on the revised date of the 17 October 2018.

62   **Urgent Items**

There were no urgent items

(Duration of meeting: 2.00 - 3.51 pm)

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

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

**Wiltshire Safeguarding
Children Board**

Annual Report
2017-2018

WILTSHIRE SAFEGUARDING SNAPSHOT 2017-2018

CSE, MISSING, LAC

58 children at risk of CSE open to Emerald CSE team as at March 2018
563 children reported as missing
42% return interviews completed in 2017-18
40 Wiltshire Looked After children reported as missing more than once in 2017-18

Social Care

11,799 contacts to Wiltshire Children's Social Care in 2017-18
3,675 referrals, **18%** re-referrals to MASH in 2017-18
87% of the **4,283** Single Assessments completed within **45** working days in 2017-18
2,730 cases open to Children's Social Care 2018
360 children on a Child Protection Plan as of March 2018
444 children looked after as of March 2018
20 private fostering arrangements as of March 2018

Forces, Ethnicity, Schools

8.6% children from forces families
89% school children are White British
10.5% children in state funded schools were classed as persistently absent in 2016-17 (latest figures)
88% schools graded as Outstanding or Good

MARAC, Sexual Health, Mental Health

823 children supported by MARAC (those who are living in households affected by high risk domestic abuse) as of March 2018
72 sexual health needs assessments
2,945 referrals to Child and Adolescent Mental Health Services – **2,048** children receiving help

Chair's foreword

As I write this report, the new Working Together is due to be published and that means this will be the last Wiltshire Safeguarding Children Board Annual Report. What this report does is aim to set out 'where we are now'. Discussion about 'what next' is well underway and there are some exciting and innovative ideas being discussed in Wiltshire about how agencies work together to make sure our system safeguards children effectively. Whilst there are local challenges, those exciting ideas are only possible because of the good work already done and the willingness of partners to get together and tackle the big issues we all face.

Some good work is taking place to look at how we are trying to mitigate the impact of County Lines, Dangerous Drugs Networks, Child Sexual Exploitation and Criminal Exploitation. These issues are all so closely interwoven, we will need holistic thinking to keep vulnerable children and adults safe. Essential to that will be the multi-agency Family and Children's Transformation (FACT) Programme's role in building resilience in young people, and in communities.

What is also required is rigorous multi-agency, outcome focussed scrutiny – professionals need to be willing to ask and be asked the difficult questions, and to use evidence and learning to improve practice. As we construct our new partnership arrangements, safeguarding partners will want to ensure that those arrangements maintain and increase the quality of scrutiny and challenge evident locally.

I am grateful to all those who gave up their time to contribute to the various sub-groups the Board now supports. In particular, I am grateful for the work of Martin Davis, Lucy Townsend, Fiona Finlay, Deb Smith, Craig Holden, Jane Murray, Jen Salter, James Dunne, Judy Edwards, Arlene McCarthy, Hannah Shirley and Tracy Daszkiewicz, for their leadership of these groups even when operational demands have been considerable. I especially would like to say thank you to all the young people who gave so much time to make the Youth Safeguarding Board a success.

This year we have moved to construct a shared Business Unit for the WSCB, the WSAB and the CSP and I am grateful to Emily Kavanagh and the team for making this work seamlessly and effectively.

Mark Gurrey, WSCB Independent Chair

Executive Summary

This year, we have:

- ✓ Held our first WSCB Executive meeting in a local school, Hardenhuish. Pupils presented work they were doing on emotional well-being and joined the Board for the rest of the meeting, focusing on young people and mental health.
- ✓ Held two Full Board meetings attended by 160 staff from across 35 partner agencies. Focus has been on child sexual abuse; risks to unborn babies and under 1yrs, and adolescent risk
- ✓ Published a Serious Case Review and delivered the actions as recommended in the report.
- ✓ Young people on the Board's Youth Safeguarding Board developed CSE leaflets for young people in Wiltshire, to raise awareness and signpost to help and support. A total of 30,000 leaflets were printed and are being distributed to schools across Wiltshire.
- ✓ For the first time, 100% of maintained schools, academies and independent schools in Wiltshire completed their safeguarding audit.
- ✓ The South Practitioners' Forum has been very active, ensuring the Board maintains a focus on front-line practice issues. Members there have worked together to identify good practice and barriers to managing disagreements. They also voiced concerns about access to information about Army Rebasing and, consequently, the Army Rebasing Steering Group is now working with members to focus on children and young people. The success of the group has led to a forum in the north of the county being launched.
- ✓ The WSCB website has had a total of 16,517 visitors and maintains a stable monthly traffic rate of around 1,300 users.
- ✓ The Board has improved the knowledge and understanding of over 1,200 members of the workforce who attended one of over 70 multi-agency training sessions in 2017/2018.
- ✓ A further 1,400 professionals accessed and completed WSCB eLearning courses.
- ✓ WSCB has improved its scrutiny of safeguarding arrangements to better understand the journey of the child. The Board's scrutiny role has been strengthened by a new dedicated quality assurance lead.
- ✓ A new multi-agency training development officer has joined the Board's team to ensure that the training offer, which is currently well utilised by schools and early years settings, can better meet the needs of wider partners.
- ✓ The Board commissioned a task and finish group to examine relevant cases to see how the system works for these complex cases involving some of our most vulnerable adolescents. The group recommended that young people, and the concerns relating to criminal exploitation, need more cohesive operational and strategic support.
- ✓ The Board supported a Community Safety Partnership event, involving 120 professionals from across the County, which saw survivors and families talking about their experience of Child Sexual Abuse(CSA), radicalisation, stalking and harassment, County Lines and Human Trafficking.

Wiltshire Community Safety Partnership
The changing face of vulnerability: learning from survivors' stories
Trowbridge Rugby Football Club, Wednesday 7 March 2018

The changing face of vulnerability
What does it mean?

- ✓ The Chairs of the WSAB and WSCB have been working with the Local Authority to gain assurance of how well the system supports the transition of vulnerable adolescents, who receive care and support, into early adulthood.
- ✓ The Chairs of both Boards have also sought assurances from the provider of local adult mental health services, in relation to the level of assurance that those with mental ill health in Wiltshire are being adequately safeguarded. A meeting with the Chief Executive of the Trust allowed a discussion of the importance of understanding when and how the service is, and should be, working with those adults who are parents.

Last year we said we would:

- ✓ **Improve our response to neglect** – and this year, a task group led by the Local Authority's Head of Safeguarding and Support, has worked with colleagues from other agencies to research and commission a new tool (The Graded Care Profile) that all professionals can use, to ensure consistency of identification, practice and thresholds. A multi-agency audit on the use of neglect as a category in Child Protection planning has also been completed, and recommendations made.
- ✓ **Embed and extend the work of the Practitioner Group to ensure Board activity is driven by experience from the front-line** – the group in the south is well attended and a second group in the north now runs. Feedback from these groups is now informing the work of the Board.
- ✓ **Put in place a revised Quality Assurance Framework which includes a targeted Section 11 process and progress multi-agency audit activity** – a new framework was presented to the LSCB executive and fully discussed in the March Executive meeting. Implementation of the Framework is a key imperative for the year ahead.
- ✓ **Further develop joint working with the Wiltshire Safeguarding Adults Board (WSAB)** – the two Boards now share a board manager and this has enabled a more co-ordinated approach and more effective joint working.

The next generation – a local picture

There are approximately 115,000 children and young people (0-19) in Wiltshire, making up **24% of the population**.

Wiltshire is a large, predominantly rural and generally prosperous county. However, **12 areas within the county are ranked amongst the most deprived 20% nationally**. 8,745 or 10.3% of children aged under 16 in Wiltshire were living in low income families (employed and unemployed) on 31 August 2015, according to the HMRC's Children in Low Income Families Local Measure. This was the **16th lowest proportion of children in poverty among the 152 Local Authorities in England**. In 2014, Wiltshire was ranked 15th. In 2018 there are 5,000 children who have free school meals.

In Wiltshire schools and in alternative provision there **are 2,320 children with Special Educational Needs** (a statement or an Education, Health and Care Plan [EHCP]) and a further 8,400 who receive a level of SEN support within schools.

Wiltshire has one of the **highest military populations in the country** and this is set to increase significantly over the next few years, with the national army re-basing programme. The current planning assumption for the number of army personnel based located within all Wiltshire in 2020 is 17,700 - although the exact numbers are as yet not certain, as a result army rebasing, the **school population is likely to increase by about 1,000 in the Summer of 2019**.

Approximately 86% of Wiltshire's children and young people are white British – the ethnic minority population is primarily from Eastern Europe, the Middle East and Asia.

In 2017, the Wiltshire Children and Young People's Health survey captured the views of nearly 10,000 pupils at 95 schools. Wiltshire Council's Public Health team have spoken at the WSCB executive meeting about the results, and to highlight key local challenges. The survey included questions on a range of subjects and chapters on safety, risky behaviours and emotional health are of particular interest to the WSCB. The survey results indicated that:

- Overall, Wiltshire children feel safe at home and the majority at school. Just under 50% of primary children said they feel safe from crime but this decreased with age – 44% of Year 4 children compared to 56% of Year 6 children. Previous follow up studies we have conducted in this area have indicated a 'TV effect' in this question, as younger children tend to have little experience or knowledge about local crime, which changes as they get older.
- 82% of secondary school and 78% of Year 12/Further Education (FE) pupils reported that neither they nor someone in their immediate family had ever been a victim of Domestic Abuse. However, in Year 12/ FE, 46% of young carers and half of the children with a Social Worker reported that they or someone in their immediate family had suffered Domestic Abuse. This was compared to 22% of the overall Year 12/ FE sample.
- 92% of secondary and 86% of Year 12/ Further Education pupils reported that they had never been a victim of abuse from a boyfriend or girlfriend. In both settings, LGBT respondents, those with a Social Worker, Young Carers and respondents with Special Educational Needs and/or Disabilities were significantly more likely to report having experienced abuse from a boyfriend/girlfriend.

- 36% of secondary school respondents and 44% of Year 12/FE respondents reported they had been involved in sending or receiving pictures or messages of a sexual nature online. One in five Year 12/FE females reported having shared sexualised pictures of themselves online.
- Various key indicators show a decline in emotional and mental wellbeing after children have left primary school and enter the secondary phase. This reaches a low point in Year 10 (aged 14 and 15 years) and then recovers slightly by Year 12 (aged 16 and 17).
- 15% of primary school respondents, 13% of secondary school respondents and 7% of year 12/FE respondents reported being bullied in the last year. Many of the vulnerable groups across the school settings had higher percentages of those being bullied.
- 10% of the secondary respondents and 12% of the year 12/FE sample reported that they self-harmed monthly or more frequently. A larger proportion of nearly all the identified vulnerable groups reported that they have self-harmed more often than the Wiltshire average. One in four respondents did not tell anyone about their self-harm.

Partnership working – what's changing

Families and Children's Transformation ("FACT")

In April 2017, Phase 1 of the Children's Services Integration project started which resulted in the launch of a newly integrated Early Help and Social Care service within the council. The new service (the Support and Safeguarding Service) was launched on the 2nd October 2017, alongside a new single front door to Wiltshire Families and Children's Services. The design of the new service was in response to research into what works in other Local Authorities, data analysis and feedback from families who told us what they wanted from an effective service. The functions affected by the transformation included core safeguarding, Child Protection, Early Years, youth support (including employment, education and training), education and statutory functions relating to children within the Council. These continue to be delivered whilst shifting to a model of earlier intervention, all within the original financial envelope.

Early feedback on the new service includes:

- Introduction of Thematic Practice Leads has been helpful.
- Family Keyworkers benefiting from increased social work-based supervision; more focused, planned, structured, reflective and oversighted.
- Ease of recruiting new Family Keyworkers has meant an influx of new staff bringing fresh ideas and approaches; very low vacancy rate.
- Family Keyworkers and Social Workers co-working cases is working well – offering learning opportunities for both and ensuring continuity for the family.
- Family Keyworker casework is more focused and purposeful.
- Audit and performance measures are being expanded into the early help work, giving a clearer view across all functions within the service.
- A CIN Step Down audit in December 2017, for example, identified a number of improvements in practice such as improved child's voice, management oversight and smooth transition for the family to Early Help services.

A full review of Phase 1 changes is underway, including direct feedback from children and families experiencing the new service. Scoping of Children' s Services Integration (CSI) Phase 2 identified a much wider range of opportunities for transforming the partnership offer to families and children in Wiltshire. Where appropriate, this included provision across both children and adult services as part of an exploration of the possibility of whole lifetime services.

The Families and Children's Transformation (FACT) programme was formed with partners (replacing CSI Phase 2) sharing *"a relentless ambition to enhance social mobility, build resilience and deliver efficient and impactful services that improve outcomes for families and deliver savings to the partnership",* thus ensuring:

<div align="center">"All Wiltshire Families Thrive"</div>

Local inspections

Joint local area SEN and/or disabilities inspection in Wiltshire

In January and February 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection to judge the effectiveness of the local area in implementing the Disability and Special Educational Needs reforms, as set out in the Children and Families Act 2014.

The inspection found that senior leaders in the local area from education, health and social care are working together constructively to deliver and improve services for children and young people who have Special Educational Needs (SEN) and/or disabilities. They demonstrate ambition to deliver high-quality outcomes for children and young people, despite the increasing demands on budgets and financial constraints. As a result, they have detailed and appropriate plans in place to tackle their key priorities for improvement. The local area's joint commissioning arrangements were found to be effective.

The close professional relationships demonstrated by partners working in support of children and young people looked after are a strength of the local area.

Wiltshire Police PEEL Inspection

The annual HMICFRS PEEL (Police Effectiveness, Efficiency and Legitimacy) inspection for effectiveness was conducted in October 2017, focussing on 'Protecting vulnerable people and specialist capabilities'.

Wiltshire received an overall 'good' grading for effectiveness, and all 'good' gradings for the areas inspected.

"Wiltshire Police is good at keeping people safe and reducing crime. It has performed consistently well in our effectiveness inspections and its direction of travel is positive. The force is good at

protecting vulnerable people and supporting victims. It is effective in how it identifies vulnerability….The workforce understand vulnerability and know how to identify the signs that a person may be at risk of harm…..Wiltshire Police is outstanding at identifying and supporting people experiencing mental health problems. It works exceptionally well with partner organisations through comprehensive and well-established meetings to ensure that continuing support and specialist safeguarding arrangements are in place for vulnerable people, including those who have experienced domestic abuse"

CQC Inspection April 2017 - Community Health

The six inspection criteria were all judged 'good' except for 'services are caring' which was judged 'outstanding'. Overall the service was rated as 'good'.

"There was a robust, visible person-centred culture. Staff within the children and young people teams always focused on the needs of children and young people and put them at the heart of everything they did….The feedback received for the children and young people services was excellent. Children, young people and their parents or carers spoke about how they were treated with respect and dignity and that staff were very friendly, warm, caring and professional….Care and treatment was delivered in line with the National Institute for Health and Care Excellence (NICE) guidelines, with a system in place to ensure this guidance was communicated with staff. We also saw this information being shared with parents and carers….Staff described an open culture, where they felt confident to raise issues, and in the response they would receive….Fully embedded into services and staff was the ability to recognise the different needs and cultures of children and their families….Staff demonstrated a good awareness of their responsibilities for safeguarding children and young people. The procedures in place for supporting staff with safeguarding were robust and effective"

Providing Assurance

How does the Board provide assurance the local system is working for children and young people?

WSCB has strengthened its scrutiny of safeguarding arrangements to better understand the journey of the child. A full-time secondment to a Quality Assurance post has enabled more drive and purpose to the work.

The Quality Assurance & Performance Sub Group (QA&P Sub group) is key to driving this activity and the WSCB's ability "to ensure the effectiveness of what is done". It continues to focus on interrogating multi-agency data and challenging partners to improve practice when shortfalls are identified. In addition, it has commissioned multi-agency audits and reviewed single agency audits, to have oversight of activity across Wiltshire. Membership of this sub group has been reviewed and the size of the group reduced to strengthen engagement and participation of key members. Improvement has been noted in year, but there remains more to do.

The following priorities were set out in last year's annual report and progress against these is set out below.

Priority	Progress
Develop the Quality Assurance Framework to ensure that data, audit and other information can be collated and analysed.	This has been developed and discussed by WSCB Executive members. The purpose of this document is to set out how the multi-agency partnership will assure itself that the *system* is working well and ensuring, above all else, that children and young people are being kept safe within it. The framework includes a proposed new approach to escalation to encourage a culture of case resolution and confidence across the workforce, to have challenging conversations.
Identify areas for more intensive multi-agency quality assurance work to either check the robustness of arrangements and processes or to investigate a problem area.	A multi-agency audit on the use of Neglect as a category in Child Protection planning has been completed, and recommended that there should be further exploration of the use of sub-categories in Child Protection conferences to understand if their use would enable a focus on all risks in Child Protection planning. The next multi-agency audit is in progress and will help to triangulate the impact on practice of learning from Serious Case Review (SCR) 'Baby J', published in June 2016.
Provide a local response to the changes to the SCR and Child Death Overview Panel (CDOP) processes, as set out in the Wood Review.	This is in progress whilst we await the publication of the revised Working Together.
Put in place a tailored Section 11 process.	As part of the Quality Assurance Framework, a new approach to Section 11 is being piloted. This approach will triangulate a number of interrelated areas which, when taken together, will offer a more rounded and accurate picture about agency contributions. Work with two agencies is in progress and these pilots will further inform development of the new approach. Twenty agencies also signed a Section 11 Compliance Statement as part of the process, to provide a level of assurance and highlight their responsibility to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

A progress update on the Joint Targeted Area Inspection (JTAI) action plan has been presented and accepted by the Executive Group. The QA&P Sub Group and partner agencies will now be asked to monitor and report on evidence of impact.

Encompass is now providing information to schools and early years establishments about Domestic Abuse incidences involving children in their settings. This has resulted in an increased understanding and awareness of Domestic Abuse and its impact on children, and we have seen a positive increase in demand for the multi-agency Domestic Abuse training courses by Head Teachers. These settings are now better able to support those children affected by this abuse. The roll out of Encompass to GPs in Wiltshire has been slow to progress and the QA&P Sub group will continue to apply pressure to ensure this is resolved as quickly as possible.

The redesigned dataset is now smaller, more focused and more relevant. It is presented more clearly, providing a contextual narrative showing trend data from across the multi-agency child protection system. A dashboard and dashboard summary provide a visual alert for areas of concern to be focussed on. Areas highlighted this year include:

- Work to establish a baseline for data on Domestic Abuse - how do we know we are doing okay?
- Timeliness of Child Protection Conferences
- CAMHS waiting times for assessments
- Timeliness of Initial Health Assessments for Looked After Children
- Oversight of Early Help and completion of Early Help CAF assessments following a recommendation from MASH

Where concerns have continued or assurance has not been sufficient, issues have been escalated to the WSCB Executive. This year, this has included timeliness of Child Protection Conferences which has resulted in broader discussions about quoracy and attendance with Executive members, and an expectation that partner agencies have in place internal systems for monitoring attendance and participation. Timeliness of conferences has significantly improved, however quoracy and attendance remains a concern, and understanding the impact of this on decision making about risk is being explored further.

Further reports on Initial and Review Health Assessments for Looked After Children have been received to better understand the challenges to improving the timeliness of these, and work to improve this continues. In addition, the sub-group challenged the changes to the recording of notifications from the Police recorded by Social Care. An audit to test whether this new process was a safe one was requested and, as a result, routine monitoring of decisions to not record notifications is now established as part of the weekly MASH audits.

More Walkabouts have taken place as this process embeds. They are intended to provide intelligence to the WSCB about what is working and what is not working in terms of safeguarding arrangements across Wiltshire at the front-line. They can then be triangulated against other information gained through audit and other activity as part of the Section 11 process. During 2017-2018, walkabouts took place in the following agencies with recommendations for practice improvements resulting from a number of them including:

- Wiltshire Police – they have reviewed how they assess concerns in relation to child sexual abuse in the Control Room
- A Special School – developing more reflective safeguarding practice with their teaching staff
- School Nurse Service, Virgin Care – improved communication with this service in relation to unaccompanied asylum-seeking children as a result of the visit
- Housing Options, Wiltshire Council – identified relevant safeguarding training for staff to increase their skills and knowledge
- CAMHS - evidenced mechanisms for testing safeguarding decision making within organisation

How well are children and young people safeguarded in Wiltshire?

Children in Schools and Early Years Settings

The annual Section 175 Safeguarding Audit provides a snapshot of how Wiltshire schools are performing.

97% of schools reported meeting the following requirements:

- A nominated governor (or equivalent) for safeguarding is in post and robust governance arrangements are in place.
- Safer recruitment. At least one person on any appointment panel has undertaken safer recruitment training and selection processes, along with the SCR, complying with Part 3 of Keeping Children Safe in Education (KCSiE).
- The Designated Safeguarding Lead (DSL) is part of the senior leadership team and can influence policy and practice. The DSL and any deputy DSL has made provisions to update their knowledge and skills updated at least annually
- Deputy Designated Safeguarding Lead (DDSL). Every school/college reported having a DDSL in place.
- Appropriate induction, training and annual updates for staff.
- Staff and relevant governors are aware of established Child Protection procedures and the procedures for responding to and managing allegations against staff.
- Procedures are in place to prevent and respond to bullying. Children are taught about how to stay safe, including online safety.

The audit also identified a significant number (more than 10% of schools/colleges) where the following statutory requirements set out in KCSiE were **not** in place when the audit was returned.

- Maintained schools and academies must appoint a designated teacher to promote the educational achievement of children who are looked after, and ensure that this person has relevant training (KCSiE 2016, para 83). While 98% of maintained schools and academies indicated that a designated teacher is in place, 19% of audits returned, indicated that no training had been undertaken for this role. Wiltshire Council Virtual School has written to schools about training dates.
- School/college staff should be able to help identify children at risk of sexual exploitation. The D/DSL can attend training provided by WSCB or Virtual College and cascade the learning to staff. A briefing or written notes can raise awareness for volunteers. 12% of schools reported that this area of practice requires improvement
- Female Genital Mutilation (FGM). All staff should be aware of the signs to look out for and the individual triggers to be aware of when considering the risks of FGM. 13% of schools reported that this area of practice requires improvement
- When a member of staff or volunteer at a school/college becomes aware that a child may be a privately fostered, they should raise this in the first instance with the D/DSL. 17% of schools reported that this area of practice either requires improvement or is inadequate.

During the 2016-2017 academic year, 72 schools were inspected. Of those inspected 72% were judged to be at least 'Good', with 21% judged as 'Requiring Improvement' and 7% 'Inadequate'.

Safeguarding in every school inspected was judged to be at least 'effective'. As in previous years, inspection judgements are triangulated with information from the audits to identify schools about which there are concerns.

Designated Safeguarding Leads in schools have benefitted from Safeguarding Update Bulletins and Networks provided by the Safeguarding Adviser for Education and Early Years, Wiltshire Council. In addition, a revised and updated Whole School Safeguarding Training Pack was disseminated to all maintained schools, providing a structured training manual for whole-school training.

Early Years and Childminders

This year, 93% (292) of settings (pre-schools, nurseries and out-of-school settings) and 91% (382) of childminders submitted an audit return, which is an increase from last year 84% and 74% respectively. (These numbers will increase as several settings and childminders will be submitting late returns)

Audit returns indicated that Wiltshire settings operate at a high standard in several areas. All settings to date have reported meeting requirements to have:

- DSL in place
- Staff induction around safeguarding and child protection
- Staff declaration re disqualification by association
- Staff trained in Paediatric First Aid on the premises at all times

Over 97% of settings have rated their practice as 'good' or 'outstanding' in relation to:
- Managing allegations about adults
- Whistleblowing procedures
- Multi agency/WSCB procedures

Areas of practice where more than 10% reported not to have procedures in place or rated their practice as requiring improvement or inadequate include:

- Ensuring professional disagreement and escalation is covered as part of staff induction. This despite most settings rating their practice overall as at least 'good'. Last year, a large number of settings reported having used the escalation policy, despite only two having done so formally.
- Having a named member of the management board or equivalent with a responsibility for safeguarding.
- Training for all staff and regular volunteers regarding the Prevent strategy. Staff in 17% of settings have not completed the Prevent eLearning training, as recommended by Wiltshire Council.

Last year, childminders reported operating at a lower standard in most areas compared with group settings. This year, 94% of settings and childminders rated their practice as at least 'good' overall. As many are sole traders (98%), childminders continue to be an area where additional support is required to ensure good safeguarding practice. Bespoke training for childminders was developed in collaboration with WSCB and over 90% of childminders who have submitted a return reported having

had training within the past three years. Of the 21 childminders whose training was out of date, eight had already booked training and the remaining 13 have been contacted by Child Care Officers to ensure this gap in their training is addressed.

Over 97% of childminders have rated their practice as 'good' or 'outstanding' specifically in relation to:
- Child protection procedures
- Attendance

Areas of practice where more than 10% reported not to have procedures in place or rated their practice as requiring improvement or inadequate include ensuring their procedures reflect their responsibilities around:

- Child welfare and child protection record keeping procedures
- FGM and CSE
- Private fostering
- Preventing radicalisation
- Children with SEND
- Early Help

Every childminder and Early Years setting will receive feedback including areas for development on their audit return. Childcare Officers undertake annual visits to all Early Years settings to check safeguarding arrangements.

Children's Social Care

At any one time during the last year, there were around 2,800 cases are open to Children's Social Care covering Children in Need, children on Child Protection plans, children in care and Care Leavers. Published national data shows this aligns appropriately with similar areas. The re-referral rate at the end of March 2018 was over 17% which compares well to a national and statistical neighbour averages of 22%.

There were **360 children with a Child Protection Plan**, as at March 2018 (397 at the same time last year); this number aligns well to comparator areas. The **main category for children being on a plan is neglect**, partly due to children living in households which feature Domestic Abuse, often combined with parental substance misuse and parental mental illness. The proportion of children becoming subject to a Child Protection plan for a second time within two years was 12%, which equates to 50 children.

At the end of March 2018, there were **444 children in Local Authority care** – the number last year was 440. At 41 per 10,000, this remains below the England average of 62 per 10,000. Given Wiltshire's low levels of deprivation, we would expect the rate of children in care to be below the national average. The age profile of children in care is in line with the England profile as is the placement profile, with 77% of children placed with foster carers.

In the last year there has been an ongoing focus on the timeliness of initial health reviews (IHAs) which has continued to fluctuate; timeliness has dropped from 79% in Quarter 1 to 46% in Quarter

4. The recruitment and retention of Community Paediatricians and the completion of IHAs on children placed in county by other authorities has impacted on the ability of Virgin Care to maintain improvement. Improvement Plans are in place and have been reviewed by the Quality Assurance and Performance Sub group as part of their ongoing monitoring of this area of practice. The timeliness of Review Health Assessments has remained within target at 85% for the year

The figures for children in care placed more than 20 miles from home has been level for the year; 37% is above benchmark levels and our target. This figure is closely linked to availability of placements and foster carer recruitment. Placement stability for long-term placements remains strong with 77% of those children who have been looked after for at least two and a half years remaining in the same placement for at least two years. This compares well with the national average at 70%.

Wiltshire offers support to Care Leavers. There are around 200 at any one time provided with support in relation to appropriate accommodation, education, training and employment as well as continuing to develop skills for life.

Children affected by Domestic Abuse

There were 3,205 incidents of Domestic Abuse reported to the police in 2017-2018. Of these, there were 1,437 incidents where children and young people identified as being present (Proxy measure – data only available where the child has been tagged as 'present' on NICHE). The WSCB Domestic Abuse Sub-Group has worked to improve understanding, identification of and response to children and young people impacted by Domestic Abuse in Wiltshire, and to safeguard and ensure good outcomes for them.

In 2017-2018, 517 cases were considered at MARAC (Multi-Agency Risk Assessment Conferences), which included 669 children. The Wiltshire MARACs currently have a non-police referral rate of 43% - this is higher than the national recommended guidance of between 25%-40% non-police referrals, and is a consequence of the well-established multi agency training providing professionals with the skills and confidence to conduct risk assessments and make referrals to MARAC. In 2017-18 there were six training sessions delivered, training just over 100 professionals.

In the 10 years Wiltshire MARAC has been in operation, over 4,000 victims have been discussed and within these families there have been over 6,000 children who have been living in homes where there is high risk Domestic Abuse.

Children in Troubled Families

Phase 2 of the Troubled Families Programme is into the fourth year. 1,495 families have been worked with across Wiltshire and 433 have made sustained progress. 41 parents of the 433 claims have returned to work and remain in employment.

The table below shows the indicators that families have come into the programme under.

Indicator	15/16		16/17		17/18	
	Number	%	Number	%	Number	%
Crime and ASB	76	15%	64	12%	28	5%
School attendance	270	55%	244	44%	84	15%
Child in Need	478	97%	547	99%	428	78%
Unemployment or debt	356	72%	203	37%	83	15%
Domestic Abuse	206	42%	291	53%	169	31%
Child or adult with health needs	246	50%	310	56%	263	48%

Families who have been successful report that they are able to implement routines more successfully and use a solution focussed approach. They are more understanding of their children's need and able to be more responsive.

There is good engagement with the domestic abuse perpetrator programme as well as the Freedom Programme to support victims.

Children who are Privately Fostered

There has been a significant increase on the number of children being identified as privately fostered with 62 being notified during 2017-2018; a 48% increase on last year's figures. Eighteen of these were relating to Chinese students visiting the UK as part of a senior school programme (April – July 2017) and 20 were relating to other language students visiting Wiltshire. National comparative data is no longer available.

From July 2016, there has been a designated Private Fostering Worker and since October 2016, responsibility for initial visits has transferred to the Fostering Service.

Period	New Notifications	Actual PF Arrangements starting	Visits in 7 days	% Completed within time	Comments
Apr - Jun 2017	22	19	19	100%	x2 notifications did not become PF arrangements x1 Advance notification
Jul - Sep 2017	27	25	23	92%	x 2 notifications found not to meet PF criteria x2 seen out of timeline due to administrative error at time of notification.
Oct - Dec 2017	7	6	6	100%	x1 Advanced notification, student not arriving until Jan 2018
Jan - Mar 2018	6	7	7	100%	X1 initial visit from notification from previous period

Notifications from sources other than language schools, where working relationships have been strengthened by the Private Fostering Worker, remain low. An action plan to increase awareness of private fostering is in place, including targeting professionals (particularly schools and childminders/nearly years settings) to raise their awareness in order to increase mainstream referrals/notifications.

Children who are Missing

Children who go missing are at greater risk of exploitation and abuse and therefore this area continues to be a high priority in Wiltshire. There are Missing Co-ordinators in post and robust reporting processes are embedded, providing evaluative oversight of the performance and impact of the work to protect children who go missing.

In the period, 407 children were reported missing to Children's Social Care involving 1,170 missing episodes which were followed up by Children's Social Care Missing Children Coordinators. 51% where male and 49% female. Eighteen children went missing on at least 12 occasions and, of those, 13 were Looked After Children (4 Wiltshire LAC placed in Wiltshire, 5 Wiltshire LAC placed out of county and 4 young people placed in Wiltshire by other local authorities). Over half (52%) of the missing episodes involved Looked After Children equating to 123 individual children. Of the total number of episodes, 475 (43%) Return Interviews (RI) were completed with young people. 286 (26%) of Return Interviews offered were declined by young people or their parents/carers. For the remainder, 18% were children placed in Wiltshire by other Local Authorities, 10% are Wiltshire children with Social Worker/Key Worker involvement and 3% other professional involvement. In all these groups, professionals did not feedback to coordinators the outcome of the Return Interview offer.

Review of Missing & RI's

The graph illustrates the convergence of the number of RIs offered to children returning from missing incidents, as only a small number (62) of incidents are assessed as not requiring a RI.

There were 212 missing episodes reported in quarter four, a significant decrease in previously reported quarters and the lowest in the three-year period of data collation. The number of children reported as missing has also reduced as well as the episodes. Analysis of this data will be undertaken to establish the reasons for this.

Children Missing Education

A Children Missing out on Education Group (CMOE) meets regularly, led by the local authority (LA) to provide oversight and co-ordination of children and young people whose vulnerability is increased by reduced access to education for a range of reasons. This enables the LA to identify some of our most vulnerable children who may not be accessing appropriate education and to ensure, through case discussion and information sharing, that robust measures are taken to ensure those children can access their educational entitlement. Additionally, it delivers information to the LA to enable it to take a strategic overview of specific areas of concern (which may include Alternative Provision (AP) and /or part-time provision, exclusions, poor school attendance, Education Otherwise Than At School (EOTAS), children without a school place), providing support and challenge to families, professionals and education providers. This ensures that the LA properly discharges its statutory duty in regard to school aged children.

Schools and education providers have a duty to inform the LA when a child leaves their setting and is removed from roll. When information is received that a pupil of compulsory school age has left an education setting and their whereabouts are unknown, an Education Welfare Officer based within the Support and Safeguarding Service will take steps to try to locate the pupil. This will include liaison with officers in other LA departments, partner agencies and with LAs across the UK.

How does the Board work?

Serious Case Reviews (SCR)

The SCR Sub Group met on six occasions with five cases being formally considered for a SCR or other review. No SCRs were commissioned in 2017-2018 and one SCR, which had been commissioned during 2016-2017, was published in April 2018 with details set out below. Wiltshire agencies have also been part of an ongoing SCR in Reading in relation to intrafamilial child sexual abuse.

Practitioner Learning Events have been held in relation to two cases this year to help identify the learning from those working with the child and their family. These have provided positive opportunities for staff to discuss the practice issues and identify learning. As a result of these, we have developed and disseminated guidance on:

- safeguarding unborn babies and under 1s
- working with difficult and distracting parents and the use of chronologies to develop a shared understanding of risk
- working with the child of a colleagues or someone you know

WSCB has also continued to have oversight of the learning from SCR Baby J, published in July 2016 and a planned multi-agency audit on Early Help CAFs on Vulnerable Mothers to be scheduled for June 2018 will provide evidence of impact.

SCR Family M

This review focused on five children: Sibling 1 (aged 4), Sibling 2 (aged 6), Sibling 3 (aged 8), Sibling 4 (aged 10) and Sibling 5 (aged 12)- all ages at the start of the review period. They were living with their mother and her partner, Mr W, father of two of the children. Historically, there had been concerns in relation to Neglect, Emotional Abuse and Domestic Abuse going back a number of years. Mr W was found to have downloaded Child Sexual Abuse images. During this process, there continued to be concerns in relation to Neglect, Emotional and Physical Abuse, however there was professional disagreement about, and lack of clear analysis of, these risks. There were also concerns that bail conditions were not being adhered to by Mr W. Forensic examination of the sexual abuse images evidenced that one of the children had been subject to sexual abuse by Mr W. He was convicted of a number of child sex offences and is now in jail.

The findings focused on:
- Understanding and working with the risk from perpetrators who download Child Sexual Abuse images online
- Challenging the decision making of other professionals
- Maintaining 'healthy scepticism' in working with parents rather than uncritically accepting what they tell you about their children

WSCB has published a Response Plan setting out how findings will be addressed and learning taken forward, which will include the implementation of a neglect tool for practitioners and a review of the Child in Need Process in Wiltshire. The full report can be read here.

Child Death Review in Wiltshire

The Child Death Overview Panel (CDOP) enables the WSCB to carry out its statutory function in relation to reviewing all child deaths to understand why children die. This process can help us to identify factors relating to the safety and welfare of children and this can then be used to inform local strategic planning and interventions to prevent future deaths on a local and national level. This is a joint panel with Swindon LSCB.

As part of its current functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be 'modified' to reduce the risk of future child deaths.

CDOP facts and figures 2017-2018

- There were 27 notifications of deaths of Wiltshire children in 2017-2018 (23 in the previous year)
- The majority of child deaths are expected deaths (through known illness or life-limiting conditions) accounting for 63% of child deaths in the past 5 years. This year there were 20 expected deaths and 7 unexpected deaths
- The majority of child deaths occur in the first month of life (46% over the 5 years) and when this is extended to look at children under 1 year of age, we can see that 67% of deaths (across Wiltshire and Swindon) over the 5 years, occur within the first year of life.
- Using five year data for Wiltshire children, the greatest proportion of notifications (48%) were received for babies dying in the neonatal period (under one month of age). This figure increases to 67% when all deaths under one year are included.
- The most common cause of death for children under 1 year of age in Wiltshire was a perinatal or neonatal event. This is in line with the national picture. For children in Wiltshire it can be seen that in early childhood, 1-4 years, acquired natural causes and chromosomal, genetic and congenital conditions predominate, but by later teenage years, ages 15-17, external causes are more frequent as cause of death.
- Deaths from external causes, which includes trauma from external factors, self-inflicted harm, suicide and deliberately inflicted injury, abuse or neglect are rare (equivalent to 21 deaths over the 5 year period) but still accounted for 9% of deaths reviewed in the last 5 years. This is broken down as 6% for Wiltshire children and 3% for Swindon children.
- In the majority of deaths reviewed no modifiable factors were identified - modifiable factors were identified in 22% of Wiltshire cases. Nationally CDOPs identify 27% of their deaths as modifiable so this is lower than the national picture.

Key Themes

- Recognition that families living across more than one household can lead to missed opportunities for the health visitor to provide appropriate advice and support.
- Families can experience financial hardship following the death of a child benefits and child maintenance support are stopped and the parents may be unable to work for a period of time.
- Importance of easy access to counselling for staff responding to a child death. CDOP recognised South Western Ambulance Service's "Staying Well Service" as an example of good practice in this area.

- Importance of recognising non-compliance with treatment for chronic health conditions such as asthma.
- Importance of public awareness that if a child requires their Salbutamol inhaler more often that 3-4 hourly medical attention should be sought as they might need additional treatment.
- Identification of learning for rapid response teams to ensure that schools are notified promptly, and through official channels, when a child dies.
- CDOP saw evidence this year of good information sharing enabling staff to manage deliveries appropriately and sensitively.
- Recognition of the difficulty of balancing the likely outcome for twins with differing utero pathology.
- Importance of involving parents at every step of discussions and balancing parental wishes against futility and extending suffering of infant.
- Difficulties in flows of information when families move into the area from another region
- Review of child suicides this year had reinforced the importance of emotional health and well-being for young people along with the importance of friends being able to flag concerns in school to appropriate adults. CDOP noted that PSHE lessons will be compulsory from 2019

WSCB Training

This year:
- WSCB continues to provide a comprehensive multi-agency training programme to support front-line staff in their work with children and young people who are vulnerable, at risk and suffering significant harm.
- WSCB delivered 57 training courses. A detailed breakdown of attendance can be found in Table A.
- The 57 training courses reflect 11 safeguarding subject areas. These were all multi agency courses. Subjects included:
    o Child Sexual Exploitation
    o Safer Recruitment
    o Neglect
    o Domestic Abuse
    o Sexualised Behaviour
- A further 1,434 online training courses were completed.
- Three WSCB Area Practice Forums were delivered in Chippenham, Devizes and Salisbury about Criminal Exploitation of Children and Young People and Neglect. The Forums were attended by 113 staff and managers.
- Following the trend from previous years, most training delegates are from schools (academies and maintained) and Early Years settings. 65% of delegates overall come from these two sectors

Impact
- Course evaluation data is collected from delegates at the end of each course; this continues to reflect that training enhances delegates' skills and knowledge.
- Evaluations continue to show high levels of satisfaction with the courses. Pre-and post-questionnaires are sent out to delegates on all advanced and foundation courses to measure distance travelled in terms of their skills and knowledge

I feel really supported by the ability to contact the MASH team, even if it is just to give a hypothetical situation across. There have been a couple of times where I have been the only safeguarding lead around, so knowing that if there was a difficult situation, I would receive excellent advice and guidance. (CP Advanced)

An amazing and informative course that has developed my awareness of Safeguarding. (CSE)

Absolutely fantastic course. Really knowledgeable and informative. Thank you. (CP Advanced)

The knowledge of the trainer and the guest speaks who delivered the training was invaluable. It demonstrates why it's so important to be trained at this level given the roles we have and the importance of joint working. (Neglect)

WSCB Face to Face Training Attendance 2017-2018 (Table A)

Course	Number of Sessions Run (April - June 2017)	Number of Attendees
Foundation	13	316
Advanced	13	295
Child Sexual Exploitation	3	50
Conferences and Core Groups	2	41
Domestic Abuse	5	114
Early Help and Safeguarding	1	22
Early Help CAF in Practice	1	11
Neglect	3	55
Safeguarding Children with Disabilities	1	23
Safer Recruitment	4	89
Safer Recruitment Refresher	2	38
Sexualised Behaviour (identifying & managing risk)	4	64
Working with CSE - CSE Skills and Practice	1	21
Working with CSE - Working with Parents	1	19
WSCB Area Practice Fora	3	113
Total of All	**57**	**1271**

Criminal Exploitation and Missing Subgroup

- WSCB Child Exploitation and Missing Children Sub-Group has successfully built on the work conducted by the CSE and Missing Children Sub-Group over the past year and has seen a change in Chair to Detective Superintendent, Deb Smith, since September 2017.
- The remit of the group changed to consider emerging threats from exploitation, for example, criminal and financial exploitation, radicalisation, and slavery.
- The group identified issues in relation to how the child protection system protects adolescents at risk, particularly those on the edge of criminal behaviour or exploitation. Work is now underway to map multi-agency working for criminal exploitation to ensure there is a co-ordinated Wiltshire-wide approach and one clear strategy, including support and guidance on identification and intervention. This work will be taken forward by the FACT programme.
- The CSE Prevention Officer for the South West Region attended a meeting to give a presentation on the Child Sexual Abuse and Exploitation Prevention Service for England and Wales. The programme is a joint initiative between police, The Children's Society and Victim Support working across all policing regions in England and Wales to analyse data, develop strategies and contribute to action plans which aim to deliver results for the prevention of Child Sexual Abuse and Exploitation. A Problem Profile will be put together as a result of the programme and circulated across the region.
- Wiltshire County Crime Unit gave a presentation around County Lines. A Wiltshire working group around County Lines and Dangerous Drug Networks is being established.
- Work to oversee how well the system prevents children from going missing has led to the issue of effective information sharing across localities being raised at Executive. The Board Chair and Director of Children's Services will write to other Local Authorities to ask them to work closely with Wiltshire to ensure that information is exchanged about children who are placed in Wiltshire about the likelihood of them going missing and particular risks associated with relationships that young person may have relating to Child Sexual Exploitation and Criminal Exploitation.
- The group has also focused on information sharing in relation to single and multi-agency work on engaging with seldom heard groups and tackling human trafficking and modern slavery, cyber exploitation and radicalisation.

Child Sexual Abuse (CSA) Task and Finish Group

The group's work this year culminated in a full board event at which:

- Learning was shared from a recent Serious Case Review.
- Professionals from the Local Authority, Wiltshire Police, Virgin Care and CAMHS provider Oxford Health NHS Foundation Trust talked about local services, research and identifying CSA.
- Dr Debbie Allnock, Senior Research Fellow at University of Bedfordshire, discussed how to translate research and theory into direct practice approaches.
- New WSCB website content was launched to promote tools and provide clearer guidance for practitioners.

Child Sexual Abuse working group (non-recent cases)

In response to local and national events, in November 2017 WSCB set up a task group to ensure that professionals working with adults, children, young people and their families have the knowledge and skills that inform their practice in relation to disclosure of non-recent sexual abuse. The group has been asked to agree a process for the reporting and multi-agency response to the disclosure of non-recent sexual abuse.

Work is underway to make certain that local professionals know where they can access support and guidance, are aware of associated risk and that there is a prompt and robust response to disclosure.

Domestic Abuse (DA) Subgroup

The DA subgroup is jointly supported by the Board and Community Safety Partnership. In 2017/2018, this multi-agency forum:

- Facilitated a stakeholder session to provide essential input for the local DA Needs Assessment, Strategy development and informed the service specification for the new integrated DA and ISVA support service.
- Ran a development session to engage with partners on the commissioning challenge by examining the results of a locally produced qualitative study exploring how stakeholders responsible for commissioning DA services interpreted and understood this function.
- Assessed the future impact of the Homelessness Reduction Act 2017 in relation to DA.
- Oversaw actions to address the key recommendations of the JTAI inspection report.
- Agreed DA Performance Indicators and Threshold for WSCB Dataset.
- Provided an opportunity for Wiltshire Police to work with partners to review their own Vulnerability Strategy and how it supports victims of DA with partners.
- Reviewed learning from Domestic Homicide Reviews and Serious Case Reviews in relation to DA.
- Promoted and reviewed work on FGM/Honour Based Violence and Forced Marriage.
- Heard regular updates from the operation MARAC team and discussed the role of partners at conferences.
- Supported the '16-days of action' campaign running a partnership event, with guest speaker Nick Gazzard of The Hollie Gazzard Trust to raise awareness of the wider forms of abuse including stalking and harassment.
- In 2017/2018, two Domestic Homicide Reviews were published. Learning from these reviews was shared with agencies and lead to changes in service delivery

Youth Safeguarding Board (YSB)

Meetings have focused on Child Sexual Abuse and Exploitation, online safety, including sexting and radicalisation. Meetings are being held bi-monthly with members of the Wiltshire Assembly of Youth. This year:

- Members designed a young person friendly summary of the Child Sexual Abuse Problem Profile and brought together local key messages. Resources for young people are published on the WSCB website.

- Seventeen young people from the Youth Safeguarding Board, Wiltshire Assembly of Youth and the Children in Care Council were trained to take part in agency 'Walkabouts'. Their views will help the Board understand how well local organisations are meeting the needs of the young people they are there to support, and the programme is part of the Board's wider quality assurance work.
- A letter has been written for school councils around the importance of good PSHE lessons in schools. The letter will reinforce their responsibilities particularly in relation to sexual health when elements of PSHE become mandatory.
- Mapping is taking place to engage more young people with the board and the wider work of the Board's members. Young people are being asked how we can better engage with them so the work is driven by them.
- Members developed CSE leaflets for young people in Wiltshire to raise awareness and signpost to help and support. A total of 30,000 leaflets were printed and are being distributed to schools across Wiltshire.

Practitioner Forums

Our forums are sub groups of Wiltshire Safeguarding Children Board with membership made up of practitioners from partner agencies working with children and families in the Wiltshire. The purpose of this group is to explore how well the system to protect children and young people is working, from the perspective of practitioners, as well as identifying barriers to this and providing a voice for practitioners in the work of WSCB. The South Forum continues to receive good attendance by agencies and key areas of focus for the group have included:

- Child in Need process – providing information to inform the CiN Thematic Review.
- Good practice in working with Child Sexual Abuse.
- Case resolution and escalating concerns – building on the Courageous Conversation Training delivered in July 2017, the group have identified good practice and barriers to managing disagreements.
- Army rebasing – concerns were raised by members about the lack of information about the forthcoming rebasing. A paper was presented to the Wiltshire Army Rebasing Steering Group and a sub group is now being established focused on children and young people, with members to include representation from the Practitioner Forum.

A North Forum has just been established and the impact and influence of this group will be seen over the next 12 months.

In 2017/2019. the decision was made that the **Early Intervention sub-group** would not continue to meet in light of the work being done as part of the FACT partnership programme. The Board Chair and lead for the programme meet regularly to ensure that the FACT workstreams are addressing the need to focus on more effectively intervening early, building resilience in the next generation and on prevention of harm. The Board's **Workforce Development** group has not meet since mid-2017. A review is being conducted of the multi-agency training offer and how training needs across the partnership can be more effectively met. Again, discussion is underway to ensure effective links with the FACT Programme.

WSCB Governance Structure

WSCB Executive Board

Subgroup Chairs
(also functioning as the policy and procedures group)

Full WSCB – meets 2/3 times a year

Child Exploitation and Missing Children subgroup

Serious Case Review subgroup

Quality Assurance and Performance subgroup

Domestic Abuse subgroup (joint with Community Safety Partnership)

Child Death Overview Panel (joint with Swindon LSCB)

Child Sexual Abuse Task and Finish subgroup

Youth Safeguarding Board

Practitioner forums (north and south)

Appendices

Appendix one

Financial Arrangements

Partner agencies have continued to contribute to the WSCB's budget which supports the running of the Board in addition to providing resources 'in kind', for example, through the provision of staff to support the multi-agency training programme. Contributions of £233,540 and income from training of over £60,000 have ensured that the overall cost of running the WSCB was met. Costs to meet the decision to fund a full-time quality assurance lead have been balanced by a decision to have one joint manager across several partnerships which delivered a saving to the Board.

Funding arrangements for 2018/19 have been agreed and will remain unchanged for the remaining life of the Board in its existing format. An underspend of over £30,000 in 2017/2018 will meet additional cost pressures in 2018/2019.

Chart Title

Legend:
- CDOP
- Serious Case Review
- Staff costs (quality assurance and business support)
- Independent Chair
- Training costs (including venue and staff costs)
- Other costs
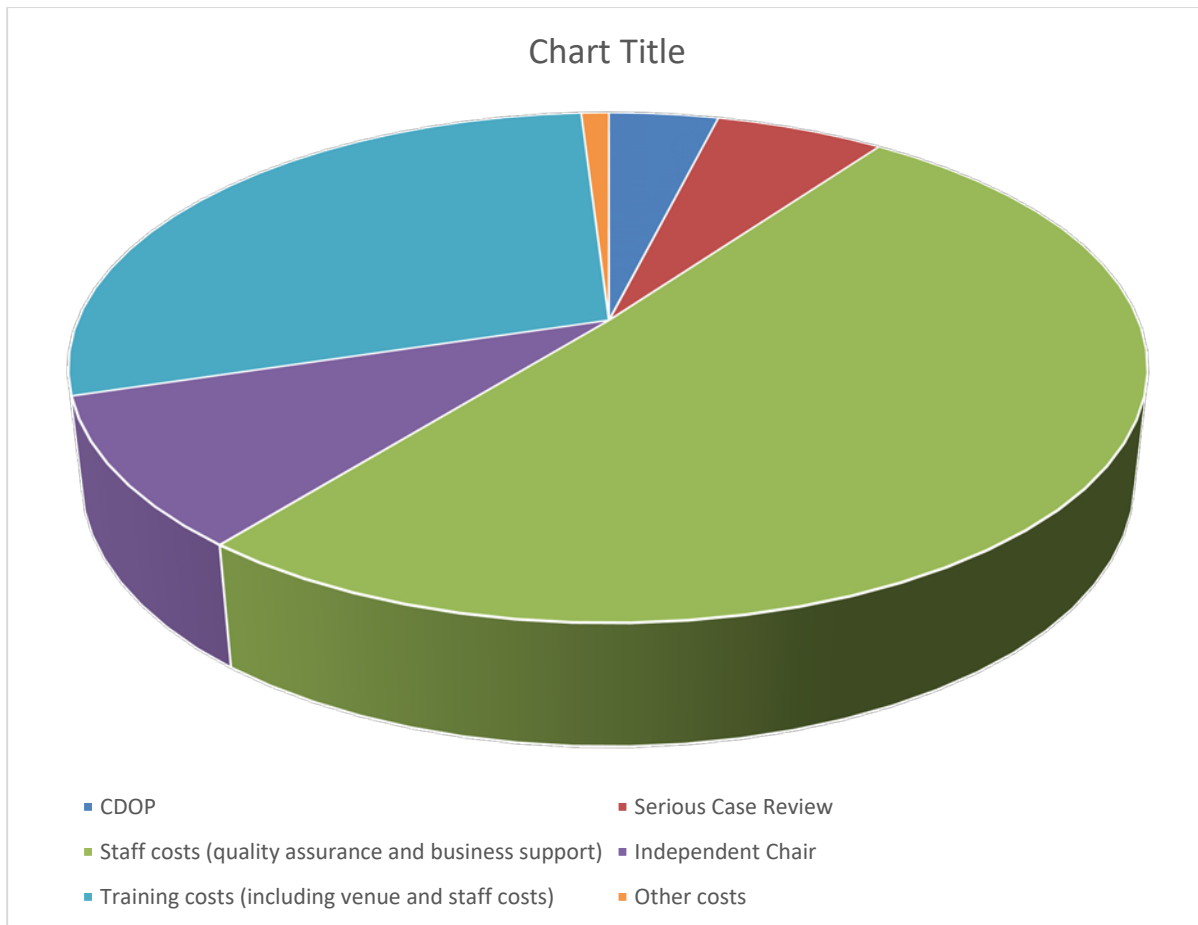
Appendix two

WSCB Online Learning Annual Report (2017-2018)

Agency	Awareness of Child Abuse and Neglect	CSE*	eSafety
Adult Social Care	33	1	0
Armed Forces	8	2	0
Charity / Voluntary	66	3	3
Childcare / Early Years	2	1	5
Children's Social Care	118	7	4
Early Years - Childminders	18	5	6
Early Years - Children's Centres	10	12	0
Early Years - Other	30	5	15
Early Years - Pre-school or Nursery	329	14	63
Health - Other	1	1	0
Health - Virgin Care	3	3	1
Health – Wiltshire CCG - General Practices	1	1	0
Housing	2	0	0
Leisure Services	16	0	0
Other	38	4	0
Schools - Independent Schools	132	3	3
Schools - Other	7	0	9
Schools - Primary Schools	256	1	23
Schools – Secondary Schools	36	2	10
Schools - Special Schools	39	0	1
Wiltshire College	4	0	1
Wiltshire Council - Commissioning and Performance	24	1	4
Wiltshire Council – Early Help	3	0	3
Wiltshire Council - Integrated Youth / YOT	7	3	2
Wiltshire Council - SEND Service	9	0	0
Wiltshire Council Other	15	2	2
Wiltshire Police	0	1	0
Total applied	1411	77	184
Total completed	1207	72	155
Completion rate	85.5%	93.5%	84.2%

*CSE courses were run until September 2017.

Appendix three

Executive Board Attendance 2017-2018

Agency	Number of Executive Board meetings attended (4 meetings in total)
Wiltshire Council, Lead Member	3
Wiltshire Council, Director of Children's Services	2 (represented on 2 further occasions)
Operational Children Services, Wiltshire Council	2
Adult Services, Wiltshire Council	1
Wiltshire Police	4
Public Health	3
Wiltshire Clinical Commissioning Group (CCG)	3
Wiltshire Association of Secondary and Special School Head Teacher (WASSH)	3
Primary Heads Forum (PHF)	1
Avon and Wiltshire Partnership NHS Foundation Trust (AWP)	3
Salisbury NHS Foundation Trust (also representing Great Western Hospital, Swindon and Royal United Hospital, Bath Acute Trusts)	4
Oxford Health NHS Foundation Trust (CAMHS)	3
Virgin Care Ltd (Wiltshire Children's Community Services)	4
National Probation Service	3
Bristol, Gloucester, Swindon and Wiltshire Community Rehabilitation Company (CRC)	3

Whole Year Report 2017-2018 – Attendance by Agency	Number of meetings attended vs number of meetings invited to (non-compulsory meetings)
Wiltshire Council (Inc. Housing, commissioning, public health etc)	107 / 219
Operational Children's Services	44 / 48
Health (Inc. Virgin Care, Acute hospitals, CCG etc)	102 / 154
Police and Criminal Justice	39/41
Adult Services	6 / 13
Early Years	16 / 30
Wiltshire School	12 / 18
Wiltshire College	3 / 4
Army	5 / 12
Voluntary	11 / 14
Not Listed	10 / 10

Wiltshire Council

Health and Wellbeing Board

17 October 2018

Subject: Families and Children's Transformation (FACT) Programme

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Executive Summary

I. At its meeting in May 2018 the Board received its first update from the recently formed Families and Children's Transformation (FACT) Programme and requested a subsequent update on progress four months later. This report briefly evidences the considerable scale, ambition and progress of the programme and the significant commitment made by all partners to its delivery.

Proposal(s)

It is recommended that the Board:

i)   Notes the scale and ambition of the programme and its pledge to co-production with children and families
ii)   Notes the considerable commitment and mobilisation of resources across the partnership
iii)   Notes the progress of key priority projects (e.g. "No Wrong Door", Case Management System, Early Support Hub and more)
iv)   Notes that for newer projects research and scoping continues at pace to ensure time and resources are wisely spent

Reason for Proposal

I. To ensure appropriate governance and oversight

Presenter name: Terence Herbert
Title: Corporate Director, Children & Education
Organisation: Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

17 October 2018

Subject: Families and Children's Transformation (FACT) Programme

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Purpose of Report

1. To provide an update to the Board on the Families and Children's Transformation (FACT) programme.

Background

2. The Families and Children's Transformation ("FACT") programme was formed in January 2018 with our partners sharing a "relentless ambition to enhance social mobility, build resilience and deliver efficient and impactful services that improve outcomes for families and deliver savings to the partnership".

3. The programme consists of 8 workstreams and over 30 projects all designed to deliver the programme vision of "Ensuring all Wiltshire Families thrive".

4. The 8 workstreams are:

    i)   Getting the best start in life
    ii)   Improving permanency for our children
    iii)   A good education for all
    iv)   A partnership approach to being ambitious for children with Special Educational Needs and Disabilities
    v)   Building an effective workforce and volunteer base
    vi)   A partnership approach to supporting young people to live in their families and communities
    vii)   Working in an outcomes-based way
    viii)   Case Management Systems development (IT-enabled integrated working)

5. All workstreams are led by senior management who oversee a variety of projects within their workstreams. Projects are led by staff and partners with colleagues across our joint workforce having involvement in the FACT programme. Over 200 colleagues across the partnership are engaged on the programme

6. For reference, a chart depicting the workstreams (orange), projects (blue) and governance is provided.

Cabinet and Partner's Governance Boards

Health and Wellbeing Board

Sponsoring Group: Corporate Leadership Team

Future Wiltshire Safeguarding Board arrangements

Families and Children Transformation (FACT) Board - Chaired by Terence Herbert

Case Management System (CMS) board - Chaired by Theresa Leavy

FACT Implementation Group - Chaired by Theresa Leavy

Case Management System (CMS) Theresa Leavy	Working in an outcomes way Tamsin Stone	A partnership approach to supporting young people live in their families and communities Jen Salter	Improving permanency for our children Judith Westcott	Getting the best start in life Sally Johnson	Effective workforce and volunteers Paula Marsh	A good education for all Nick Breakwell	A partnership approach to being ambitious for children with SEND / disabilities Martin Davis	Commissioning and Procurement sub-group
Single View and portals	Front door and local pathways, including partnership thresholds and singular referral, assessment and plan	Stable Housing Options Review	Reunification and kinship care	Partnership pathway for SEN early help	Recruitment and retention review	Social Emotional Mental Health Review	Transport review	Shared Commissioning roadmap Informing and informed by FACT activity
LiquidLogic Children's System (LCS)		Integrated mental health services	Sufficiency of Wiltshire Council foster carers	Improving integrated working in Early Years	Engaging Effective Volunteers	Closing the gap in attainment at all key stages for vulnerable groups	Flexible Workforce	
Early Help Module (EHM)	Partnership performance and outcomes framework	Emergency Duty Service (EDS) review	Sufficiency of IFA and Residential care placements	Improving Awareness and Access to Early Years programmes	Families and Children roles and functions review	Delegation and assessment (Schools and EHCP)	Employment and training for all and exploring a whole life service (including for those with SEN, learning and/or mental health difficulties)	
Early Years Education System (EYES)		YOT and Emerald Team roles/functions review	Permanency for care leavers	Easy access to the right, consistent information for professionals and families	Exploring with partners a singular workforce	Lead Worker role review		
		Implement 'no wrong door' model and ASP roles/functions review		Local Area Coordination	One shared language and vision			
		High Frequency Callers						
		Family Led Review of Child Protection (CP) Interventions						

TROUBLED FAMILIES & PARTNERSHIP WORKING

PREPARING FOR ADULTHOOD & PARENTHOOD

CO-PRODUCTION

SOCIAL MOBILITY

SHARED MODEL OF PRACTICE

INTERVENING EARLIER

COMMUNITY RESILIENCE

FACT Families And Children's Transformation programme

NHS Wiltshire Clinical Commissioning Group

Wiltshire Council Where everybody matters

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Main Considerations

7.   A summary of key developments under each workstreams follows.

8.   The **CMS (Case Management System)** brings together multiple IT systems across early years, education, early help, SEND and safeguarding into one system, so all information on our families, children and young people is shared in one place.

9.   The new case management system will enable users to input, read and retrieve information relevant to the child and family they are working with, allowing an improvement in our partnership working through the faster exchange of information. It will also provide a holistic view of the child and their family to help with good decision making, enabling practitioners to see the impact of any service provision.

10.   Furthermore, the new system will streamline IT and admin based activities, releasing staff time to spend with children and families

11.   Consultation with partners started in June and will be complete by October to determine our partners appetite for IT-enabled integrated working through their shared use of the new system. Recommendations to the FACT Board will then be made and implementation begun.

12.   The new system is being rolled out to Council staff and key partners (e.g. those co-located in the MASH) from November of this year with other partner agencies commencing access to the system from January 2019.

13.   Two key projects under the **Working in an Outcomes Way** workstream are progressing well, namely the creation of an **Early Support Hub** to sit alongside the MASH and the development of a partnership **FACT Outcomes Framework** which will allow us to see whether we are truly making a difference for the children and families we work with.

14.   On 31st July 2018, the FACT Programme Board signed off proposals for the creation of the Early Support Hub and an implementation plan is currently being developed.

15.   70-75% of Contacts to our front door do not require allocation to social care but do still require professional advice, consultation and careful brokering of appropriate early support. The Early Support Hub is designed to provide a more effective response to these requests. We know that when we invest time and expertise to advise and support professionals effectively, we see less demand back into our front door as there is a higher likelihood that the child and family's needs will be appropriately met (as evidenced by audits and analysis of MASH Consultation activity and outcomes).

16.   Conversations are also underway with partners to ensure their 'front doors' adopt the same core operating principles so families and professionals are not bounced between them.

17. Ultimately this will generate greater windows of opportunity for intervening earlier through reciprocal referral pathways and warm call transfers and ensuring appropriate follow up.

18. Advice and guidance within the Early Support Hub will be governed by revised **Safeguarding Thresholds Guidance** that is currently out for consultation. This guidance will meet the Wiltshire Safeguarding Children's Board statutory requirements and be owned by them but will also incorporate a partnership approach to how thresholds will be managed reflecting a common language.

19. A draft **FACT Outcomes Framework** is coming together based on the outcomes defined by each FACT project group, the "wicked issues" identified through interviews with executive leaders across the partnership and consultation with children and families over the summer. This activity will culminate in a major FACT Partnership Event on 28th September where strategic priorities and outcomes will be agreed. Early findings are suggesting top 9 priority outcomes of:

   i)   I am safe and free from violence
   ii)   I am as healthy as I can be and can bounce back when things get tough
   iii)   I have a stable, safe place to live
   iv)   I have what I need and know how to manage
   v)   I have the help I want, when I need it
   vi)   I feel able to share my story, I understand why I need help and I know what I've got to do
   vii)   I am accessing learning or employment and doing well
   viii) I experience consistent and coordinated support by someone who champions me and helps me take control
   ix)   I'm gaining the skills and independence to prepare for my future

   These and the secondary outcomes that contribute to delivering them are provided in draft in appendix 1.

20. The partnership approach to **supporting young people to live in their families and communities** workstream is developing a number of projects to take a whole family approach, identifying causes of need and then using the support of relevant professionals and the voluntary sector to meet the needs of the family until stability is reached.

21.	Within this workstream, the **High Frequency Callers** project is taking a multi-agency, multi-disciplinary, strategic approach to identify and enable improved prevention and interventions with young people and families who interact most frequently with most of the agencies that make up the 'Wiltshire system'.

22.	The project group will collectively learn about the way these systems work with and for the people who most frequently contact us, resulting in a small scale, localised trial to test potential improvements to our multi-agency service delivery. The results of this trial will be reviewed for subsequent introduction into operational delivery.

23.	The wraparound, multi-disciplinary approach also supports projects such as the **"No Wrong Door"** (proposal agreed at the FACT board on 29th March 2018) which is implementing a service delivery model to divert adolescents from being taken into care by providing multi-agency targeted support (including the provision of residential care if required).

24.	Research from other local authorities who have implemented a similar model (including North Yorkshire who have received an Outstanding rating from OFSTED) demonstrate a reduction in the number of young people being taken into care and associated improvements in their overall outcomes including education and employment options and general health and wellbeing.

25.	Ensuring that the right staff with the right skills are in place to support the model is a crucial piece of work that is underway across the council, police and health. Multi-professional working simplifies relationships with young people and families who appreciate a single channel of communication, even if there is subsequently support from specialists. There is good evidence that youth work and health professional approaches were valued by young people and families and can complement social work practice and deliver positive outcomes.

26.	Improving outcomes for this group will reduce costs to the Local Authority and to a range of agencies (National Health Service and the police, etc) by building resilient families and young people that a less likely to engage in risky behaviour.

27.	Through the successful implementation of the No Wrong Door project it is anticipated that the impact of the new service will:

    i)	Reduce adolescent entries into care
    ii)	Reduce out of county placements
    iii)	Reduce the use of 'unnecessary' residential placements
    iv)	Improve placement and accommodation stability
    v)	Improve engagement and achievements in education, employment and training (EET)
    vi)	Deliver good planning of transitions from care to independent living
    vii)	Develop resilience, self-esteem and wellbeing
    viii)	Improve access to support in a crisis for young people and carers

ix)   Create increasingly attractive and innovative job roles and fostering opportunities.

28.   It is anticipated that the No Wrong Door service model will begin delivering services to young people and their families in the autumn pending approved Ofsted registration (which is being fast tracked).

29.   The **Improving Permanency** workstream is reviewing how to improve quality across our Children in Care services, ensuring that there is sufficient resource to deliver the council's longer-term fostering strategy, while maximising the value, impact and outcomes for those young people who are in an external care placement.

30.   The **reunification and kinship care** projects will look to deliver further improvements in how we are able to support families in crisis to remain involved in the care of their children where appropriate, therefore avoiding the need for children to move into a care placement. The projects also require a focus on ensuring stability for children and young people, developing early approaches that secure the best outcomes for children, and strengthening the transition process for young people into adulthood and independence.

31.   The projects in this workstream will require significant benchmarking activity and research with other local authorities to investigate and identify key actions that need to be taken in order to meet project objectives. This scoping work is currently underway and will lead to a number of proposals. It is recognised that progressing the work is likely to require a minimum degree of invest-to-save to create the sought after transformational goals.

32.   The **Getting the Best Start in Life** workstream brings together numerous colleagues from across the council and health landscape including Early Years and Maternity Services, to ensure that appropriate resources and services are in place to achieve the greatest impact on a child's future over the first 1001 days (conception to age two) and on to school age.

33.   The **integrated working in Early Years** project is working closely with colleagues from various services including children's centres, to ensure that families experience coordinated and seamless support, with a smoother transition for children and families between services from conception to reception years.

34.   This will be achieved by developing an integrated 0-2 years pathway, complete with an integrated assessment tool and multi-agency training. This includes reviewing job roles across Early Years services to eliminate duplication and look at how we maximise the use of resources that support families. A partnership conference is being held in November of this year to bring early years professionals together to take this work forward. The intended impact of this will ultimately lead to an increase in children reaching the end of their reception year with a good level of development (GLD).

35. The **Effective Workforce and Volunteers** workstream contains a variety of projects that are intended to develop robust, appropriately trained, confident teams across a number of organisations, who will work directly to support the best outcomes for families.

36. To this end, the **one shared language and vision** project has been established to bring a multi-agency, multi-disciplinary team of professionals together to explore a shared, relationship-based approach to direct work with children and families across the partnership workforce. The project aims to provide families with seamless support from services and this means families feel all of the people supporting them are pulling in the same direction, using the same language consistently and not using jargon.

37. A multi-agency workshop was held on 26 July to plan this work, focusing on gaining an insight into the work and approaches of other agencies, preventing confusion and misunderstanding between agencies and families and exploring a common vision for working with families.

38. A number of job role reviews will also be undertaken as part of this workstream, to ensure that duplication is eliminated by having a clear definition of roles and responsibilities for all staff, handoffs between staff within and between teams and between different agencies are reduced, and families are having their needs met by the most appropriate professionals.

39. The **Good Education for All** workstream is currently developing plans to ensure that all vulnerable children achieve their academic potential and has a particular focus on closing the gap for pupils from **vulnerable groups**. The workstream is taking a whole school/whole system approach to working in an inclusive and trauma-informed way. This will involve reviews of how to implement improved partnership working, resulting in a better understanding of how different agencies work together in a child-centred way.

40. Engagement sessions with schools and focus groups are being established during the Autumn term to help shape and develop the projects within this workstream.

41. The partnership approach to **being ambitious for children with SEND/disabilities** workstream is looking to support children and their families to maximise independence, have aspirations, achieve them and reduce future need for additional resources. Where a plan is required it is multi agency and supports all needs (education, health, care and adulthood) holistically.

42. A project group has been established to investigate the potential of a **whole life service**, offering seamless support to citizens through all stages of childhood and into adulthood. This work has required significant research and benchmarking activity from other local authorities, as well as gaining the views of hard-to-reach children, young people and families. Much of this feedback has now been received and discussions are

underway to consider the best way to deliver a whole life service to children, young people and adults.

43.   Central to developing the programme is **co-production** to ensure that staff, partners, parents/carers and children and young people are embedded in developing services that meet needs and improve outcomes.

44.   The programme is involved in engaging these groups in a number of ways which are helping to affirm and/or shift priorities across the programme:

    i)   Countywide questionnaire (ran until 7th September) to gain the views of children, young people and parents/carers.

    ii)   Engaging in various family fun days and events over the summer to gain views which have resulted in additional consultation and involvement opportunities.

    iii)   Engagement with partnership staff, young people and parents/carers to assist in the development of a Partnership Strategy replacing a number of key strategic activities and plans at an event at the end of September.

    iv)   A co-production assessment is being conducted in September/October to provide a baseline and understanding of how well we currently carry out co-production with children, families and colleagues across Wiltshire.

    v)   Discussions with executive leaders across the FACT Board to understand the "wicked issues" that, despite best efforts, stubbornly remain – and identify which will require systems leadership, creativity, boldness and innovation by the partnership to resolve.
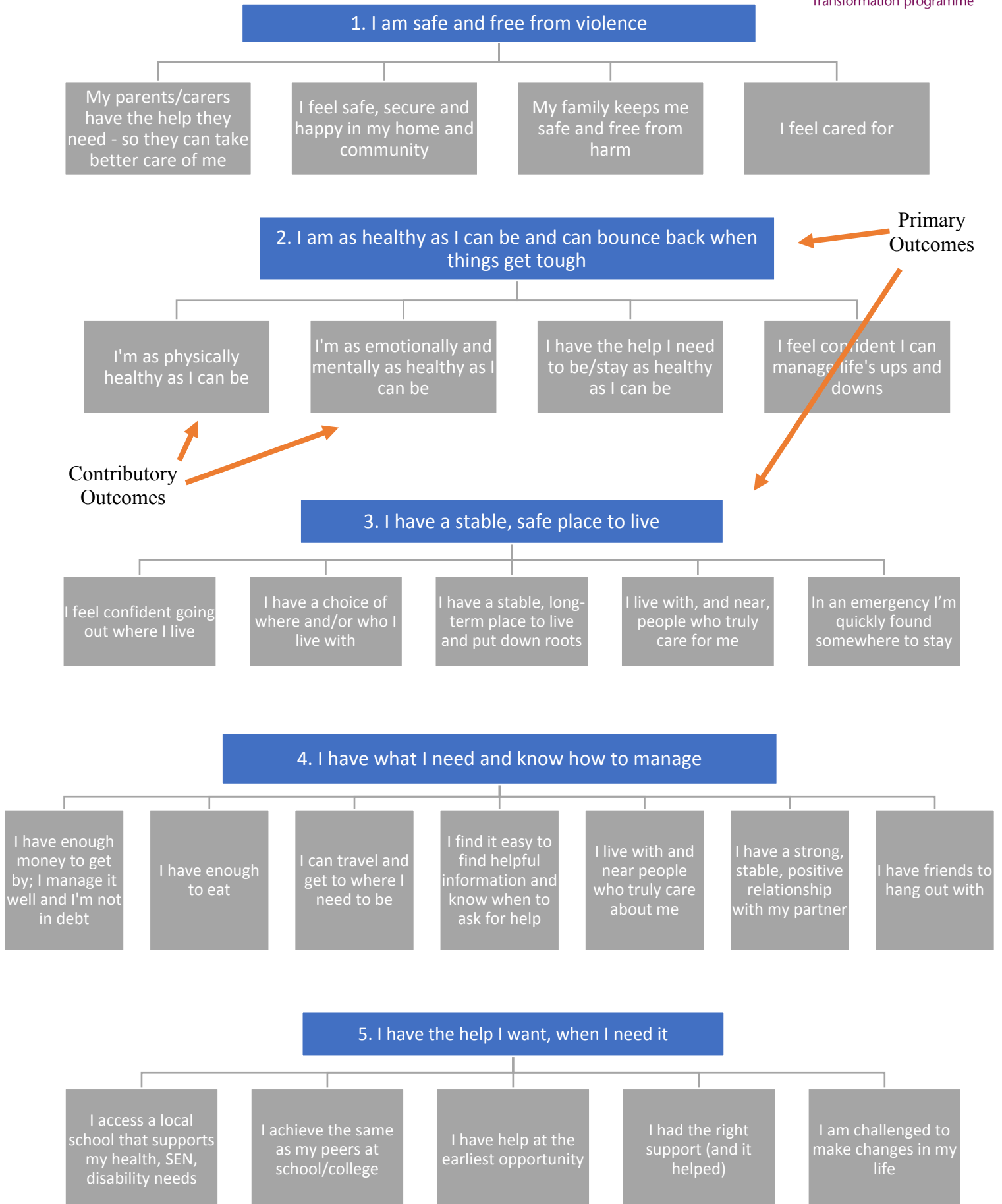
Next Steps

45.   Further progress on the impact of the programme will be available in the next 6-12 months as the first projects reach and complete their delivery phase.

Presenter name: Terence Herbert
Title: Corporate Director, Children and Education
Organisation: Wiltshire Council

Report Authors: Lucy Townsend
Name, title, organisation: Director, Families and Children's Services, Wiltshire Council

Appendix 1

FACT
Families And Children's
Transformation programme

1. I am safe and free from violence

My parents/carers have the help they need - so they can take better care of me	I feel safe, secure and happy in my home and community	My family keeps me safe and free from harm	I feel cared for

2. I am as healthy as I can be and can bounce back when things get tough

Primary Outcomes

I'm as physically healthy as I can be	I'm as emotionally and mentally as healthy as I can be	I have the help I need to be/stay as healthy as I can be	I feel confident I can manage life's ups and downs

Contributory Outcomes

3. I have a stable, safe place to live

I feel confident going out where I live	I have a choice of where and/or who I live with	I have a stable, long-term place to live and put down roots	I live with, and near, people who truly care for me	In an emergency I'm quickly found somewhere to stay

4. I have what I need and know how to manage

I have enough money to get by; I manage it well and I'm not in debt	I have enough to eat	I can travel and get to where I need to be	I find it easy to find helpful information and know when to ask for help	I live with and near people who truly care about me	I have a strong, stable, positive relationship with my partner	I have friends to hang out with

5. I have the help I want, when I need it

I access a local school that supports my health, SEN, disability needs	I achieve the same as my peers at school/college	I have help at the earliest opportunity	I had the right support (and it helped)	I am challenged to make changes in my life

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6. I feel able to share my story, I understand why I need help and I know what I've got to do

- I can talk openly to the person helping me and they actively listen. I don't have to repeat myself, I feel understood
- I understand what I'm good at and why I also need help
- I know what I've got to do

7. I am accessing learning or employment and doing well

- I have a stable job that I enjoy
- I achieve the same as my peers at school/college
- I'm ready for my first year of school
- My health, SEN, disability needs are met so I am able to achieve my educational potential

8. I experience consistent and coordinated support by someone who champions me and helps me take control

- The best person to help me takes the lead and stays as long as I need
- I find that communication is always two-way, clear and helpful
- The person helping me always knows what to do and how to work with me
- The support I receive is well coordinated, with no duplication
- I help shape what is happening and when
- I know what I've got do - and so do you

9. I'm gaining the skills and independence to prepare for my future

- I access a local school that supports my SEN/Disability needs
- I have the SEND support I need to access my local community
- I'm accessing the suport I need to be ready for adulthood
- I can help others
- I experience uninterrupted suport as I become and adult
- I have the same aspirations and life chances as my peers

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Wiltshire Council

Health and Wellbeing Board

17 October 2018

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2018-19: Refresh

Executive Summary

Improving mental health services for children and young people continues to be a national priority. This ambition is informed by the Future in Mind and the Mental Health Five Year Forward View. It is developed in 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (December 2017, Department for Health). The latter sets out the objective that children and young people who need help for their mental health can get it when they need it.

To progress Green Paper priorities, the government is establishing trailblazer areas to pilot:

- a new mental health workforce of community-based Mental Health Support Teams, created using a recruit-to-train model;
- a new 4-week waiting time for NHS children and young people's mental health services;
- designated leads for mental health in every school and college.

By 2020/21, the national aspiration is that significant expansion in access to high quality mental health care will result in at least 70,000 additional children and young people receiving treatment each year – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those children and young people with a diagnosable mental health condition.

Together with Bath and North East Somerset, Wiltshire has submitted a joint Expression of Interest to NHS England to become a trailblazer site for two key initiatives within the Green Paper – the establishment of Mental Health Support Teams, and to pilot a 4 week wait 'referral to treatment' time.

If successful, these initiatives will support the Wiltshire Council and CCG's drive to meet the national ambitions above. In addition, the CCG is expanding, refreshing and republishing its Local Transformation Plan for Children and Young People's Mental Health and Wellbeing. The plan details how the CCG will utilise the funds and commit to this agenda, to support Wiltshire's goals for change across the whole child and adolescent mental health system. This builds on progress made since the first publication of the Transformation Plan in 2015. Some key achievements over the last twelve months include:

- Successful re-commissioning of a modern CAMH service across Swindon, Wiltshire and Bath and North East Somerset;
- Implementation of the 'harmLESS' online tool for adults who have contact

with young people who are self-harming;

- Development of the 'wellbeing team' – CAMHS practitioners embedded in schools, colleges and children's services teams including children in care, child sexual exploitation, support and safeguarding and youth offending teams;
- Continued provision of Kooth online counselling for teenagers.
- The Eating Disorder Service (TEDS) achieving the national target for waiting times for both urgent and routine referrals;
- Increased number of schools on the Wiltshire Healthy Schools programme;
- Mentoring of 45 children in primary schools in 2017-2018;
- Delivery of targetted parenting programmes to 139 parents;
- Delivery of Youth Mental Health First Aid Training to 154 staff;
- Extension of a counselling service project to 5 GP practices in North and West Wiltshire;
- Support of an all age sexual assault referral pathway across Swindon and Wiltshire, including community counselling, with funding from the Health and Justice Commissioner (to support paediatric centres of excellence);
- Embedding of staff member as part of the resource to address harmful sexualised behaviours.

Monitoring and evaluation of these services is ongoing and has helped to inform key priorities for the next twelve months which will include:

- Implementation of Mental Health Support Teams trailblazer and waiting time initiative (pending outcome of bid);
- Development of an ASD/ADHD pathway which addresses gaps in support for children and young people with low level anxiety and other mental health and emotional wellbeing needs;
- Progression of a Bath and North East Somerset, Swindon and Wiltshire wide multi-agency workforce development plan;
- Improve transition from CAMHS to adult mental health services by providing a more flexible offer to children and young people aged 16+ through Bath and North East Somerset, Swindon and Wiltshire wide review of the transitions pathway and associated protocols;
- Develop a Bath and North East Somerset, Swindon and Wiltshire wide collaborative commissioning plan between Getting More Help and Crisis/Risk Support CAMHS with the aim of reducing hospital admissions and out of area placements.
- Develop a more robust emotional wellbeing and mental health pathway for children living in care, children at risk of Child Sexual Exploitation, and Unaccompanied Asylum Seekers.

Proposal(s)

It is recommended that the Board:

i) Notes the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;

ii) Endorses the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals.

Reason for Proposal

NHS England requires Wiltshire CCG to work with key partners (including schools, the voluntary and community sector and importantly children, young people and those who care for them) to review the local transformation plan and ensure it is reflective of local needs and is delivering improvements.

Presenter name: Ted Wilson
Title: Community and Joint Commissioning Director and Group Director – North and East Wiltshire Group
Organisation: Wiltshire CCG

Wiltshire Council

Health and Wellbeing Board

17 October 2018

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2017-18 refresh

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Purpose of Report

1.1   To meet national expectations set out by NHS England and the Department of Health, this report provides a summary of the expanded, refreshed and republished local transformation plan for children and young people's mental health and wellbeing. In doing so, it sets out Wiltshire Council and the CCG's commissioning intentions, local priorities and budget proposals which aim to deliver tangible improvements to local child and adolescent mental health services.

1.2   A copy of the full transformation plan can be found by using the following link http://www.wiltshirepathways.org.uk/wp-content/uploads/2017/05/DRAFTWiltshireCCGLTPRefresh2018-v5.pdf . An updated child and youth friendly version of the plan is currently being developed with children and young people and will be published in February 2019.

1.3   Nationally, there continues to be a high-profile emphasis on the child and adolescent mental health agenda (Future in Mind Report, NHS Mental Health Five Year Forward View, 'Transforming Children and Young People's Mental Health Provision: A Green Paper), with the Government committed to making substantial improvements in services by 2020. This commitment is supported by additional investment and focuses on driving improvement across the following key themes:

- Promoting resilience, prevention and early intervention, especially in, and linked to, schools and colleges;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable;
- Accountability and transparency;
- Developing the workforce.

1.4   The three key elements of proposed changes in the Green Paper are:

- To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health

- To fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting

- To trial a four-week waiting time for access to specialist NHS children and young people's mental health services, as the Support Teams come online. This builds on the expansion of specialist NHS services already underway.

Local Transformation Plans

1.5 Improvement and transformation is being led by local areas and to support local leadership and accountability, NHS England requires Clinical Commissioning Groups (CCGs) to work with commissioners and providers across health, education, social care, youth justice and the voluntary sector, to develop Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (LTPs).

1.6 LTPS were first published in 2015 and set out how local services will invest resources to improve children and young people's mental health across the whole 'system'. In respect of Wiltshire CCG, the potential funding available to support the implementation of the LTP (excluding eating disorders) is £1.39m. Note: this funding is not ring-fenced, neither is it yet confirmed within the 2019/20 CCG financial plan. At a national level, the non-ring-fenced allocation will continue to increase year on year until 2020/21, and will be included (on a non-ring-fenced basis) within the growth element of CCG allocations. NHS England monitors whether planned spend on the LTP matches the revised budget allocation each year.

1.7 LTPs are 'living documents' and CCGs are required to refresh and republish them on their websites annually. Assurance of the plan is via the CCG planning framework and plans should be signed off by the Health and Wellbeing Board. Working with the local authority and its partners (including children and young people), Wiltshire's refreshed and expanded LTP, sets out a number of local priorities for improvement underpinned by the following strategic objectives:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on;

- Providing children, young people and families with simple and timely access to high quality support and treatment;

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

1.8 The ongoing development and implementation of the LTP has previously been overseen by the Emotional Wellbeing and Mental Health Sub Group of the Children's Trust Commissioning Executive. Following the transition from the Children's Trust to the Families and Children's Transformation

(FACT) Board, the future oversight of the LTP will be the responsibility of the Integrated Mental Health Group (subject to confirmation), in addition to the Wiltshire CCG and Health and Wellbeing Board. Shaped by the needs and views of children and young people and building on progress made since the plan's initial launch, key achievements over the last twelve months have included:

- Successful re-commissioning of a modern CAMH service across Swindon, Wiltshire and Bath and North East Somerset. The new service went live on 01 April 2018 and places more emphasis on early intervention and improved access - reflective of the national THRIVE model (an updated model for CAMHS).

- Publishing of thematic reports following analysis of findings in the Wiltshire Children and Young People's Health and Wellbeing survey (10,000 responses from 95 school and college settings). Findings are being shared locally to help plan future services, and are being used to better understand need in these cohorts.

- Implementation of 'harmLESS' – a resource for adults who have contact with young people who are self-harming. The online resource is designed to help professionals talk about self-harm with a young person so they can decide what support might be helpful. Training has been delivered to staff in all Thrive Hub Schools and Colleges, GPs and social care practitioners. Staff embedded in social care are trained to train in their host teams. Clinical Team Managers report that it has improved the quality of referrals and helped to direct YP to the right level of the service.

- Maintained partnership working between education and CAMHS by continuing with the Thrive Hub initiative in 12 secondary schools and a co-located worker within Wiltshire College of Further Education. This way of working continues to provide students with earlier support.

- Continued provision of Kooth online counselling service for teenagers. In 2017/18, 1800 Wiltshire young people registered for the service with 895 chat sessions. Messaging, article views and forum hits increased on 2016/17 figures. Top issues presented by males and females were anxiety/stress, family relationships and friendships. 99% of those who accessed the service said they would recommend it to a friend.

- The Eating Disorder Service (TEDS) performance data showing achievement of the national target for waiting times for both urgent and routine referrals.

- Increased number of schools on the Wiltshire Healthy Schools programme to 138 (76 accredited) and input at Healthy Schools conferences on mental health provided by The Charlie Waller Memorial Trust. The Wiltshire Healthy Schools website has been used to enable schools to access a range of information and support on emotional wellbeing and mental health.

- Mentoring to 45 children in primary schools in 2017-2018. 88% of girls and 55% of boys scored higher on the outcomes web at the end of the intervention. Children reported feeling that there were people that really cared about them, they look forward to the future and enjoy spending time at home.

- Delivery of 17 group sessions of the Ministry of Parenting STOP and PITT STOP programme between January 2017 and July 2018 - attended by 139 parents. 86% reported the group had made a difference to their teenager's behaviour, and 84% reported the group had made a difference to their relationship with their teenager. 96% felt that the group had met their expectations and 100% felt supported/very supported by the group facilitators. 8 groups are planned to start in Sept/Oct 2018.

- Delivery of Youth Mental Health First Aid Training to 154 staff in 2017/18 - across primary and secondary schools. Courses were also provided for professionals working in local authority children's services.

- Direct support to Wiltshire families and children's services via the embedded CAMHS Early Help Team. 148 children and young people were helped either through direct clinical input or consultation to a professional involved in their care in 2017/18 and 9 training events were delivered to 140 staff and associated professionals. 5 'information & advice' sessions were held in schools with 104 parents and staff attending. Until it ended in July 2017, the team also under-took therapeutic group work with the Early Help LGBT young person's group. Staff successfully migrated to embedded positions with the Support and Safeguarding Service (SASS) as part of the Wiltshire Council's children's services transformation.

- An embedded whole time equivalent clinician providing regular consultation, training and support to the LAC Health Team and CSE team as well as working directly with a number of children and young people who would not otherwise have been able to access CAMHS therapy. This has improved the emotional wellbeing and mental health pathway for looked after children and those who are victims of child sexual exploitation.

- Establishment of a Wiltshire School Mental Health Network in 2017 (10 face to face local training sessions for staff from primary schools, secondary schools and early years settings on a range of issues related to mental health). The project also engaged Wiltshire schools with 20 online webinars and a mental health book club, with support from the Charlie Waller Memorial Trust https://www.cwmt.org.uk/.

- Extension of a counselling service project to 5 GP practices in North and West Wiltshire reaching 71 young people and covering such issues as anxiety/stress, family problems, bullying and peer relationships.
- Skilling up 10 Thrive Schools to deliver the Kidscape peer mentoring programme. *20 staff and 317 peer mentors were* trained and supported *362 mentees* supported by their peer mentors

- Development of an all age sexual assault referral pathway across Swindon and Wiltshire with funding from the Health and Justice Commissioner to include AIM and AMBIT training to staff.

- Three Time to Change training events (https://www.time-to-change.org.uk/) enabling secondary school staff to access hard copies and online educational resources to engage young people to address stigma around mental health.

- Promotion of the national Reading Well campaign, particularly through secondary schools, with at least 2 copies of each book available in each Wiltshire library.

- With Swindon, supported two paediatric centres of excellence in Bristol and Exeter (open Oct 2018) in which an embedded CAMHS worker provides specialist consultation and advice, joint assessments, training and some direct interventions to enhance the pathway for these young people.

1.9 By 2020/21, the national target for NHS England is to reach at least 70,000 additional children and young people each year who will receive evidence based mental health treatment. This is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS-funded community services. The expectation is that the implementation of local transformation plans will help deliver this objective.

1.10 Within the context of national policy developments, local progress and challenges and, importantly, the latest needs and views of children, young people, parents/carers and professionals, Wiltshire's updated plan details how the CCG will use resources in the best way to drive continuous improvement across the whole system in collaboration with the local authority and other partners.

Transformation funding

1.11 Overall local expenditure on CAMHS has increased from £5.7m in 2014-15 to £6.9m in 2016-17 (this includes funding from the CCG, the local authority and NHS England Specialised Commissioning). The figures mean that Wiltshire spends around £60 per head of the 0-19 child and youth population (as per the Office for National Statistics 2015 mid-year estimates). The increase in funding is the direct result of additional resource that has been made available to CCGs from NHS England to support the delivery of Local Transformation Plans.

1.12 Wiltshire CCG has been allocated the following funding from NHS England. The non-ring-fenced funding is recurrent, grows year on year until 2020 and is included within the overall CCG budget allocation. The table below provides a summary of this funding, its intended purpose and forecasted uplift.

	2015/16	2016/17	2017/18	2018/19	2019/20
Early Intervention	£610,565	£973,840 (59% uplift)	£1,149,131 (18% uplift)	£1,390,449 (21% uplift)	£1,557,303 (12% uplift)
Eating Disorders	£243,924	£245,000	£245,000	£245,000	£245,000

1.13 In addition to the transformation funding, Wiltshire CCG was also successful in securing funding from the NHS England Health and Justice Commissioner to address gaps in service provision for children and young people in contact with directly commissioned health and justice services. These are Liaison and Diversion, Secure Children's Homes and Sexual Assault Referral Centres. Of this:

- £40k per annum is being used to support a joint project with Bath and North East Somerset CCG to improve psychological support from Oxford Health CAMHS for children and young people who display harmful and/or problematic sexual behaviours;

- £50k per annum is supporting Oxford Health CAMHS to provide better assessment, triage and support for children and young people who come into contact with the Swindon and Wiltshire Sexual Assault Referral Centre (SARC). This is a joint Swindon and Wiltshire CCG project.

Assurance of funding

1.14 NHS England will assure CAMHS transformation funding through the CCG planning framework. Commissioning intentions, local priorities and budget proposals shall be reflected within the CCG Operational Plan as well as the Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan. The CCG will be required to submit regular returns to NHS England regarding progress and compliance with national expectations.

1.15 NHS England requires CCGs to clearly demonstrate how CAMHS transformation plans and funding are linked with other services and support that are being provided for children and young people locally. In short, they want to be assured that the CCG is working with the local authority and its partners across the whole system to progress change. Within this context, the CCG will continue to ensure that CAMHS funding is linked with other income streams, including Early Intervention in Psychosis, Parity of Esteem, as well as local authority and school funding.

1.16 In addition to funding for CCGs to improve local services, NHS England has invested significant monies nationally to:

- Fund expansion of the Children and Young People's Improving Access to Psychological Therapies (IAPT) programme;
- Deliver improvements to perinatal mental health care;
- Improve inpatient services for children and young people;
- Build workforce capacity;

- Support innovation and development of online support;
- Specifically support the mental health needs of children with learning disabilities and those in the youth justice system.

Main Considerations

1.17   The local transformation plan and its refreshed priorities have been developed in response to the needs and views of children, young people, parent's carers and professionals. A summary of key challenges from their perspective can be found in the full version of the [transformation plan](). These include:

- Moving from an out of date fragmented system to a modern integrated model of coherent support that provides the right help at the right time in the right place;

- Directing more resources upstream towards early intervention and prevention and to include providing better access to early help and support in schools and other community settings;

- Information and training for professionals so that they can refer or signpost children and young people to right help they need;

- Meeting rising demand, particularly for teenagers for whom there is greatest demand;

- Reducing waiting times for assessment and treatment (a national issue);

- Improving transitions for young people to adult mental health services;

- Reducing the need for mental health related hospital attendances, admissions and length of stay. This includes addressing the shortage in the local supply of the right CAMHS inpatient beds to stop children and young people having to be treated far from home.

- Ensuring appropriate emotional wellbeing and mental health support is available for the most vulnerable children and young people.

- Putting an end to children and young people in mental health crisis being detained in custody.

Local priorities

1.18   The following local priorities have been developed to respond to the local challenges and align with the recommendations set out in the Mental Health Five Year Forward View, Future in Mind, and the ambitions of the Green Paper:

- Establish the new integrated CAMH Service across Bath and North East Somerset, Swindon and Wiltshire in line with the THRIVE model which includes a Single Point of Access (no more declined referrals), closer

partnership working with schools and multi-agency children's services teams, a whole system approach with better joint working and information sharing, provision of talking therapies, community based interventions and treatment, good quality digital service offer;

- Work across CAMHS, social care, SEND, health and the voluntary and community sector to develop an ASD/ADHD pathway which addresses gaps in support for children and young people with low level anxiety and other mental health and emotional wellbeing needs;

- Finalise and begin the implementation of a Bath and North East Somerset, Swindon and Wiltshire wide multi-agency workforce development plan detailing how we will build capacity and capability across the whole CAMHS system, including provision of a dedicated budget to enable continued investment in the Children and Young People Improving Access to Psychological Therapies Programme. This to link with a wider STP workforce development plan;

- Enhance a comprehensive and coordinated offer of parenting support to help parents/carers better meet the emotional wellbeing and mental health needs of their children;

- Improve transition from CAMHS to adult mental health services by providing a more flexible offer to children and young people aged 16+ through Bath and North East Somerset, Swindon and Wiltshire wide review of the transitions pathway and associated protocols;

- Develop a Bath and North East Somerset, Swindon and Wiltshire wide collaborative commissioning plan between Getting More Help and Crisis/Risk Support CAMHS with the aim of reducing hospital admissions and out of area placements;

- Ensure requirements to flow data to the national Mental Health Services Data Set, which are included within all CCG funded service contracts;

- Continued focus on driving down waits for both referral to assessment and referral to treatment;

- Undertake a review of how we provide the right emotional wellbeing and mental health support offer to primary age children and those in the early years;

- Take positive and helpful steps to support schools to provide a more consistent and equitable good quality offer of counselling;

- Continued focus on prevention and promotion of positive wellbeing and further action to tackle stigma and discrimination through ongoing development of the Wiltshire Healthy Schools Programme, OnYourMind website, Anti-bullying initiatives and through children and young people's participation and involvement;

- Further enhance the OnYourMind website to help people understand what services and support are available and how these can be accessed;

- Work across CAMHS and social care to develop a more robust emotional wellbeing and mental health pathway for Looked After Children and children and young people at risk of Child Sexual Exploitation as well as Unaccompanied Asylum Seekers;

- In the context of the STP and having one shared CAMHS provider, consider the closer alignment of priorities and resources across Bath and North East Somerset, Swindon and Wiltshire.

Draft budget subject to review following CCG budget setting process

1.19   Details of the use of transformation funding to support local priorities are given below. Use of uplift funding to meet local priorities needs agreement from the CCG and Integrated Mental Health Group.

Planned Income (£) 2019/20	
Transformation funding for early intervention	1,557,303
Transformation funding for eating disorders	245,000
Health and Justice funding	90,000
Cyp's Improving Access to Psychological Therapies	28,500
TOTAL	**1,920,803**

Planned Expenditure (£) 2019/20	
Community CAMHS	918,000
Community based eating disorder service	245,000
Joint agency workforce training and development	50,000
Time to Talk counselling	30,000
Kooth online counselling	88,300
Parenting programmes	7,500
Primary mentoring	40,000
Stakeholder participation	4,900
Infant mental health	75,000
Support for vulnerable groups	80,000
GP counselling	50,000
Wiltshire college embedded post	52,000
Digital service developments	16,000
SEMH/ASD project	80,000
New investments to be agreed	184,103
TOTAL	**1,920,803**

Recommendations

1.20 The Board is invited to approve the following recommendations:

i) Note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;

ii) Endorse the refreshed and expanded plan including its commissioning

intentions, local priorities and updated budget proposals.

Presenter name: **Ted Wilson**
Title: **Community and Joint Commissioning Director and Group Director – North and East Wiltshire Group**
Organisation: **Wiltshire CCG**

Report Authors: Judy Edwards, Acting Lead Commissioner, Children's Services, Wiltshire Council
Date: 1 October 2018

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Wiltshire Sustainability (Winter) Plan and Preparedness

Health and Well Being Board

17.10.18

'The right healthcare for you, with you, near you.'

1st submission (06.07.18)
- Builds upon lessons learnt within BSW from best practice and from winter 2017- 2018
- Evaluates winter resilience schemes from the 2017-2018 with recommendations
- Builds on the delivery and potential of Integrated Urgent Care as commenced May 2018
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across STP
- Confirm the 5 priorities through LDB
- Wiltshire data and narrative input into BaNES and Swindon system plans

2nd submission (31.08.18)
- Following feedback from NHSE review (08.08.18)
- Review against KLOEs
- LOS improvement plan – actions and dashboard (for sign off LDB 16.08.18)

3rd submission (05.10.18)
- BSW rep at Regional Winter Event – 6th September
- NHSE feedback 14th September / Review against Pauline Phillips Preparation for Winter letter 7th September
- Reviewed at LDB 18th September
- Separate returns to NHS on winter planning: primary care, digital and quality / patient safety
- Taken to WCCG Governing Body in public and PCCC - 25th September
- CCG deep dive to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- IA service commenced – 1st October
- Weekly Expert Panel commenced - 3rd October
- *Q2 IAF BSW Focus on Winter – 9th October*
- *"Fit for Winter" simulation planned – 10th October*
- *LDB focus on Risk Summit – 16th October to refine the Risk Register*
- *Winter Plan on Wiltshire Health and Wellbeing Board – 17th October*
- *Escalation Training (NHSE) – 13th November*
- *SWAST winter workshop – 13th November*

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NHS
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Wiltshire feedback 14.09.18 (NHSE and NHSI)

- On-going BSW/STP approach to planning and continuous assessment of where a shared programme would benefit patients

- **Trusted Assessor** - options for accelerating (from Nov) and contingencies – *paper to JCB 05.10.18*

- Clarify progress on **Choice Policy – *picked through Expert Panel and workshop planned***

- **Workforce** – robust workforce plan showing sufficient staffing, vacancy and sickness, staff well-being – *driven through Wiltshire Integration Board Action Plan*

- **Third Sector Involvement – *review of Age UK home from hospital service at SFT (funded BCF) meeting 11.10.18***

- **Timely discharges** – assessment, placement, equipment and choice; and domiciliary care and POC – *Expert Panel commenced 03.10.18*

- **Wiltshire Health and Care** – fuller work on opportunities and risks facing 3 systems - *updated Winter Plan received*

- **Ambulance** – local solutions; *SWAST winter workshop13.10.18* (include SCAS).

- Bespoke and stretching **fitness for winter exercise – planned** *10.10.18*

- **Standing item** at LDB

- **Local clinical oversight and leadership** for planning and final sign off – *CCG Governing Body and HWB in public*

3

Leadership Approach – South Wiltshire

Proactive approach:

- Weekly operational level meetings and calls
- Clinically led Expert Panel (all long stay patients) from 1st Oct (x3 week)
- Weekly Senior Decision Makers meetings (F2F)
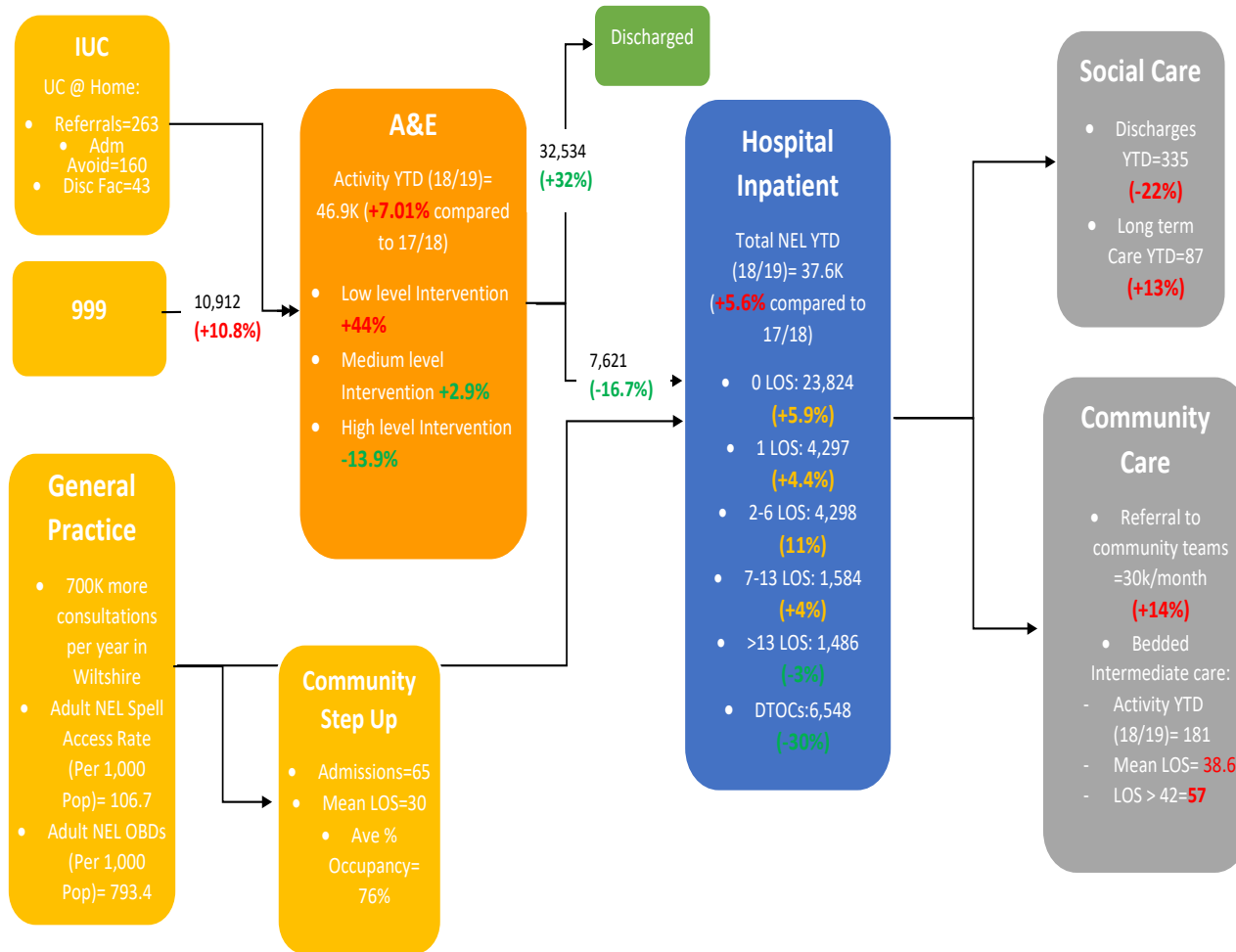- System escalation call training planned for Q3

Reactive (Escalation) approach

- System agreement to follow national OPEL criteria framework to trigger GOLD escalation calls
- Alerts to CCG on call via Single Point of contact agreed through LHRP

4

NHS
Wiltshire
Clinical Commissioning Group

System metrics, drivers and priorities

Wiltshire Patient Flow Through Non-elective System (2018/19M4 and comparison with the same period previous year)

IUC

UC @ Home:
- Referrals=263
  - Adm Avoid=160
- Disc Fac=43

999

10,912
(+10.8%)

A&E

Activity YTD (18/19)= 46.9K **(+7.01%** compared to 17/18)

- Low level Intervention **+44%**
- Medium level Intervention **+2.9%**
- High level Intervention **-13.9%**

Discharged

32,534
(+32%)

7,621
(-16.7%)

General Practice

- 700K more consultations per year in Wiltshire
- Adult NEL Spell Access Rate (Per 1,000 Pop)= 106.7
- Adult NEL OBDs (Per 1,000 Pop)= 793.4

Community Step Up

- Admissions=65
- Mean LOS=30
  - Ave % Occupancy= 76%

Hospital Inpatient

Total NEL YTD (18/19)= 37.6K **(+5.6%** compared to 17/18)

- 0 LOS: 23,824 **(+5.9%)**
- 1 LOS: 4,297 **(+4.4%)**
- 2-6 LOS: 4,298 **(11%)**
- 7-13 LOS: 1,584 **(+4%)**
- >13 LOS: 1,486 **(-3%)**
- DTOCs:6,548 **(-33%)**

Social Care

- Discharges YTD=335 **(-22%)**
- Long term Care YTD=87 **(+13%)**

Community Care

- Referral to community teams =30k/month **(+14%)**
- Bedded Intermediate care:
- Activity YTD (18/19)= 181
- Mean LOS= 38.6
- LOS > 42=57

Hierarchy of Plans – Wiltshire system

Requirements

- Refreshing NHS plans for 2018/19
- Consistent approach to winter planning for 2018/19

- Wiltshire Integration Programme Plans (CQC)
- 1. Requirement to refresh whole BCF plan 2018/19 and "Check-in" arrangements with DH

- BCF Operating Guidance 2018/19
- Pauline Philip's letter re:length of stay (21 Days+)
- A clarification of BCF guidance in relation to pooled fund, Section 75, national conditions, escalation and the requirement for a high impact model (DTOC) reduction by 25% of 21 day+ cohort, an "option" to reset trajectory data and reset plans

Timescales

- 31 August (2nd submission)
- w/c 24 September (Winter stress test)
- 5th October final plan

- DH: Check in meeting - September

- Revised DTOC trajectory (NHSE)
- Revised High Impact Model (NHSE)
- 31 December – LoS 25% reduction achieved
- 30 September – DtOC trajectory realised
- Revised BCF plan required by "Autumn"

Current plans

Wiltshire A&E Delivery Board
Sustainability (Winter Plan)
- Primary Care
- DTocs
- Ambulance handover delays
- Mental Health
- 7 Day Services
- OOHs
- PTS
- Workforce
- Infection/flu
- Communications
- Easter Planning

Wiltshire Integration Board
- Health and Social Care model
- Overarching strategy
- Health and Wellbeing Board
- whole system governance
- integrated workforce strategy
- digital & information sharing
- communications strategy

Wiltshire Integration Board
High Impact Model – Delayed transfers
- Early Discharge planning
- Patient flow [2]
- MDT's
- Home first/discharge to assess
- Seven day services [5]
- Trusted Assessors
- Choice [7]
- Health in Care Homes

Areas of the HIM that contribute to Length of stay reduction

'The right healthcare for you, with you, near you.'

Wiltshire Integration Programme Structure

Health and Wellbeing board

Wiltshire Integration Board

Joint Commissioning Board

High Impact Model - dtoc

SFT Pathways

BCF refresh

Length of Stay

1. Wiltshire Health and Social model	2. Health and Social care strategy	3. Strengthening Joint Commissioning	4. Health and Wellbeing Board effectiveness	5. Whole system governance arrangements	6. integrated workforce strategy	7. Digital Roadmap
SROs: Douglas Blair / Emma Legg	SRO: Tracy Daszkiewicz	SROs: Ted Wilson / Helen Jones	SROs: Cllr Jerry Wickham, Carlton Brand	SROs: Linda Prosser/Carlton Brand	SROs: Hayley Richards / Linda Prosser	SROs: Chris Blanchard / Carlton Brand/ Steve Perkins

8. Engagement and communications strategy (SRO: Cara Charles-Barks/Carlton Brand)

9. Benefits realisation (SRO: TBA)

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Total inpatients unallocated to discharge pathway

0

Normal expected range:

not yet set

Unallocated + 21 days

0

Pathway 0 - No additional support - Ward led

Not ready:	Ready:	Of ready, For discharge today:	Not ready	Already D/C	Discharged (last 7 days):
0	0	0	0	0	0
Normal range not yet set	Normal range not yet set	Normal range not yet set			Normal range not yet set

Pathway 1 - Can go home with additional support - Home First.   Ward led

Not ready:	Ready:	Of ready, For discharge today:	Not ready	Already D/C	Discharged (last 7 days):
0	0	0	0	0	0
Normal range not yet set	Normal range not yet set	Normal range not yet set			Normal range not yet set

Pathway 2 - Temporary Bed.   IDS supported

Not ready:	Ready:	Of ready, For discharge today:	Not ready	Already D/C	Discharged (last 7 days):
0	0	0	0	0	0
Normal range not yet set	Normal range not yet set	Normal range not yet set			Normal range not yet set

Pathway 3 - Complex - discharge needs to be assessed. IDS managed

Not ready:	Ready:	Of ready, For discharge today:	Not ready	Already D/C	Discharged (last 7 days):
0	0	0	0	0	0
Normal range not yet set	Normal range not yet set	Normal range not yet set			Normal range not yet set

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CARERS

Wiltshire LDB priorities to support reducing +21 days LOS

SFT	Wiltshire	West Hampshire	Dorset	System assurance
• Reviewing all long stay patients (> 7 days)	• Participation in expert panels • Home first and re-ablement integrated pathway • Daily review of all over 21 day patients	• Establish a task and finish group focussed on ensuring discharge plans for longest staying patients within next week.	• Health and Social Care Coordinators involved in daily board rounds, and MDTs • Social workers integrated with ward staff	Medium

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Wiltshire LDB priorities to reduce DTOC

SFT	Wiltshire	West Hampshire	Dorset	System Assurance
- Integrated discharge service in place - Right place, right time, first time = <3 moves per patient - Embed SAFER across all wards	- Focused work in reducing community hospital DTOCs to 10-15% - Six day a week social workers – BH and 7 day cover being expanded ad hoc initially - Review of discharge pathways for stroke and delirium (Sep 18) - Stranded and super stranded daily review via WICC	- CHC: Wider roll out of D2A pathways in Hampshire - Increase forward planning of spinal patients discharge - Effective flow and discharge forum to review process and communication between partners - Weekly West Hants Dtoc call	- Community input into stranded patient meetings - D2A model for CHC and End of Life patients - In-reach to support rapid discharge of fail older people	Medium

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Wiltshire LDB priorities to reduce ambulance handovers

SFT	Wiltshire	West Hampshire	Dorset	System assurance
• Sustain current performance of handover delays, and to continue to seek improvements 'with no delay appropriate' approach • Review existing SOP with both ambulance providers to ensure it reflects latest guidance on improving handover delays and wrap up times (Aug 18) • Ensure patient flow from hospital to create pull effect from Front door	• Maintaining MIDOS rollout to support tough books to support alternative pathways – analysis of searches to support pathway redesign and education • Joint STP action plan for ARP monitored via LDBS • Medvivo and SWAST strategic partnership MOU to share cases	• TBC	• Joint STP action plan for ARP monitored via LDBS	Medium

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Wiltshire LDB priorities to support 7 day working

SFT	Wiltshire	West Hampshire	Dorset	System assurance
• Maintain existing 7 day service level • Review	• Acute trust liaison nurses 7 days a week to support integrated flow • Improved access in primary care delivered 7 days per week from October	• Red bag scheme- rollout Autumn • FST supporting patients at weekends	• Improved access in primary care utilising the ED streaming model	Medium

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Wiltshire – Primary Care

18/19 Initiatives / Plans

- Continuation and expansion of clinical hub, remote triage, elective referral management centre and POD (prescription support service) to support resilience and reduce preventable demand

- Improved Access – collaborative approach including local providers, Wiltshire GP Alliance and CCG to deliver 235 hours of additional capacity from Oct 2018

- Ensuring integration between services – in hours, extended access and improved access and OOH

- Collation of locality proposals underway with hub and spoke arrangements – working at scale/primary care networks

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Wiltshire Primary Care (2)

- Primary Care Offer in place – including TCOP, Care Home and locality services. Reduction in care home attendances and admissions.

- Locality workforce review to increase shared posts including back office functions

- Development of Wiltshire GP Alliance

- Piloting use of one GP online tool to improve access, increase efficiency and reduce administration

- Collection of primary care data into dashboard – phone calls, F2F and home visits from selection of practices

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Out of Hours and 111 (IUC)
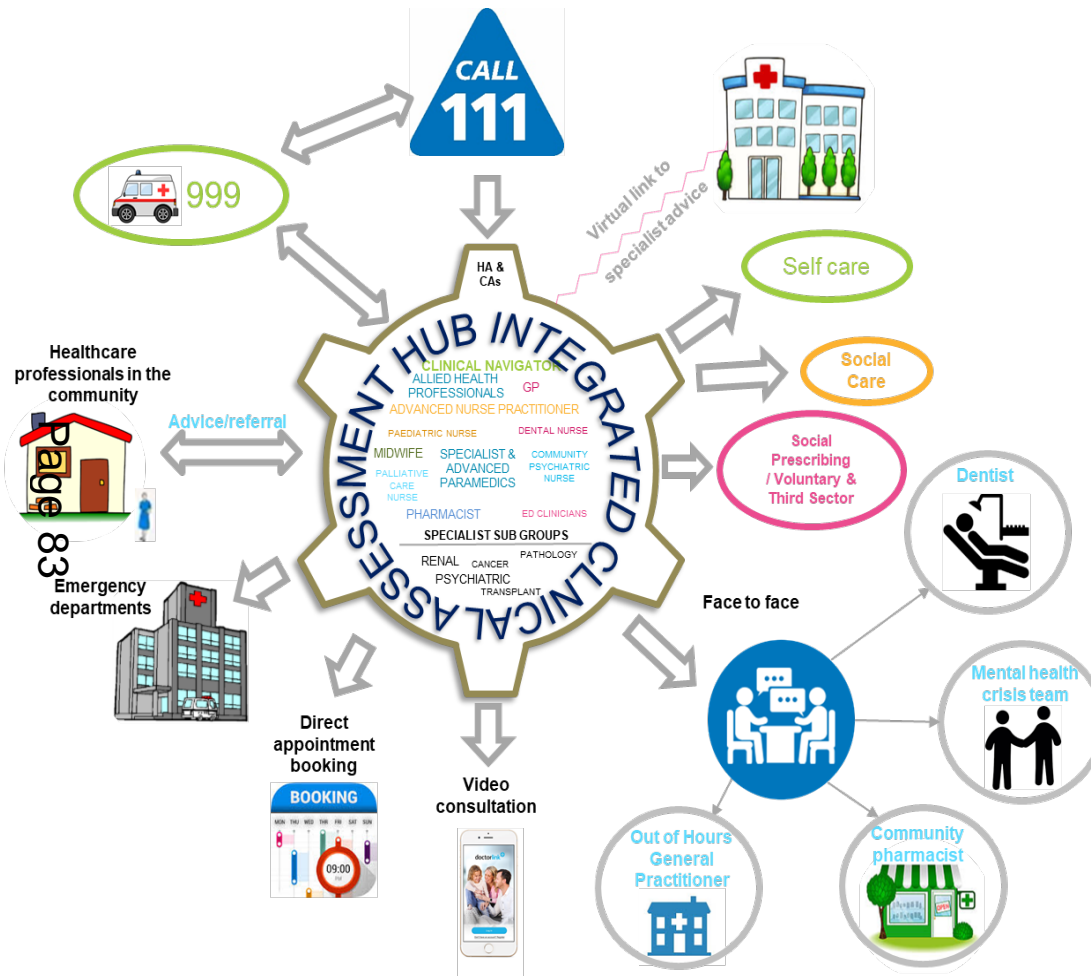
- Key service features include localised patient pathways:
  - Direct access for palliative patients;
  - Bespoke pathways for the over 80s and under 5s;
  - Clinical validation of ED and Category 3 and 4 Ambulance dispositions.
- The service is already consistently achieving ED and 999 referrals rates below the national averages and further development work is underway.

Integrated Urgent Care plan

Focus	Impact	Metrics	Timescales
UNDERSTANDING THE ACTIVITY - building a granular overview of STP wide system activity	Ability to track whole system flow and outcomes. The service is already presenting activity which is consistently above the contracted forecast. Where is the activity coming from and why? Is this the new 'normal'? Henry Clay from the Primary Care Foundation has been commissioned to support this piece of work.	Patient and activity volumes including calls, cases, source, activities, demographics, referrals and outcomes etc.	Initial data set delivered in September.
SCOPE AND TARGET EXISTING AND NEW PROVISION - utilise the above to identify areas of challenge and opportunity	Improved outcomes for patients and enhanced flow for the system for areas identified such as mental health (AWP scoping project), repeat medication (POD & LPC partnership projects), care home support etc. Developed CAS with additional specialties both physically and virtually	Detailed monitoring of the above in order to track patients, service and system change / progress	AWP / Medvivo MH Scoping: Phase #1 Jun to Sep 2018 Non-Prescribing Triage: October 18 – Feb 19
MANAGE AND SUPPORT 111 - work closely in partnership with our 111 partner so the service is part of the solution not part of the problem	Overall improved performance such as call answering and improved case flow for patients e.g. HCP access, under 5s appts, over 80s CAS transfer, 999 & ED validation all targeted to get the patient to the right outcome in the shortest time / most practical route	Detailed monitoring of the above including key metrics such as 999 and ED referral rates. Associated impact on system metrics such as ED performance	Huge progress has already been made in this area with providers working closely together to understand each others challenges and to support improvements e.g. joint delivery @ FTH and cross service working. On-going

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Integrated Urgent Care plan (2)

Focus	Impact	Metrics	Timescales
DEVELOP THE WORKFORCE - support and grow the existing workforce disciplines and introduce new ones both internally and in partnership with others	Flexible and resilient delivery resource that can upscale effectively e.g. opening additional bases, increasing direct transfer from ED, supporting in hours primary care capacity. Increased career pathways, mixed roles and rotational opportunities	Workforce disciplines and rota fill	Prescribing Pharmacist Development Programme: June 2018 – June 2019 Non-Prescribing Triage: October 18 – Feb 19
DIGITAL - support the roll out and embedding of digital solutions / workflow	Greater patient empowerment to access appropriate support with a drive towards self-care. Enhanced in hours support including in hours GP resilience. Enhanced DoctorLink trials including IUC integration and direct appt booking commencing shortly	Call volumes, service referrals, service capacity including in hours primary care	Enhanced DoctorLink Delivery Trials: Sept 2018 111 Digital: Oct 2018
ADMISSION AVOIDANCE & DISCHARGE FACILITATION - continued delivery and development of services such as the ATC (inc. ATLs), UC@H and the services they support e.g. HomeFirst and IDS	Multi-skilled resource that can be targeted to problem areas e.g. improving flow, bridging capacity for H2L@H, transporting patients or medication, proactive reassurance support for vulnerable patients, non-injury falls support for the Ambulance Service, on the ground review of care delivery in order to focus available capacity	ED performance, Stranded and Super-Stranded, LoS and lost bed days. Flow and delays in areas such as ICT and UC@H	Demand & Capacity Planning Tracking: Commenced and supported by ATC Clinical Leads Oysta Trial: Oct 2018

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SFT: Improved inpatient processes

What	Who	How	Expected outcomes
Reviewing all long stay patients (> 7 days)	Peter Holloway/ Emma Cox	Weekly review process in place for Top 5 wards with highest volumes and process for reporting. Weekly stranded patient call in place between SFT and community. MSK/Surgical wards to commence in July	Super Stranded - 80 patients Stranded - 90 patients
Reviewing patient pathways and LoS against each speciality and/or HRG code	Emma Cox/Lauren Pittman	Elective and non-elective pathway plans in progress. All LoS across all Directorates available and engagement with lead clinicians	Medicine - 6.68 days MSK - TBC Surgery - TBC
Improve work at the front door (including ambulatory emergency care)	Lisa Clarke	Development of the OPAL service and early identification at the front door/flow to Acute Frailty Unit	
Implement validated frailty tool for over 75's to ensure routine screening	Anita Whalley (OPAL)	OPAL service using CGA. Frailty alert being developed within Lorenzo. Icon being developed for use on e-whiteboards for easy identification of patients.	

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SFT: Improved inpatient processes (cont.)

What	Who	How	Expected outcomes
Reduce number of patient ward moves to ensure patient receives care in right place, right time, first time	Peter Holloway/Sarah Knight	Clear identification of patients to 'push' and 'pull' to ensure correct patients on correct specialty wards, thereby reducing outlying patients and improving flow/quality/safety for patient.	< 3 moves per patient
Review time of discharge and discharge process	Peter Holloway/ Janet Hope/Emma Cox	Development of dashboard at ward level with time of discharges is being implemented. Wards implementing 'Golden patient' initiatives	33% by mid-day
Embed SAFER across all wards	Peter Holloway/Emm a Cox	Detailed project plan in place incorporating all elements of SAFER	
Improve 7 day services	Andy Hyett	Development of new business cases to factor in 7 day service delivery	
Process improvement and increase flow	Peter Holloway/Emm a Cox	Review of the internal processes as part of the fortnightly ward level huddles engaging with other service leads when needed	

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Wiltshire Improvement Plan

Scheme	Lead	Date	Benefit
Pathway 1: Home first plus	Lisa Hodgson WHC & Emma Legg WCC	30th Nov 2018	0.5 bed day per discharge: 8 bed days saved per week
Pathway 2: Social care assessment beds	Emma Legg	Oct 2018	Initial estimate 4 beds for SFT to ensure long term support planning in the community. This in addition to existing ICB
Pathway 2: Maintaining DTOC in community hospitals at average of 12.5%	Lisa Hodgson	Oct 2018	Year on year comparison: additional 309 bed days saved in October to March compared to 2017/18
Pathway 3: Trusted assessor	Emma Legg/Tony Marvell	Nov 2018	initial estimate is 98 bed days per annum gained, along with qualitative improvements.
Pathway 3: Help to live at home alliance framework	Emma Legg	Oct 2018	TBC
All pathways: Review of decision making & accountability for system flow	Lisa Hodgson	Oct 2018	To be modelling to be undertaken once scoping work complete

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Public Health

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Influenza and Outbreaks Planning

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Influenza 18/19 Plans

- Learning event to review and plan (4th July 2018)
- Increase staff vaccinations
- Implement staff education sessions across all provider types
- Comms plan – 2&3 yr old vaccs, carers, self care
Joint (CCG, Acute trusts, community services, PHE, LA and CQC) letter to care homes; setting out expectations and support for symptomatic discharges
- Plans for near patient flu testing in community – community hospitals and care homes
- Development of patient 'So You Have Flu' leaflet to support health providers

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Communication Strategy

- Collaboration across all STP partners to support communications coordination

- The Winter Plan programme will be incorporated into this wider communications planning and will be in line with national campaigns e.g. Stay Well This Winter.

  - *NHSE Winter Planning meeting on 3 September*

  - *Draft plan progress but waiting on national guidance from NHSE and public health for timelines and messaging*

- Use of all media and social media.

- Some elements of the Winter Plan will require separate, additional communications support across a number of key partners.

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Wiltshire Council

Health and Wellbeing Board

Wednesday 17 October 2018

Subject: Better Care Plan

Executive Summary

Non-elective admissions remain at a similar level to those seen at the end of 2017-18, embedding the changes in coding and commissioning which took place last year. There has been little increase in spells with a length of stay of 7 or more days, spells admitted and discharged on the same day have increased by a fifth.

Delayed transfers of care increased in July, as a result of the heatwave, to around 2,000 delayed days, which is a substantial reduction on 2017-18 but above the target of 1,200 delayed days. We expect the next few months to be similarly challenging.

Permanent admissions to care homes remain low and we are currently on track to have fewer admissions than the target of 500.

The percentage of people at home 91 days post discharge from hospital into a reablement programme improved slightly for discharges in Q4 but performance remains levels seen historically. Further work is ongoing to understand this in more detail.

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.

The report provides management information set out across the BCF Nationally reported performance areas of Non-Elective Admissions, Delayed Transfer of Care, Permanent Admissions to Care Homes, % at home 91 days after discharge following reablement.

The report also provides an update on the latest performance of the local schemes underpinning the performance improvement and integration initiatives which are being manage by the Better Care Fund Team.

Work is ongoing to rationalise reporting to ensure that this dashboard going forward supports the local integration and STP agenda while continuing to support the national Better Care Fund reporting.

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 mobilisation the Wiltshire Integration programme.

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.

Wiltshire Council

Health and Wellbeing Board

Thursday 17 October 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** contains detailed information across the Health and Social Care system. In summary:

Non-Elective Admissions:

Non-elective activity in 2018-19 to M4 is similar to the levels seen in the last few months of 2017-18 which represent a 10.4% (1,592 admissions) increase on the same period last year.

Over half the growth in these admissions is people admitted and discharged on the same day and around two thirds of this is at GWH which reflects the change in coding practice for Ambulatory Care conditions. Spells with a length of stay of 7 days or more have seen limited growth in numbers.

Growth is being seen in all of the 3 broad age bands and at all 3 acute trusts. This remains early in the year and part of this growth is a result of the change in coding practice seen last year at GWH, AWP & WH&C, a better picture of growth will become clearer once we have a full year of activity.

Avoidable emergency admissions in M4 show an overall increase of 4.0% (56 admissions). Admissions have increased in those aged under 18 which are up around a 12.7% (41 admissions) and in those of working age which are up around 13.3% (58 admissions). There has been a reduction in those aged 65 of around

5.7% (43 admissions). In 2017-18 there was an overall increase in the volume of avoidable admissions of 6.3% (302 admissions) compared to 2016-17.

To M4 2018-19 admissions from non-LD care homes were 10.1% (64 admissions) lower than the same period in 2017-18. In 2017-18 (1,895) admissions from Care Home were broadly similar to the level of admissions seen in 2016-17 (1,828).

Delayed Transfers of Care:

Delayed Transfers of Care increased by 33.7% (502 days) in July to 1,992 from 1,490 in June, this still represents a reduction of around 11.9% (268 days) on July 2017.

To M4 2018-19 there has been a reduction in delayed days of 32.4% (3,137 days) compared to the same period in 2017-18, this is equivalent to around 26 beds. In July, there were increase at all the trusts across Wiltshire at GWH (162 days), RUH (20 days), SFT (20 days) AWP (134 days) and WH&C (52 days).

During 2018-19 YTD, all trusts have seen a reduction in the number of delayed days compared to the same period in 2017-18.

In July, there was 64.3 daily delayed days which is slightly worse than June which saw 49.7 daily delayed days. July is 56.3% above the NHS England target for Wiltshire of 41.1 daily delayed days. The monthly average for daily delayed days in 2017-18 was 68.4 in 2016-17 it was 79.4 and for 2015-16 the average was 49.0.

Comparison Trend for All Delayed Days
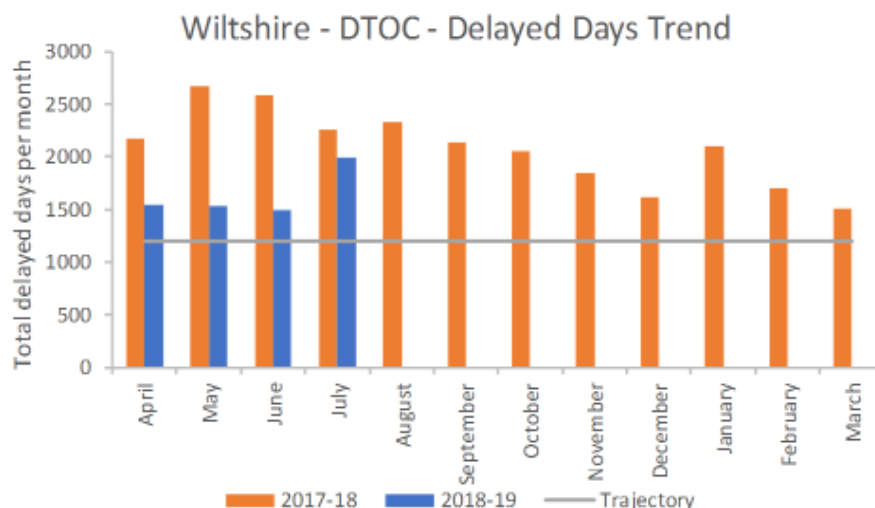
A detailed analysis of the DTOC performance for July can be found at appendix 2.

Other BCP Indicators:

In August, there was a further 37 permanent care home admissions which is slight reduction on the 42 seen in July but remains higher than the 2017-18 monthly average of 31. The total for the first 5 months of the year is 146, if admissions remain at this level it is likely we will remain much lower than the target for the year of 500.

Keeping these admissions low is one of the key strategic intentions within the Better Care Plan. To achieve this more residents of Wiltshire are receiving longer term care at home post discharge.

In relation to the 91-day indicator performance in Q4 improved to 71.6% from the 67.0% seen in the previous 2 quarters. This performance remains well below historic levels which were around 85%, this change has been driven by a reduction in numbers and outcomes from the WH&C Neighbourhood teams, following discussions with WH&C it is believed the 2016-17 data overstated the activity and going forward the numbers will increase back to levels seen in 2015-16.

WH&C are finalising the changes necessary to resolve the issue of data sharing we should therefore be on track to have this in place for the 2018-19 ASCOF submission.

Overall NT performance in Q4 was 71.7% (Q3 - 66.9%), IC Beds achieved 71.8%(Q3 - 66.4%) and ISP Clients was 70.4% (Q3 - 77.8%).
In August, the number of admissions to step down IC Beds decreased slightly to 42 which is lower than the levels seen during 2017-18, discharges were also lower than last year at 38.

Length of stay for step down rehab patients in August was 44.0 which is an increase on the 36.3 days seen in July. The 10 beds lost when one of the homes gave notice have now been replaced with 5 beds now on stream at the end of August, this reduction in beds may have impacted on admissions and performance
.
New home care activity was similar in August (82) to July (82) ongoing care at home activity has been maintained though additional SPOT purchase of packages of care from different local providers.

UCAH referrals for admission avoidance increase to 51 in July from 42 in June, there appear to be issues with consistency around achieving the target of around 80 referrals a month. In July, the admission avoidance percentage was around 82% which is a reduction on June but around the level expected. In July, this service supported the discharge of around 8 patients which was the same as June and lower than the 11 in May.

Better Care Fund 2018/19

5.   Further to the Care Quality Commission system review sixteen areas of improvement were noted. There is a requirement to refresh our Better Care Fund plan, and work is in progress to deliver this work, alongside the

production of the high impact model for delayed transfers of care, and initiatives surrounding Length of stay (over 21 day stays in Acute settings).

As reported in the last period the new Integration programme is based around 8 key themes, and a commentary is included in each area for information:

New Wiltshire Health and Social Care model/framework- to help people in Wiltshire to live as well as possible

– This works is now mobilising and agreements are in place to implement a new provider delivery group to oversee the development of new models.

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

- This work is underway and is linked to the refresh of the Health and Wellbeing strategy which expires in 2019

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

– New Wiltshire Commissioning Group now agreed to be co-chaired by the CCG and Council Commissioning Directors.

Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table

– Changes to report format has been implemented to include more of a timescale and deliverable focus.

Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways

– Significant progress made with a full overhaul of the whole Health and Social Care governance arrangements nearing completion.

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

– Work to scope the work in detail and align with the Workforce programme at STP level is ongoing.

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

– The programme of work for this area is being developed, and is complex given the nature of system interoperability and information governance

Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

– Work has now commenced on the communications strategy and plan for this area.

Next Steps

6.   Timescales

In the next period activity falls into three main areas:

- Finalisation of the refreshed Better Care Plan for 2018/19
- Finalisation of the high impact model for delayed transfers
- The continued mobilisation of the Wiltshire Integration Programme including the associated benefits realisation plan
- Continued focus on the length of stay action plan

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: Detailed analysis of DTOC performance for July 2018.

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DTOC increased substantially in July as expected with both NHS delays and ASC delays increasing. Overall we are still seeing a much better position than last year. Provisional indications are the number of delayed days in August & September will be similarly challenging.

Non-elective admissions have remained similar to the levels seen at the end of last year which in the main reflects a change in coding practice at 3 of the trusts.

Permanent admissions have been low in the first quarter of 2018-19 and we remain on track to be under the target of 500.

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 continues following transition into the BSW integrated urgent care contract and has generally 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	4,131	4,244	4,163	4,320									<3250	3250 or <375	>3750
Permanent Admissions to Care Homes	204	246	268	327	350								>525	<525 or >500	<500
At Home 91 days post discharge with reablement													<80%	80% or <86%	>86%
Delayed transfers of Care	1,540	1,526	1,490	1,992									>1350	1350 or >120	<1200
Wiltshire BCF Schemes															
IC Bed (Discharges) - Step Down	48	42	39	44	38								<45	>45 or <60	>60
IC Bed (Discharges) - Step Up	5	1	2	4	5								<7	>7 or <10	>10
Community Hospital Beds - Admissions	82	77	77	55									<60	>60 or <80	>80
High Intensity Care - Referrals	15	11	26	13									<12	>12 or <18	>18
Urgent Care at Home	57	84	50	59									<60	>60 or <80	>80
Rehab Support Workers	78	67	55										<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															

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Acute Specific Non Elective Admissions

The level of acute specific non elective admissions continue to be similar to the levels seen towards the end of 2017-18, this reflects increased ambulatory care activity at GWH from a change in coding practice and effective recording of activity at WH&C and AWP. Activity has increased in all age bands, the percentage increase being greater in those under 18 and of working age.

Quarterly Admissions and Admission Trajectory

Legend: Actual, Target

Cumulative Number of All Age Acute Specific NEL Admissions

Legend: 2016-17, 2017-18, 2018-19

Cumulative number of admission by Age Band

Legend: 2016-17, 2017-18, 2018-19 (M4)

Acute Specific NEL Admissions Age 65+ Rate per - 100,000 population
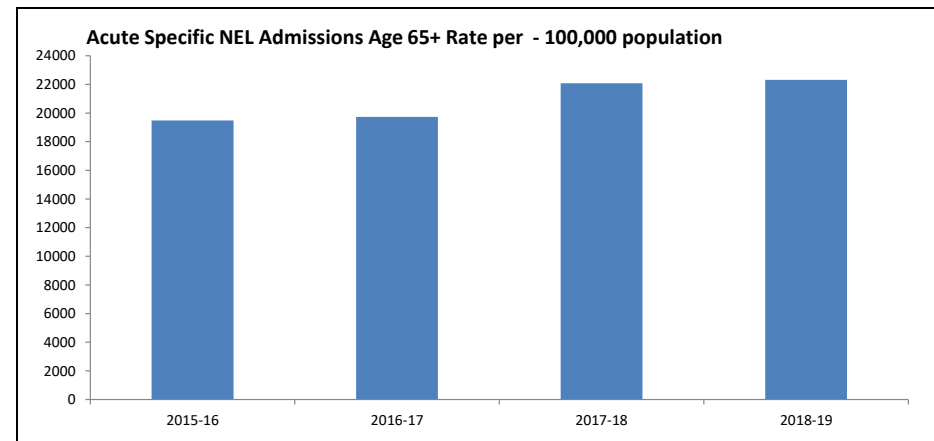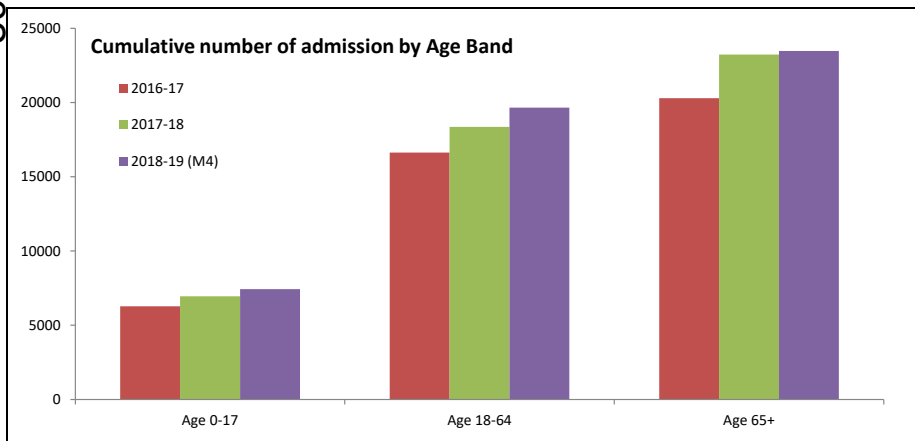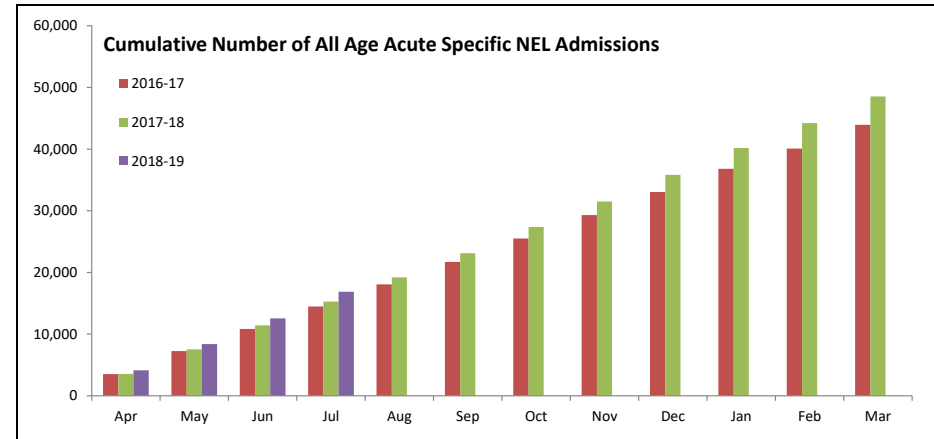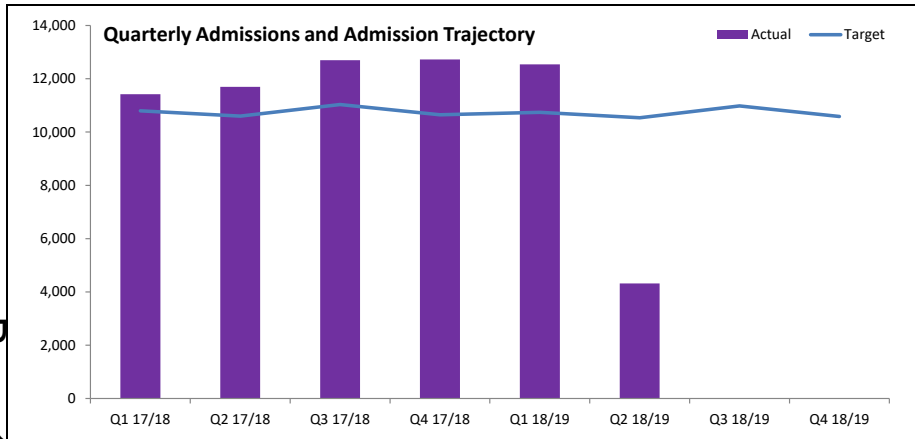
Source: CCG SUS Data

Acute Specific Non Elective Admissions

Activity is higher at all the 3 main acute trusts and it is also increasing at other out of area trusts.

RUH Cumulative Number of All Age Acute Specific NEL Admissions

SFT Cumulative Number of All Age Acute Specific NEL Admissions

GWH Cumulative Number of All Age Acute Specific NEL Admissions

Other Cumulative Number of All Age Acute Specific NEL Admissions
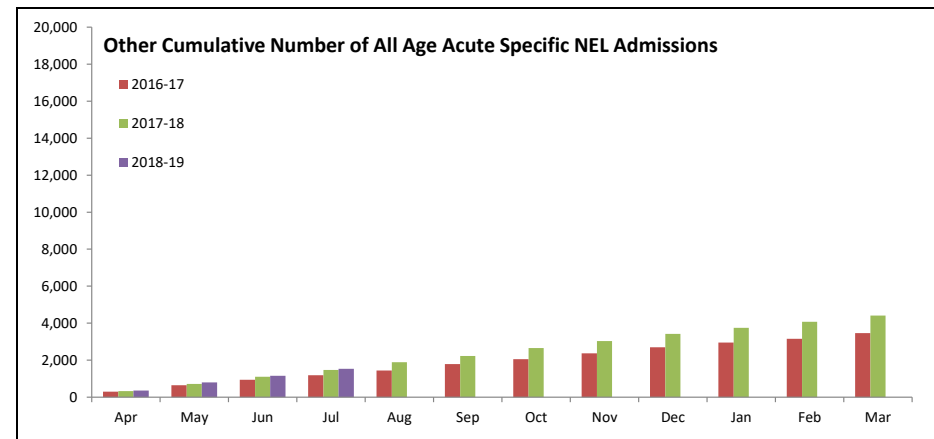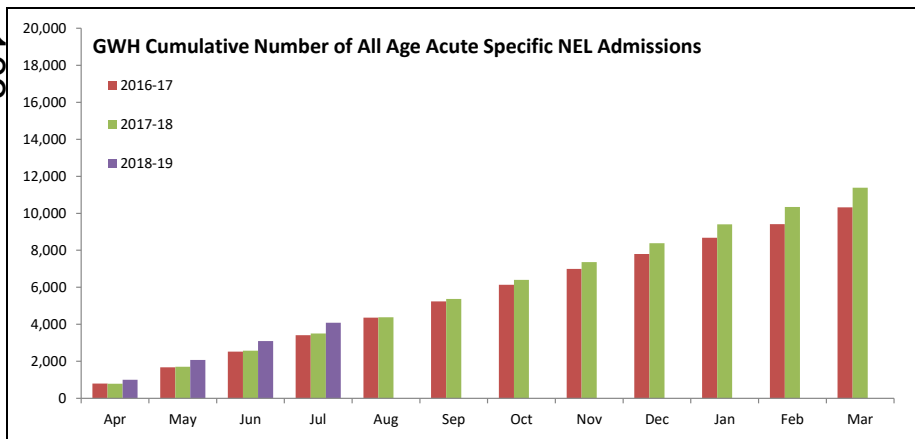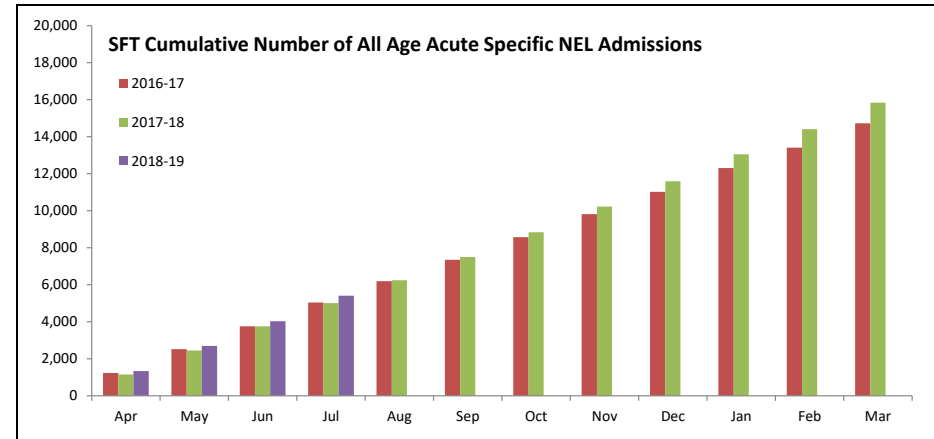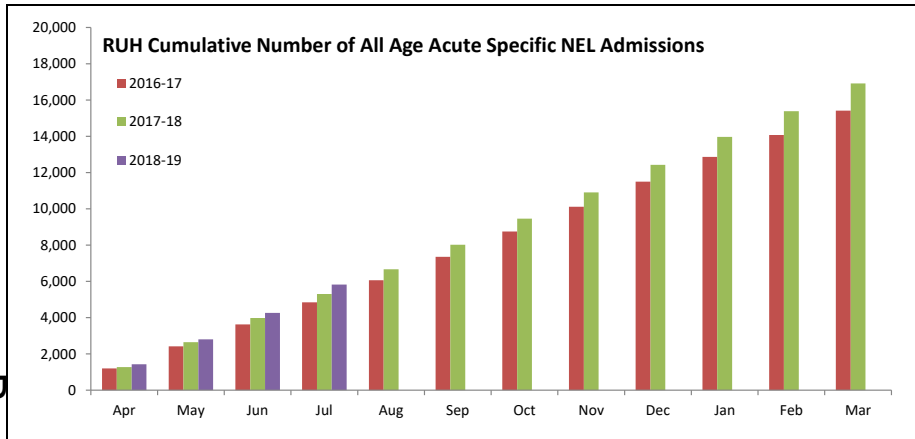
Source: CCG SUS Data

Avoidable Emergency Admissions & Admissions from Care Homes

Avoidable emergency admissions were lower in July than June. For the year to date overall these avoidable emergency admissions are up 3.7% (56 admissions), but there has been an increase at GWH and small decreases at RUH & SFT. Admissions in those aged 65 and over have fallen while there have been increases in those aged under 18 and of working age.

Admissions from non LD care homes have reduced in the first four months of 2018-19 by around 10% (64 admissions) compared to the same period in 2017-18. Overall in 2017-18 (1,895) were broadly similar to 2016-17 (1,828). When split by CCG group all 3 areas are seeing a decrease compared to the same period last year.

Source: CCG SUS Data

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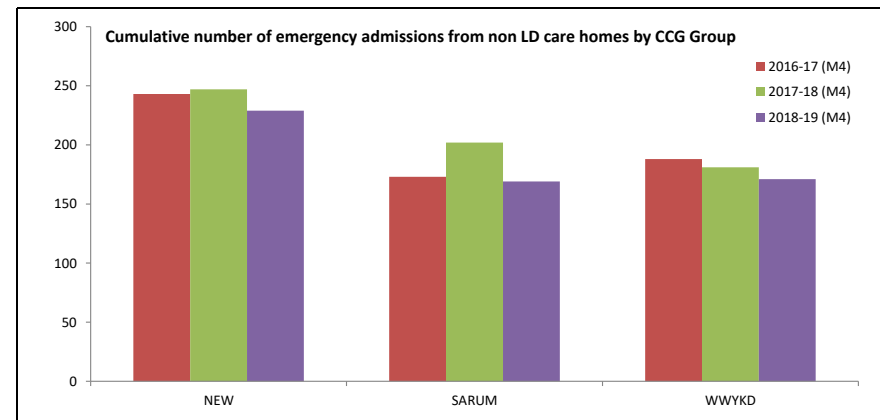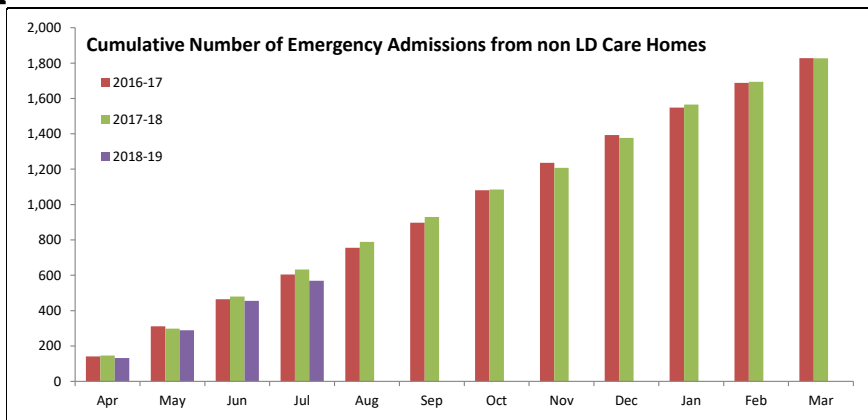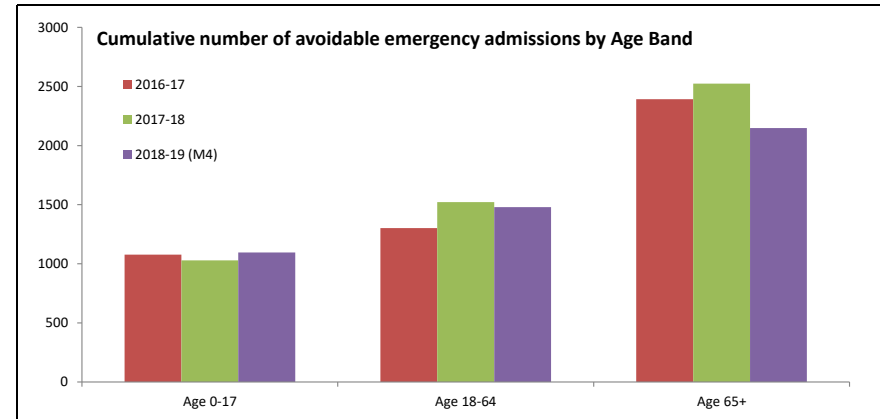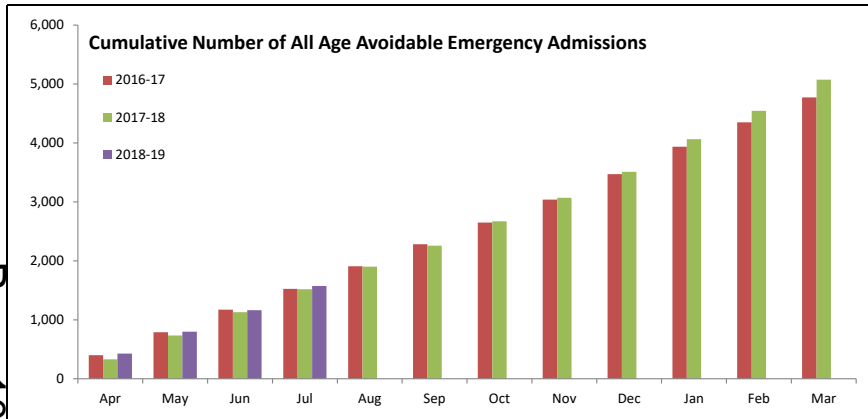
Permanent Admissions to Care Homes

In August there was 37 permanent admissions to care homes in those aged 65 and over, this is above monthly average for the YTD (29) and the average in 2017-18 which was around 31. Based on the YTD and using a simple calculation the forecast for the year around 350 which is well below the target for 2018-19 of 500 and slightly below 2017-18 which saw 367 admissions.

Annual Placements and Trajectory — Actual / Target

Cumulative Number of Permanent Admissions to Care Home (Age 65+) — 2016-17, 2017-18, 2018-19

Source: ASC Performance Team

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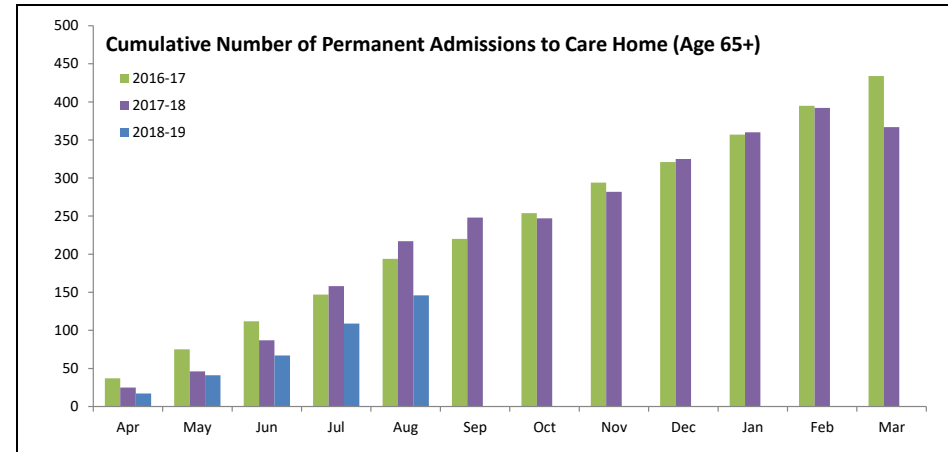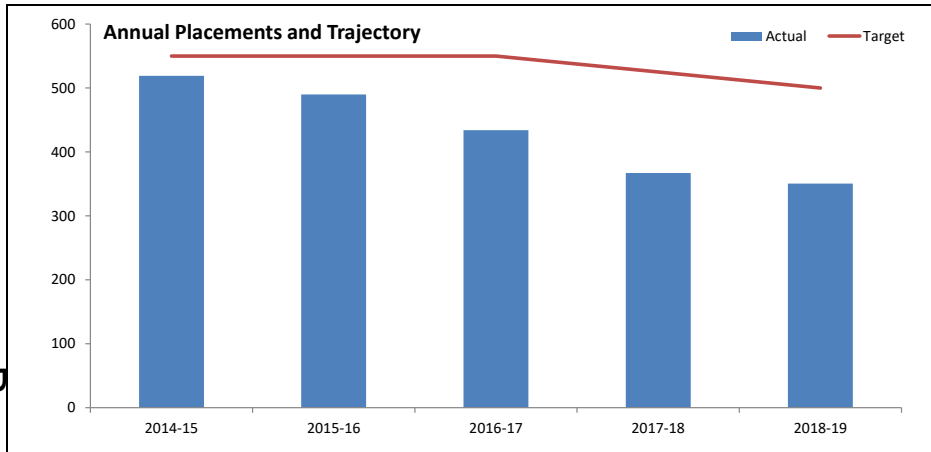
Patients at home 91 days post discharge from hospital

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 dropped following the new pathway but has improved slightly in the latest quarter.

Reablement - % at Home 91 days post discharge

Cumulative Number of discharges into reablement
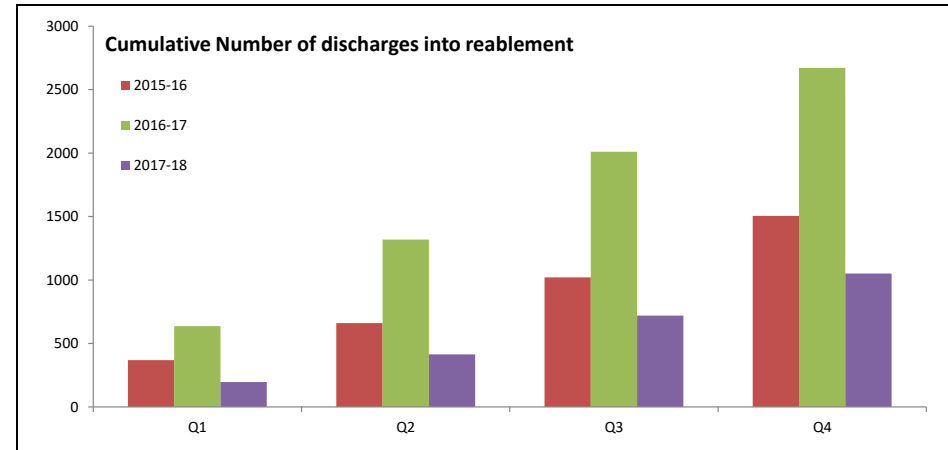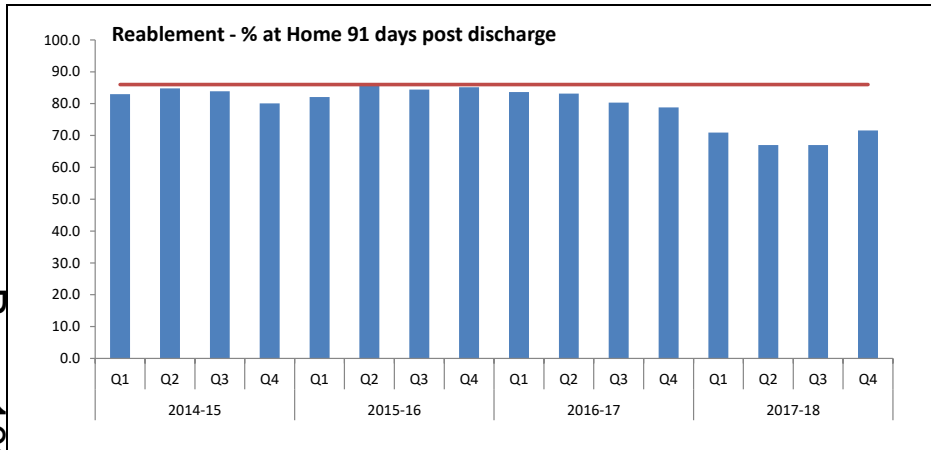
Source: ASC Performance Team & WH&C

Delayed Transfers of Care - Delayed days

The number of delayed days increased by 33.7% (502 days) in July to 1,992 and remains well above the trajectory target of 1,200. Both NHS attributable delays and ASC attributable delays increased in July. Waiting for Packages of Care and Placements have accounted for around 60% of the delayed days in the first four months of 2018-19. Overall there has been a reduction of around 32% on delayed days (3,137) which is the equivalent of around 26 beds.

Quarterly Delayed Days & Trajectory — Actual, Target

Wiltshire Cumulative Delayed Transfer of Care - Days — 2016-17, 2017-18, 2018-19

% Delayed Days by responsible organisation

	2016-17	2017-18	2018-19
Both	8.1	5.4	5.0
ASC	31.0	37.8	30.8
NHS	60.9	56.8	64.2

% Delayed Days by reason — Housing, Disputes, Patient/ family choice, Equipment/ adaptations, DomCare, Nursing home, Residential home, Non Acute transfer, Public Funding, Assessment

Source: NHS England Monthly Data

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Delayed Transfers of Care - Delayed Days

RUH, SFT and AWP have seen a good reductions in delayed days compared to last year, while GWH has seen a smaller reduction than the other local trusts.
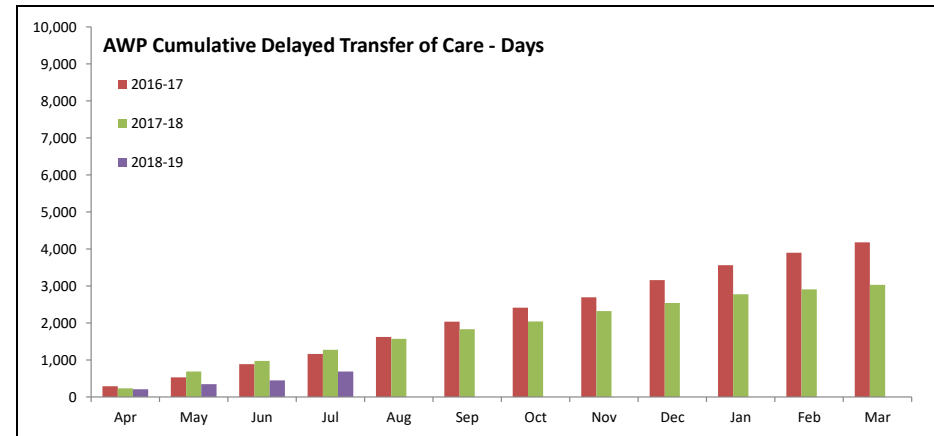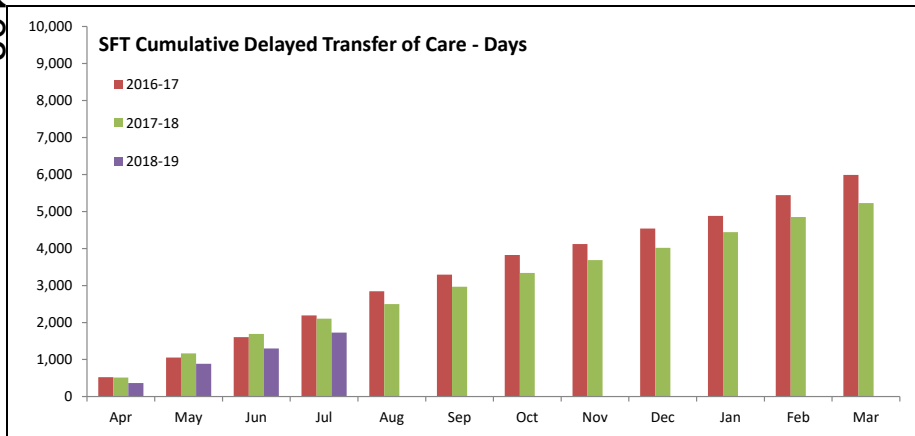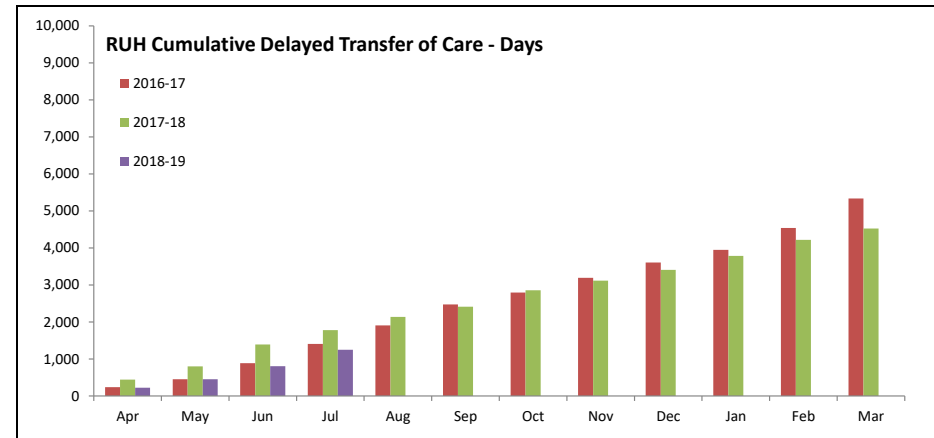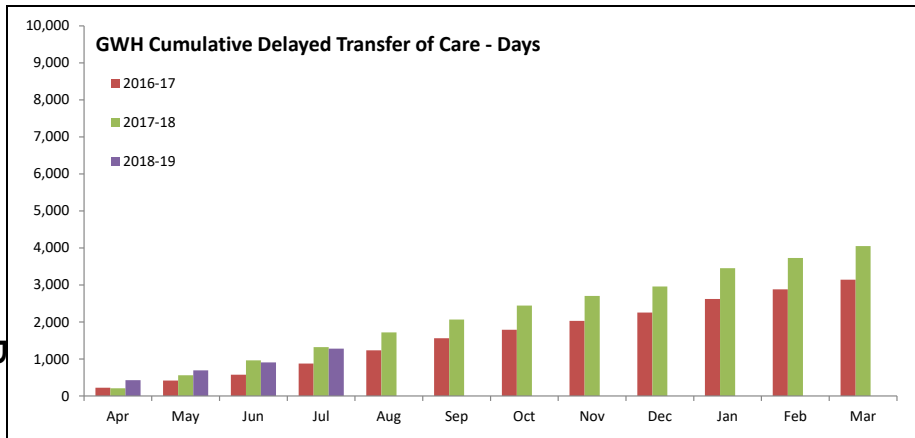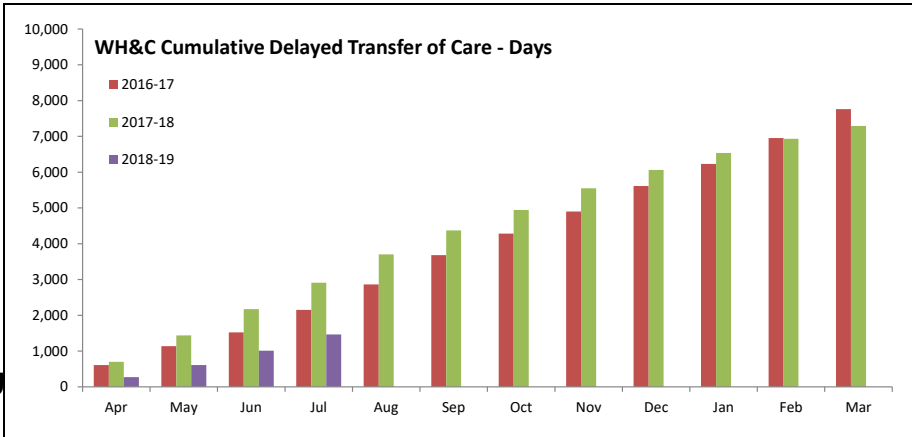

GWH Cumulative Delayed Transfer of Care - Days

RUH Cumulative Delayed Transfer of Care - Days

SFT Cumulative Delayed Transfer of Care - Days

AWP Cumulative Delayed Transfer of Care - Days

Source: NHS England Monthly Data

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Delayed Transfers of Care - Delayed Days

BETTER CARE PLAN

Delays in Community Hospital are substantially lower than last year, while delays in Out of Area Hospitals have also reduced in the first four months of 2018-19. For NHS delays there has been an increase in the percentage of delays due to nursing home placement and housing. For ASC delays the percentage of delays associated with assessment, residential placement and domiciliary care packages have increased.
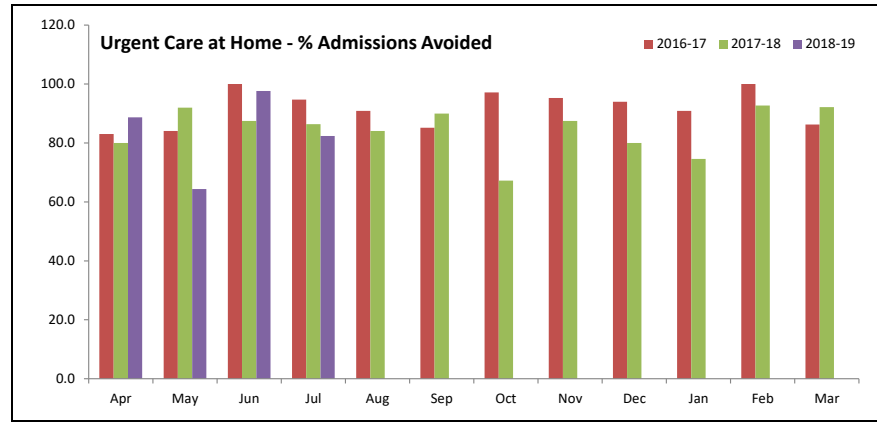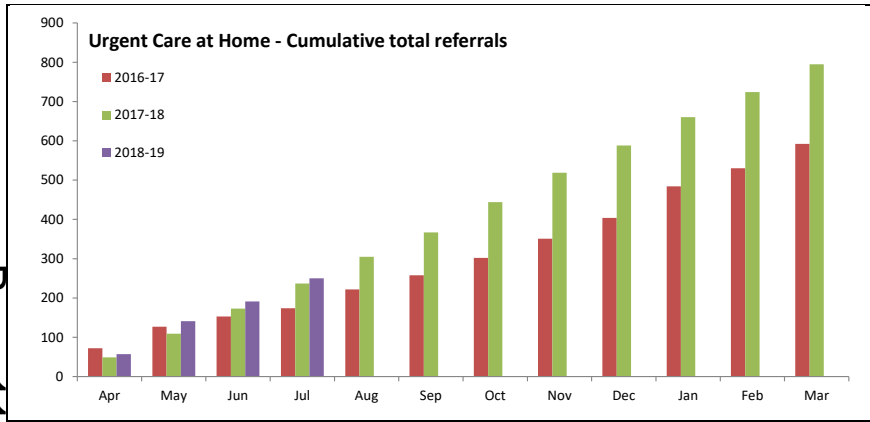
WH&C Cumulative Delayed Transfer of Care - Days
2016-17, 2017-18, 2018-19 (Apr–Mar)

Other Cumulative Delayed Transfer of Care - Days
2016-17, 2017-18, 2018-19 (Apr–Mar)

% Delayed Days by reason - ASC

Legend: Housing, Disputes, Patient/ family choice, Equipment/ adaptations, DomCare, Nursing home, Residential home, Non Acute transfer, Public Funding, Assessment

2018-19 (to M4): 0.0, 0.0, 2.0, 48.9, 16.4, 23.1, 0.4, 9.2
2017-18: 0.1, 1.3, 3.5, 38.7, 18.4, 28.0, 2.2, 7.9
2016-17: 0.5, 0.0, 1.2, 41.0, 19.6, 31.0, 0.9, 5.8
2015-16: 1.3, 0.6, 28.3, 40.1, 23.3, 1.0, 4.2

% Delayed Days by reason - NHS

Legend: Housing, Disputes, Patient/family choice, Equipment/adaptations, DomCare, Nursing home, Residential home, Non Acute transfer, Public Funding, Assessment

2018-19 (to M4): 0.0, 7.5, 13.3, 5.8, 21.8, 17.4, 11.2, 22.1, 0.0, 0.8
2017-18: 0.2, 3.4, 15.2, 5.6, 27.2, 12.3, 10.3, 24.8, 0.4, 0.7
2016-17: 0.7, 3.2, 9.3, 4.8, 31.8, 7.8, 9.5, 32.7, 0.0, 0.2
2015-16: 0.3, 4.6, 8.7, 4.0, 29.6, 12.3, 6.2, 32.4, 0.5, 1.3

Source: NHS England Monthly Data

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Home Care and Urgent Care at Home Activity

Urgent Care at Home referrals were 59 in July, which is under the 80 target but higher than June (50). The % of admissions avoided was around 82% which is a reduction on June. The average number of monthly referrals is 62 which is slightly lower than the 2017-18 average of 66 per month but higher than the 2016-17 of 50. The average monthly number of referrals to support discharge remains at 8 which is lower than 2017-18 (14), 2016-17 (9) and 2015-16 (12).

New Care at Home activity was maintained in August as there were 82 new clients as there were in July. There were 1,727 ongoing clients in August compared to 1,733 in July which is a slight reduction.

Urgent Care at Home - Cumulative total referrals
2016-17, 2017-18, 2018-19

Urgent Care at Home - % Admissions Avoided
2016-17, 2017-18, 2018-19

New Home Care Clients
HTLAH, Total (New)

Ongoing Home Care Clients
HTLAH, Total (Ongoing)
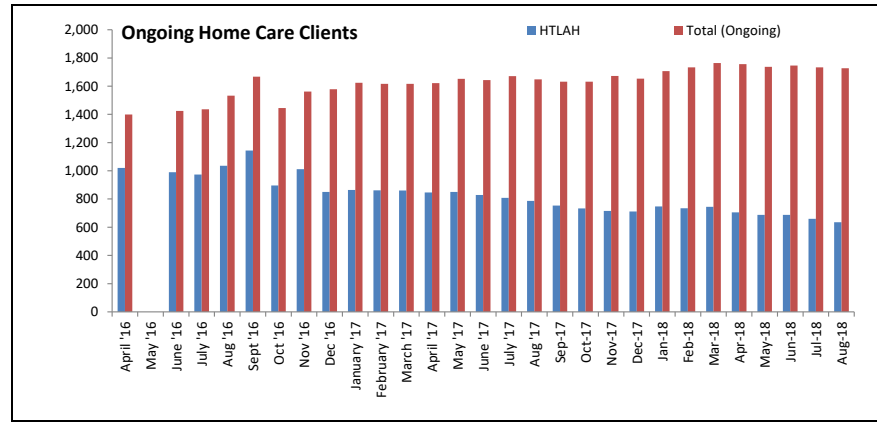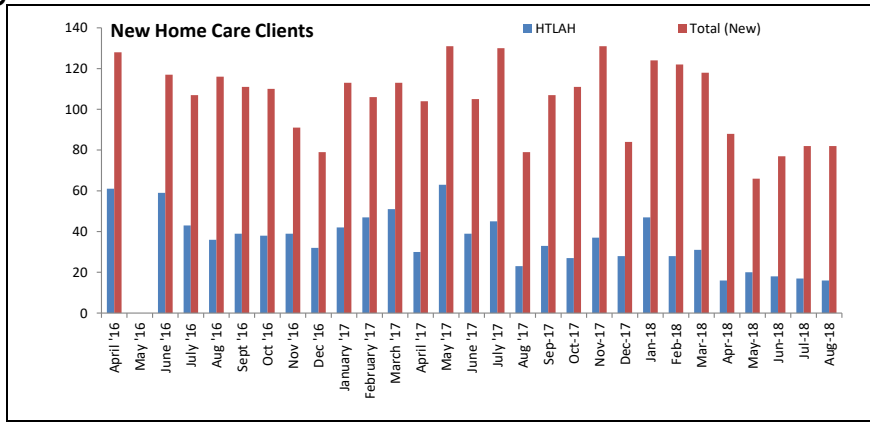
Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

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Intermediate Care Beds

The number of admissions and discharges remain under the levels seen last year as the impact of the loss of 10 beds is being felt, these have now generally been replaced with 5 now on stream. Length of stay for step down rehab increased in August to 44.0 days, for step down non rehab patients the length of stay also increased to 43.3 days. The number of admissions to step up beds remains very low and the length of stay in July was around 40 days.

Cumulative IC Bed Admissions
- 2016-17
- 2017-18
- 2018-19

Cumulative IC Bed Discharges
- 2016-17
- 2017-18
- 2018-19

Step Down - Average Length of Stay
- SD - Rehab
- SD - Other

Step Up - Average Length of Stay
- SU - All
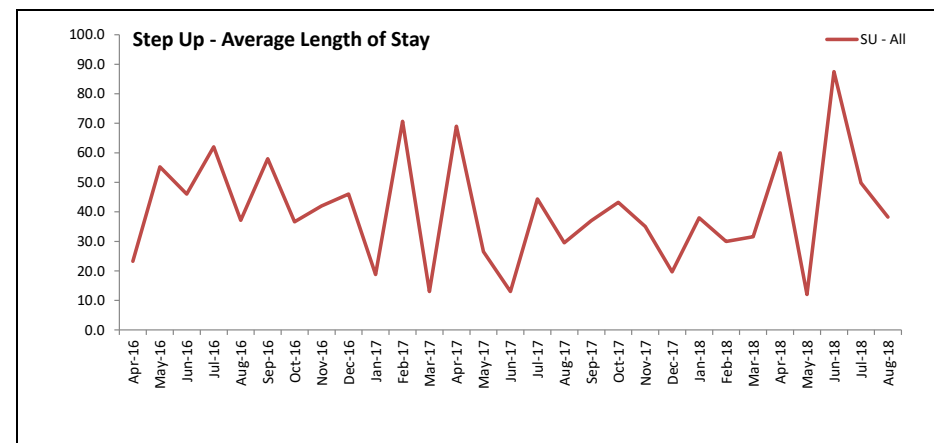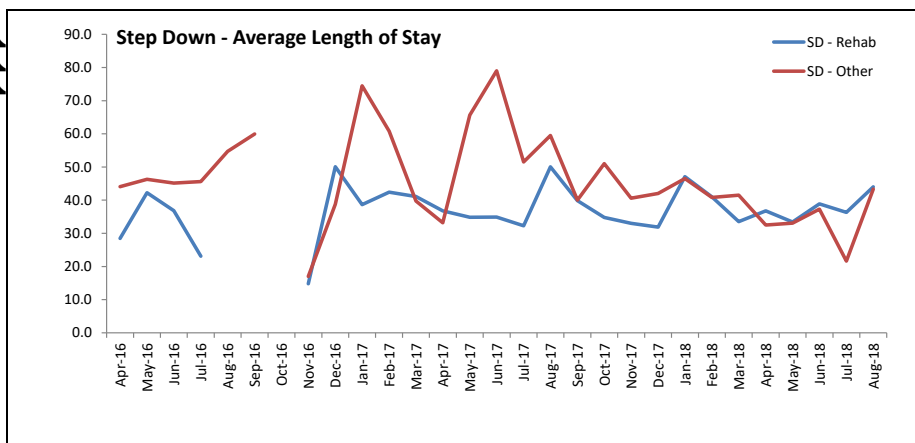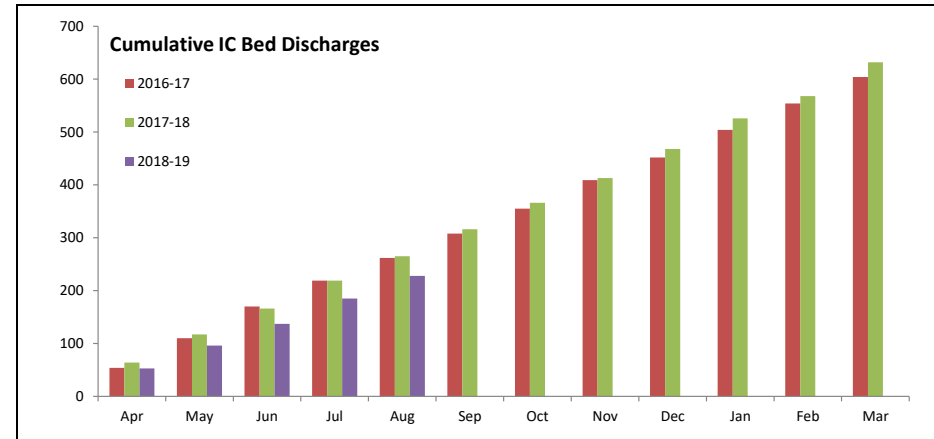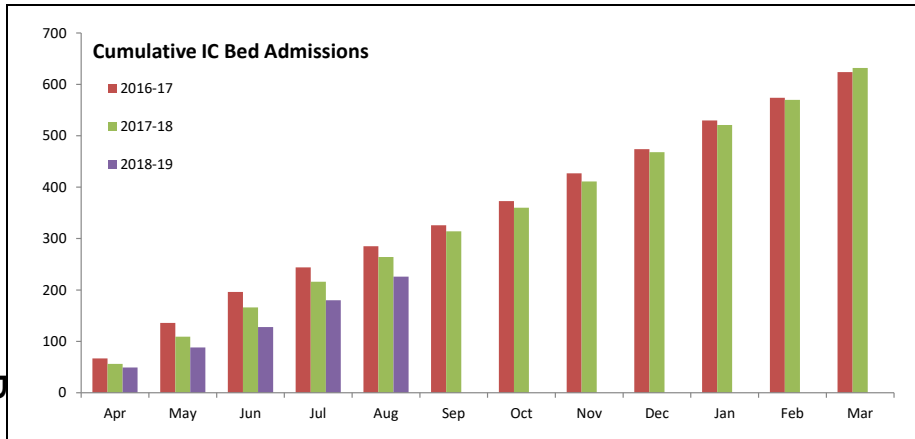
Source: ASC Performance Team

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													
	Discharges	48	42	39	44	38							
	LoS	35.8	33.0	38.6	33.9	43.9							
IC Beds - SU (South)													
	Discharges	1	1	2	4	5							
	LoS		12.0	87.5	49.8	38.2							
Therapy provision for Intermediate Care Beds (Contacts)		942	1,028	987	1,086								
Step Up Beds (WHC)													
High Intensity Care (WHC)													
	Admissions	15	11	26	13								
	LoS	33.6	39.7	21.3	25.6								
Care Home Liaison													
East Kennet SHARP													
Community Geriatricians													
Home First (Rehab Support Workers Initiative)		78	67	55									
Carers													
Integrated Community Equipment													
Community Services													
EOL													
The Leg Club Model													

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2018-19 BCF July DTOC Summary

# *Appendix 2 – Health and Wellbeing Board 17th October 2018*

July DTOC Delayed Days - Summary

- Wiltshire delayed days increased 33.7% (502 days) in July, 792 days higher than the trajectory (1,200).

- NHS delays (1,336):

  – Increased in July by 43.7%, over trajectory by 633 days.

  – GWH, RUH & WH&C are the most over their trajectory

- ASC delays (522):

  – Increased in July by 4.8%, over trajectory by 133 days.

  – SFT, RUH & GWH are the only trusts over their trajectory

  – Acute delays account for around 70% of ASC delays

Comparison Trend for All Delayed Days

Wiltshire - DTOC - Delayed Days Trend
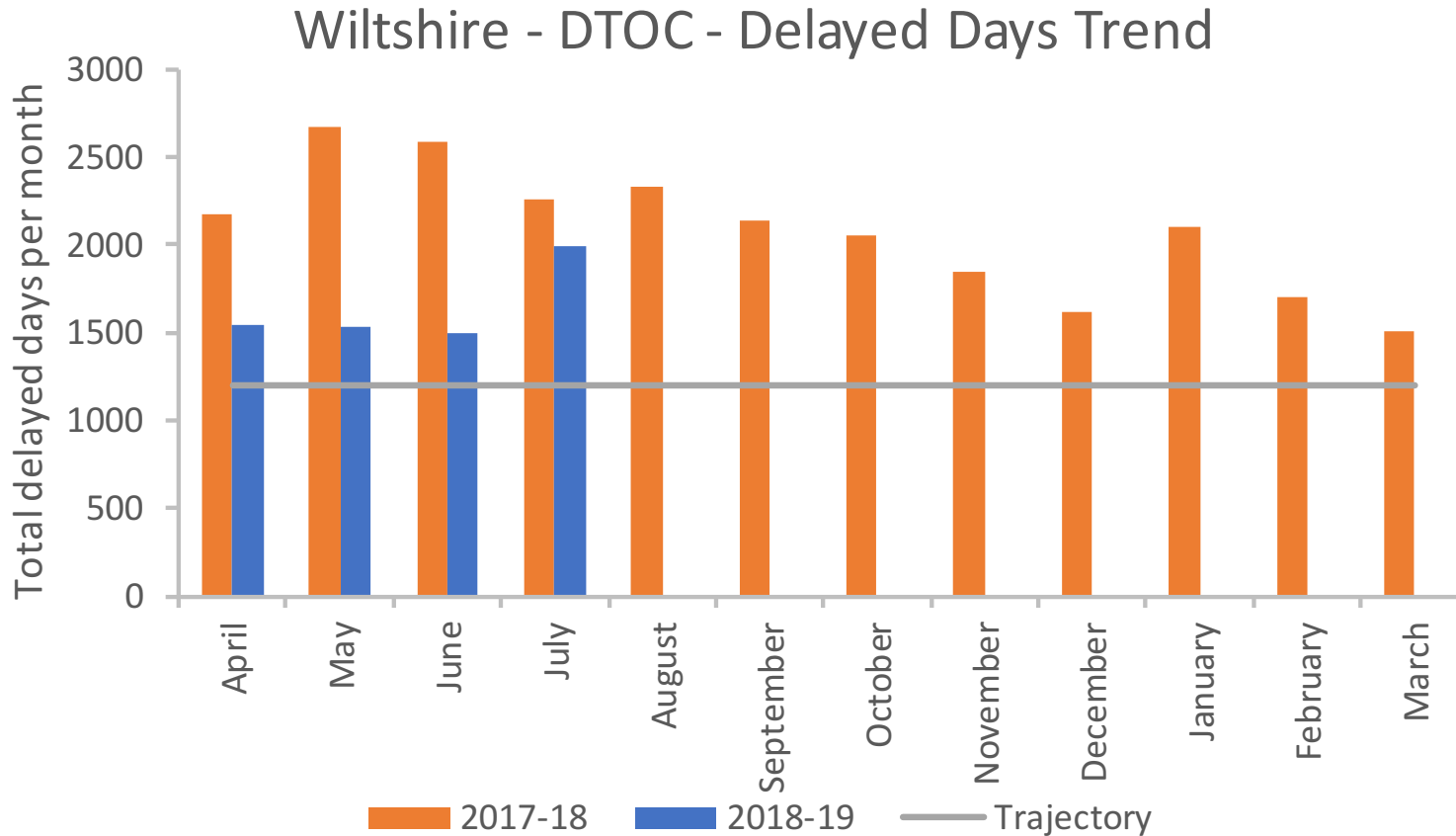
Comparison Trend for Daily Delayed Days
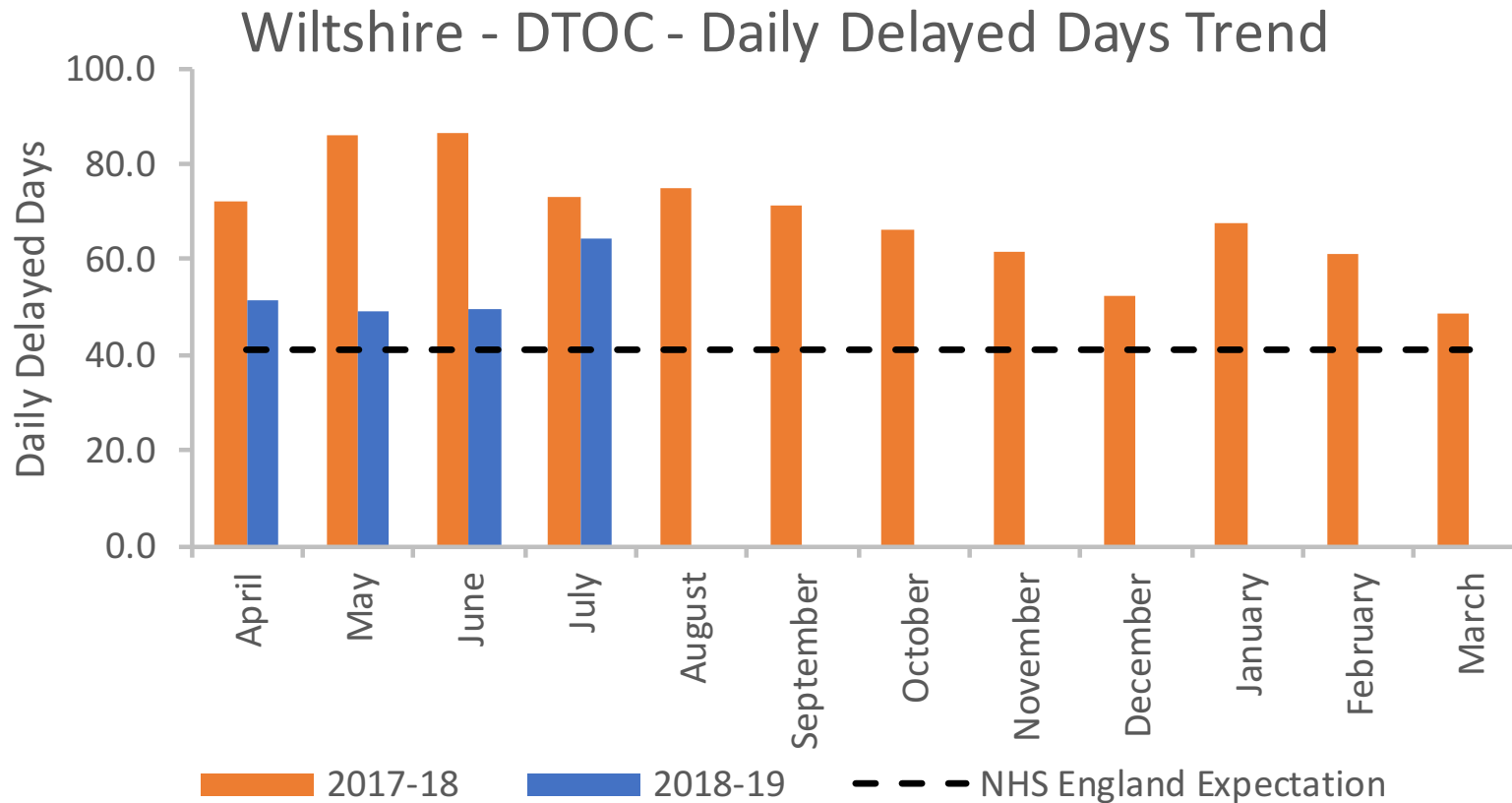
July DTOC Delayed Days

	NHS	ASC	Both	Total	Trajectory
Wiltshire	1,336	522	134	1,992	1,200
GWH	320	54	0	374	100
RUH	371	72	0	443	175
SFT	187	245	0	432	225
AWP	81	32	126	239	200
WH&C	340	114	0	454	450
Others	37	5	8	50	50

Trend for All Delayed Days
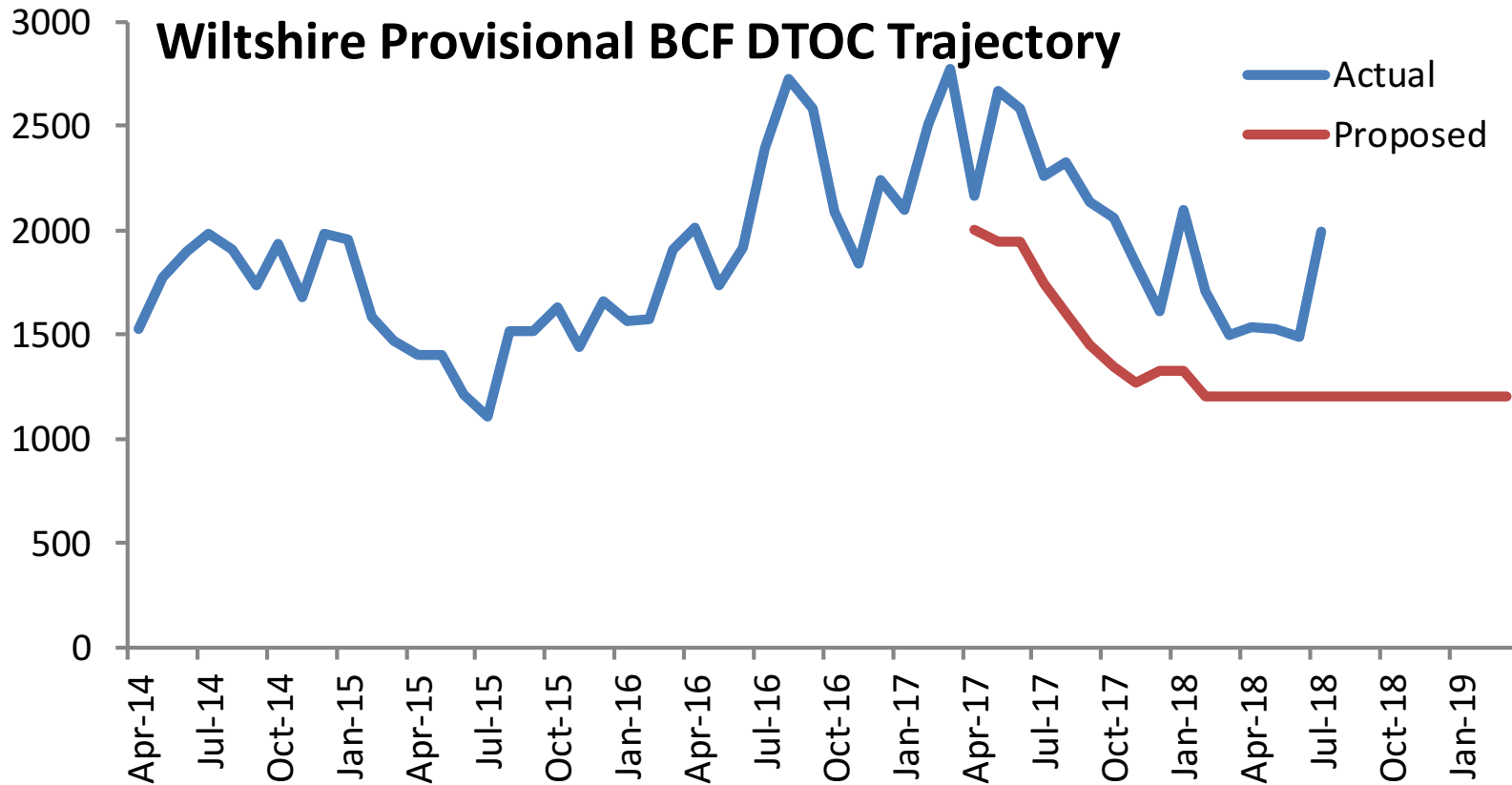
Trend for All Delayed Days by Provider
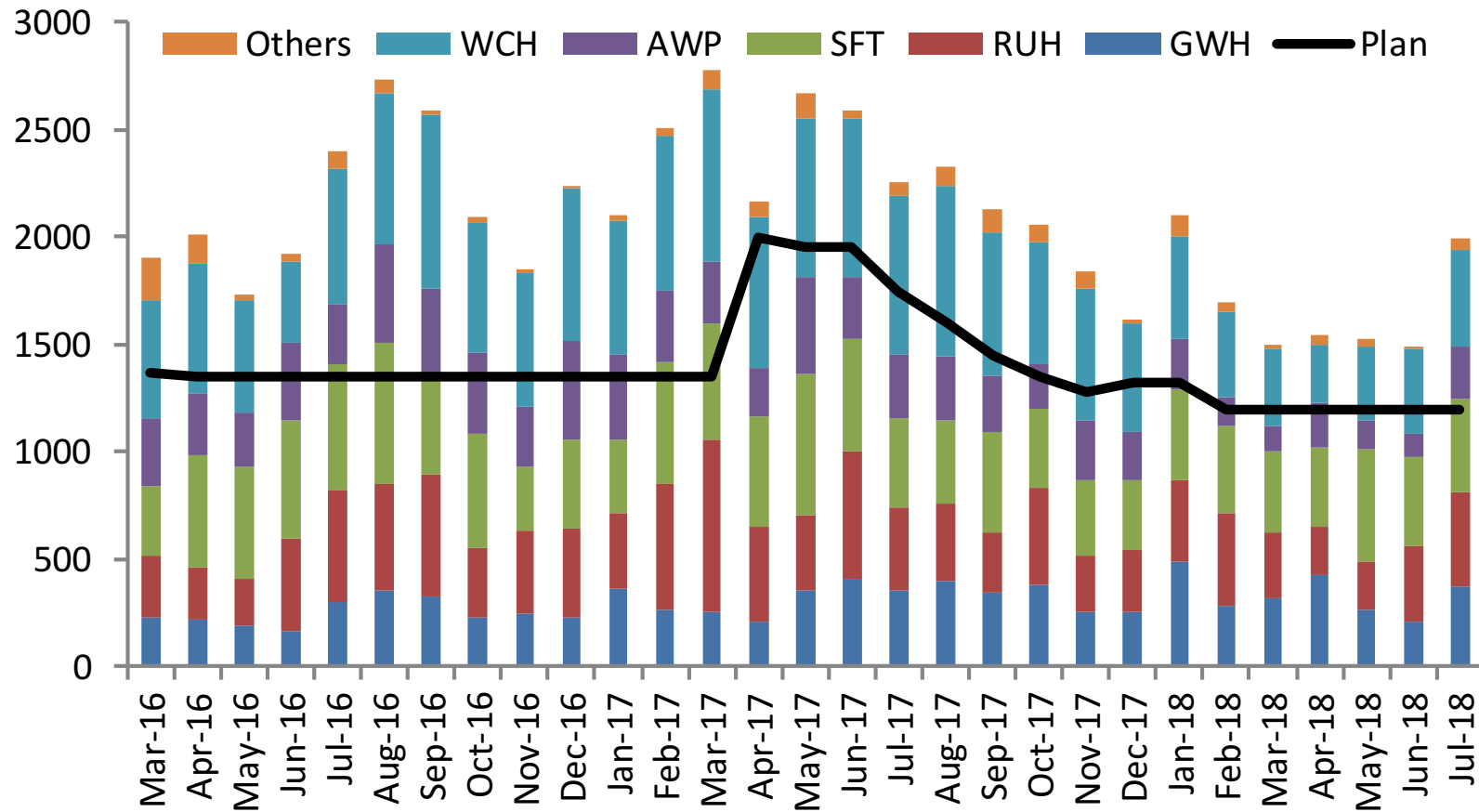
Reason for All Delayed Days

Reason	2015-16	2016-17	2017-18	2018-19 (YTD)	July 2018
Assessment	36.6	53.2	75.8	56.8	101
Public Funding	10.2	8.0	23.4	2.5	2
Non Acute transfer	299.0	447.3	292.5	232.5	361
Residential home	191.2	301.3	278.2	234.3	280
Nursing home	343.2	378.5	421.2	310.3	344
Dom Care	435.2	795.3	660.5	510.5	647
Equipment/ adaptations	39.8	76.7	96.4	70.8	43
Patient/ family choice	88.0	128.2	190.6	140.3	119
Disputes	9.7	14.0	3.3	0.0	0
Housing	42.8	43.3	39.7	79.3	95

July NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	1,336	703	633	90.0
GWH	320	84	236	281.0
RUH	371	139	232	166.9
SFT	187	129	58	45.0
AWP	81	56	25	44.6
WH&C	340	271	69	25.5
Others	37	23	14	60.9

Trend for NHS Delayed Days

Wiltshire Provisional BCF NHS DTOC Trajectory
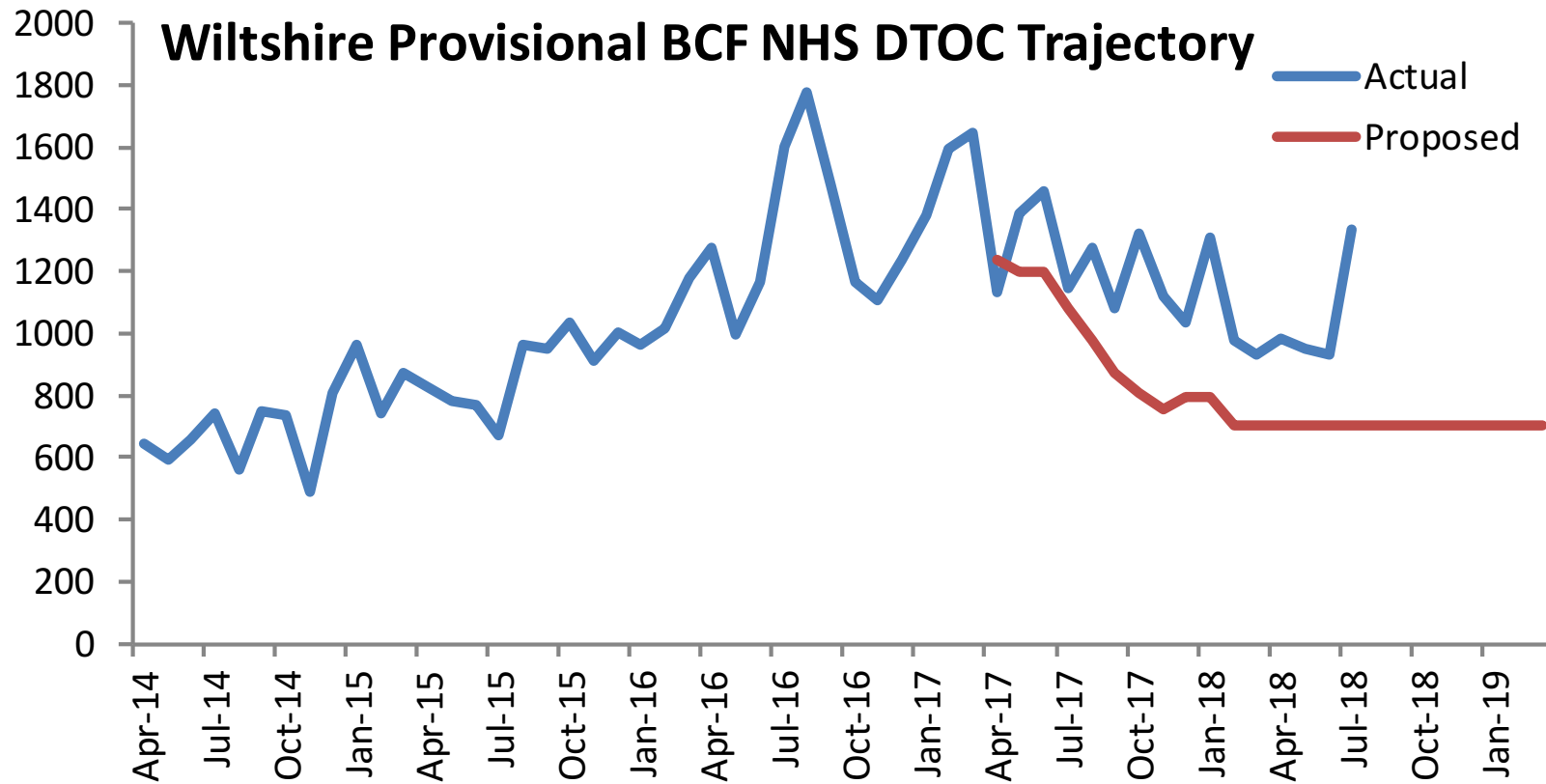
July ASC DTOC Delayed Days

	ASC	Trajectory	Gap	% of GAP
Wiltshire	522	389	133	34.2
GWH	54	15	39	260.0
RUH	72	35	37	105.7
SFT	245	93	152	163.4
AWP	32	56	-24	-42.9
WH&C	114	171	-57	-33.3
Others	5	18	-13	-72.2

Trend for ASC Delayed Days

Wiltshire Provisional BCF ASC DTOC Trajectory

Legend: Actual (blue), Proposed (red)

Trend for GWH Delayed Days

GWH Provisional BCF DTOC Trajectory

Actual

Proposed

Trend for GWH Delayed Days

GWH Provisional BCF NHS DTOC Trajectory

GWH Provisional BCF ASC DTOC Trajectory

Trend for RUH Delayed Days

RUH Provisional BCF DTOC Trajectory
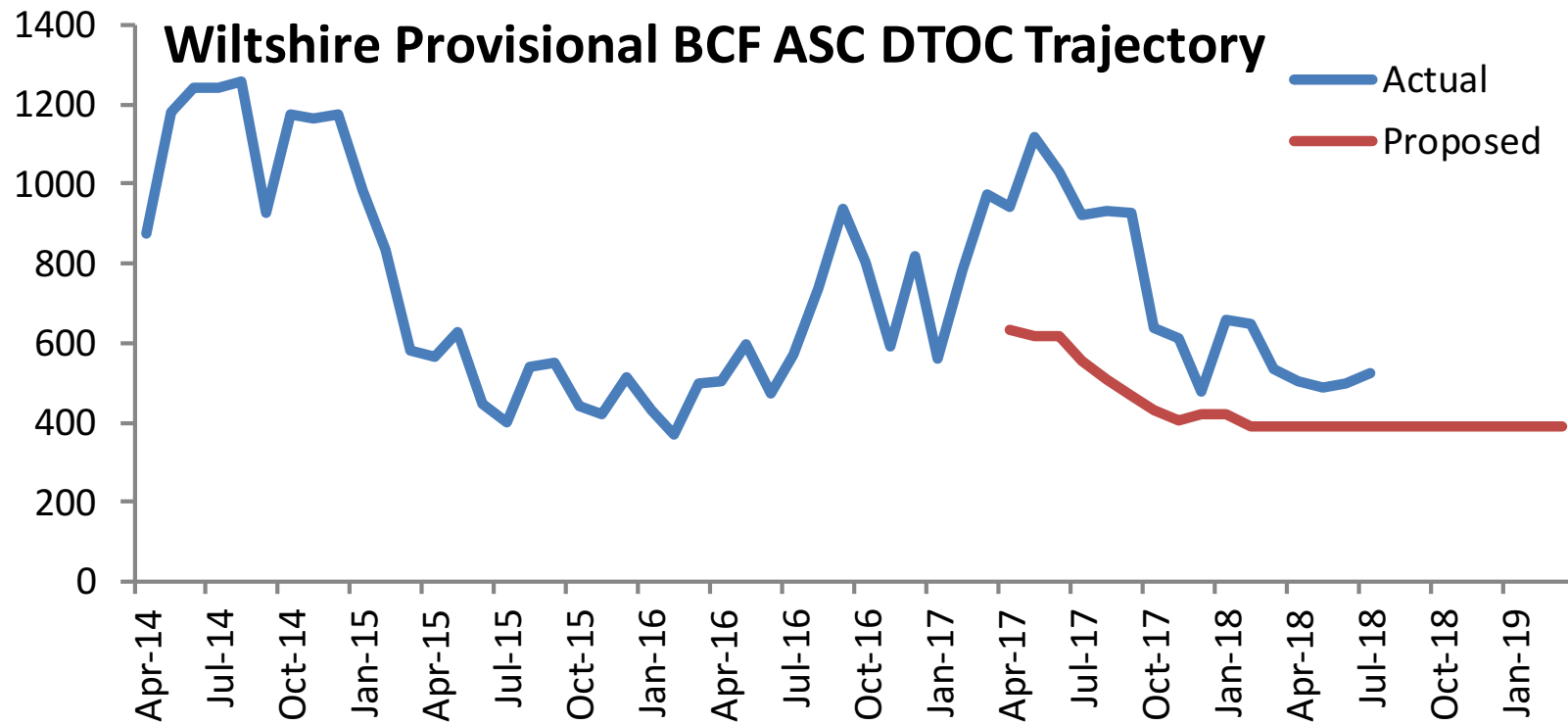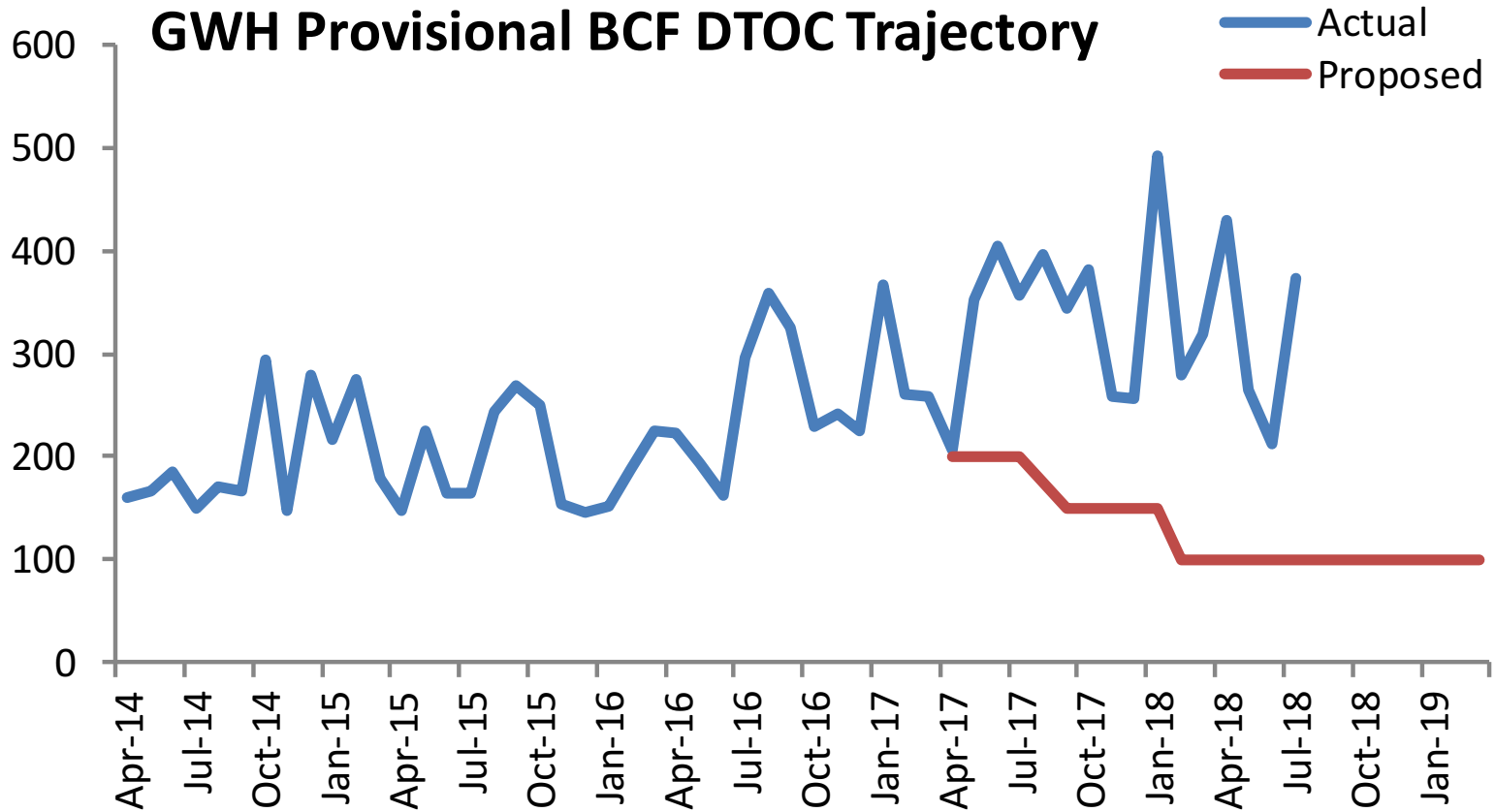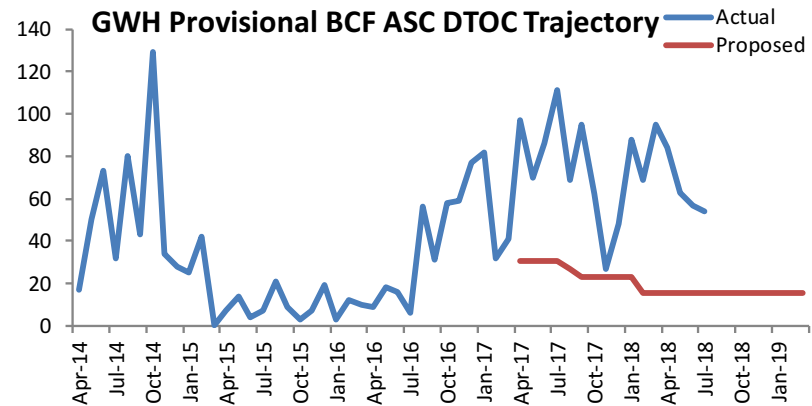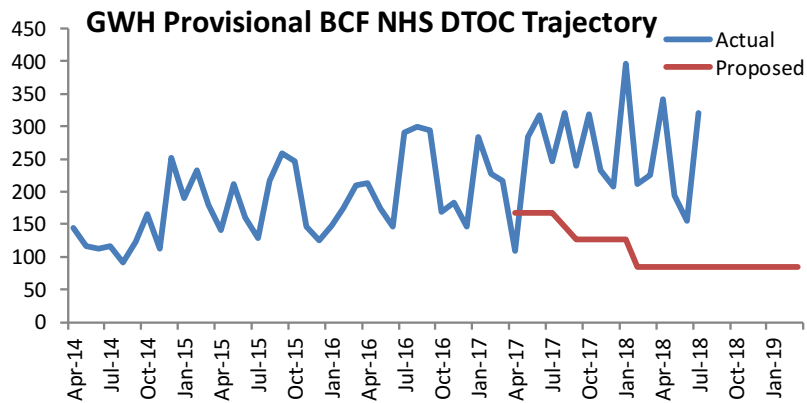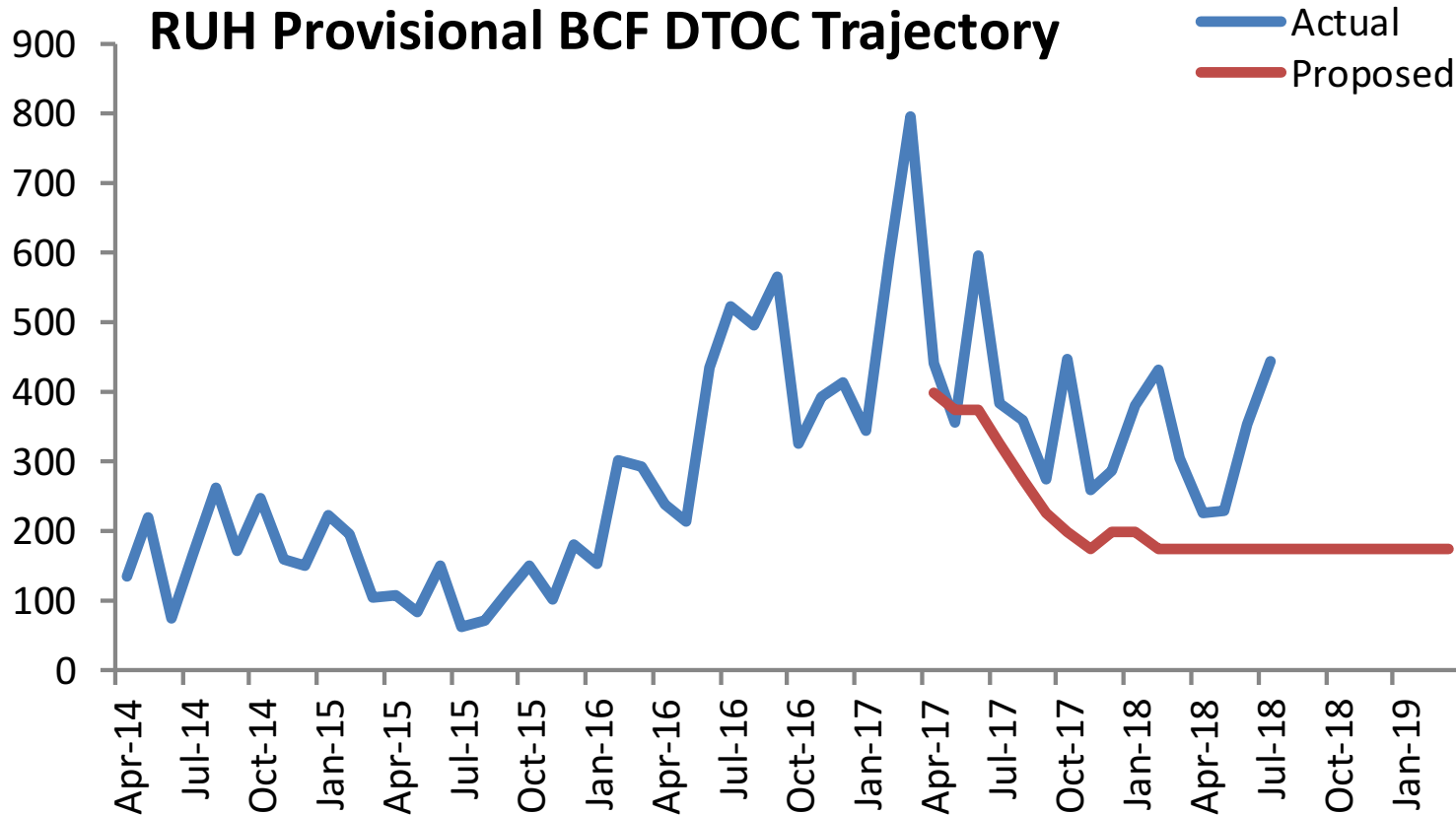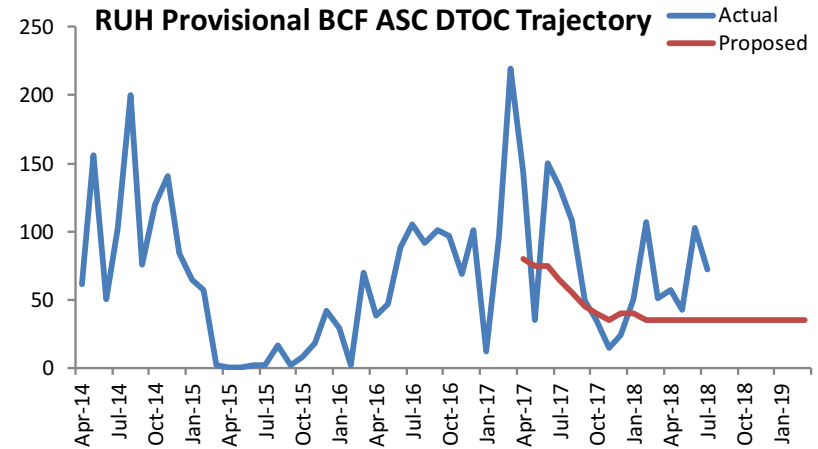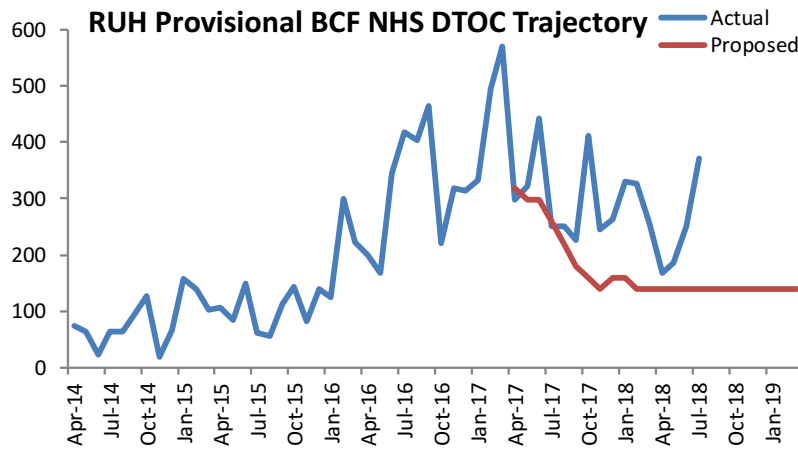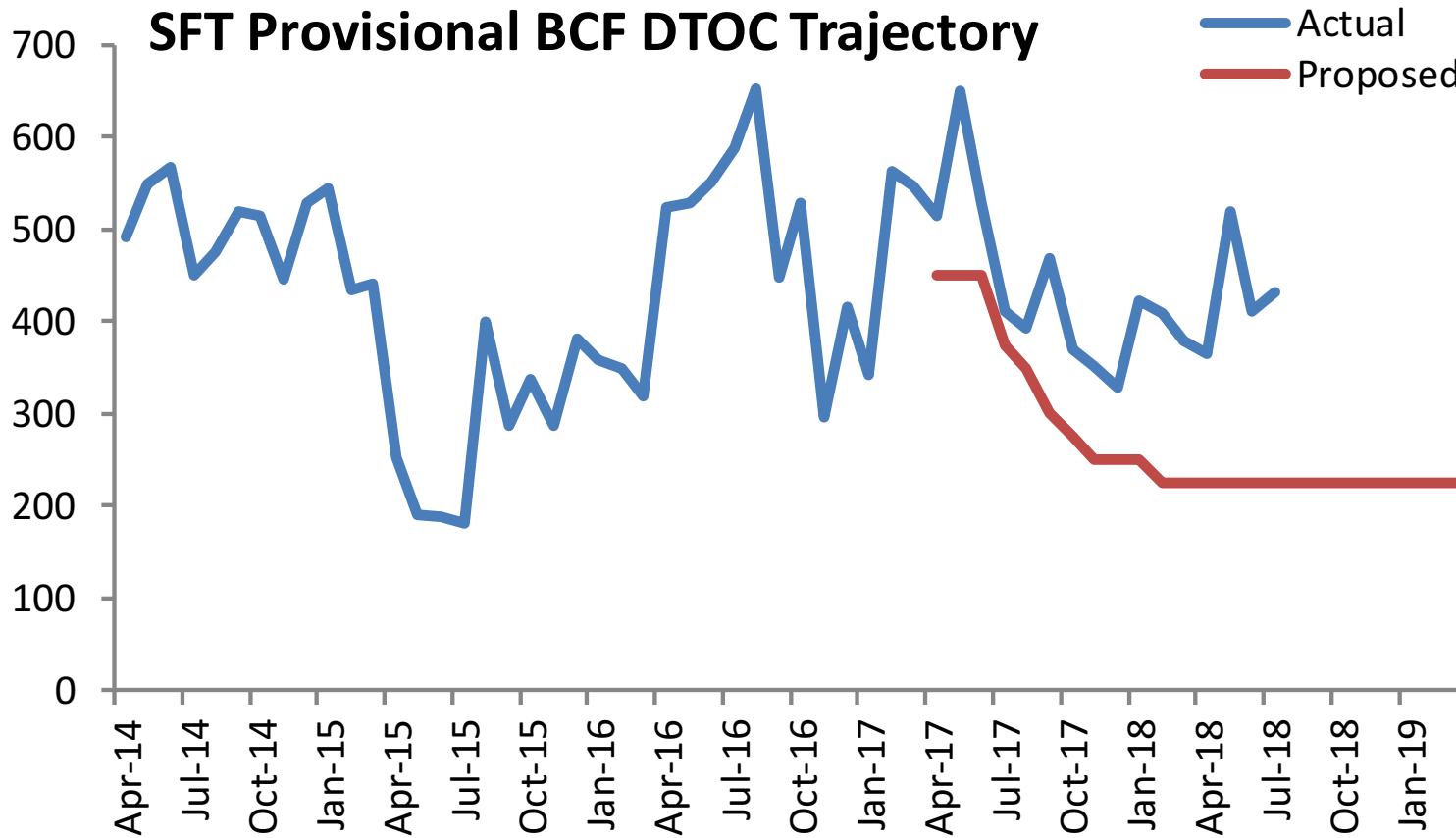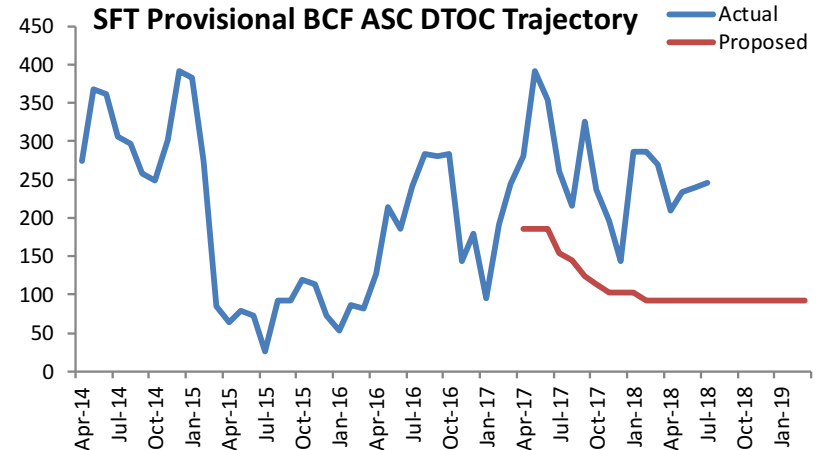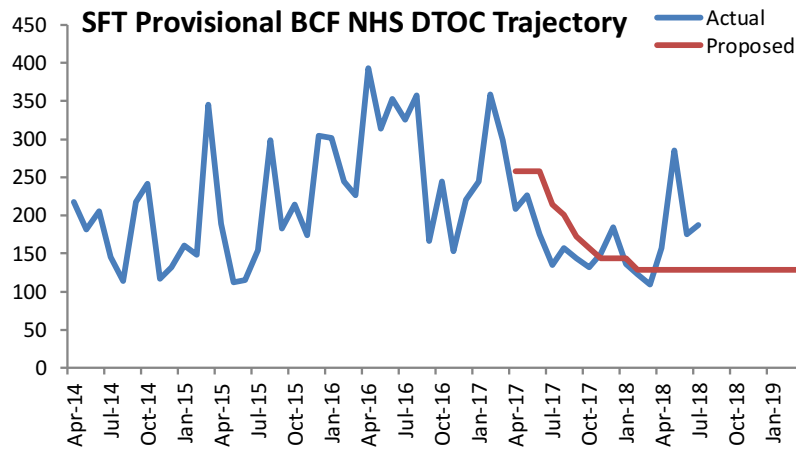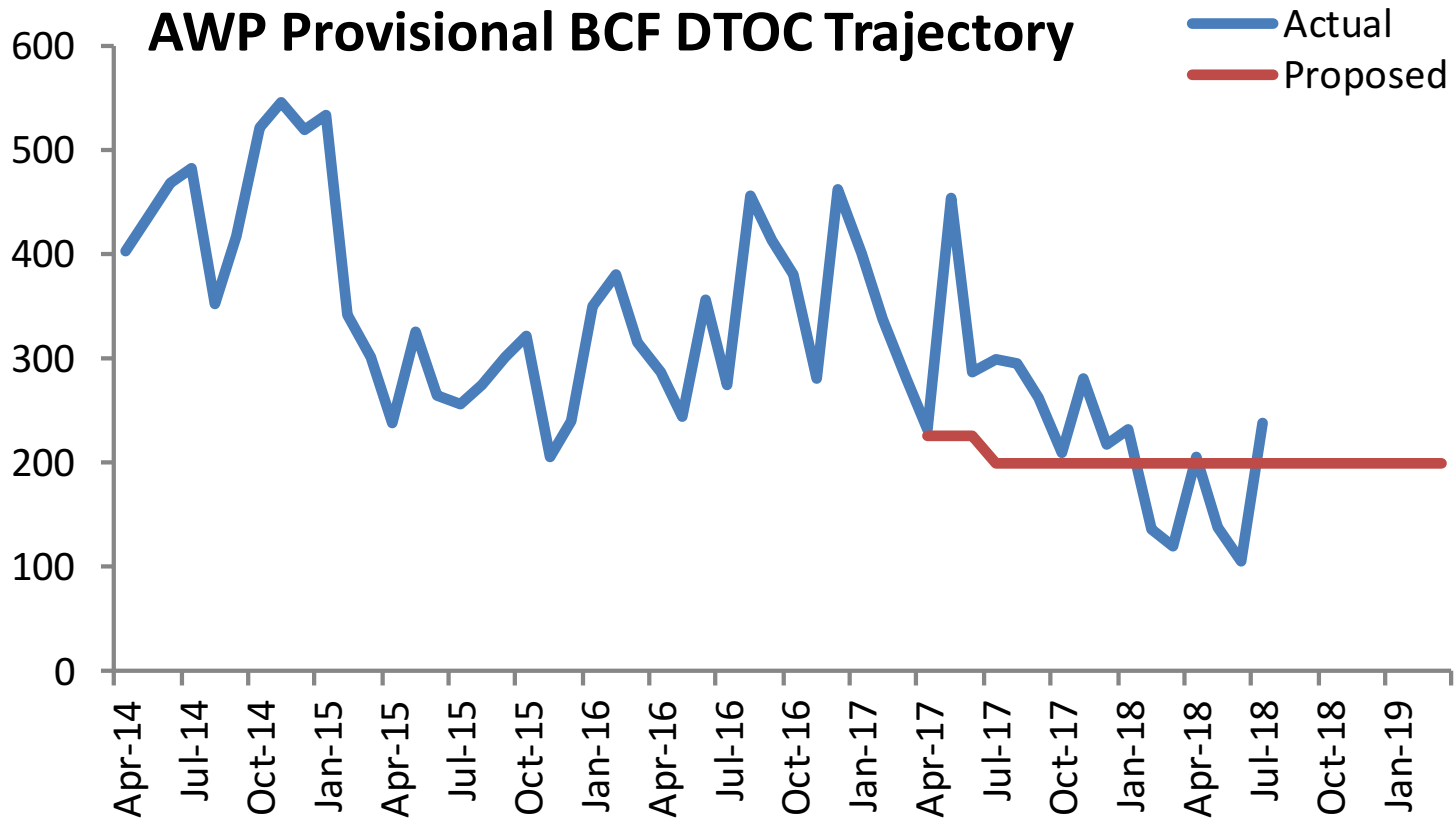
Trend for RUH Delayed Days
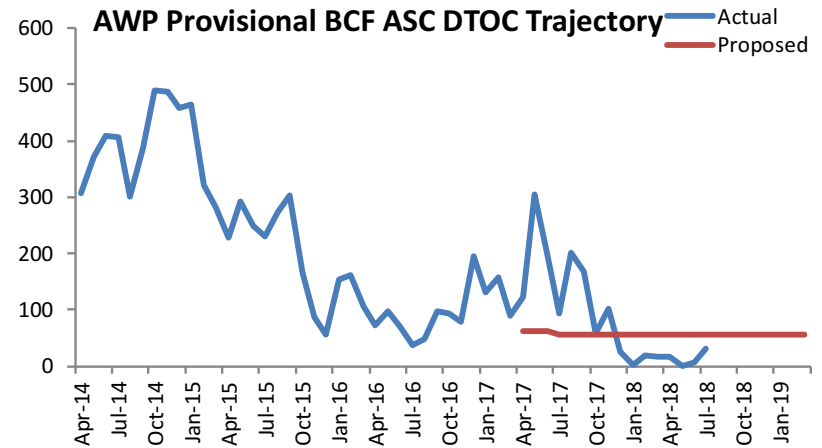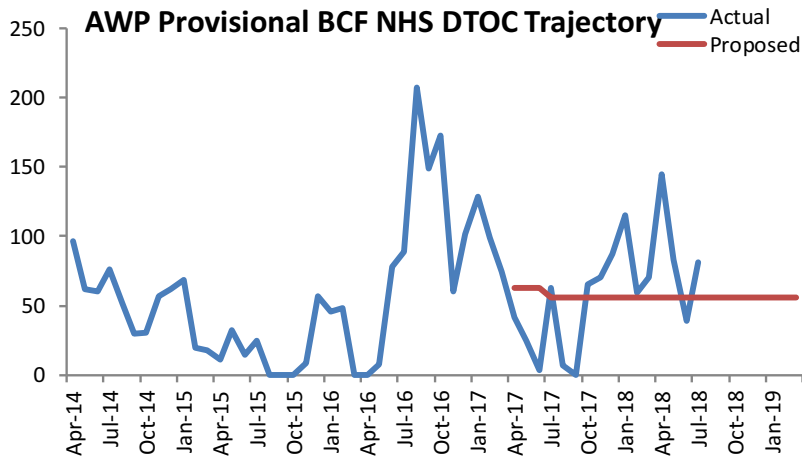
Trend for SFT Delayed Days

Trend for SFT Delayed Days

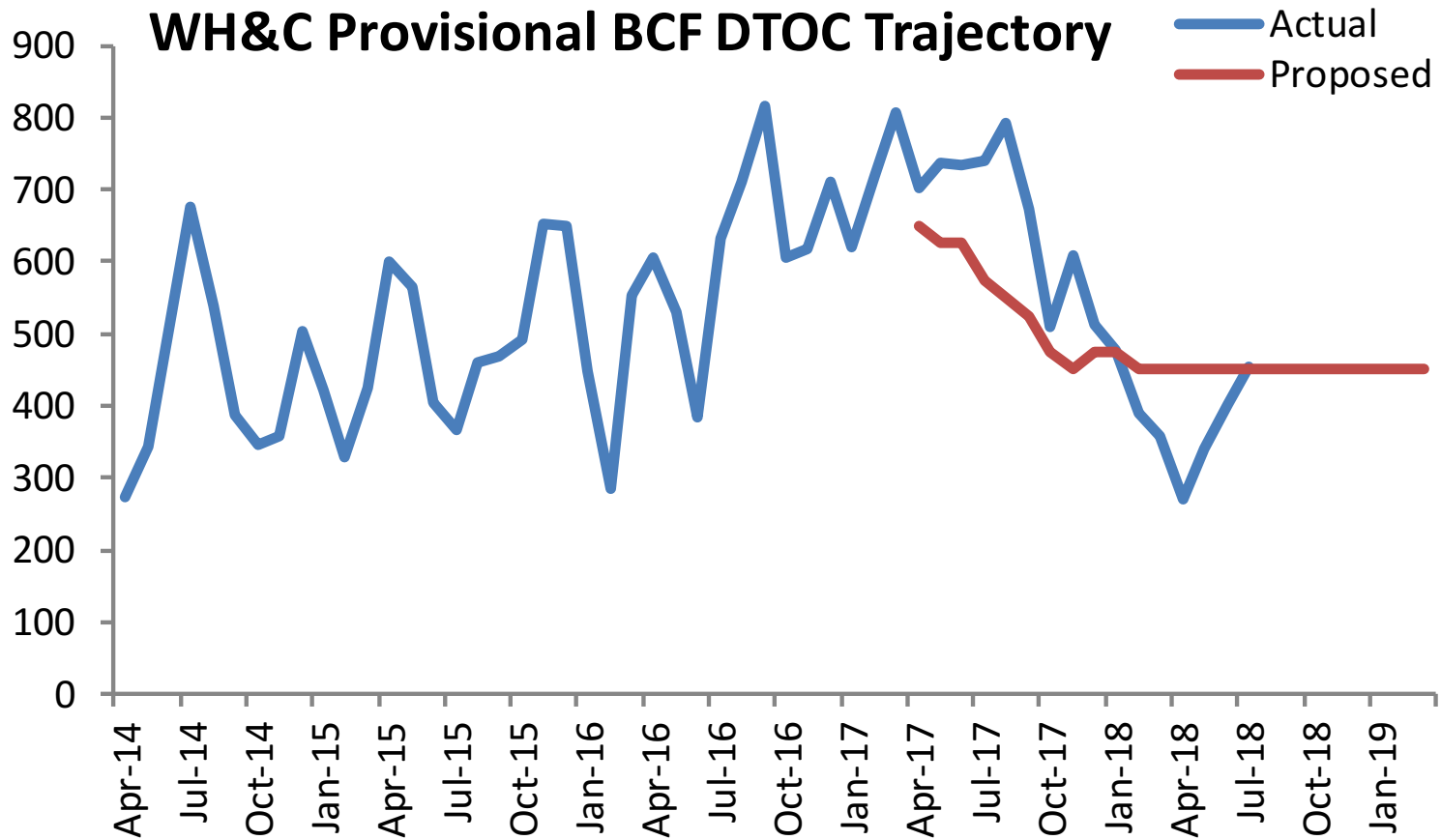# Trend for AWP Delayed Days

AWP Provisional BCF DTOC Trajectory

Trend for AWP Delayed Days

Trend for WH&C Delayed Days
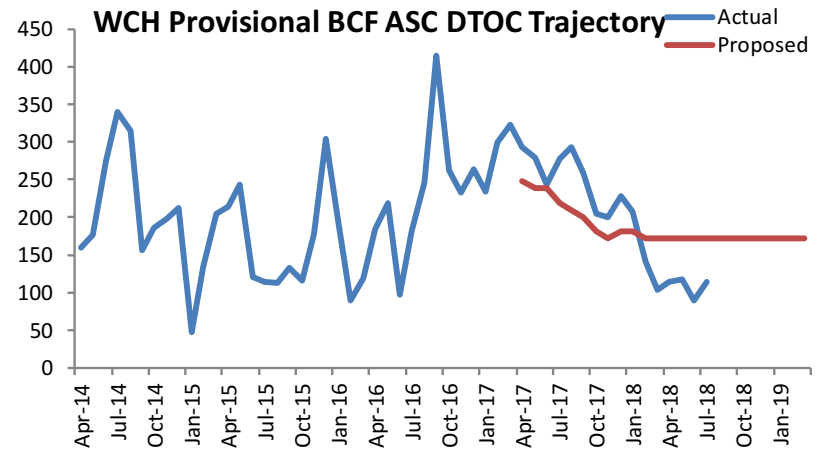
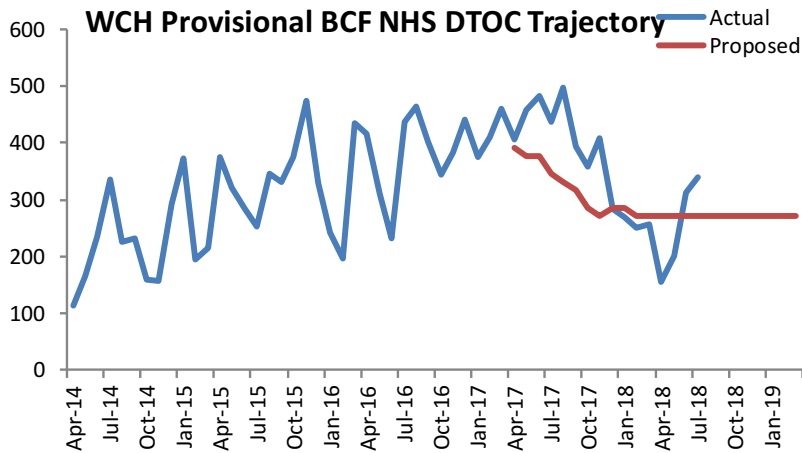# Trend for WH&C Delayed Days

WCH Provisional BCF NHS DTOC Trajectory — Actual / Proposed

WCH Provisional BCF ASC DTOC Trajectory — Actual / Proposed

Benchmarking Performance

Table shows percentage increase or reduction in delayed days from June to July.

	NHS	ASC	Both	Total
England	2.3	6.2	12.2	4.2
South West	8.0	16.9	17.1	11.4
Statistical Neighbours	5.4	8.9	18.8	8.1
Wiltshire	43.3	4.8	123.3	33.7

Benchmarking Performance

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

	NHS	ASC	Total
January 2018	137	129	137
February 2018	124	130	129
March 2018	106	119	107
April 2018	113	124	120
May 2018	108	124	114
June 2018	112	128	119
July 2018	139	122	139

Wiltshire Council

Health and Wellbeing Board

17 October 2018

Subject: Adults Social Care Transformation Programme Update Report

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Executive Summary

1. The population of Wiltshire is set to increase from 492,200 in 2016 to 515,300k in 2022 representing a 4.69% increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over, projected to increase by 14k, category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years.

2. However, healthy life expectancy is below or very close to state pension age for both males and females meaning that for the last decade or more of their lives, older people in Wiltshire have greater health and wellbeing support needs than during their working-aged lives. Healthy life expectancy is lower for those in the most deprived areas in Wiltshire: a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

3. At the same time, the working age population will proportionally decrease whilst needing to support the larger older population and similar numbers of children.

4. By 2020, funding from Central Government will have reduced and the Social Care Levy for adults' social care service is set to cease, whilst the Council's medium term financial plan estimates that demand for Adult Social Care (ASC) services will increase over the same period.

5. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, receiving the right service, in the right place, at the right time, at the right cost across health and social care.

6. To date, Phase 1 has delivered:
   a. A new Adult Social Care operating model, which went live on time on 21st May 2018
   b. To date, this new service has achieved avoided costs of c. £930k
   c. Within this model, a new prevention model is being set up (initially with three Local Area Coordinators (LACs) in Melksham, Trowbridge and Westbury, expanding in 2018/19 into by a further six LACs and areas)

1

d. A new Advice and Contacts Team has been established to better manage calls into the service. The team is not yet fully recruited to (75%) and recruitment will continue into the autumn. Some ICT issues were experienced and a remedial action plan is being implemented.

e. A new Multi-Agency Safeguarding Hub with Police and social care practitioners has been collocated alongside the new Advice and Contacts Team in County Hall. A health practitioner is being recruited by the Wiltshire NHS Clinical Commissioning Group (CCG).

f. A new, registered Reablement service has been registered with the Care Quality Commission and teams have been established in Chippenham and Trowbridge. Salisbury will follow when Bourne Hill is refurbished.

g. Staff recruitment into the new operating model will continue into the autumn

h. A co-produced re-procurement of the Help To Live at Home (HTLAH) contract (co-commissioning with the CCG) is underway. This will be a framework arrangement allowing the council to work with a much wider provider market. This should increase the amount of choice available, be more financially competitive and enable us to develop the Wiltshire social care workforce.

7. Future phases of the programme are now being developed and will focus on the remaining ASC services (especially Learning Disabilities and Mental Health), greater integration with healthcare, innovation (especially through technology) and efficiencies.

Proposal(s)

It is recommended that the Board notes the progress made and the initial scoping of Phase 2.

Reason for Proposal

Progress update for information only.

Presenter name:
Tracy Daszkiewicz, Director of Public Health and Protection (SRO)
Emma Legg, Director of Access and Reablement
Debbie Medlock, Interim Director Learning Disabilities and Mental health
Helen Jones, Director of Commissioning

Wiltshire Council

Health and Wellbeing Board

17 October 2018

**Subject: Adults Social Care Transformation Programme Update Report**

Purpose of Report

1. To update the Health and Wellbeing Board on progress of the Adults Social Care Transformation Programme and the initial scoping of Phase 2.

Background

2. Wiltshire faces major demographic changes affecting employment and service delivery at a time of increasing financial austerity. An increase nationally and locally in the number of older people with their associated health and social care needs will not only increase the demand for services but also impact on the labour market required to support delivery. There is a critical need to transform the way in which we manage our services to continue to be able to meet the future demand effectively.

3. Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services effectively and efficiently.

Figure 1. Wiltshire's Population Projection by Age Band
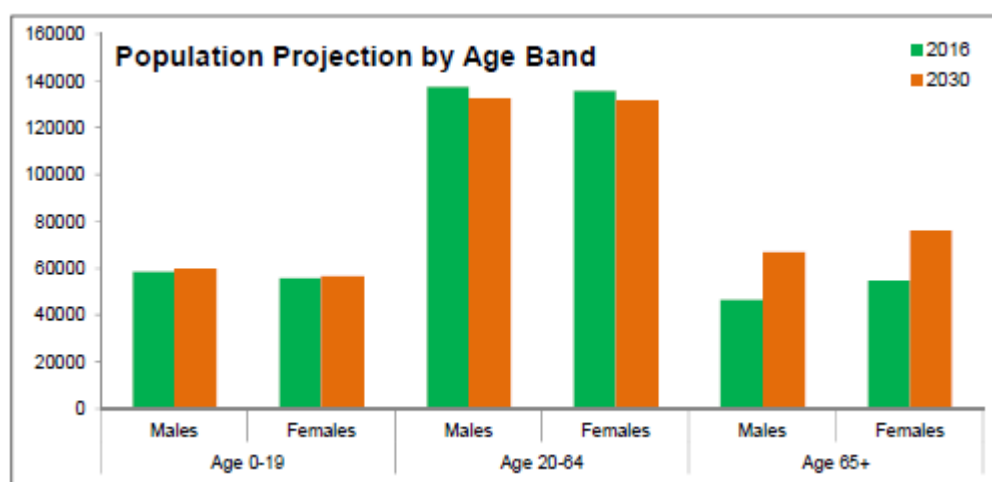
4. Figure 1 illustrates that the population of Wiltshire is set to increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years. (Graph taken from the Wiltshire Joint Strategic Needs Assessment 2017.)

5. The increase in the older population is greater than the increase in the total population. The number of young people will remain broadly similar in the same time period, while the numbers in the working age population actually falls. This is going to increase the level of dependency within Wiltshire as a smaller working age population will need to support the larger older population and similar numbers of children.

6. According to Census data from the ONS Wiltshire had 86,434 people aged 65 or over in 2011. The latest ONS mid-year estimates of population for 2016 show an increase of 17.5% to 101,588 and projects a further increase of 64.4% to 167,100 by 2039. (Statistics from the Wiltshire Joint Strategic Needs Assessment 2017.)

Figure 2 shows the percentage of people aged 65 and over in each lower super output area (LSOA) in Wiltshire.
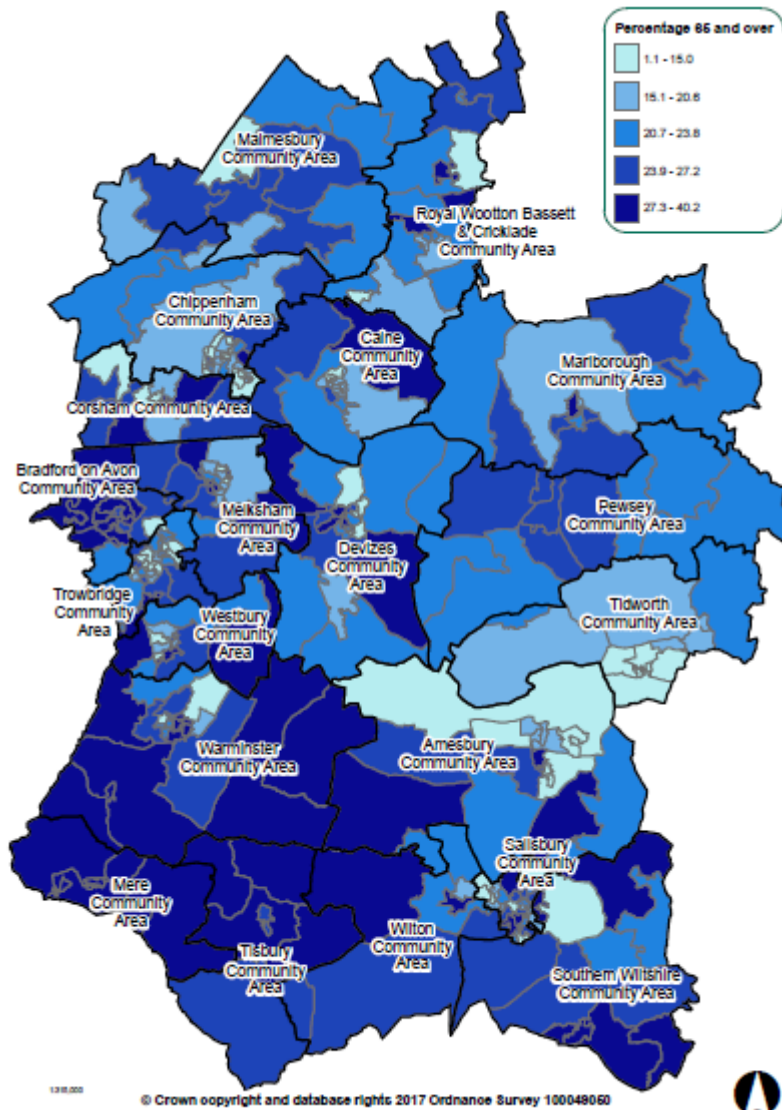

Source: ONS 2016 Population MYE

7. For ages 65 and over the highest proportion of the population generally live within rural parts of the south and west of Wiltshire. However, for those aged

4

85 and over the picture changes slightly with higher percentages more likely in the towns of Wiltshire.

8. Whilst many older people will live in good health there is an inequality in the length of time a person can expect to live in good health related to deprivation. Figure 3 shows the inequality in health life expectancy (HLE) across the five quintiles of deprivation for the population of Wiltshire.

Figure 3. Healthy Life Expectancy by Deprivation Quintile
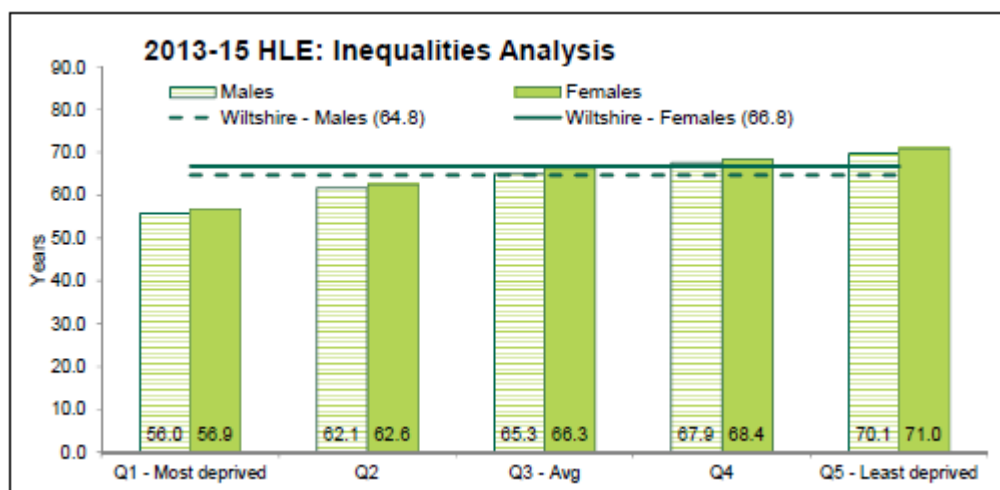
9. Healthy life expectancy is higher in Wiltshire than the South West and England. However, even in Wiltshire, healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy.

10. In addition, healthy life expectancy is much lower for those in the most deprived areas in Wiltshire, for example a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

11. The totality of these population changes for Wiltshire must be considered and planned for in the way we aim to delivery adult social care services, now and into the future.

12. The Council's net budget for Adult Social Care Services and supporting functions in 2017-18 was £136.7m. This includes approximately £10.4m contribution from the Better Care Fund and in 2017-18 £5.8m was raised through the social care levy. Central government funding for the Council as a whole is expected to reduce by a further £18m by April 2020 and the ability to raise the social care levy will also cease at that time. The Council's medium term financial plan estimates that demand for Adult Social Care services will increase over the same period.

5

13. The Council's Business Plan and strategic objectives promotes self-help, wellbeing, choice and independence, supporting its customers where possible to stay within their home environment with the necessary support in place.

14. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, in the right place, at the right time, at the right cost across health and social care.

15. The next step will need to focus on the need for greater integration of our services with our partners in health to ensure the health and social care system in Wiltshire delivers more effectively and is sustainable.

Phase 1 Objectives

16. The ASC Transformation Programme is designed to deliver against five key objectives:
    1) To manage demand more effectively including prevention and be financially sustainable
    2) To ensure all services are structured efficiently and effectively across the whole system.
    3) To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
    4) To work more efficiently and effectively with our partners utilising integrated systems and technology
    5) Target cost efficiencies of 10% off the base of the spend on Adult Social Care services to enable service to be maintained at the predicated increase in demand for services rate of 5% per annum

Main considerations for the committee: Progress to date

17. Certain key services in Adults Social Care have been redesigned to deliver a new operating model based on the customer pathway in figure 4 below. Following an extensive HR process involving 180 staff, the new structure for adult social care was implemented on 21st May 2018 and the transition to the new operating model was launched which marks a significant change in our approach that focuses on supporting individuals to regain skills and confidence and avoid long term care.

Figure 4: New Customer Pathway
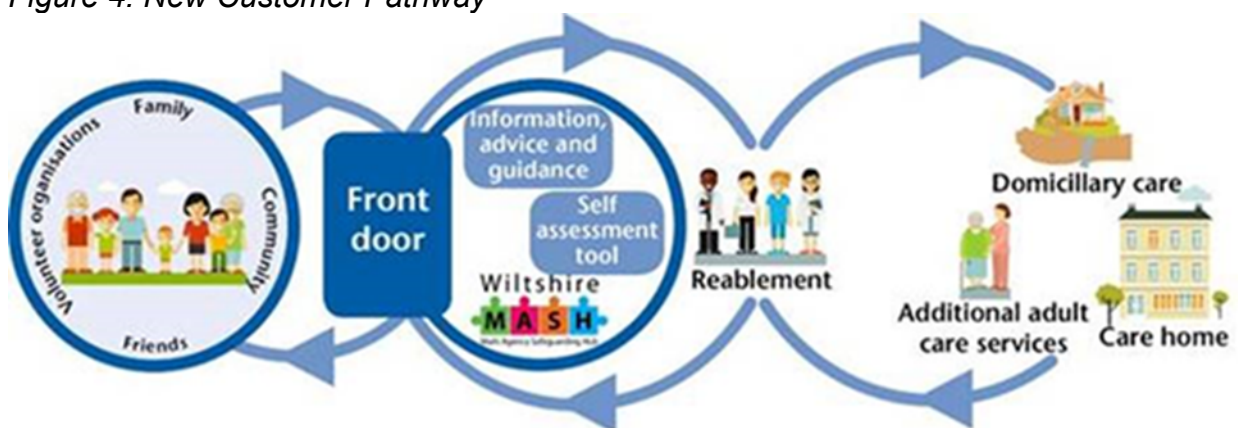
18. The following are currently being implemented:

18.1 **Local area coordination (LAC)** – with a focus on prevention.

Progress update: Three early-adopter areas are currently being established in Melksham, Trowbridge and Westbury. Whilst these three areas were selected based on multiple indices of deprivation (i.e. not just linked to finances but also transport deficit or service deficit), the intention is that the LAC service will be expanded to be available county-wide and not just based on deprivation. Members of the community were involved in the recruitment panel to ensure local support and engagement. The first three Local Area Coordinators will take up their posts in September 2018. The Joint Commissioning Board has approved budget to extend this to a further six areas, which will be selected based on mapped areas of need and recruitment will begin in the autumn.

18.2 **Advice and Contacts centre** – the new service provides a new way of dealing with demand at the 'front door', with an emphasis on self-service, prevention and sign-posting to community support. A comprehensive induction and training programme has been developed to support the new roles within the teams.

Progress update: In the first full quarter since the launch of the transition to the new operating model, performance data on call handling shows an overall trend of increased performance. In this period, the percentage of calls handled ranged from a low of 17.8% (week 1) to a high of 79%, with a weekly average of 60% as shown in Table 1 below. In addition, the average time taken to respond to calls dropped from 48 to 14 minutes.

Table 1: *Advice and contact call management statistics 21st May – 10th August 2018*

Week Beginning	Total	Calls handled	Calls abandoned	Average time to abandon	Average speed of answer	% handled
Monday 21st May 2018	1678	299	1281	10 mins	48 mins	17.8%
Monday 28th May 2018	1420	235	1104	14 mins	46 mins	16.5%
Monday 4th June 2018	1224	576	589	5 mins	14 mins	47%
Monday 11th June 2018	1010	799	211	3 mins	5 mins	79%
Monday 18th June 2018	1060	819	241	4 mins	4 mins	77%
Monday 25th June 2018	1103	782	321	3 mins	6 mins	71%
Monday 2nd July 2018	1124	769	355	4 mins	7 mins	68%
Monday 9th July 2018	1110	624	486	5 mins	12 mins	56%
Monday 16th July 2018	1063	771	292	4 mins	6 mins	73%
Monday 23rd July 2018	1043	705	338	4 mins	8 mins	68%
Monday 30th July 2018	1095	797	298	3 mins	7 mins	73%
Monday 6th August 2018	823	628	195	3 mins	5 mins	76%

This improved performance is despite the new service commencing with a significant number of vacancies that has required temporary support from both the Reablement Team and Ongoing Support Team to staff the service during the transition to the new operating model. Recruitment to 75% of the posts is expected to be achieved in September and the remaining 25% are subject to continued recruitment over the coming months.

Although variance in call handling performance over the summer period has been experienced, once the recruitment to the team is in a stable position it is anticipated that call handling statistics will stabilise and then improve in line with targets and as the team experience grows. Service targets are to achieve handling of 90% of calls when a fully effective team is in place assuming and abandonment rate of approx. 5-10% in line with recognised call centre bench marking standards.

These figures reflect the challenges faced by the team in the weeks following implementation. Significant staffing and IT issues impacted

on the team's ability to manage incoming demand. The overall position has now improved. However, there are some ongoing IT issues e.g. MITEL upgrade delays; which, once completed, will reduce A&C team demand by redirecting unnecessary demand appropriately prior to a call centre operative taking the call. These issues have limited our ability to achieve channel shift and increase contacts made via email and the 'YourCareYourSupport' website. There is now a date for the MITEL upgrade of mid-September. Online referrals for professionals including GP's and safeguarding referrals are now live.

18.3 **MASH** – a new adults' Multi-Agency Safeguarding Hub collocating health, social care and police to provide a rapid, efficient and effective response to referrals of vulnerable adults in need of protection from harm, abuse or neglect.

Progress update: Police and social care colleagues are now collocated alongside the new Advice and Contacts centre in County Hall and are implementing a new referral process. The CCG are currently recruiting a health practitioner to join the MASH team.

18.4 **Reablement** – a new in-house social care service. The aim of the service is to work with clients to maintain their independence for as long as possible, thus increasing their well-being and reducing the dependence on longer-term care packages.

Progress update: a soft launch of the service commenced in May 2018 which focused on recruitment and training of staff in readiness for successful registration as a provider which has successfully registered with the Care Quality Commission in July 2018.

From 1st June to 31.07.18 the service had a positive impact and resulted in the following:

Referral Outcome 1/6/2018 to 31/7/2018
337 customers

- Accepted
- Transferred to Ongoing Support Team
- Referred back to Advice and Contact incorrect information

Reason for Referral

Adaptation 11%
Equipment 53%
Reablement Support 36%
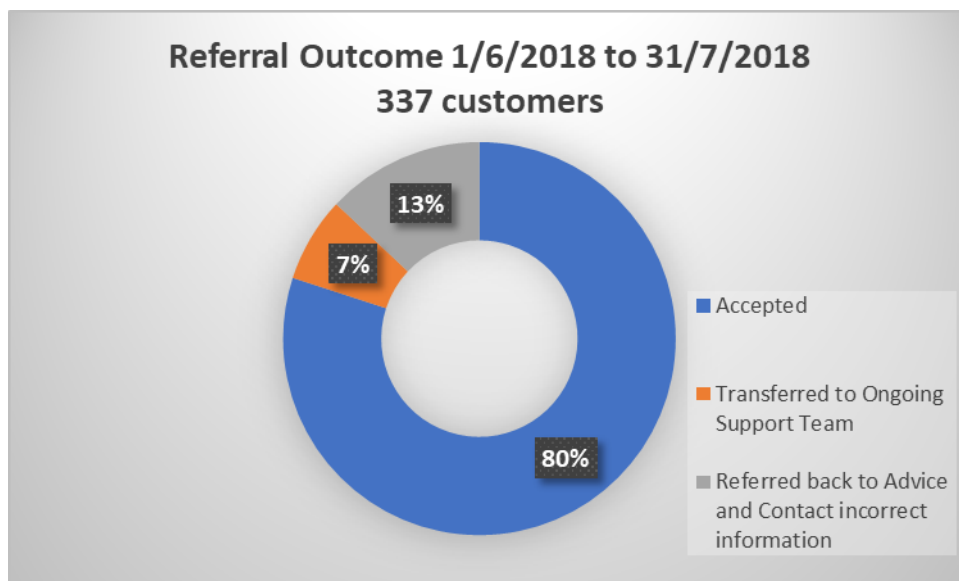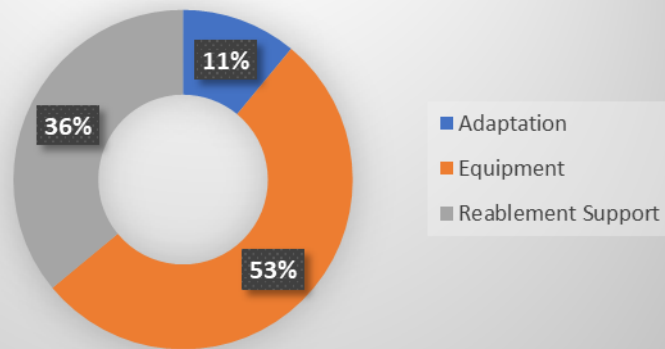
Recruitment has begun and is ongoing and the service started working with clients on 20/08/18 providing service from 7 am to 10 pm. 7 days per weeks. This is not currently operating at full capacity due to holidays and planned training however this will continue to expand over the following months as recruitment and training commitments stabilise.

Performance statistics against KPI's are promising and evidence a cost avoidance total of c£900k. 80% of customers being referred to the team are accepted with 13% being redirected back to A&C Team and 7% redirected to Ongoing Support. Statistics confirm that 53% of referrals are for equipment only 36% are for support and 11% are for adaptation.

See case study for an illustration of reablement in practice.

Wiltshire Council Reablement Case Study

Mrs C lives in a bungalow that she owns in the west of the county. Her granddaughter stays with her every weekend, but she is normally alone in the week.

Mrs C said she used to be a very independent person and could do most things for herself. She used to enjoy going into to town to go shopping but now doesn't feel like she can do much for herself any more. She added that the hospital staff said: "I'm not allowed to do much now". Mrs C had a fall a few weeks ago which really shook her up. She said she has accepted more support visits now mainly to stop her family worrying about her. Mrs C is happy with the support workers but would like to be able to do a bit more for herself if possible.

Mrs C has Chronic Obstructive Pulmonary Disease (COPD) and Diabetes and experiences breathlessness and fatigue. Small things can exhaust her, and she finds this frustrating which makes her feel low in mood.

Package at the start of her Reablement programme

Morning	Lunch time	Tea time	Bed time
45 mins	30 mins	30 mins	30 mins

Mrs C's Reablement Goals
To regain strength and confidence walking short distances after her fall.
To be independent in making a small meal and hot drink at lunch and tea time.
To be independent in having a shower and changing from her day clothes to her night clothes.
To be independent in getting in and out of bed

Summary of Reablement Provision
At the outset of the reablement service, Mrs C assessed her Quality of Life (QOL) at 13 out of a possible 30. At the end of the Reablement period, she considered it had risen to 25/30.

Hours at the beginning of Reablement provision	15.75	Visits per week	28
Hours in Final Week	8.75	Visits per week	14

18.5 **Help to Live at Home (HTLAH) Alliance** – a new 4-year procurement platform (equivalent to a framework agreement) which providers can join at any time.

Progress update: The specification has been co-produced with home care providers and with input from other stakeholders, including the NHS Clinical Commissioning Group (CCG) and representatives from the voluntary sector. The CCG have input into the specification to include personal care for continuing health care. The procurement will be launched in early September. One of the Alliance aims is to encourage as many providers onto the Alliance as possible, so that we trade only with Alliance members. Through the Alliance, commissioners will build trust and confidence in the market, which will allow the Council to gain more influence the market and develop commissioning arrangements over time. Relationship-building is going well: c. 50 providers attended the last engagement event, including providers currently working on the borders of Wiltshire who are keen to develop their businesses within the county. Another objective is to use the Alliance to promote and develop the social care workforce and we plan to create career pathways, offer joint training and joint recruitment opportunities.

We are aiming for a smooth transition between the old contracts and the new ones. Assuming providers are on the Alliance, they will retain existing customers. If providers choose not to join the Alliance at the first opportunity, they will be encouraged and supported by Commissioners to join at a later date. For any that do not join, we would look to move customers to an Alliance provider at the time of the customer's next scheduled review.

Benefits

19. Once the programme has been fully implemented and transitioned to Business As Usual, the service will start to realise the following benefits:
   - Our customers will have more independence and personal choice with access to excellent advice, guidance and support to meet their individual needs on options available to them.
   - We will understand what our residents' needs are and in turn our demand and be able to manage this more effectively through prevention
   - Simplified and streamlined in house processes with the use of integrated systems
   - Working with our partners more effectively and efficiently to provide a seamless transition through service provision, removing duplication and bureaucracy.

20. The restructuring of the operational service, together with the establishment of the new Reablement team, has been cost neutral and the new operating model is expected to release a £1.5m saving in 2018/19.

Next steps

21. Phase 1 is in a transition towards business as usual. The focus in future phases is:
   - Developing integrated pathways across health and social care
   - Formalising joint working arrangements
   - Continuing Health Care (CHC)
     - Current performance is 50% of the England average (referrals and conversion rates)

- Performance stabilisation underway
- Overarching goal is for an integrated team with health incl. budgets
- Common training around legislation for LA staff and NHS staff (starting Oct 18)
- New agreed service design, process, supporting policies and procedures (common LA/NHS)
- Greater focus on direct payments
- A dispute resolution process
- Exploiting opportunities for joint commissioning across the health and social care arena.
- Hospital discharge & intermediate care pathway – building on the new reablement service to improve pathways across health and social care services
- Learning Disability Transformation- service has in year budget pressures of c£3m
- Mental Health
- Digital solutions – including a new Case Management System and mobile working
- Target to reduce the ASC spend by c£20m over the next 3 years.

Tracy Daszkiewicz
Director of Public Health and Protection (Transformation Programme SRO)
Wiltshire Council

Report Authors:
Emma Legg, Director of Access and Reablement
Debbie Medlock, Interim Director Learning Disabilities and Mental health
Helen Jones, Director of Commissioning

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Wiltshire Council

Health and Wellbeing Board

Wednesday 17 October 2018

Subject: CQC System Review and Action Plan

Executive Summary
I. The CQC Local Acton plan was submitted to CQC in July 2018. The local action plan at that time was a direct response to the sixteen areas of concern raised in relation to the interface between health and social care services. The Local Action has now been further developed into a programme delivery plan and is attached to this report for information and comments. The report provides an overview of the progress being made.

Proposal(s)
It is recommended that the Board:
i.   Note the development of the programme delivery plan and governance arrangements
ii.   To note and comment on the content of the programme delivery plan at appendix 1

Reason for Proposal
Update on the Health and Social Care programme delivery plan following the CQC review process. The report provides an overview of activity undertaken to date, and includes the updated programme delivery plan at appendix 1.

Wiltshire Council

Health and Wellbeing Board

Thursday 17 October 2018

Subject: CQC System Review and Action Plan

Purpose of Report

1. Health and Wellbeing Board members are asked to consider this report along with the attached programme delivery plan, and to note the development of the plan. The plan remains 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. At the July meeting of the Health and Wellbeing board the committee members were briefed on the CQC local review process, which resulted in the submission of a local action plan on 13 July 2018. The plan was a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Main Considerations

3. Since the last meeting the action plan structure has been further developed to incorporate related and interdependent work areas, such as the high impact model for delayed transfers of care, and initiatives surrounding Length of stay (over 21 day stays in Acute settings). The plan now also includes a benefits realisation workstream to enable the tracking and impact of the overall programme.

4. The final CQC report published on 14 June 2018 recognised the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, and sixteen areas of improvement were noted. In the attached revised plan at appendix 1 each area of improvement has been preserved to enable linkage back to the original CQC report where required.

5. The delivery plan at appendix 1 provides the full summary of work ongoing, and completed across the nine workstreams. In summary:

    - **New Wiltshire Health and Social Care framework- to help people in Wiltshire to live as well as possible** – This works is now mobilising and agreements are in place to implement a new provider delivery group to oversee the development of new models.
    - **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 - This work is underway and is linked to the refresh of the Health and Wellbeing strategy which expires in 2019

- **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** – New Wiltshire Commissioning Group now agreed to be co-chaired by the CCG and Council Commissioning Directors.

- **Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table** – Changes to report format has been implemented to include more of a timescale and deliverable focus.

- **Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways** – Significant progress made with a full overhaul of the whole Health and Social Care governance arrangements nearing completion.

- **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** – Work to scope the work in detail and align with the Workforce programme at STP level is ongoing.

- **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** – The programme of work for this area is being developed, and is complex given the nature of system interoperability and information governance

- **Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice** – Work has now commenced on the communications strategy and plan for this area.

Next Steps

6.   We would like to ask the Health and Wellbeing board to note the development of the programme delivery plan and provide comments to the author.

Timescales

6.   In the next period, the priority actions fall into four main areas:

- Finalisation of the refreshed Better Care Plan for 2018/19
- Finalisation of the high impact model for delayed transfers
- The continued mobilisation of the Wiltshire Integration Programme including the associated benefits realisation plan
- Continued focus on the length of stay action plan

Tony Marvell

Portfolio Delivery Manager - Integration Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Appendices:
Appendix 1: Local action plan
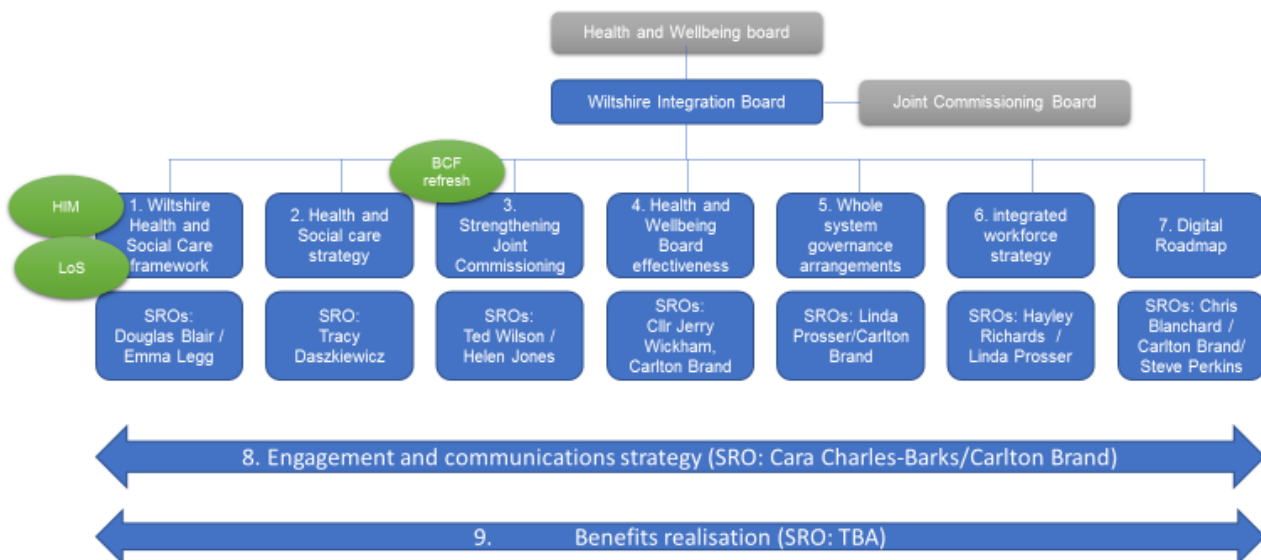
Wiltshire Integration Programme Plan (September 2018)

Authors:	Roshan Robati /Tony Marvell
Report Owner:	Wiltshire Integration Board
Date:	06 September 2018
Version:	Version 2.0

Wiltshire Integration Programme Plan

1. This integration programme plan has been created from the CQC Local Action Plan to define the programme of change now in place to further improve health and social care services for Wiltshire Residents. The plan is organised into nine key themes as summarised below:

   - 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
   - Benefits realisation – we will be clear about the improvements for residents and we will monitor and report our progress throughout the programme lifecycle.
   -

2. This Integration Programme plan will be owned by the Wiltshire Integration Board, who in turn will report to the Health and Well-being board and other committees as required.

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3. In parallel with the delivery of the Integration plan, there are "in year" programmes that must also be delivered, this plan incorporates these other important programmes such as reducing length of stay, the production of the high impact model and the refresh of the BCF plan

4. To provide routine board level reporting the plan has adopted a simple traffic light reporting system as follows:

🟥	Plans not yet in place
🟫	Business case/planning stage
🟩	Work underway – on track
🟦	Work completed and signed off
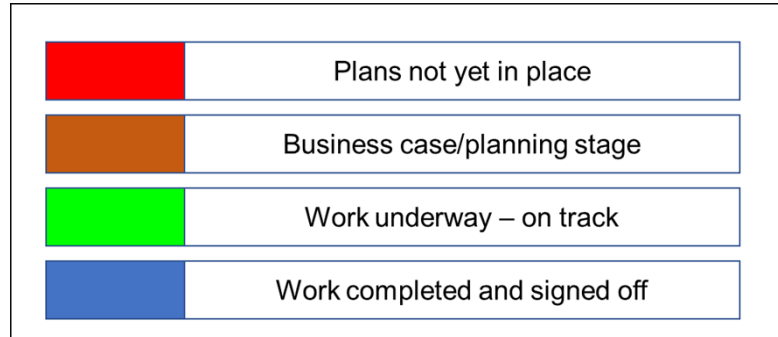
This will enable board members to manage the programme plan by exception.

5. To maintain linkage to the CQC local Action plan the areas of improvement identified during the review have been preserved.

6. SRO's will provide reports to the Wiltshire Integration Board on each of the key themes at each board meeting.

Wiltshire Integration Programme Plan

1. 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 (G/A/R)	Governance	CQC Cross reference key
1	**New Wiltshire Health and Social Care Framework (SRO: Douglas Blair/Emma Legg)**					**JCB**	
	Design of New framework for the whole Health and Social Care System – The following principles are to be embedded into the design and production of the new framework						
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

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Wiltshire Integration Programme Plan

Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.3	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
1.4	To agree the use of integrated single assessment tool across health and social care to improve service user experience	EL	July 2018	June 2019		WDG	AOI8, AOI9
1.5	Review and improve access to support and sign-posting for people who fund their own care	DM/EL	Aug 2018	March 2019		WDG	AOI13
Delivery actions – (not dependant on the new Health and Social Care framework)							
1.6	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
1.7	To jointly identify and prioritise individuals at EOL to prioritise POC for them	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.8	Local Authority and CCG to jointly work on the process map of the current CHC Pathways	DM/WC	June 2018	Dec 2018	delivery	JCB	AOI11
1.8	To develop an updated jointly agreed CHC Operational Policy and Dispute Resolution Policy	DM/WC	June 2018	Dec 2018	delivery	JCB	AOI 2
1.9	Production of a training strategy for all staff involved in the identification and assessment of CHC	DM/WC nominee	June 2018	Dec 2018	delivery	JCB	AOI 2 AOI 11
1.10	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	delivery	JCB	AOI 2 AOI 8, AOI 9

13 July 2018 Final version

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Wiltshire Integration Programme Plan

Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.11	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	delivery	WDG	AOI8, AOI9
1.12	To identify carers at risk to support them to cope	SG	July 2018	March 2019		WDG	AOI8, AOI9
1.13	To refresh the Better Care Fund plan for 2017/19 ("Autumn" delivery agreed)	TM	Sept 2018	Dec 2018		WDG	AOI9
High Impact Model – transfers of Care							
Change 1 Early Discharge Planning							
1.14	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		WDG	AOI8, AOI09
1.15	To ensure multidisciplinary early discharge planning including EDD expected date of discharge setting is a standard approach in all acute hospitals	TW	July 2018	March 2019		WDG	AOI8, AOI9
Change 2 Systems to Mange Patient flow							
1.16	To use electronic patient flow data to guide discussion at WICC to identify and manage problems throughout the system	TW	July 2018	March 2019		WDG	AOI8, AOI9
Change 3 Multi-Disciplinary / Multi agency discharge teams							

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Wiltshire Integration Programme Plan

Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.17	Align Reablement and Home First services, including the provision of contingency plan.	EL/ DB	July 2018	March 2019	delivery	WDG	A015
Change 4 Home First / Discharge to assess							
1.18	Integrated Discharge Pathway re-design to accelerate discharges (Pathway 1)	Helen Mullinger	July 2018	November 2018	delivery	WDG	AOI8, AOI9
1.19	Integrated Discharge Pathway re-design to accelerate discharges (Pathway 2)	Helen Mullinger	November 2018	March 2019		WDG	AOI8, AOI9
1.20	To implement the already agreed 4 discharge Pathways across all hospitals	EL/DB	July 2018	March 2019		WDG	AOI8, AOI9
Length of Stay – Over 21 day stays in hospital (25% Target reduction by December 31, 2018) – SRO Paul Goodwin							
1.21	Confirmation of scope and boundary, and dashboard reporting requirement across the whole STP area for the LoS programme	TM	Sept 2018	Sept 2018		LDB	
1.22	Trajectory, metrics and ownership of the reduction plan.	TM	Sept 2018	Sept 2018		LDB	
1.23	Performance management and reporting	TM/JD	Oct 2018	March 2019		LDB	
Change 5 Seven day services							
1.24	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		WDG	AOI8, AOI9
Change 6 Trusted Assessors							

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Wiltshire Integration Programme Plan

Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.25	Implement Trusted Assessment model across the whole system.	HJ/TW/ provider	Sept 2018	March 2019		WDG	AOI8, AOI9
	• Meeting with Senior decision makers to determine Trusted Assessors model	TM	Sept	Sept		WIB	AO18, AO19
	• Business and mobilisation plan to WIB for approval	TM	Sept	Oct		WIB	AO18, AO19
	• Mobilisation of Trusted Assessment model	TM	Oct	Dec		WIB	AO18, AO19
Change 7 Focus on choice							
1.26	Scope and establish a project to develop an integrated patient/family/carers Choice Policy (link to 8 high impact actions)	TM	Sept 2018	Nov 2018		WDG	AOI8, AOI9
Change 8: Enhancing health in care homes							
1.27	To ensure there is a joined-up approach in supporting care homes to minimise hospital admissions	DM/EL	July 2018	March 2019		WDG	AOI8, AOI09
1.28	To establish Red Bag scheme for Wiltshire Care Homes	DM/EL	July 2018	March 2019		WDG	AOI8, AOI09

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Wiltshire Integration Programme Plan

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	March 2019	delivery	HWB	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	Sept 2018	April 2019	delivery	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	April 2019	delivery	HWB	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		HWB	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

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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
3.3	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
3.4	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
3.5	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
3.6	To utilise JCB and Wiltshire Commissioning Group 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
3.7	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
3.8	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
3.9	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

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Wiltshire Integration Programme Plan

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	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.2	To hold to account all partners to deliver the agreed whole system vision and strategy	JW/CB	July 2018	Dec 2019		HWB	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	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.4	Improved focus on the topics that are reported to the board linked to population need, our JSNA and shared system objectives	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.5	Option appraisal exercise for future use of independent chair	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.6	Joint chair with CCG and the Council	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.7	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.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.8	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.	JW/CB	July 2018	Dec 2019		HWB	AO13, AOI6
4.9	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.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.10	To focus on prevention, and to look at detailed population level metrics.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.11	To develop a quarterly reporting pack on the whole system.	JW/CB	Oct 2018	March 2019		HWB	AO13

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Wiltshire Integration Programme Plan

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		HWB	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		HWB	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	delivery	HWB	AOI3
5.5	Any individual organisational transformation programmes to provide updates to the WIB	TM	July 2018	Aug 2018		HWB	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 front-line staff	LP/CB/DB/EL	July 2018	Aug 2018		HWB	AOI3, AOI8
5.8	To ensure appropriate representation from voluntary and community sector(VCS) in all key board meetings	RR/TM	July 2018	Aug 2018		HWB	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		HWB	AOI10
5.10	To ensure there are regular updates from STP work to WIB/JCB	LP	July 2018	Aug 2018		HWB	AOI8

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6	**Developing a sustainable integrated workforce strategy (SRO: Hayley Richards (AWP)/Linda Prosser)**			Indicative dates			
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	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.2	To understand the workforce demand s across Wiltshire and identify apprenticeship models to encourage people into the health and Social Care profession	LP/HR	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. This work stream will take account of the demand and capacity planning within the STP footprint as informed by local A&E delivery boards.	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.4	Target existing Wiltshire professionals with opportunities across the whole of Wiltshire to create the Wiltshire knowledge base	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.5	To explore options to collocate health and social care (providers and commissioners) workforce where it will add value for residents	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.6	To establish an Integration Framework to provide guidance to front line staff in joint working	LP/HR	Aug 2018	March 2019		ATB	AOI7
6.7	Establish the vital role that "key workers" have regarding the twenty-year housing strategy currently being produced for Wiltshire.	LP/HR	Aug 2018	March 2019		HWB	A017
6.8	The joint integrated workforce strategy needs to accommodate the requirement for 7 day services	LP/HR	Aug 2018	March 2019		ATB	A017
6.9	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.	LP/HR	Aug 2018	Sept 2019		HWB	A017
6.10	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	LP/HR	Aug 2018	March 2019		ATB	A017
6.11	Link to local FE colleges, and Higher Education via the Local Enterprise Partnership (LEP) skills agenda	LP/HR	Aug 2018	March 2019		HWB	A017

7	**Digital Roadmap (SRO: Chris Blanchard/Carlton Brand/Steve Perkins)**						
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	CB/CB/SP	Aug 2018	To be defined		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)	CB/CB/SP	Aug 2018	To be defined		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.	CB/CB/SP	Aug 2018	To be defined		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	CB/CB/SP	Aug 2018	To be defined		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

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8	**Single integrated engagement and communications strategy** **(SRO:** Cara Charles-Barks/Carlton Brand**)**						
8.2	To Recruit a joint communications post to work across the whole system	TM	Sept 2018	Nov 2018	🟩	WIB	AOI3, AOI9, AOI14
8.3	Working together across all partners and agencies to develop the communications strategy and plan	New Comms manager	Nov 2018	Jan 2019	🟧	WIB	AOI3, AOI9, AOI14
8.4	Workshops with patients and service users to co-produce the shared vision and strategy	New Comms manager	Nov 2018	Jan 2019	🟧	WIB	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	Nov 2018	Jan 2019	🟧	WIB	AOI3, AOI9, AOI14
8.6	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	Nov 2018	March 2019	🟧	WIB	AOI8, AOI9
8.7	Review Wiltshire Web pages relating to Integration	New Comms manager/CC	Nov 2018	Dec 2018	🟧	WIB	AOI3, AOI9, AOI14
8.8	Construct new content and produce proposal for board approval	New Comms manager/CC	Dec 2018	Jan 2019	🟧	WIB	AOI3, AOI9, AOI14

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9	**Benefits realisation (SRO: TBA)**						
9.1	To review and develop a revised approach to have a single programme dashboard and tracker	RR/TM	July 2018	Nov 2018		JCB	AOI3
9.2	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	Nov 2018		HWB	AOI12

Actions now completed

3.2	Learn from Trust and confidence model in BANES	TM	July 2018	July 2018		JCB	AOI 3
5.4	To re title the Integration and Better Care Board to Wiltshire Integration Board (WIB)	RR/ DB	May 2018	May 2018		HWB	AOI3
5.7	To design and plan time for informal discussions between providers and commissioners (Strategic workshops planned every 3 Months)	TM	July 2018	Aug 2018		HWB	AOI5
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		WIB	AOI3, AOI9, AOI14

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Wiltshire Mental Health Crisis Care Pathway Update

Agenda Item 14

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WORKING FOR CARERS

Overview

- Swindon & Wiltshire Crisis Care Concordat
  - Meeting structure refresh
  - Action plan update
- Control Room Triage
- East Place of Safety Pilot & Evaluation
- Health Based Place of Safety Activity
- Wiltshire Place of Calm

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Swindon & Wiltshire Crisis Care Concordat

- Swindon & Wiltshire CCC meeting structure refresh
  - Quarterly meetings cycling between workshop review of the crisis care pathway, objective to identify pressures and challenges, and update meetings to monitor and support the progress against the identified actions.
- Action plan update
  - AMHP provision:
    - Reciprocal arrangement between 6 local authorities.
    - Adult Social Care transformation underway.
    - Co-location on the AWP Fountain Way (Salisbury) and Green Lane Hospital (Devizes) sites.
  - Crisis Accommodation
    - August meeting between Commissioner and Housing lead to discuss provision.
    - Agreed requirement for completion of scoping and triangulation of data to inform need for crisis accommodation; location, model and demand. Completion in Q4 1819.

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Clinical Commissioning Group

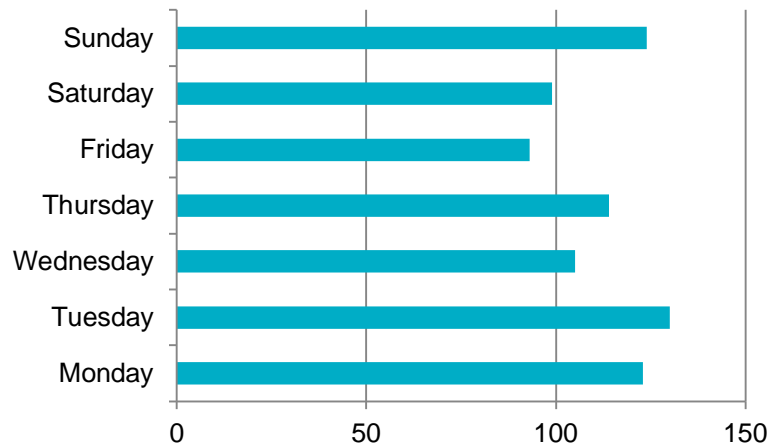# Swindon & Wiltshire Crisis Care Concordat; Action Plan Update Continued

Dual Diagnosis:

- Retendering process completed, new contract awarded to Turning Point who now provide the service across Swindon and Wiltshire.

- AWP and Turning Point developing a Wiltshire dual diagnosis pathway, Turning Point Practitioner to in reach in PCLS and inpatient wards, and a joint supervision offer will be introduced.
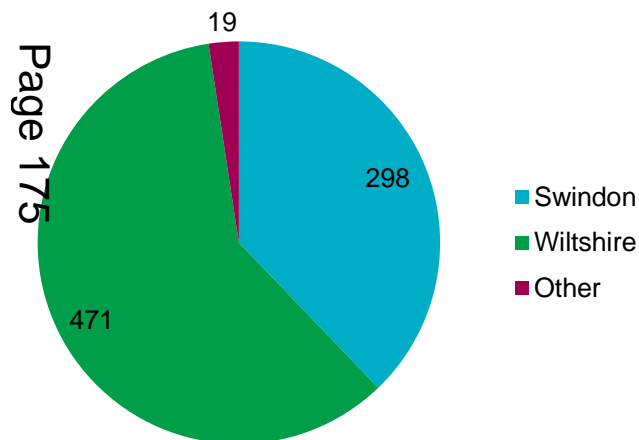
Prevention:

- Focus on high impact users and frequent attenders across Emergency Departments. Monthly multi-agency care planning meetings now in place.
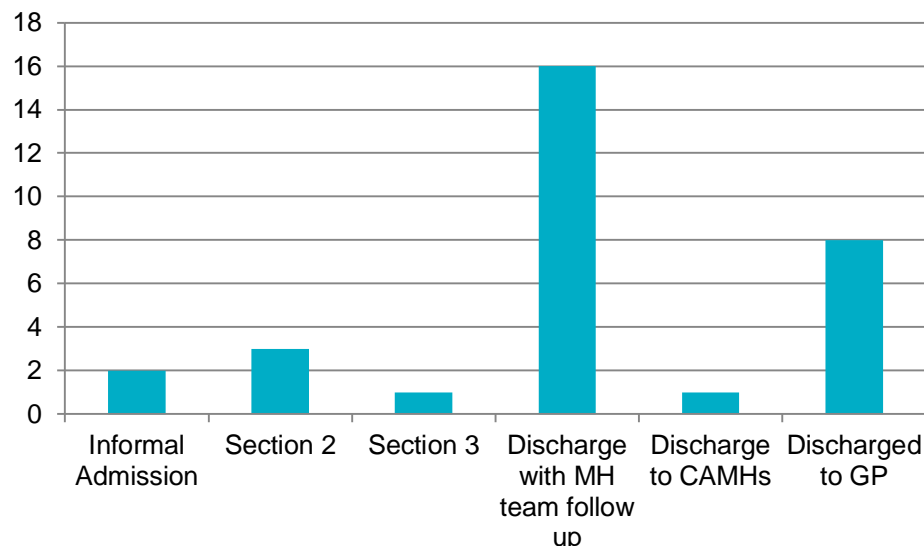
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Control Room Triage

Control Room Triage Contacts	
April	749
May	832
June	751
July	788

Contact split by week day: July

Contacts split by CCG: July

Outcome of section 136 applications: July

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East Place of Safety Pilot

Context:

- 2017 CQC inspection highlighted that several PoS did not meet standards.

- AWP have consulted with the public and partners (16/17) on the consolidation of the 3 places of safety across Swindon and Wiltshire onto a single location with 4 places of safety on the Green Lane Hospital (GLH) site in Devizes. Temporary closure of the Fountain Way and Sandalwood Court places of safety agreed. Centralisation to GLH enhanced through DoH Capital funding (£325k) to develop PoS environment.

Centralisation intends to enable:

- More effective management of under 18s.

- Operation as a centre of excellence; in providing a centralised unit AWP have transitioned from responsively staffed standalone PoS units, to a fully staffed multi-suite provision. AWP anticipate this will enable more efficient resourcing of the unit, and once established will become an attractive recruitment draw.

- Improved adherence to the Police and Crime Act; by having one unit to staff there is an ability for required professionals to respond more efficiently to mental health act assessment responses.
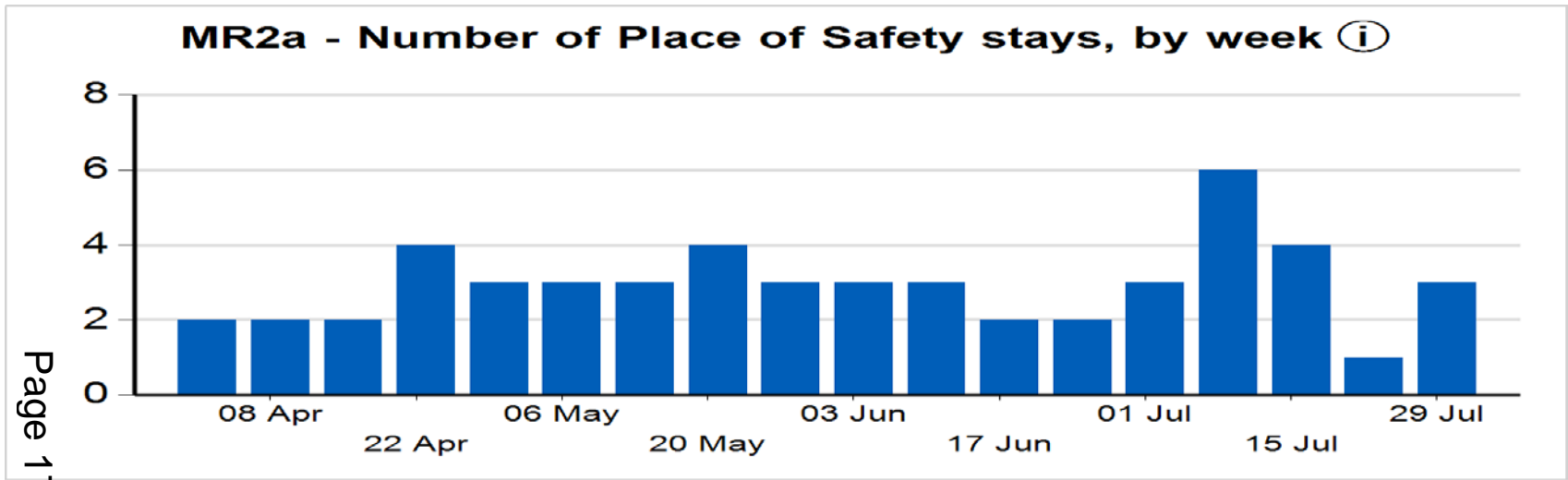
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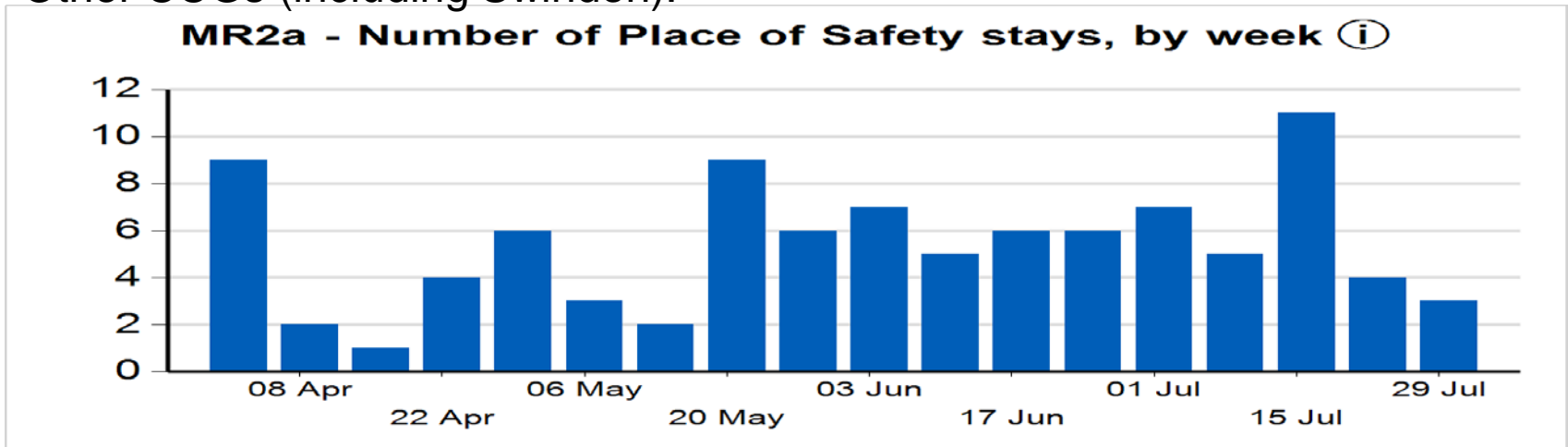# East Place of Safety Pilot Evaluation:

Key Milestones	Timeline
Evaluation working group established	Sept 18
Provider and public engagement	Sept – Dec 18
Data analysis and evaluation report drafting	Sept – Dec 18
Evaluation report submission to Wiltshire and Swindon Governing Bodies & HOSCs	Jan 19

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GLH Health Based Place of Safety Activity: April – July 2018

Wiltshire PoS stays:

MR2a - Number of Place of Safety stays, by week (i)

Other CCGs (including Swindon):

MR2a - Number of Place of Safety stays, by week (i)

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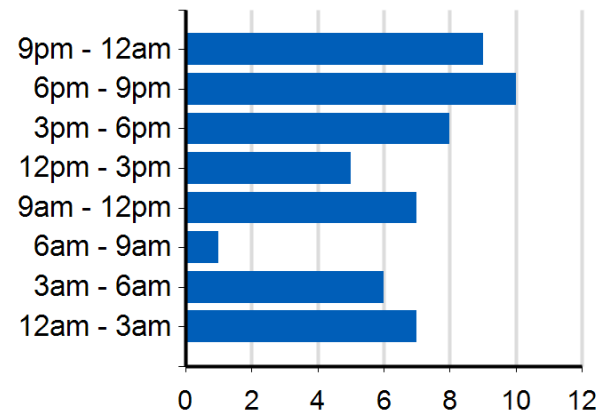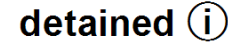
GLH Health Based Place of Safety Activity: Wiltshire Residents, July 2018

MR2b - Day of Week Arrival Profile ⓘ

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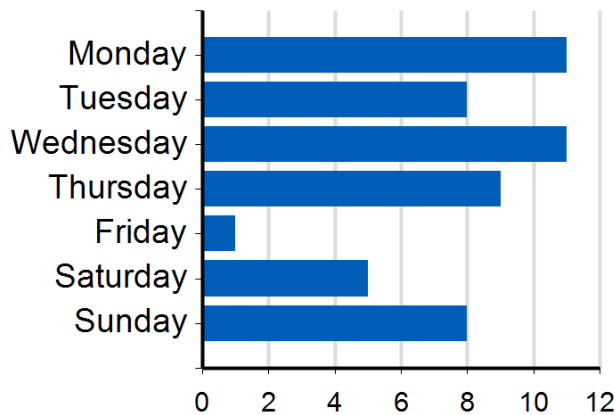
MR2 - Number of Detainees by time detained ⓘ
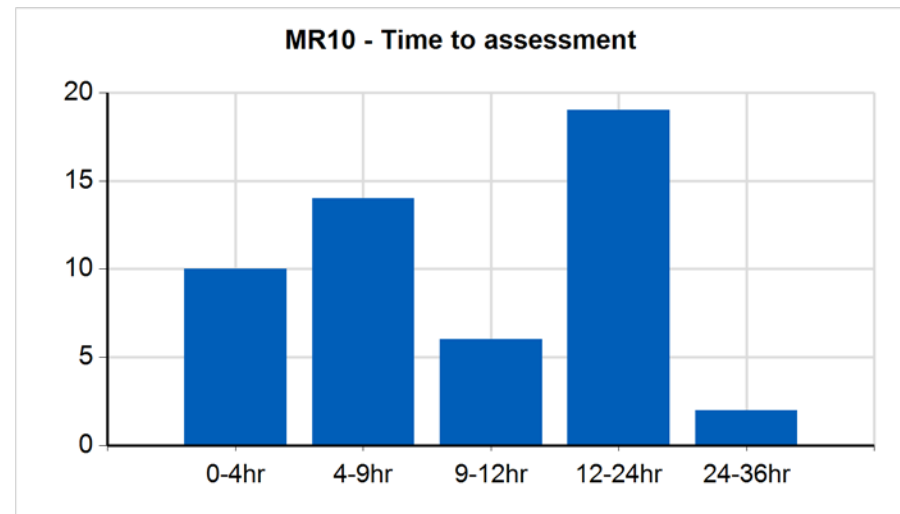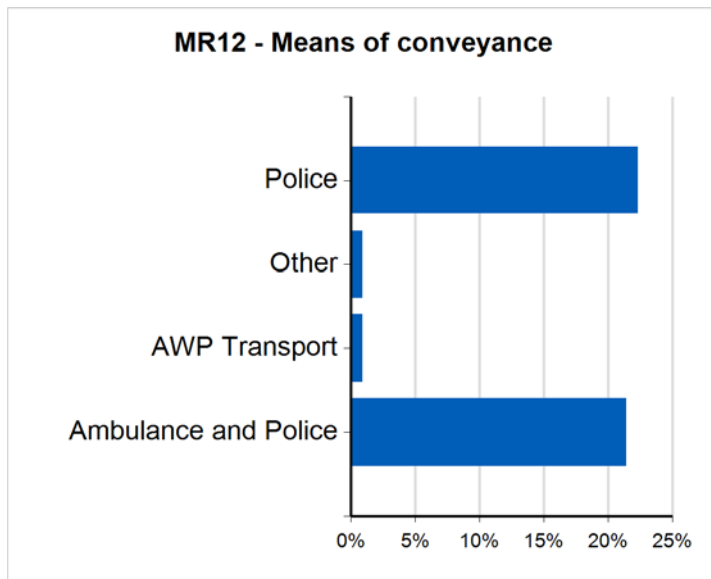

MR1c - Number of detainees by POS by CCG
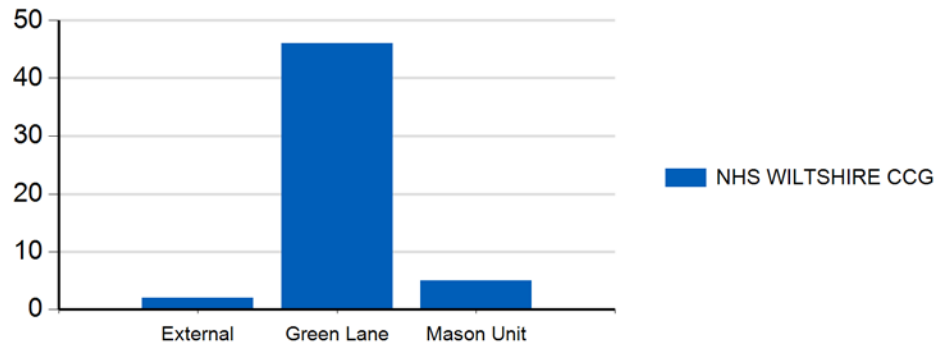
NHS WILTSHIRE CCG

NHS Wiltshire Clinical Commissioning Group

GLH Health Based Place of Safety Activity: Wiltshire Residents, July 2018

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Place of Calm

Wiltshire CCG and Alabare submitted a collaborative bid for capital funding through the Department of Health

- £450k awarded - Crisis Café/place of calm provision in Salisbury.
- 2 year programme to develop the property and supporting pathways.
- Implementation steering group to commence Q3 1819.

Place of Calm Specification:

- Aims is to reduce people experiencing a mental health crisis using the emergency services or acute beds.
- The intention is that it will be open 365 days a year, approx. opening from 6 p.m. to 1 a.m.
- Providing a calming, psychologically informed environment, opportunity for peer support, assessment by health and social care professional, and assistance to engage with wider support provisions.

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BSW STP Mental Health Strategic Transformation

Bath and North East Somerset, Swindon and Wiltshire (BSW)
Sustainability and Transformation Partnership (STP)

Strategic Drivers

National

- *Five Year Forward View for Mental Health*

- *Transforming Care Programme*

- *Stepping Forward*

- New Care Models

- Integrated Care Systems development

STP

- Focus on prevention and early access

- Providing more community based models, close to home

- Reducing inpatient admissions

- Increasing quality of care and outcomes

- BSW and BNSSG Mental Health transformation

- Mental health workforce plan

- Demographics

AWP

- Clinical Strategy: Community care close to home; Inpatient campus/ no standalone wards (max 18 beds)

- Increased demand and acuity

- Recruitment and retention of staff

- Effective deployment of staff

- Estate not fit for purpose

- Financial sustainability of core and new mental health services

BSW Mental Health Transformation – Case for Change

Need to consider:
- Interdependencies with BNSSG
- Specialist Commissioning

Banes MH Strategy

MH FYFV

AWP Transformation

STP MH Commissioning Strategy
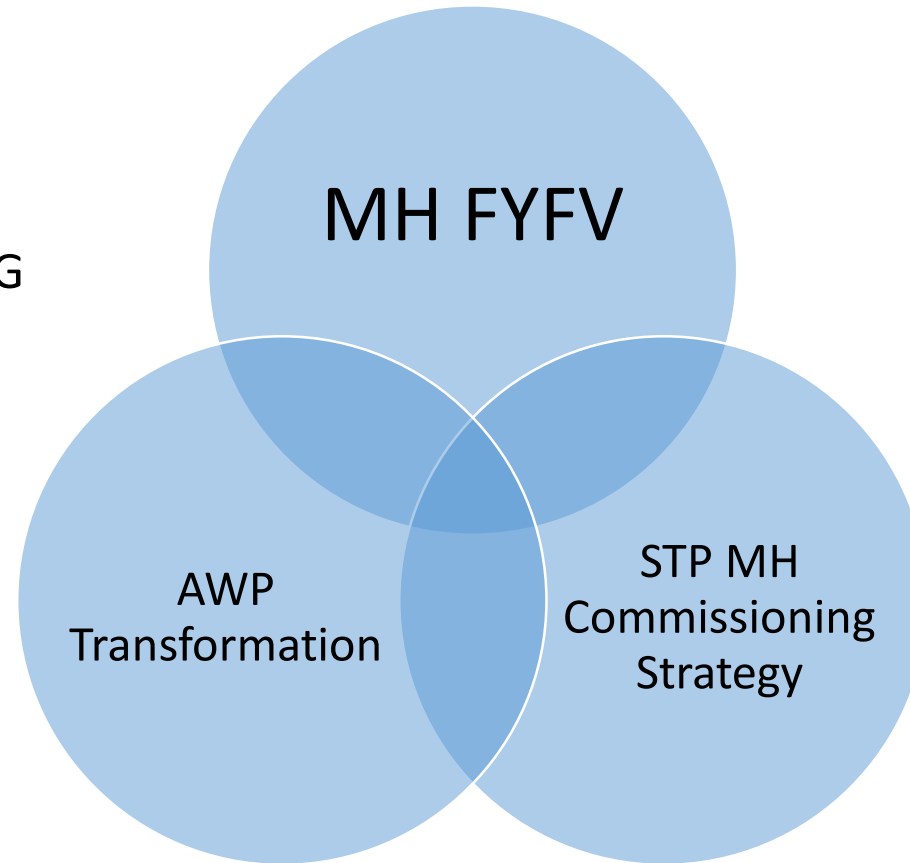
BSW Case for Change

- Enhanced community service with additional investment (ACU established in Swindon; PCLS roll out commenced; Perinatal Community Service)

- Consolidation of inpatient beds for enhanced therapeutic offer

- Re-location from poor estate to purpose built estate and to respond to referral patterns and future demand

- Opportunity for integration of physical and mental health (e.g. older adults; co-location opportunities)

- Consolidation of inpatient services complex, no 'natural' BSW solution, likely to represent 'significant' service change

BSW Mental Health Transformation – CCGs commitment

We are committed to ensuring that the people of BSW can:

- Access the services and support they need

- Have a choice over how they receive services and support

- Have control over the services and support they receive

- Expect the commissioning and delivery of those services to be integrated

- Demand that commissioners seek to improve and develop services in line with best practice and need

- Be involved in planning and delivering treatment and support

- Have the opportunity to influence how services are commissioned and provided

Clinical Models and Operational Redesign

Transformation plan	Impact
Develop a standardised model for **Primary Care Liaison Services (PCLS)**	Improved interface between AWP and primary care, with better signposting to other support services for service users and referring clinicians, clear standards for access to mental health services and brief interventions
Creation of new **Acute Community Units (ACU)** to enable more service users to be treated closer to home	Providing an alternative to hospital admission, enabling more service users to be supported in the community
Providing a centralised **Bed Management Hub** for all inpatient services	Admission to the most appropriate setting when required, resulting in reduced transfers and shorter lengths of stay for service users, supporting a continued reduction in out of Trust placements
Deploy **standardised care packages and interventions** at stages of the care pathway for selected diagnoses	Consistent, seamless care delivering better outcomes for service users
Standardising inpatient care and offering **inpatient services** in fit for purpose, campus environments	Service users have the right length of stay for their needs, shorter admissions and improved experience

BSW STP Mental Health Commissioning Strategy

- Promote MH&WB;

- Access to support and treatment;

- Access to accommodation and housing support;

- Promote recovery;

- Support for employment;

- Promote community-based provision;

- Ensure integrated MH services

#MAKE SOME⬤NE WELCOME

- The story so far

  - Started life as a twitter campaign and a way to engage local groups to encourage them to be inclusive

  - Has signed up over 80 groups in Wiltshire

  - Works with these groups to identify ways in which they can engage with people in their community

  - Asks groups to nominate a 'buddy'

  - Mainstream groups incredibly willing to be inclusive

The Real World

Money Colleagues Pets Colleagues Relationships Hobbies
Friends Friends Hobbies Home
Home Money Money Home Money Work Pets
Relationships Home Neighbours Me Pets Home
Me Me: Neighbours Me Me
Money Me Friends Colleagues
Work Home Parties Me Me Neighbours Parties
Family Home Colleagues Pets Relationships Colleagues Colleagues
Work Colleagues Relationships Parties
Money Work Hobbies Colleagues Home Colleagues Home
Family Relationships Money Me Home
Pets Parties Colleagues Family Me
Family Work Neighbours
Pets Money Money Relationships Me
Home Hobbies Hobbies Colleagues
Pets Work Friends
Pets Work Hobbies Pets Me Neighbours Work
Work Hobbies Money Money Home
Pets Neighbours Family
Friends Family Pets
Money Home Parties
Work Money
Friends Parties

Friends
Home
Work
Pets
Hobbies
Money
Me

Service Land

Special Bus
Special homes
Care Agency
Special activities
Day Centre
Special Courses

ME !

A LIFE, NOT A SERVICE !

Group Work: Tidworth Men's shed

- Man with PTSD and history of Alcohol misuse

- Unable to maintain fence, dog taken away

- 'Men's Shed' rebuilt fence, neighbour paid

- Man got his dog back and given up alcohol.

   'It appears that as soon as he realised that there were people on his side he was able to take the next step.'

Process - BSW MH Transformation

- Adapt programme structure and re-align resources

- Modelling and Metrics

- Analysis and Impact Assessment

- Commissioning Strategy and Plan

- Business Case – Options Appraisal and Benefits Realisation

- Stakeholder Engagement & Public Consultation

STP
Mental Health Workstream

High level Commissioning Timeline

AWP Milestones

Thrive LGI – Nov 18

Programme Management	→	September - October	
Modelling/Metrics data analysis	→	October-November	SOC
Commissioning Strategy And Plan	→	November-January 19	
AWP Case for Change	→	November-January 19	
Business Case	→	February-April 19	OBC
Clinical Senate Gateway 1	→	May-July 19	
Clinical Senate Gateway 2	→	August-October 19	
Public Consultation	→	November-January 20	FBC

Next Steps

- Further analysis underway:

  - Modelling to evaluate number and type of beds required
  - Value for money and affordability
  - Interdependency between BNSSG and BSW
  - Transport impact

- Agree criteria against which to assess options

- Scoring of options

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