

AGENDA

Meeting: Health and Wellbeing Board

Place: Kennet Room, County Hall, Trowbridge, BA14 8JN

Date: Thursday 23 May 2019

Time: 9.00 am

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

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Membership:

Voting:

Cllr Baroness Scott of Bybrook OBE - Co-Chair (Leader of Council)
Dr Richard Sandford-Hill - Co-Chair (Wiltshire Clinical Commissioning Group)
Dr Toby Davies (Chair of SARUM Clinical Commissioning Group)
Dr Andrew Girdher (Chair for North and East Wilts Clinical Commissioning Group)
Nikki Luffingham (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Wiltshire Clinical Commissioning Group)
Cllr Laura Mayes (Cabinet Member for Children, Education and Skills)
Cllr Gordon King (Opposition Group Representative)
Cllr Jerry Wickham (Cabinet Member for Adult Social Care, Public Health and Public Protection)

Non-Voting:

Cllr Ben Anderson (Portfolio Holder for Public Health & Protection)
Nicola Hazle (Avon & Wiltshire Mental Health Partnership NHS Trust)
Dr Gareth Bryant (Wessex Local Medical Committee)
Tracy Daszkiewicz (Statutory Director of Public Health)
Terence Herbert (Corporate Director, children and education DCS)
Dr Carlton Brand (Corporate Director, adult care and public health DASS/ERO)
Tony Fox (South West Ambulance Service Trust SWAST)
Linda Prosser (Wiltshire CCG)

Rob Jefferson (Healthwatch Wiltshire)
Kier Pritchard (Police Chief Constable)
Chief Executive or Chairman Salisbury Hospital FT (Salisbury Hospital Foundation Trust)
Chief Executive or Chairman Bath RUH (Bath Royal United Hospital)
Chief Executive or Chairman Great Western Hospitals FT (Great Western Hospital FT)

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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.

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The full constitution can be found at [this link](#).

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AGENDA

1 **Chairman's Welcome**

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

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

To confirm the minutes of the meeting held on 21st March 2019.

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 16 May 2019 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 20 May 2019. 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 Announcements**

To receive any announcements through the Chair.

7 **Better Care Plan** *(Pages 15 - 88)*

To receive a report on the latest performance information (including delayed transfers of care), along with an update on the refresh of Wiltshire's Better Care Fund plan for 2019/20.

Responsible Officers: Linda Prosser, Carlton Brand

Report authors: Tony Marvell, James Corrigan, Jeremy Hooper

8 **Mental Health Crisis Care Concordat** *(Pages 89 - 94)*

To receive an update on numbers of s136 detentions and the latest performance dashboard.

Responsible Officers: Linda Prosser, Carlton Brand, Kier Pritchard

Report authors: Lucy Baker, Sgt Mike Hughes

9 **Multi-Agency Approach to Preventing and Tackling Serious Violence**
(Pages 95 - 100)

To agree a proposed response to the government consultation on this subject as well as provide an update on the existing work of the Community Safety Partnership in this area.

Responsible Officers: Linda Prosser, Carlton Brand, Terence Herbert, Kier Pritchard

Report author: Tracy Daszkiewicz

10 **Learning Disability Update** *(Pages 101 - 106)*

To receive an update on progress with transforming care for people with learning disabilities including the new facilities at the Daisy.

Responsible Officers: Linda Prosser, Carlton Brand

Report authors: Lucy Baker, Claire Edgar

11 **Air Quality Update** *(Pages 107 - 140)*

To bring to the attention of the Board the updated Air Quality Strategy ahead of its consideration by Cabinet.

Responsible Officers: Carlton Brand

Report author: John Carter

12 **Self-Neglect and Hoarding** *(Pages 141 - 144)*

To update the board on new procedures in place for handling self-neglect and on the functioning of the multi-agency hoarding protocol which has now been in place for a year.

Responsible Officers: Linda Prosser, Carlton Brand, Kier Pritchard
Report authors: John Carter, Emma Townsend

13 **Safe and Well**

A presentation on the Fire and Rescue Service's Safe and Well visits to the most vulnerable in our communities and its work with partners to reduce community risk and support people to live safe and independent lives for longer in their homes.

Responsible officers: Ian Jeary, Area Manager, Dorset and Wiltshire FRS

14 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

15 **Date of Next Meeting**

The next meeting will be held on Thursday 25th July 2019 at 9.00am.

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 21 MARCH 2019 AT VENUE TO BE CONFIRMED.

Present:

Dr Richard Sandford-Hill (Co-Chair), Cllr Laura Mayes, Cllr Gordon King, Cllr Ben Anderson, Hazle, Tracy Daszkiewicz, Terence Herbert, Dr Carlton Brand, Linda Prosser, Kier Pritchard and James Scott

Also Present:

Emma Leatherbarrow, Stacey Plumb, Glyn Moody and Andy Hyett.

17 Chairman's Welcome

The Chairman welcomed all to the meeting.

18 Membership Changes

The Chairman announced one changed to the membership of the Health and Wellbeing Board as agreed at the last meeting of the Council:

Cllr Ian Thorn was replaced by Cllr Gordon King.

19 Apologies for Absence

Apologies were received from Nerissa Vaughan, Cllr Baroness Scott of Bybrook OBE and Dr Andrew Girdher.

Rob Jefferson was represented by Emma Leatherbarrow, Ian Jeary was represented by Glyn Moody and Cara Charles-Barks was represented by Andy Hyett.

20 Minutes

The minutes of the previous meeting held on 7th February 2019, previously circulated, were considered.

Resolved

To approve the minutes as correct.

21 **Declarations of Interest**

There were no declarations of interest.

22 **Public Participation**

There were no questions from the public.

23 **Chairman's Announcements**

The Chairman drew the meeting's attention to the following information as set out in the agenda pack:

1) Homelessness Prevention Strategy

"Three months of formal consultation on Wiltshire Council's homelessness prevention strategy will commence shortly."

"The consultation seeks your views on five suggested priorities for the strategy, which are:

- To reduce rough sleeping
- To identify and prevent homelessness at the earliest possible stage
- To ensure services are designed to prevent homelessness and support those who are homeless.
- To ensure those who are threatened with homelessness or who are homeless can secure and keep a suitable home.
- To maintain effective strategic direction and partnership working

Each priority is supported by actions to enable the priorities to be achieved For further information on the homeless strategy please contact Nicole Smith, Head of Operational Housing Nicole.smith@wiltshire.gov.uk"

2) Wiltshire's Safeguarding Vulnerable People Partnership

"The Safeguarding Vulnerable People Partnership met for the second time on 18 February. The group discussed development of a forward plan, systemwide quality assurance, Serious Case Reviews and their replacements, and the multi-agency approach to tackling County Lines and wider exploitation of vulnerable children and adults."

"Following the meeting, a draft Child Exploitation and Missing Children Strategy for 2019-2021 has been published at www.wiltshirescb.org.uk."

"Future meetings will retain a focus on County Lines, continue to develop the forward plan to include an exploration of the implications of the army rebasing

programme, on a local response to the national safeguarding pressures research and develop our working principles and practices.”

24 **Family and Children's Transformation Programme**

It was agreed that this item would be considered after item 9 to enable the presenter to attend.

Theresa Leavy presented a report on the progress made by the multi-agency Family and Children's Transformation (FACT) programme.

Matters raised during the presentation and discussion included: implementation of a new Case Management System; the development of a partnership performance and outcomes framework (including a balanced scorecard and the ability to track individual outcomes over time); the Early Support Hub; the Diagnostic Referral Tool (DART); Early Support Roadshows; the introduction of the Family Keyworker within the Support & Safeguarding Service; Integrated Multi-Professional Early Support; a partnership approach to supporting young people to live in their families and communities and Making Every Contact Count (MECC) training.

In response to an issue raised by the Board it was noted that the programme seeks a culture change around expectations and aspirations and this involves working with a range of different partners.

It was further noted that the programme needs to continue to engage with the voluntary sector to intervene earlier within communities and make every contact count.

It was noted that the B&NES, Swindon and Wiltshire Mental Health Transformation Board is working collaboratively with Child and Adolescent Mental Health Services (CAMHS) and the FACT programme.

Resolved

- 1) To note the achievements of 2018**
- 2) To agree the programme outline for 2019**

25 **Winter Pressures**

Jo Cullen and Emma Legg gave a presentation on the latest performance information (including delayed transfers of care).

Matters raised during the presentation and discussion included: delayed transfers of care; NHS 111 call activity and outcomes; SWAST activity and outcomes; more detailed care home data being available; the Home First

pathway; primary care data; the schemes funded over the winter period; improvements in domiciliary care; flu and illness preparations and South West system data.

In response to an issue raised by the Board it was noted that the impact of South Western Ambulance Service (SWAST) not reaching their targets was felt in other services and as such there is a need for SWAST data to be shared with these services.

It was also noted that the partnership with Medvivo is a work in progress and it is important to not only understand the data provided but to apply it appropriately.

It was noted that due the complexity of the system the targets and trajectories that services have provided cannot always be guaranteed.

Resolved

To note the latest performance information.

26 Health and Social Care Strategies

The Chairman drew the Board's attention to items 10a and 10b of the agenda:

27 NHS Longterm Plan

Linda Prosser gave an update on the NHS Long Term Plan (LTP) and the implications for the Sustainability and Transformation Partnership and Wiltshire; the CCG Operational Plan for 2019/20; and developments in primary care, estates and joint commissioning.

Matters raised during discussion included: the appointment of a single management team across the three CCGs of B&NES, Swindon and Wiltshire; the progress made in preparing to implement the LTP expectations for primary and community services; the new GP contract and the changes to incentives aligned to the delivery of the LTP; continuing to develop Integrated Care Systems (ICS); commissioners working through ICSs to make shared decisions with providers and using a single CCG for each ICS area.

In answer to a question from the Board it was noted that the CCG were working with Patient Participation Groups (PPGs) and within its communications team to engage people across all platforms. It was also noted that there was scope for the CCG to work across Area Boards to engage Wiltshire residents.

Resolved

To note the developments being undertaken across the BSW STP and Wiltshire to prepare for Integrated Care Systems and the LTP expectations.

28 Joint Health and Wellbeing Strategy

Tracey Daszkiewicz presented a report on the Joint Health and Wellbeing Strategy for consultation in this context.

Matters raised during the presentation and discussion included: the four key areas being prevention, tackling inequalities, localisation and integration; the purpose of the strategy; the development of the strategy and the case for change, achieving change and measuring change.

It was noted that once the strategy is approved there will be a mapping of the partnerships that arise from the Joint Health and Wellbeing Strategy and that this will be fed back the Board in due time.

Resolved

To approve the draft JHWS at Appendix 1 for public consultation.

29 Healthwatch Wiltshire Business Plan 2019/20

Stacey Plumb presented a report on the Healthwatch Wiltshire business priorities for 2019/20.

Matters raised during the presentation and discussion included: ensuring people who use health and care services can influence the way they are delivered; the priorities for 2019/20 as decided by the Local Leadership Board and the need to develop a workplan on these priorities following conversations with commissioners and providers.

In answer to a question from the Board it was noted that the organisation will look at challenges in GP care and dentistry but this also needs to be tackled on a national and cross-service basis.

Resolved

- 1) To note the priority areas for the forthcoming year.**
- 2) To agree to work closely with Healthwatch Wiltshire to ensure the contribution to health and care services in Wiltshire delivers a positive impact for local people.**

30 **Wiltshire Safeguarding Adults Board**

Richard Crompton presented a report on the findings of the recent safeguarding adult reviews and to summarise Wiltshire Safeguarding Adults Board (WSAB) activity in 2018 and plans for 2019.

Matters raised during the presentation and discussion included: the outcome of two Safeguarding Adults Reviews (SAR); the multi-agency recommendations that arose from the reviews; broader learning from the statutory reviews and the WSAB Three-Year Strategy.

In response to an issue raised by the Chairman it was noted there has since been a restructure in how the Wiltshire Council team in Adult C's case audit and administer patients' payments.

It was noted that the complexity of each issue is clear and that there was difficulty in differentiating the face of the issue from the background of the issue and there is a need to learn from this.

In response to an issue raised by the Board it was noted that to learn from these situations the recommendations will now be filtered through individual agencies and services and via the WSAB itself. The SAB will undertake quality assurance work as part of an annual auditing process to ensure that protocols are implemented; with their use tested and recorded.

It was also noted that there is potential for further formal collaboration between blue light services around similar issues and that there needs to be appropriate means of ongoing liaison at a high level for these discussions.

Resolved

- 1) To note the outcome of the 2018 Safeguarding Adults Reviews relating to Adult C and Adult D.**
- 2) To ensure that this learning has an impact on the work of its member agencies.**
- 3) To ask the WSAB to provided it with reassurance that changes have been and will be added as a result of these reviews.**
- 4) To commit the necessary partnership resources to ensure that action plan can be delivered effectively.**
- 5) To acknowledge the aims of the WSAB's strategic plan for 2019-21 and continues to support the work of the Board to safeguard vulnerable adults in Wiltshire.**

31 **Date of Next Meeting**

The next meeting will take place at County Hall, Trowbridge on Thursday 23rd May 2019 at 9.00am.

32 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 11.50 am)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

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Wiltshire Council

Health and Wellbeing Board

Wednesday 23 May 2019

Subject: Better Care Plan

Executive Summary

The Better Care Plan is well established across Wiltshire with clear programmes of work and governance. The Better Care Fund Programme provides a platform for transformation and system wide integration. This report provides an update on the latest performance of BCF. It 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. Recent performance is summarised as follows:

- Non-elective admissions continue to increase, leading to pressure across the system. Average length of stay has reduced by around half a day for patients whose length of stay is 2 days or more.
- Delayed transfers of care remain slightly over the NHS trajectory. The latest data for February 2019 shows a slight deterioration when compared to January, but the level of delayed days remains at the lowest it has been since the middle of 2015.
- Permanent Admissions to Care remain low. Provisional end of year data suggests Wiltshire is slightly lower than last year, and well under the target of 500.
- The percentage of people at home 91 days post discharge from hospital into a reablement remains below the national target. Work is ongoing to ensure the underlying data is correct and to understand the areas where outcomes might be improved.

The report also provides an update on the ongoing work to refresh Wiltshire's Better Care Fund plan for 2019/20

Proposal(s)

It is recommended that the Board:

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

- ii. Notes the progress being made to refresh the Better Care Fund plan for Wiltshire
- iii. Approves the request to delegate authority to the Executive Director (Wiltshire Council), Interim Deputy Chief Executive (Wiltshire), and the co-chairs of the Health and Wellbeing Board in the event that timing of the July Health and Well-being Board does not coincide with the national submission deadlines

Reason for Proposal

To receive a report on the latest performance information (including delayed transfers of care), along with an update on the refresh of Wiltshire's Better Care Fund plan for 2019/20.

To request delegated authority for the sign-off of the 2019/20 BCF Plan as outlined above.

Dr Carlton Brand Wiltshire Council
Linda Prosser Wiltshire CCG

Subject: Better Care Plan

Purpose of Report

1. To provide a status report for the Better Care Fund Programme, including performance to date and the development of the new plan

Background

2. The Better Care plan is well established across Wiltshire with clear programmes of work and governance. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3. The Better Care Fund plan continues the commitment of reducing hospital-based care and increasing locally provided health and care at or closer to home. This is supported by a responsive Home First model, a new reablement service and a new Help To Live At Home Alliance. A key ambition in 2019/20 is to further develop integrated health and care commissioning as well as service delivery.

4. The performance dashboard at **Appendix 1** contains detailed information across the Health and Social Care system. In summary:

5. Non-Elective Admissions:

To M11 2018-19, there had been 46,464 non-maternity emergency admissions to hospital for Wiltshire registered patients. This is an increase of 5.1% (2,259 admissions) on the same period last year. The increase in admissions is driven by an increase in zero length of stay admissions, which have increased by 16.6% (1,979 admissions). This increase is at GWH (577 admissions) which reflects a change in coding practice for Ambulatory Care Sensitive admissions which are now counted as an admission rather than an OP attendance and RUH (1,018 admissions).

Admissions with a length of stay of 1 to 6 days have increased by 6.4% (1,235 admissions), predominantly at RUH & SFT. Patients with a length of stay of a week or more are up 0.3% (24 admissions). February saw a decrease in the length of stay overall. Length of stay for acute specific emergency admissions with a stay of 2 days or more has decreased by around a day from 11.1 days in 2017-18 to around 10.6 in the current year to M11.

Avoidable Ambulatory Care Sensitive (ACS) emergency admissions in M11 show an overall increase of 4.8% (376 admissions). There has been an increase at all 3 Wiltshire trusts with RUH seeing the largest increase of around 9.6% (277 admissions). Analysis by the type of condition shows that acute conditions (e.g. ENT Infections or UTI) account for the bulk of the increase, chronic conditions (e.g. Angina or COPD) are similar to last year, while other and vaccine preventable conditions (e.g. Influenza or TB) have seen a decrease.

To M10 2018-19, admissions from non-LD care homes were 2.8% (53 admissions) higher than the same period in 2017-18. When split by CCG group the South has seen a reduction of 16.6% (109 admissions) while there have been increases in the North of 9.6% (67 admissions) and in the West 16.6% (95 admissions).

6. Delayed Transfers of Care:

Wiltshire submitted a Delayed Transfers of Care trajectory to NHS England with the intention of achieving the target set by NHS England in December. The trajectory and performance to date is outlined below. Although we have not met the trajectory, there has been improved performance and we are significantly closer to the target.

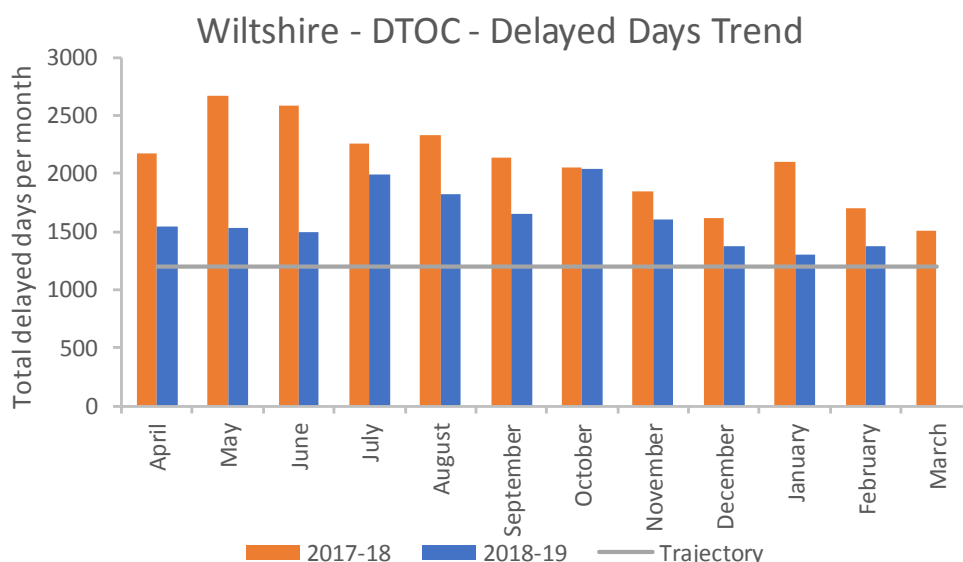
Delayed Transfer of Care trajectory and actuals 2017/18

DToc Days		Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS	Plan	703	703	703	703	703	703	703	703	703
	Actual	1,336	1,265	1,152	1,271	978	833	836	899	
SC	Plan	389	389	389	389	389	389	389	389	389
	Actual	522	493	476	697	534	423	371	383	
Joint	Plan	108	108	108	108	108	108	108	108	108
	Actual	134	59	29	73	95	113	96	92	
Total	Plan	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
	Actual	1,992	1,817	1,657	2,041	1,607	1,369	1,303	1,374	

February 2019 saw 1,374 lost bed days for Wiltshire patients which is an increase of 5.4% (71 days) compared to January and a reduction of 19.5% (333 days) compared to February 2018. To M11 for 2018-19, we have seen a reduction in the number of delayed days of around 25% (5,759 days).

Appendix 2 of this report provides a detailed analysis of the situation, along with National benchmarking data

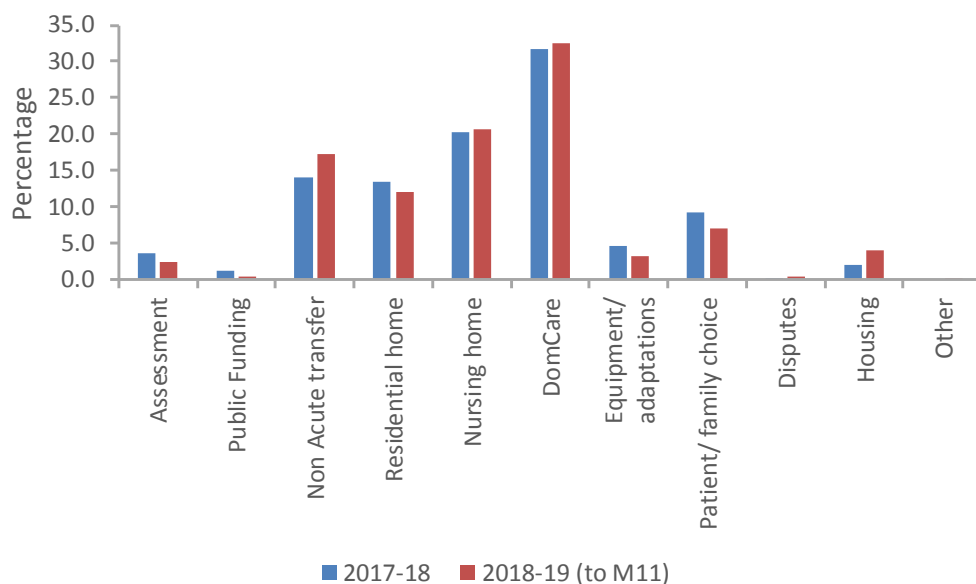
Delayed Transfers of Care Comparison with 2017-18



The number of delayed days each month is lower than the same month in the previous year. In 2018-19, we continue to see reductions in delayed days across the main Wiltshire providers:

- GWH (218 days lower, 5.8%)
- RUH (43 days lower, 1.0%)
- SFT (791 days lower, 16.3%)
- AWP (1,264 days lower, 43.4%)
- WH&C (2,973 days lower, 42.9%)
- Out of area Hospitals (470 days lower, 56.8%).

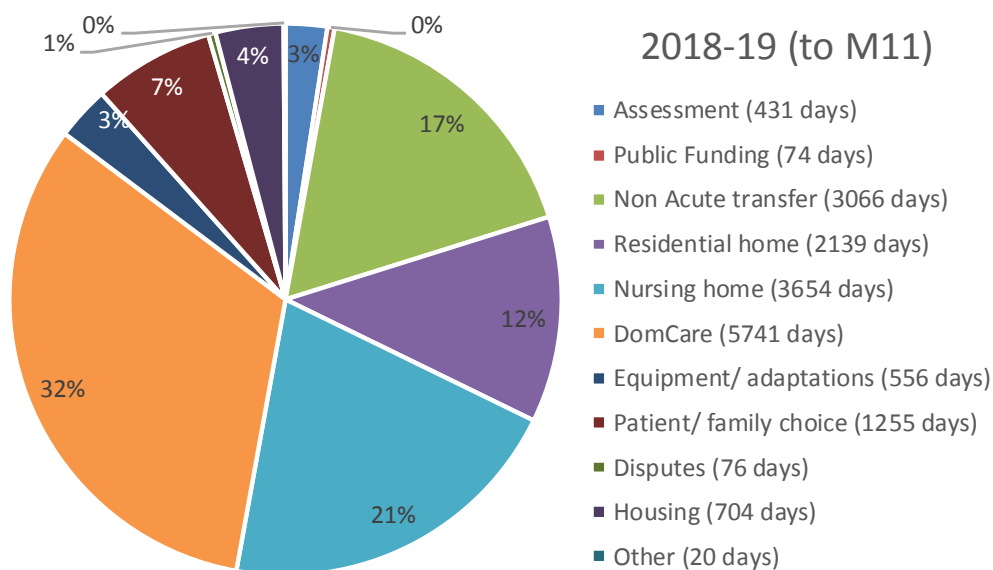
Delayed Transfers of Care: Reasons for Delay (% of total)



The percentage of delayed days associated with Domiciliary Care and Non-Acute Transfer has increased when compared to 2017-18, while delays associated with Placement (residential care), Equipment / Adaptations and Choice have reduced.

The chart below shows the breakdown of delayed days by cause in 2018-19.

2018-19 (Q1) Delayed Transfers of Care: Reasons for Delay (% of total)



7. Permanent Care Home Admissions

Provisionally, there have been 358 permanent admissions to a care home during 2018-19, which is slightly lower than the total in 2017-18. This continues the historic trend which supports the local aspiration for care as close to home as possible. This does potentially have consequences in relation to provision of care at home as the acuity of patients needing care at home has increased, putting additional pressure on primary and home care services.

8. Reablement (% at home 91 days post discharge from hospital into a reablement service)

For discharges in Q2 2018-19, reablement performance remained similar to the previous quarter at 68.1%. The Q1 and Q2 performance is similar to the annual average in 2017-18 (69.2%) which was a drop from the performance seen in earlier years which was generally over 80%.

Overall, performance in Q2 was 69.9% (Q1 - 69.9%), IC Beds achieved 63.7% (Q1 - 62.6%) and ISP Clients was 73.3% (Q1 - 62.5%). It is important to note that there are currently patient and service consent issues relating to the collection of data, which are being investigated.

9. Other BCP Indicators:

In March, the number of admissions to step down IC Beds were 40 which is higher than the levels seen recently and during 2017-18. Discharges were also slightly higher than last month at 39 (2017-18 average was 48).

Length of stay for step down rehab patients in March was 51.5, which is a further deterioration on that seen in January & February.

The 10 beds lost when one of the homes gave notice have now been replaced with 5 beds now on stream. This reduction in beds may have impacted on admissions and performance. The occupancy rate for step down beds was around 89%, while for the step-up beds it was around 93% although this is helped by step down activity.

The new domiciliary Help To Live At Home Framework contract has commenced. New home care activity is higher with 96 new clients in March compared to 66 in February, 71 in January and 60 in December. The average number of new clients per month this year has been 76 compared to 2017-18 which was around 112. This reflects the impact of the new reablement service which is helping people reduce care needs. Ongoing care at home activity was also slightly higher in March with nearly 1,778 people supported during the month which is an increase from around 1,723 in February.

UCAH referrals were broadly similar in February at 54 to the 55 in January which was a decrease from the 60 in December and 66 in November. This remains well under the target of around 80 referrals a month. In February, the admission avoidance percentage was around 75% which was similar to January but a deterioration in December (95%) and November (91%). In February, this service supported the discharge of 12 patients which was similar to January (15), December (17) and November (19), the monthly average is around 11 per month.

Better Care Fund 2018/19

10. Refresh of Wiltshire's Better Care Fund plan for 2019/20.

On 10 April the 2019-20 Better Care Fund: Policy Framework (<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) Was released by the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government.

The document sets out the framework for the National BCF submission process, however does not provide the guidance or the timescales for submission which have yet to be released. At the time of this report the best information we have is that the guidance will be made available in week 2 May, with a likely submission deadline in early July 2019.

In general terms, the Policy framework restates and reiterates the original intentions of the Better Care Fund (Person-centred Integrated Care), and there is very notable change when compared to earlier years. Main points to note are;

- The vast majority of areas have reported a positive impact on the integration of health and social care, and that the BCF had

improved joint working between health and social care in their locality

- The New Care Model Vanguard's have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems.
- The Policy direction for integrated personal budgets is reinforced with the implementation of the Comprehensive Model, which sets out the road map to deliver the Long-Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.
- A restatement that the commitment remains to create a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability, enabling health and care professionals to have access to the information they need to provide care. Five Exemplars covering 23.5 million people will each receive up to a total of £7.5 million over two years. (Thames Valley and Surrey region, Yorkshire and Humber, Greater Manchester, Wessex and London)
- Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).
- A reminder of the work to produce the document "Shifting the Centre of Gravity" report on making person-centred, place-based integrated care a reality (published in October 2018).
- References are made to the NHS Long Term Plan, and forthcoming Adult Social Care Green paper.
- The 2019/20 plan will operate with the same National Conditions as in 2017-19:
- Requirements for narrative plans will be simplified with areas not required to repeat information they have previously provided in their 2017-19 plans, however given the earlier requirement placed on the Wiltshire system through the CQC local system review, a decision has been taken to produce the full narrative document.
- Plans will be assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning when this is released.
- The nationally mandated metrics remain unchanged (Delayed Transfers of Care; Non-elective admissions (General and Acute));

Admissions to residential and care homes; and Effectiveness of reablement).

- Winter Pressures funding has been confirmed for 2019/20, and whilst will still be paid as a local authority grant, winter pressures will be reported through the Better Care Fund.

The Programme team is working on the refresh of the Better Care Fund plan, including a detailed review of all budget lines ahead of the guidance for 2019/20 being published.

It is anticipated that the submission deadline will not co-incidence with the July meeting of the Health and Wellbeing Board. It is, therefore, recommended, that delegated authority for sign-off of the BCF 2019/20 submission is given to:

Executive Director-DASS(Wiltshire Council)
Accountable Officer (Wiltshire Commissioning Group)
Co-chairs of the Health and Wellbeing Board

11. End of Year National return

All areas were requested to complete an annual return to the National Better Care Support Team. This is attached at appendix 3 for the information of the Health and Wellbeing Board.

12. Timescales

In the next period activity falls into three main areas:

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

James Corrigan
Better Care Programme Manager
Wiltshire Council and Clinical Commissioning Group
07.05.19

Appendices:

Appendix 1: BCP Dashboard

Appendix 2: Detailed analysis of DTOC performance to February 2019.

Appendix 3: National end of year return

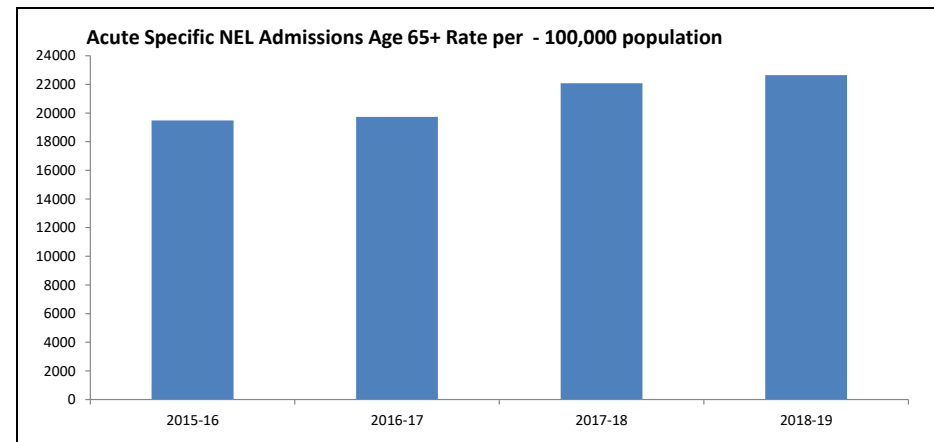
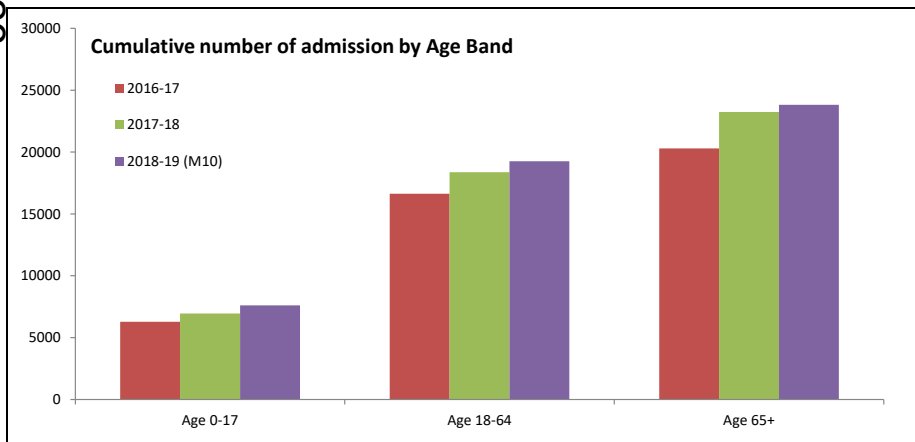
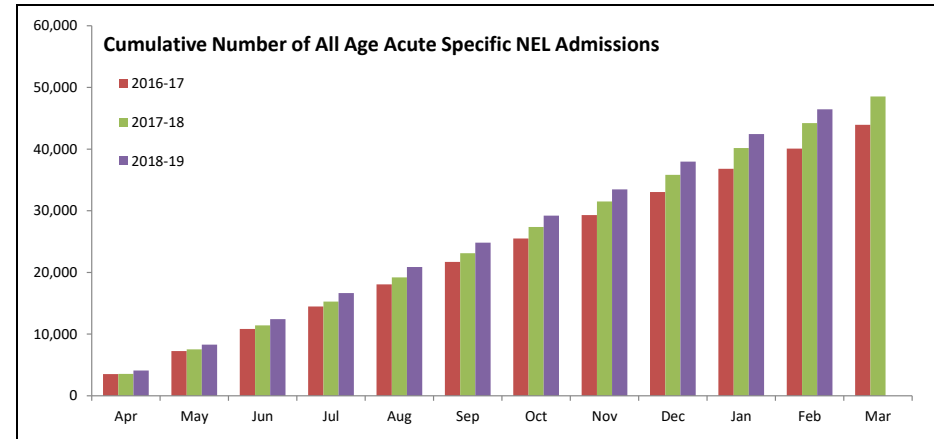
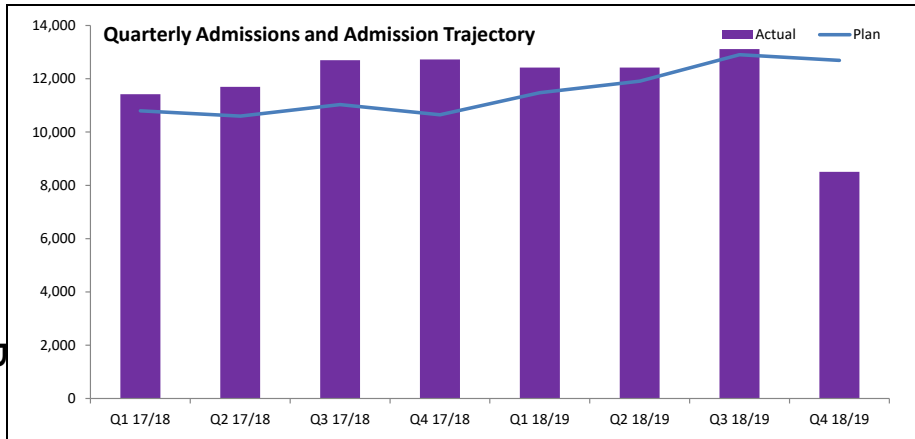
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DTOC increased by around 5% in February with both NHS and ASC delays increasing. Despite this delayed days remain around their lowest level since the middle of 2015. Overall we are still seeing a much better position than last year. Provisional indications are the number of delayed days in March may be similar or slightly higher than February. Non-elective admissions in February remain similar to the levels seen through the year overall they are around 6% higher than last year. Length of stay for admissions with a stay of 2 days or more has reduced by around half a day compared to last year. Permanent admissions remain low and provisional year end data suggests we are similar to last year and well under the target of 500.

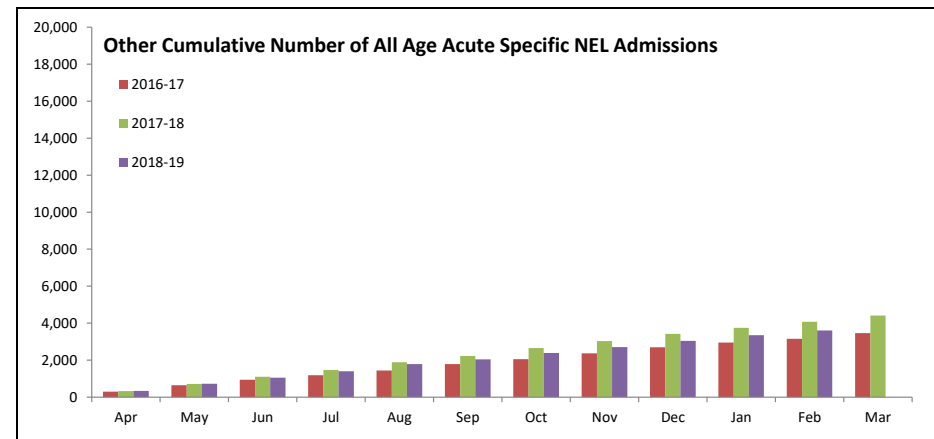
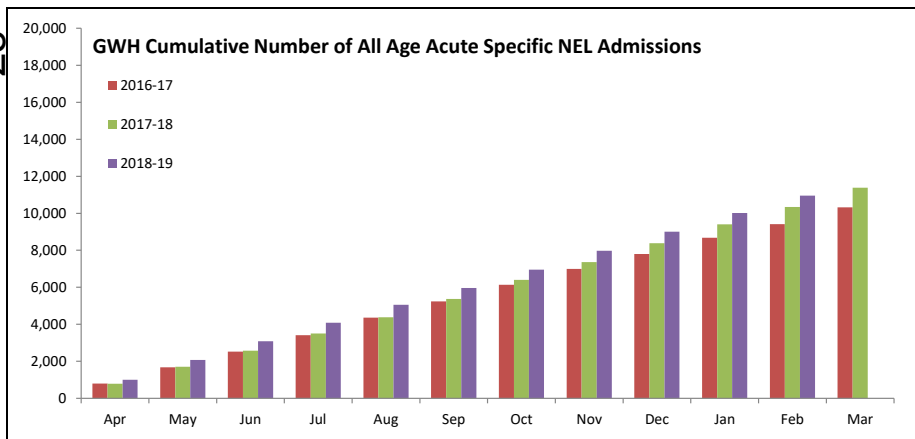
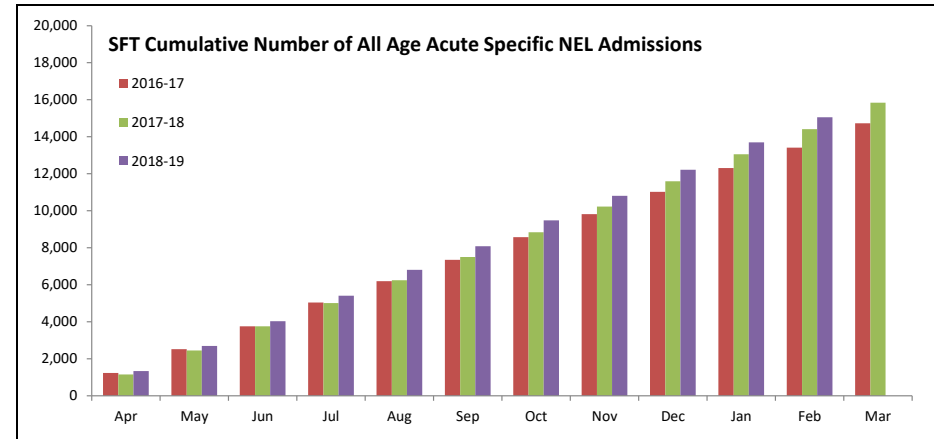
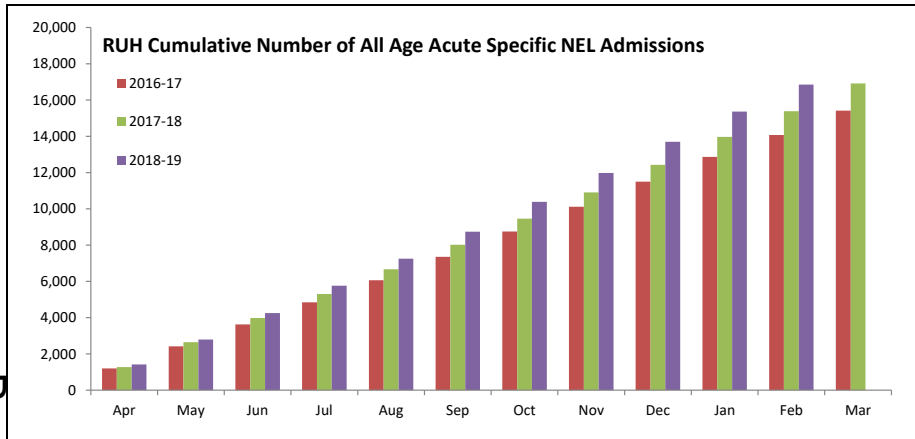
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Red	Amber	Green
National Indicators															
Specific Acute Non Elective Admissions	4,112	4,179	4,131	4,234	4,240	3,944	4,374	4,247	4,493	4,475	4,035		<3250	3250 or <3750	>3750
Specific Acute NEL Admissions (LoS)	10.8	10.7	10.4	10.6	10.5	10.8	10.6	10.9	10.0	10.5	10		11	10	9
Permanent Admissions to Care Homes	204	246	268	327	350	334	351	360	368	362	359	358	>525	525 or >500	<500
At Home 91 days post discharge with reablement		67.1											<80%	80% or <86%	>86%
Delayed transfers of Care	1,540	1,526	1,490	1,992	1,817	1,657	2,041	1,607	1,369	1,303	1,374		>1350	1350 or >1200	<1200
Wiltshire BCF Schemes															
IC Bed (Discharges) - Step Down	48	42	39	44	38	44	42	39	36	39	32	39	<45	>45 or <60	>60
IC Bed (Discharges) - Step Up	5	1	2	4	5	4	7	4	2	8	7	3	<7	>7 or <10	>10
Community Hospital Beds - Admissions	82	77	77	55	60	53	76	74	82	80	65		<60	>60 or <80	>80
High Intensity Care - Referrals	15	11	26	13	17	7	20	17	23	15	13		<12	>12 or <18	>18
Urgent Care at Home	57	84	50	59	70	58	54	66	60	55	54		<60	>60 or <80	>80
Rehab Support Workers	78	67	55	44	90	94	136	130	148	179	178		<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															

Non elective admissions are 6.4% higher than the same period last year and remains over plan for 2018-19, M11 was under plan by 1.4% (56 admissions), for the YTD the CCG is 3.7% over plan (1,646 admissions) the majority of which happened in Q1. Activity has increased in all age bands, the percentage increase being greater in children and adults of working age.



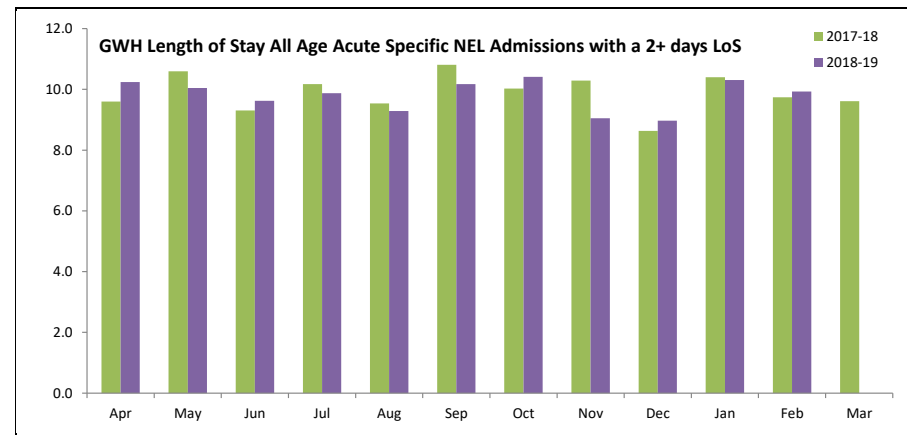
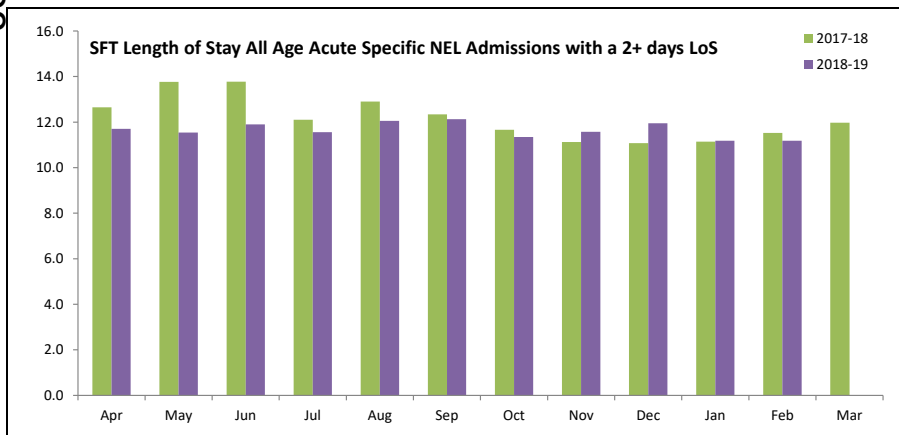
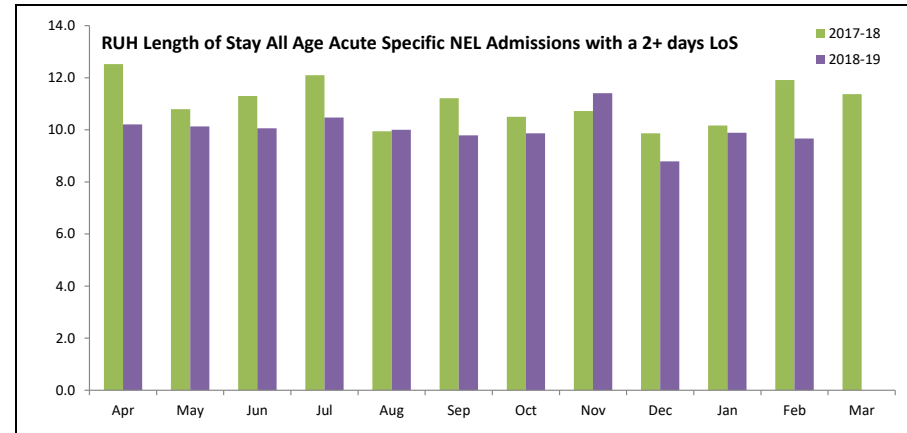
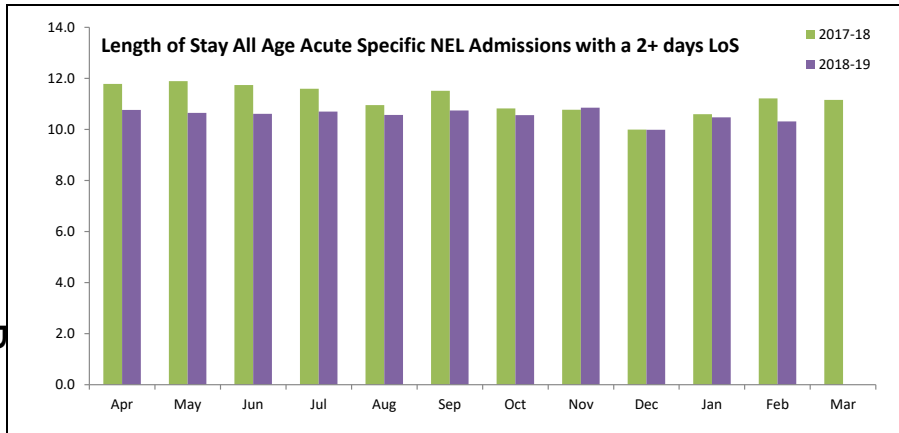
Source: CCG SUS Data

Activity is higher at all the 3 main acute trusts, RUH has seen the greatest level of growth in activity of 12.7% (1,901 admissions), while growth at SFT is 4.3% (616 admissions) and at GWH admissions are 7.0% higher (721 admissions). Admissions are slightly lower at other out of area trusts.



Source: CCG SUS Data

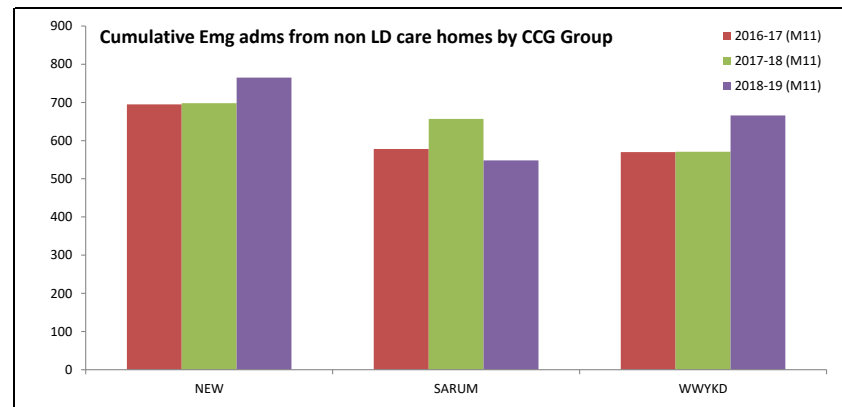
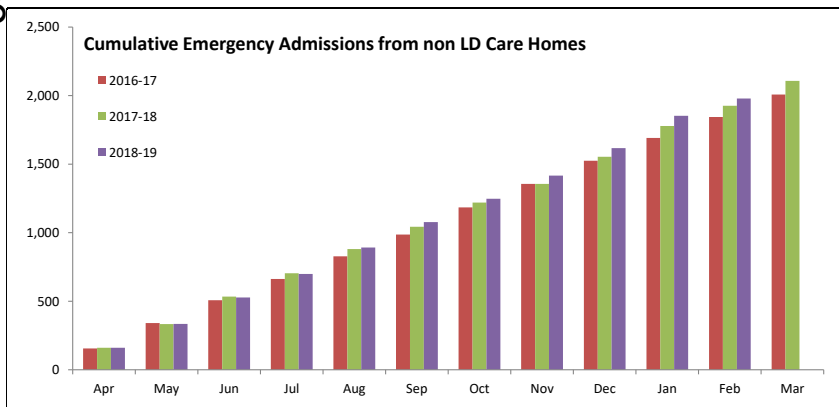
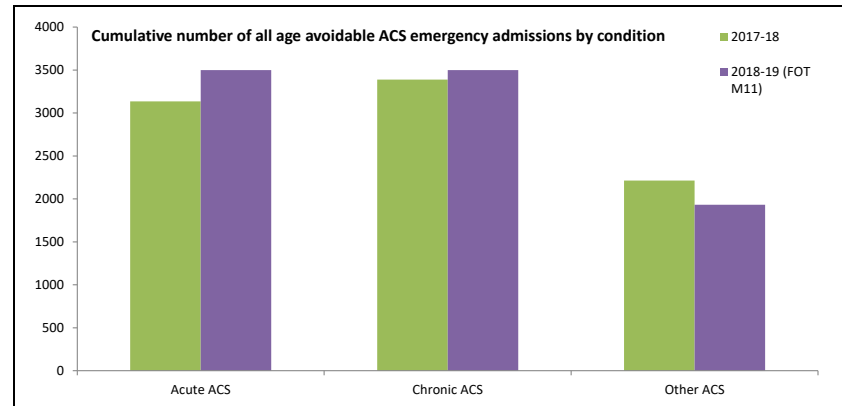
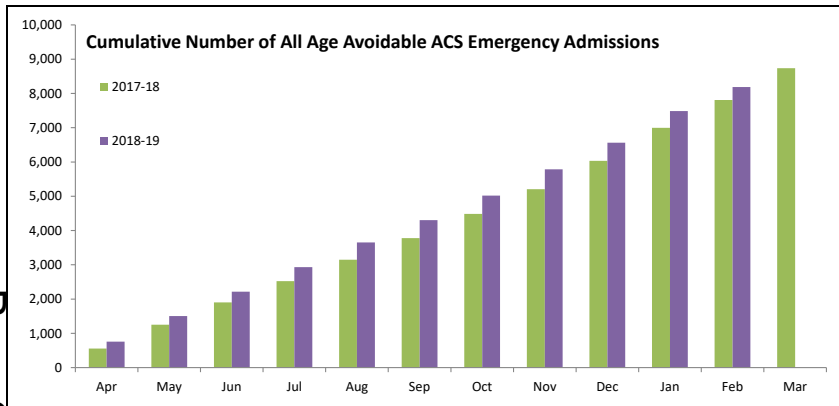
This shows the average length of stay for all acute specific non elective admissions which have a length of stay of 2 or more days. February saw a similar length of stay to January of around 10.5 days. Overall the average length of stay has reduced by around a half a day from around 11.1 days in 2017-18 to 10.6 days in 2018-19 (M11). At RUH (11.0 to 10.0) and SFT (12.2 to 11.6) there has been a reduction of over half a day in LoS, while at GWH (9.9 to 9.8) the average length of stay is broadly similar to last year.



Source: CCG SUS Data

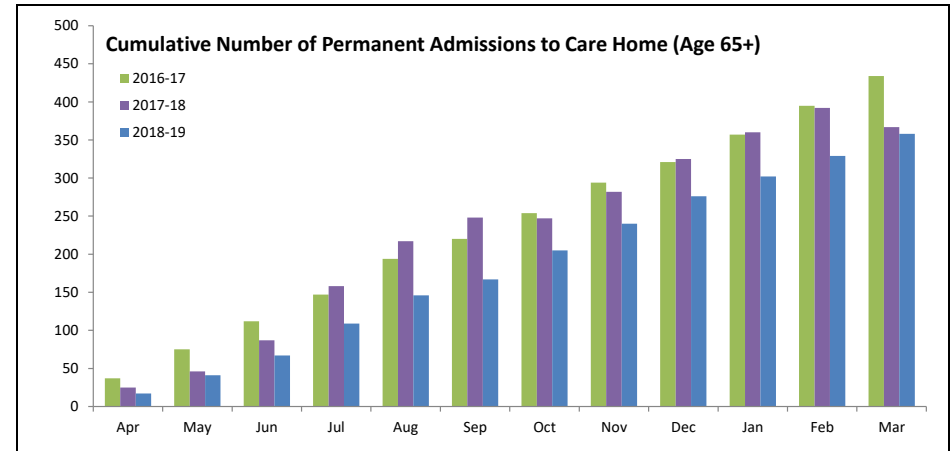
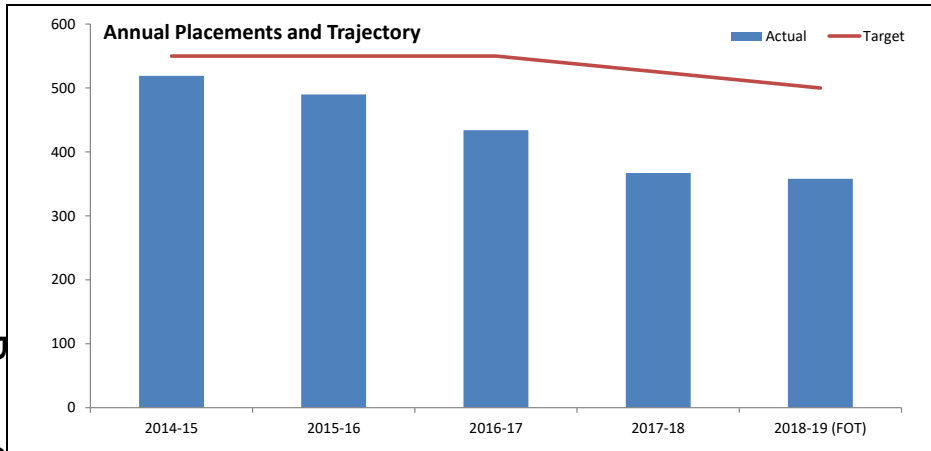
For the year to date overall avoidable ACS emergency admissions are up 4.8% (376 admissions), this across all 3 trusts with RUH seeing the greatest 9.6% (277 admissions), GWH 5.0% (105 admissions) and SFT increase of 0.7% (19 admissions). Admissions for acute conditions has increased the most, while for chronic conditions the level of admissions is broadly similar and admissions for other and vaccine preventable conditions has fallen. Overall admissions from non LD care homes have increased slightly in 2018-19 by around 2.8% (53 admissions). When split by CCG group the South has seen a reduction of 16.6% (109 admissions) while there have been increases in the North of 9.6% (67 admissions) and in the West 16.6% (95 admissions).

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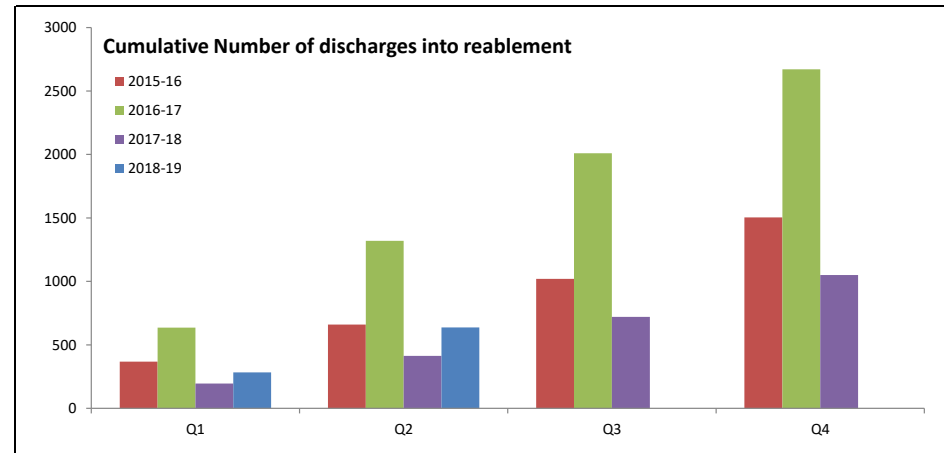
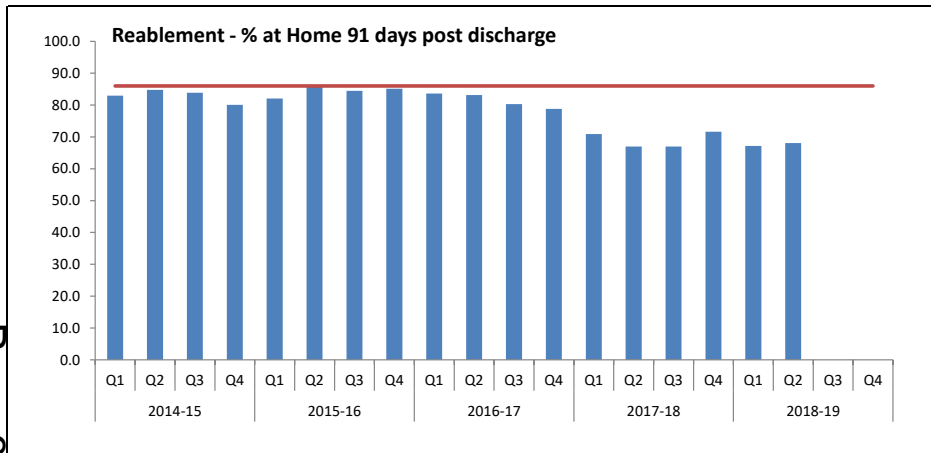
Source: CCG SUS Data

In March there were 29 new permanent admissions to care homes in those aged 65 and over, this is below the monthly average for the YTD (30) and the average in 2017-18 which was around 31. Provisonally our year end total is 358 but this is subject to final quality checks prior to submission as part of the Council ASCOF return. If this is confirmed it is similar to 2017-18 (367 adms) and well below the target for 2018-19 of 500.



Source: ASC Performance Team

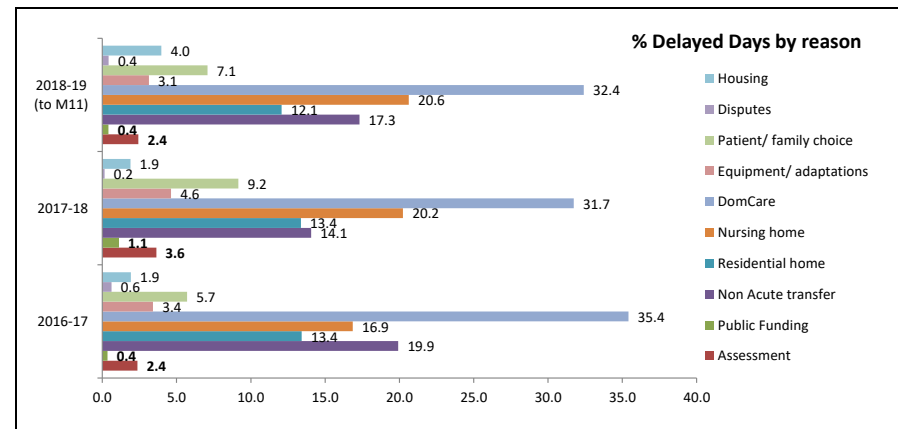
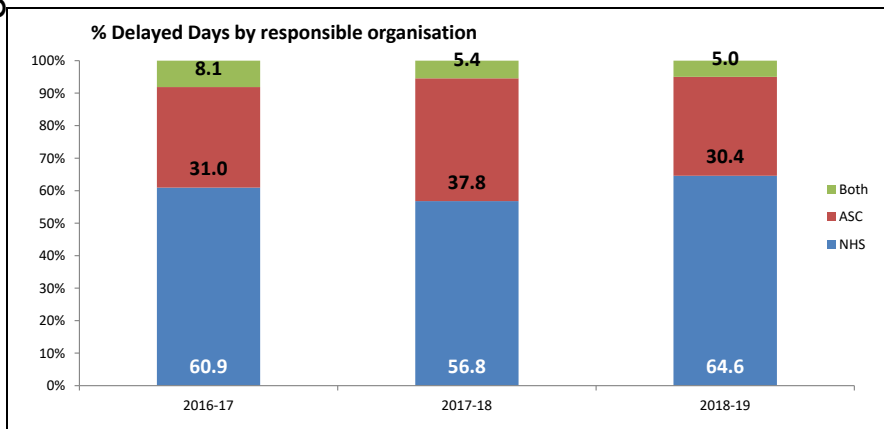
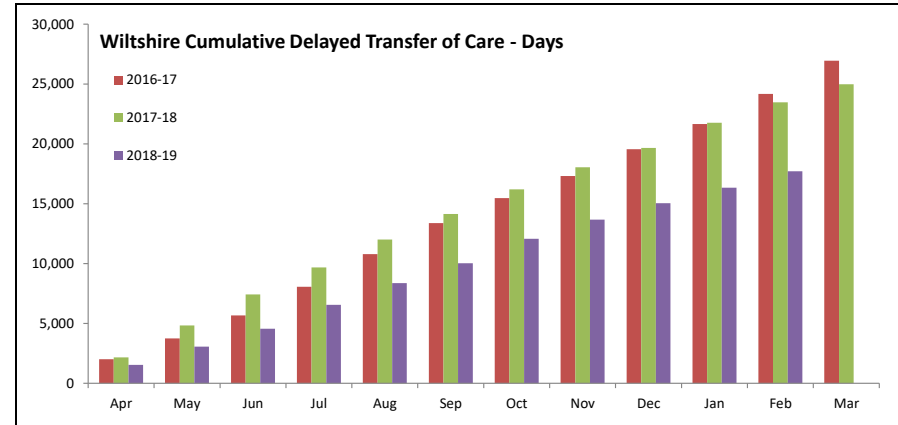
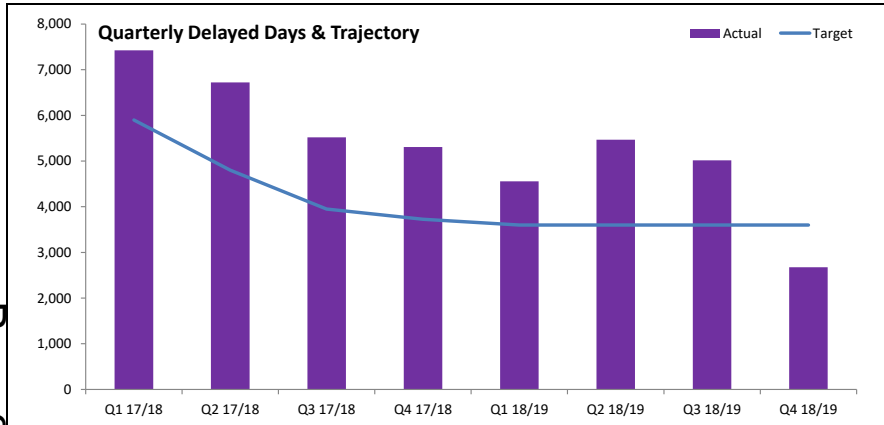
The number of patients entering reablement has reduced in 2017/18 due to changes in the discharge pathway following the introduction Home First, we are now seeing the number increasing again. Discussions with WH&C confirm this is likely to be more accurate than the 2016-17 position and numbers will return to expected levels in the coming months. Q2 discharges saw 68.1% at home 91 days after discharge. Performance is now consistently around 67%, work is ongoing to understand how this might be improved to the levels seen historically.



Source: ASC Performance Team & WH&C

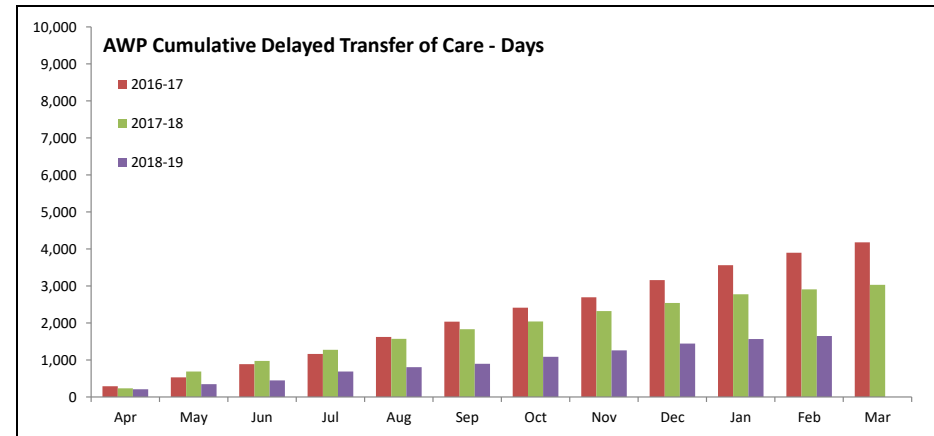
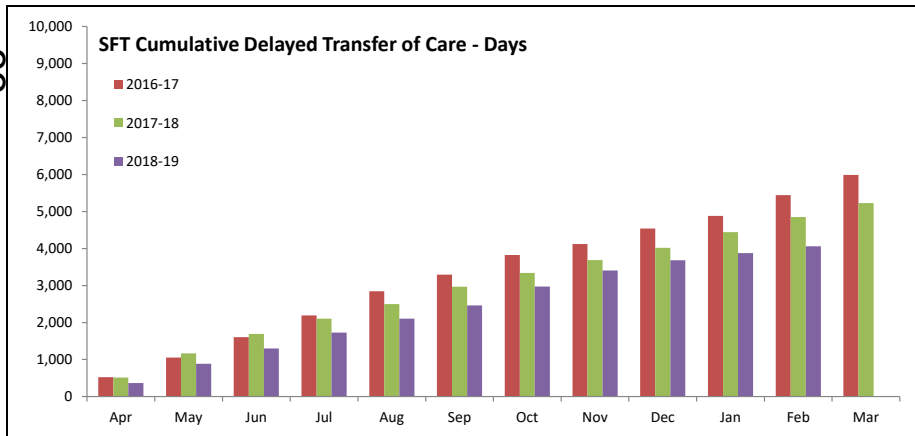
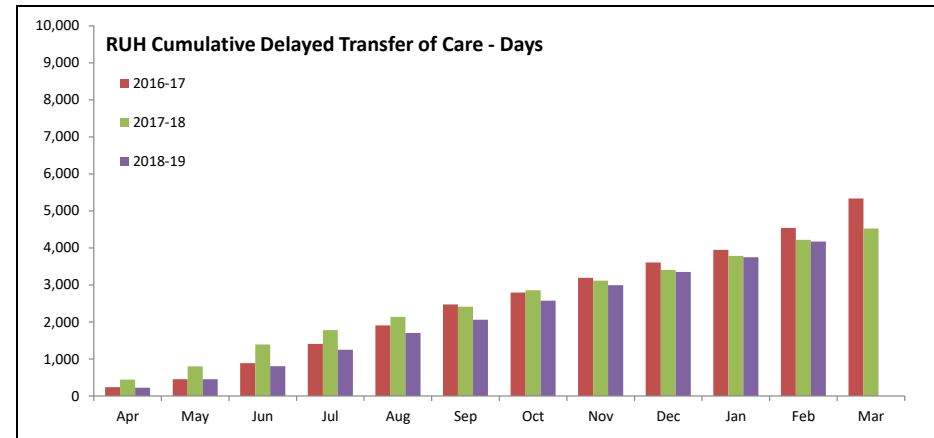
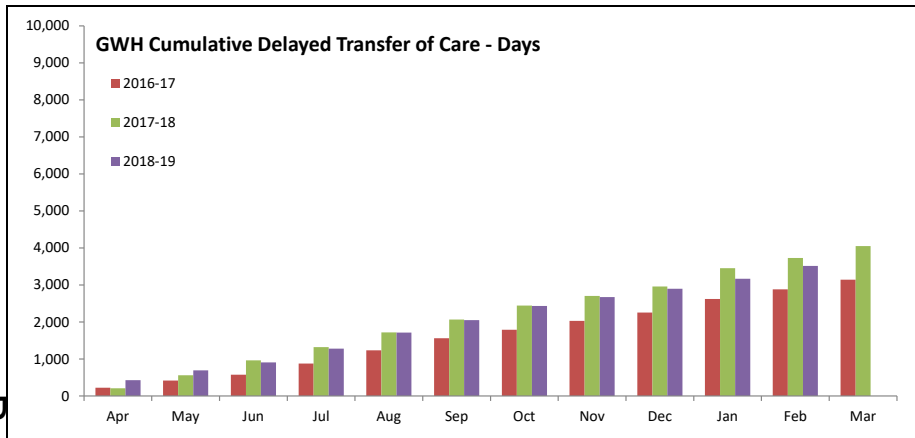
The number of delayed days increased by 5.4% (71 days) in February to 1,374 and remains 14.5% (174 days) above the trajectory target of 1,200. NHS attributable delays increased 7.5% in February, ASC attributable delays also increased 3.2% in February but remain under the trajectory. Waiting for Packages of Care and Placements have accounted for around 60% of the delayed days in the 11 months of 2018-19 to date. Overall there has been a reduction of around 25% on delayed days (5,759) which is the equivalent of around 17 beds.

Page 32



Source: NHS England Monthly Data

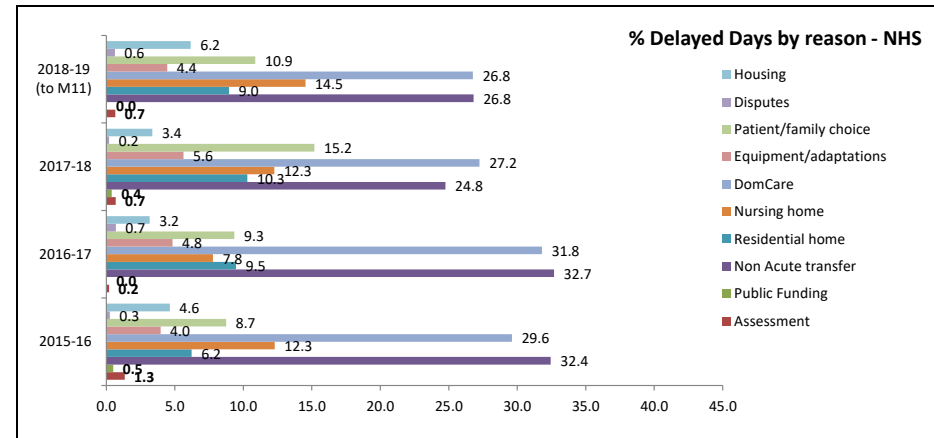
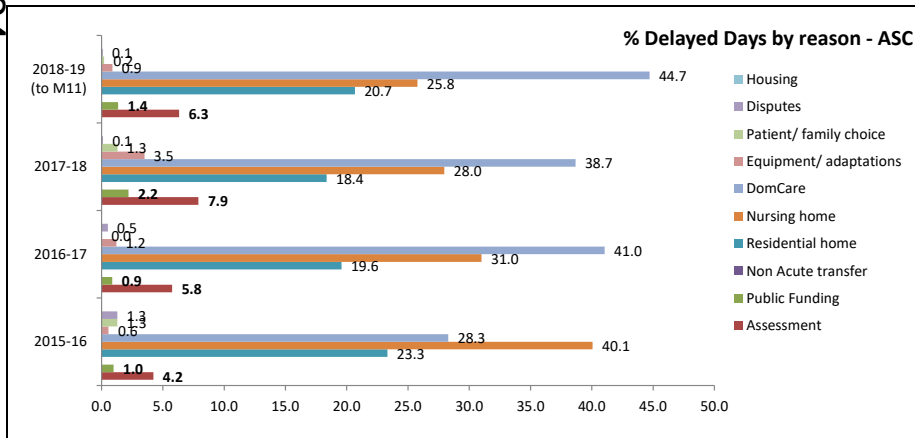
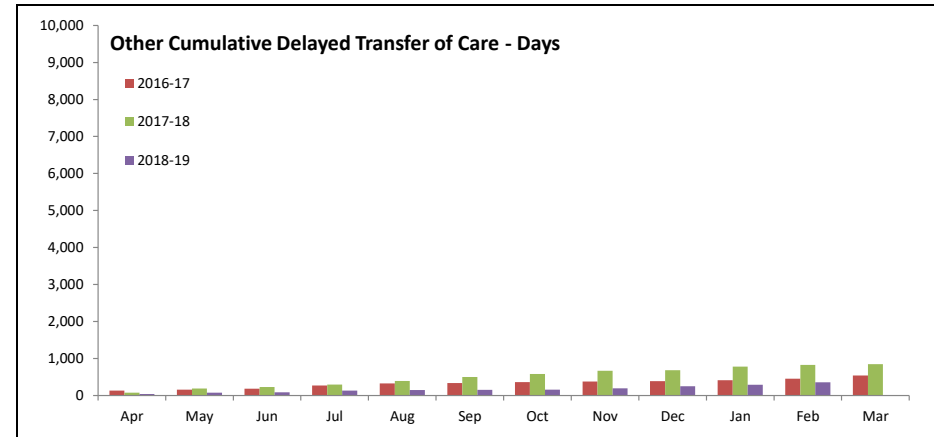
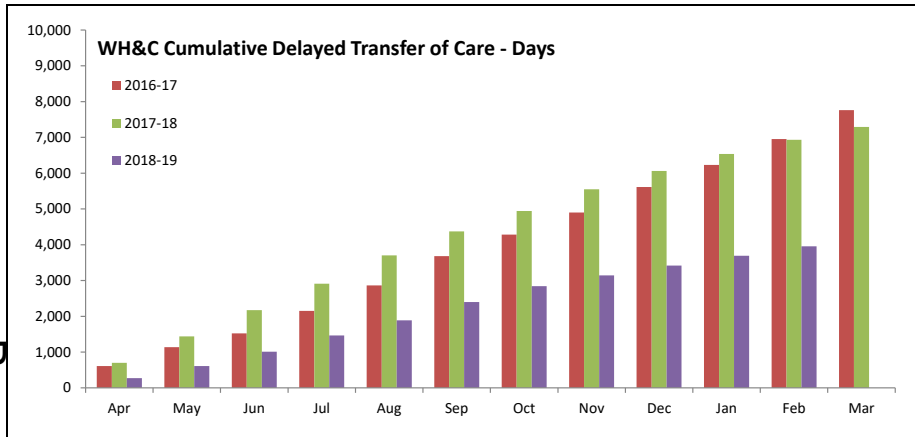
GWH, SFT and AWP have seen a good reductions in delayed days compared to last year, while RUH has seen a smaller reduction than the other local trusts.



Source: NHS England Monthly Data

Delays in Community Hospital are substantially lower than last year, while delays in Out of Area Hospitals have also reduced in the 11 months of 2018-19 to date. For NHS delays there has been an increase in the percentage of delays due to nursing home placement, housing and non acute transfers. For ASC delays the percentage of delays associated with residential placement and domiciliary care packages have increased.

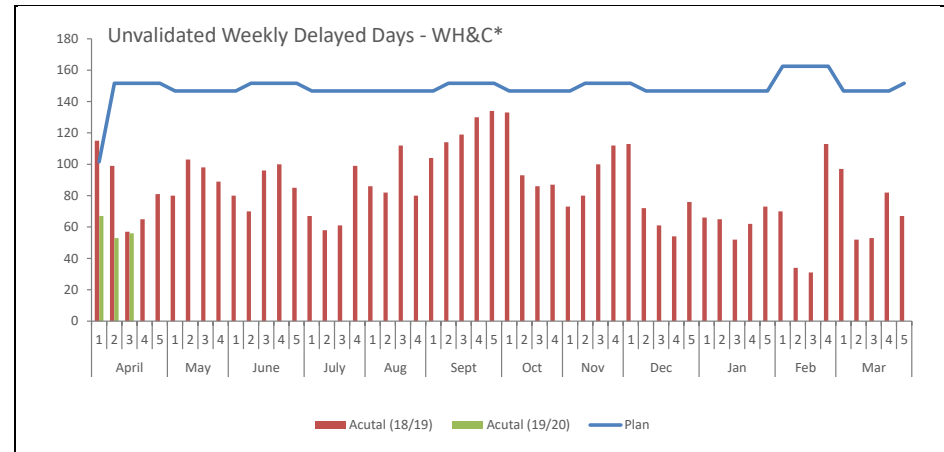
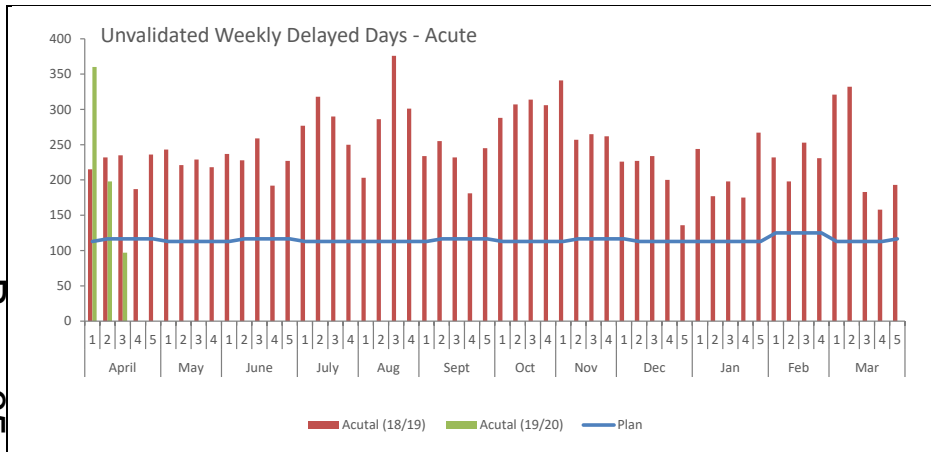
Page 34



Source: NHS England Monthly Data

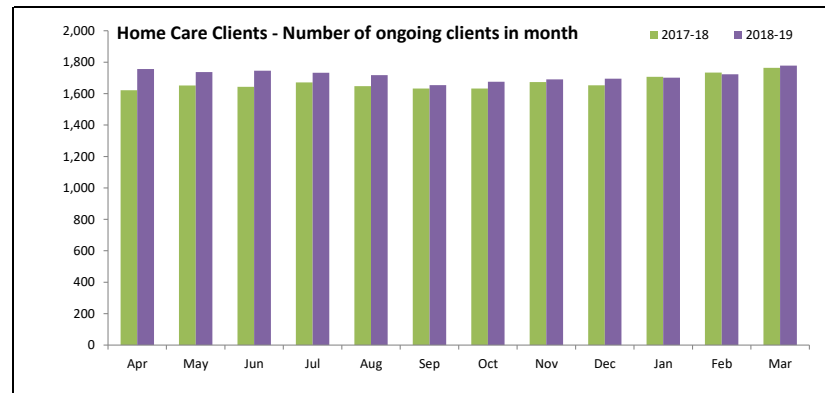
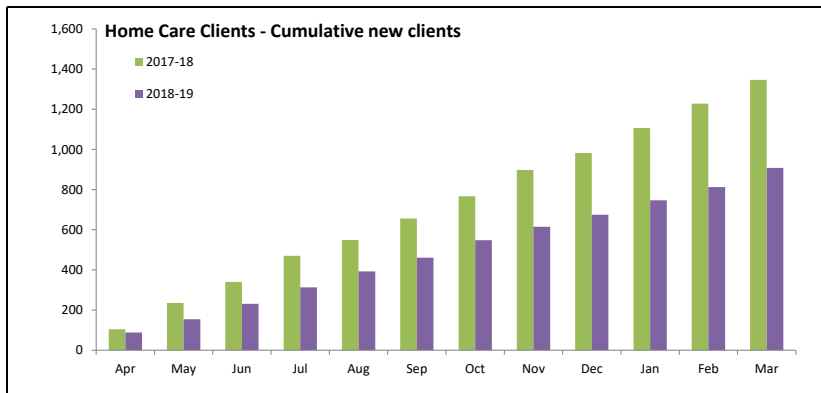
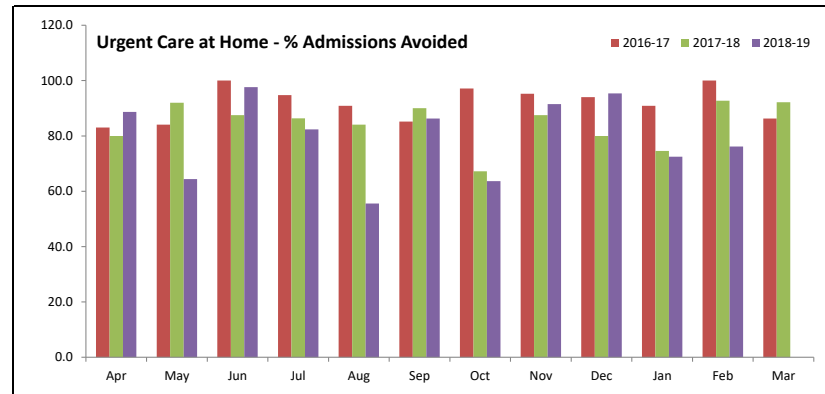
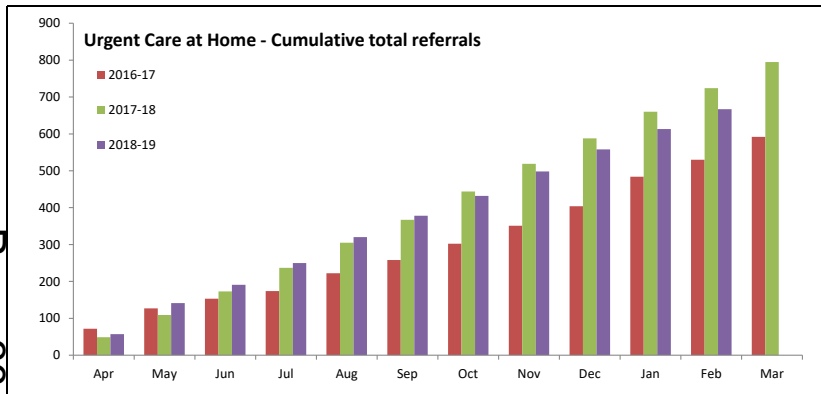
This presents the latest data on delayed transfers of care based on the weekly data which is not validated in the same way as the monthly data. For acute delays the data show the increase in February we see in the monthly data and that this continued into early March before reducing back to the levels seen earlier in the quarter. April 2019 saw an increase in delays in the first week which fell back again in Week 2, **Week 3 data excludes RUH which is why it seems to fall further.** For non-acute delays we do not have the complete picture as AWP do not submit, the weekly data for WH&C shows they remain well under the trajectory.

Page 35



Source: CSU Unvalidated Weekly DTOC Summary

Urgent Care at Home referrals were 54 in February, which is similar to January (55) but lower than December (60) and November (66). This remains under the 80 target. The % of admissions avoided was around 75% which is also similar to January but a deterioration on December. The average number of monthly referrals is 61 which remains slightly lower than the 2017-18 average of 66 per month but higher than the 2016-17 of 50. There were 12 referrals to support discharge in February which is similar to January but higher than monthly average for YTD (11) which is still lower than 2017-18 (14), 2016-17 (9) and 2015-16 (12). New Care at Home activity has changed following the transfer from the previous Help to Live at Home contract to the new Dom Care Framework contract, this has caused a change in the underlying data. While the number of new clients is substantially lower than last year this reflects, difficulties with getting packages but also the early success in the new reablement service reducing the number needing packages of care. The number of clients supported in each month is also increasing.



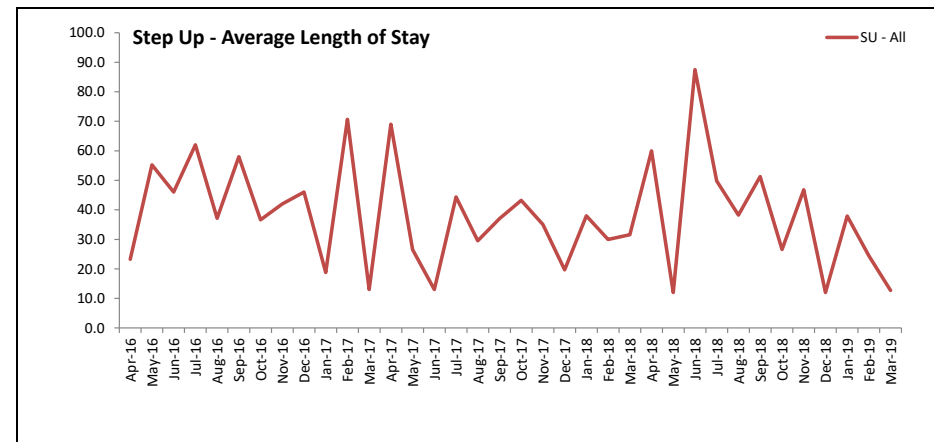
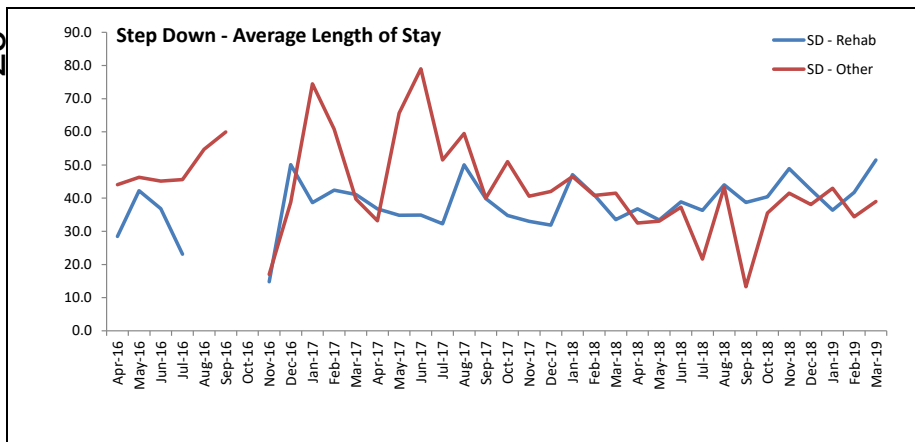
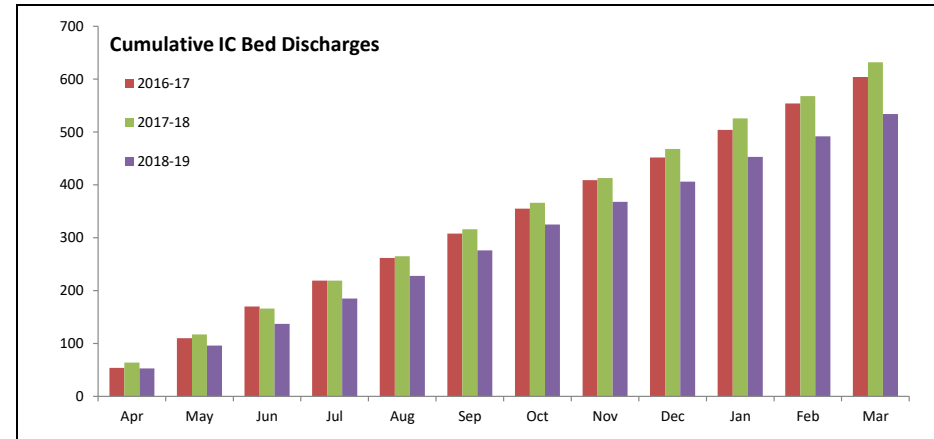
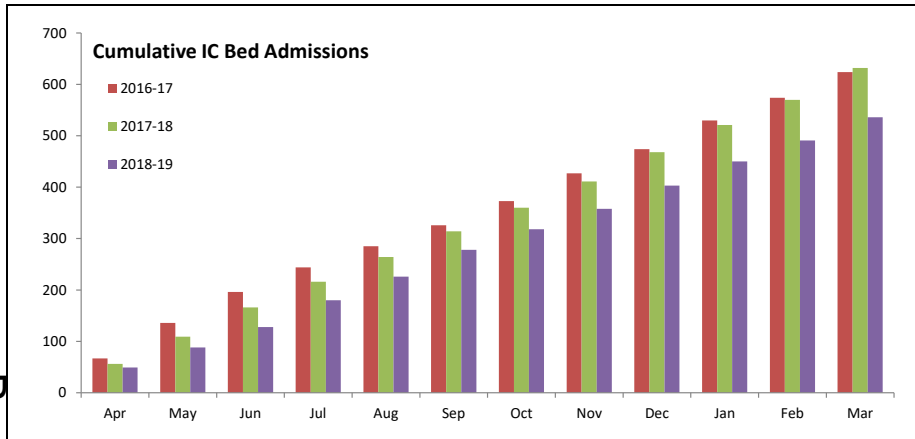
Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Wiltshire Better Care Fund Dashboard - April 2019



The number of admissions and discharges remain under the levels seen last year as the impact of the loss of 5 beds is being felt. Length of stay for step down rehab increased in March to 51.5 days, for step down non rehab patients the length of stay increased to 39.0 days. The number of admissions to step up beds reduced slightly in March and the length of stay also reduced to around 13 days.

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Source: ASC Performance Team

Wiltshire Better Care Fund Dashboard - April 2019



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.

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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	57	84	50	59	70	58	54	66	60	55	54	
Hospital at Home												
SFT												
Integrated Discharge												
GWH												
RUH												
SFT												
Enhanced Discharge Service for EOL Pathway												
IC Beds - SD												
Discharges	48	42	39	44	38	44	42	39	36	39	32	39
LoS	35.8	33.0	38.6	33.9	43.9	37.0	39.7	48.1	40.8	36.9	40.1	47.3
IC Beds - SU (South)												
Discharges	1	1	2	4	5	4	7	4	2	8	7	3
LoS		12.0	87.5	49.8	38.2	51.3	26.6	46.8	12	37.9	24.4	12.7
Therapy provision for Intermediate Care Beds (Contacts)	944	1,016	973	1,084	1,190	1,021	1,205	1,135	787	1,053	798	
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	15	11	26	13	17	7	20	17	23	15	13	
LoS	33.6	39.7	21.3	25.6	24.4	49.9	42.5	28.3	21.9	32.8	32.3	
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	78	67	55	14	90	94	136	130	148	179	178	
Carers												
Integrated Community Equipment												
Community Services												
EOL												
The Leg Club Model												



2018-19 BCF DTOC Summary
February 2019 NHS E Data &
April 2019 Local Data

11th April 2019

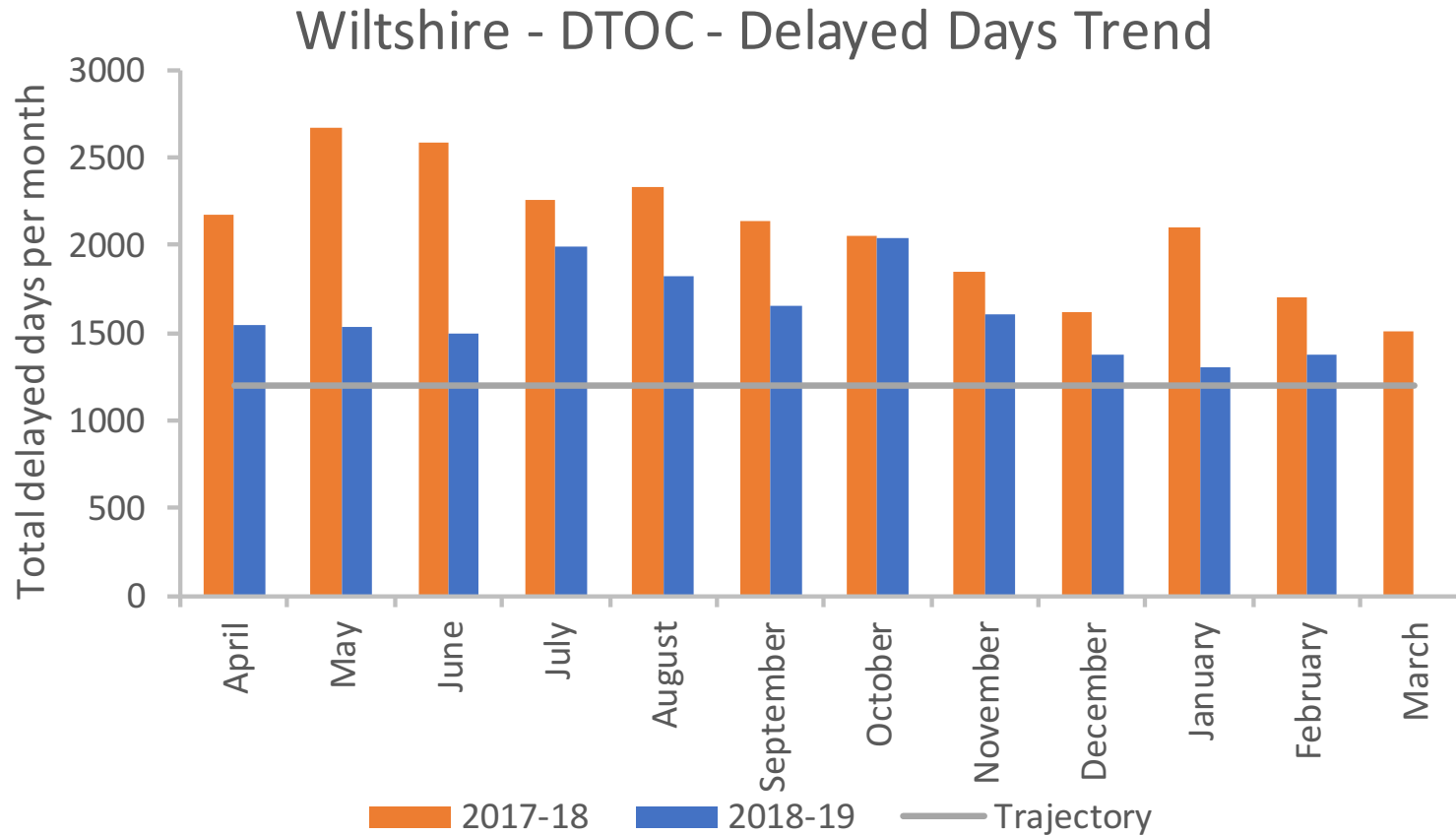


February DTOC Delayed Days - Summary

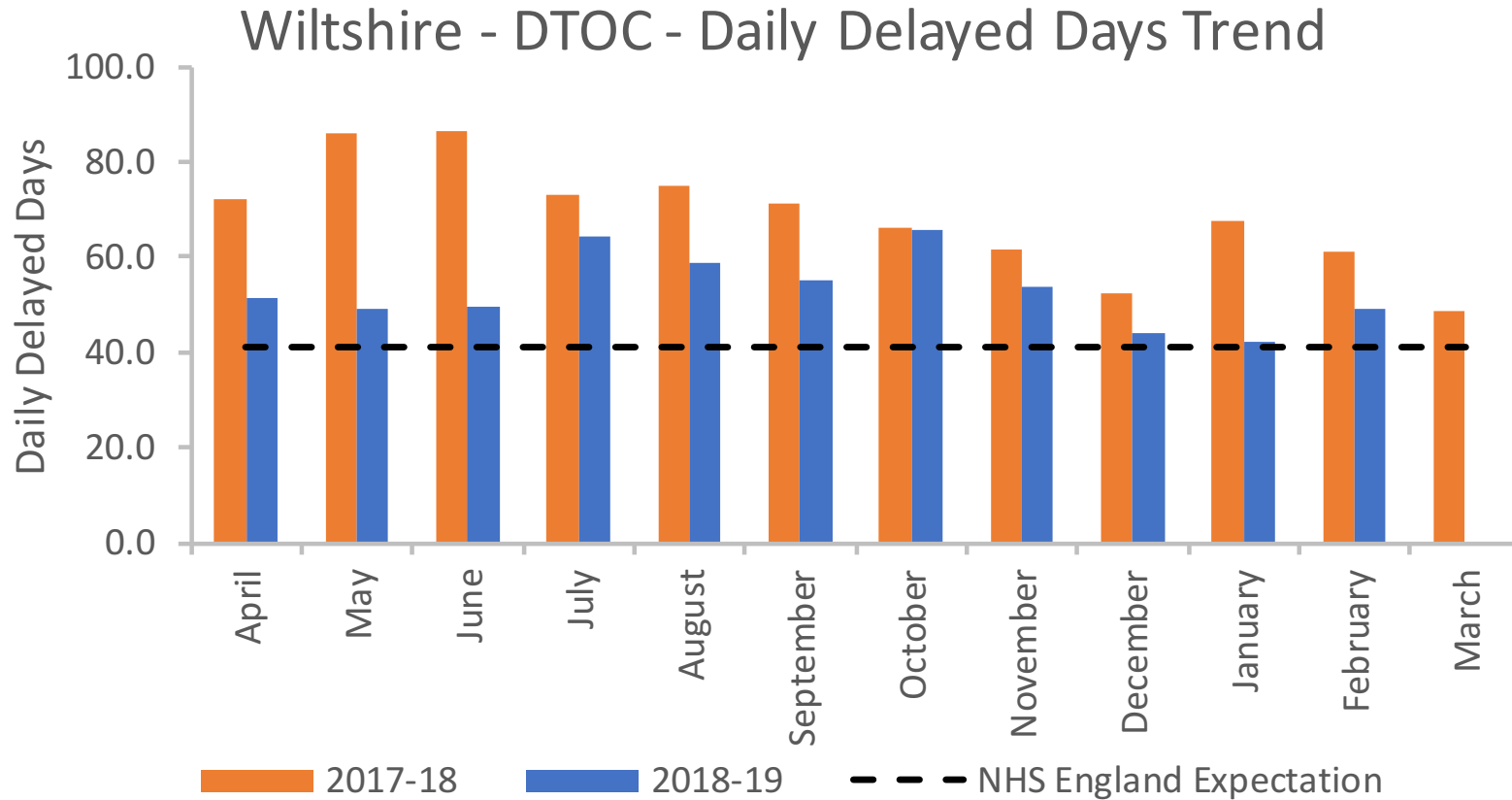
- Wiltshire delayed days increased 5.4% (71 days) in February '19, 174 days higher than the target (1,200).
- NHS delays (899):
 - Increased in Feb by 7.5%, over trajectory by 196 days.
- ASC delays (383):
 - Increased in Feb by 3.2%, but remains under trajectory.
- GWH & RUH are the only Wiltshire providers over their trajectory



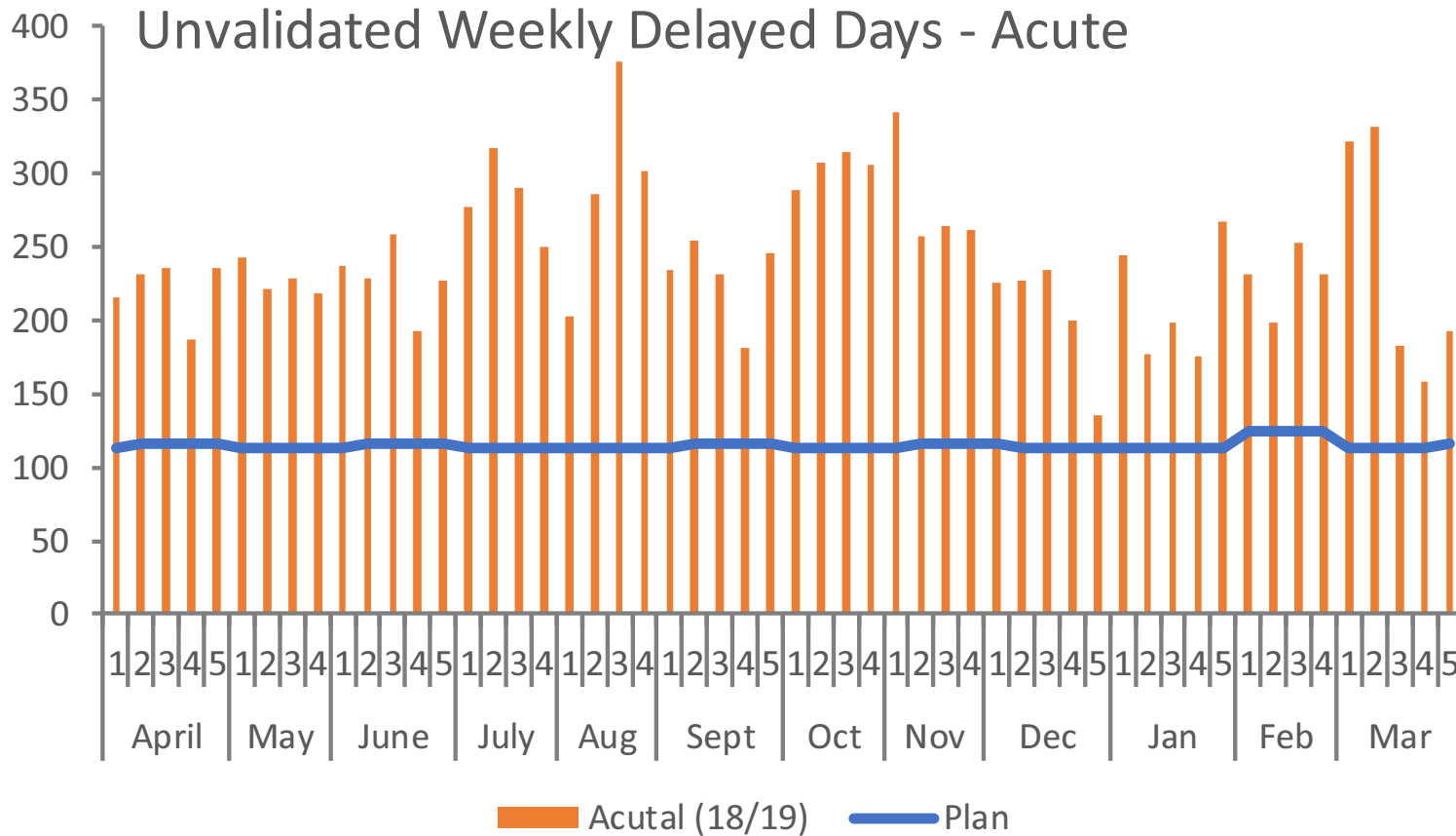
Comparison Trend for All Delayed Days



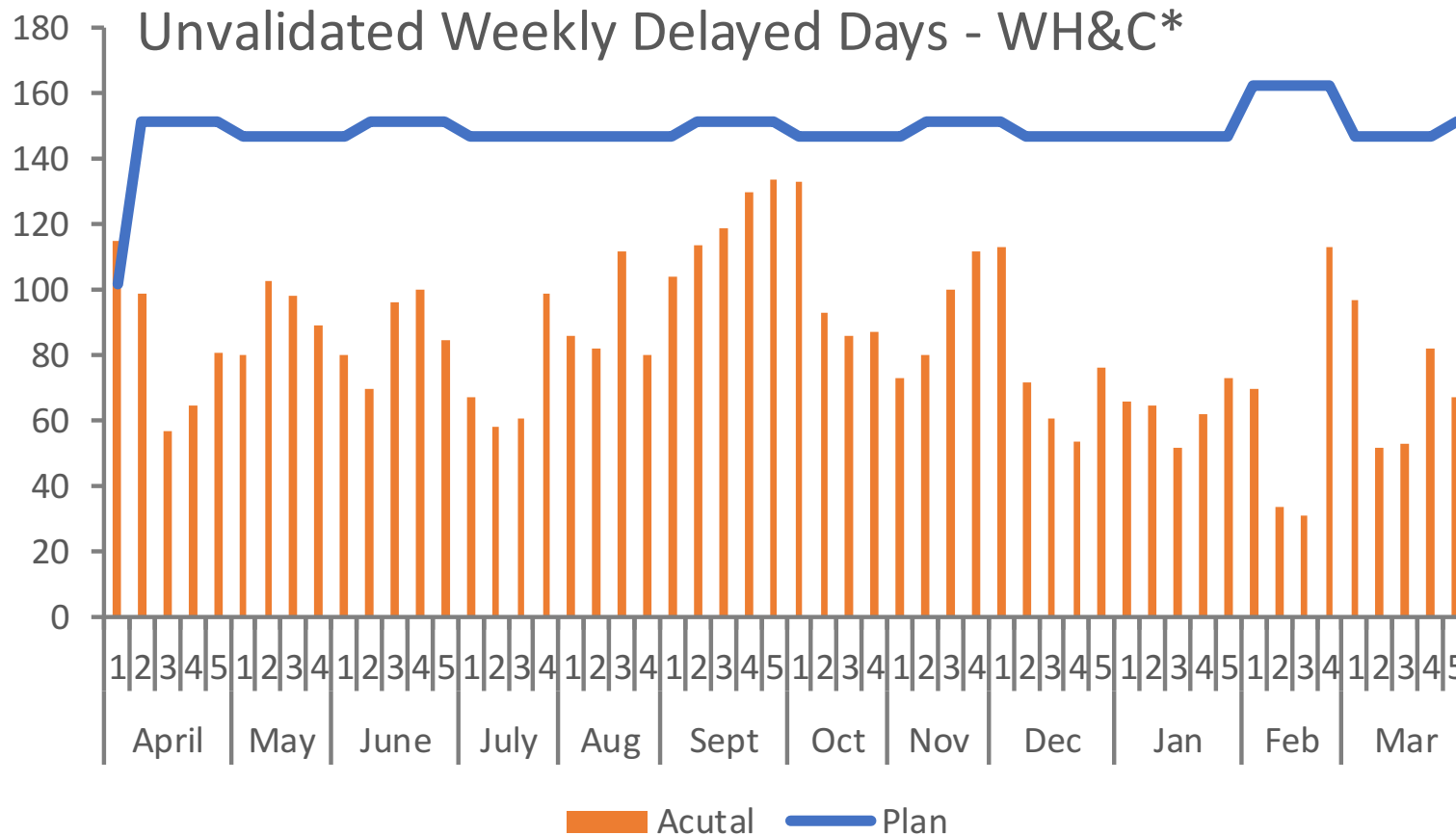
Comparison Trend for Daily Delayed Days



Acute Weekly Delayed Days – 2018-19



Non-acute Weekly Delayed Days – 2018-19



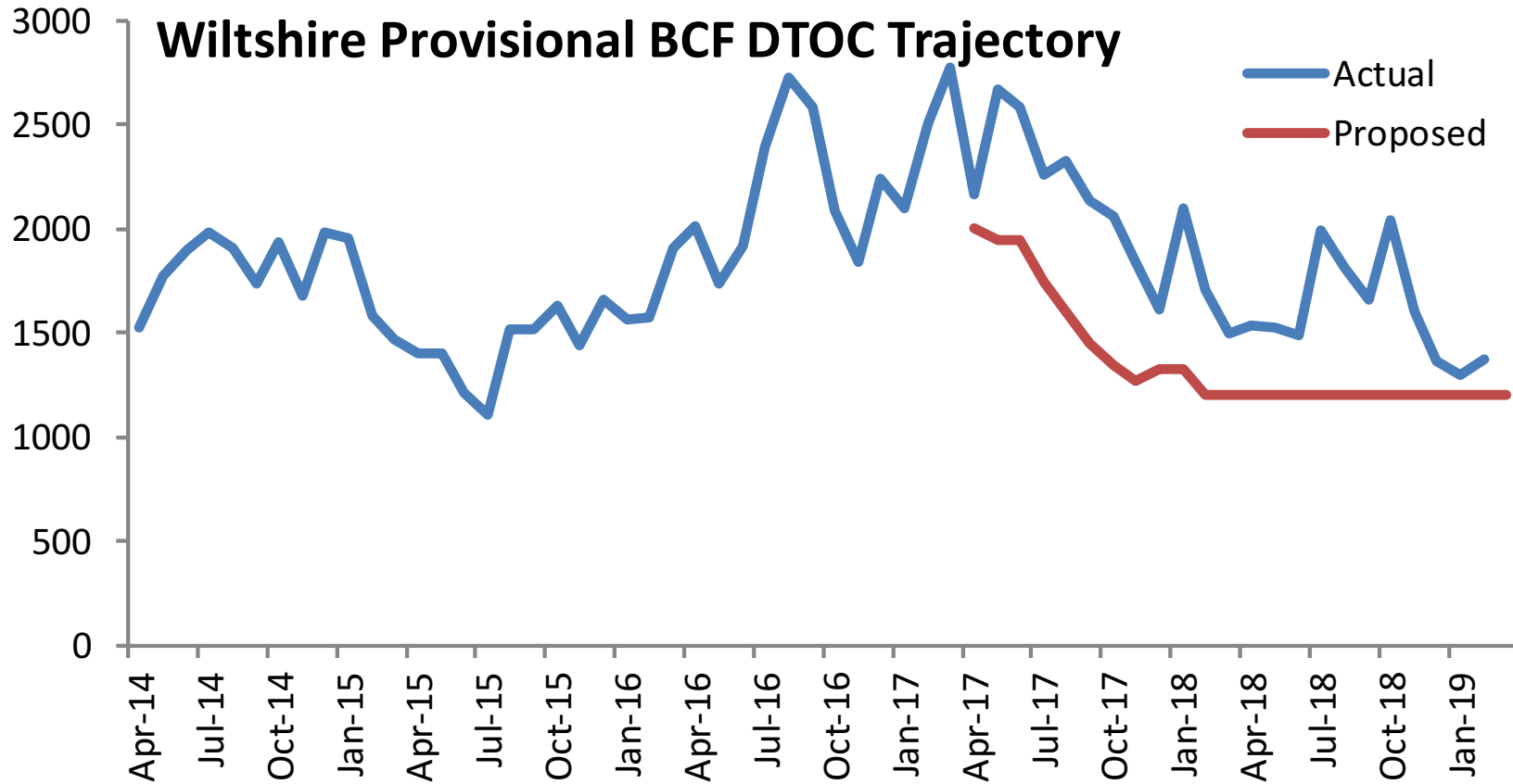
* AWP do not currently submit weekly data to the CCG

February DTOC Delayed Days

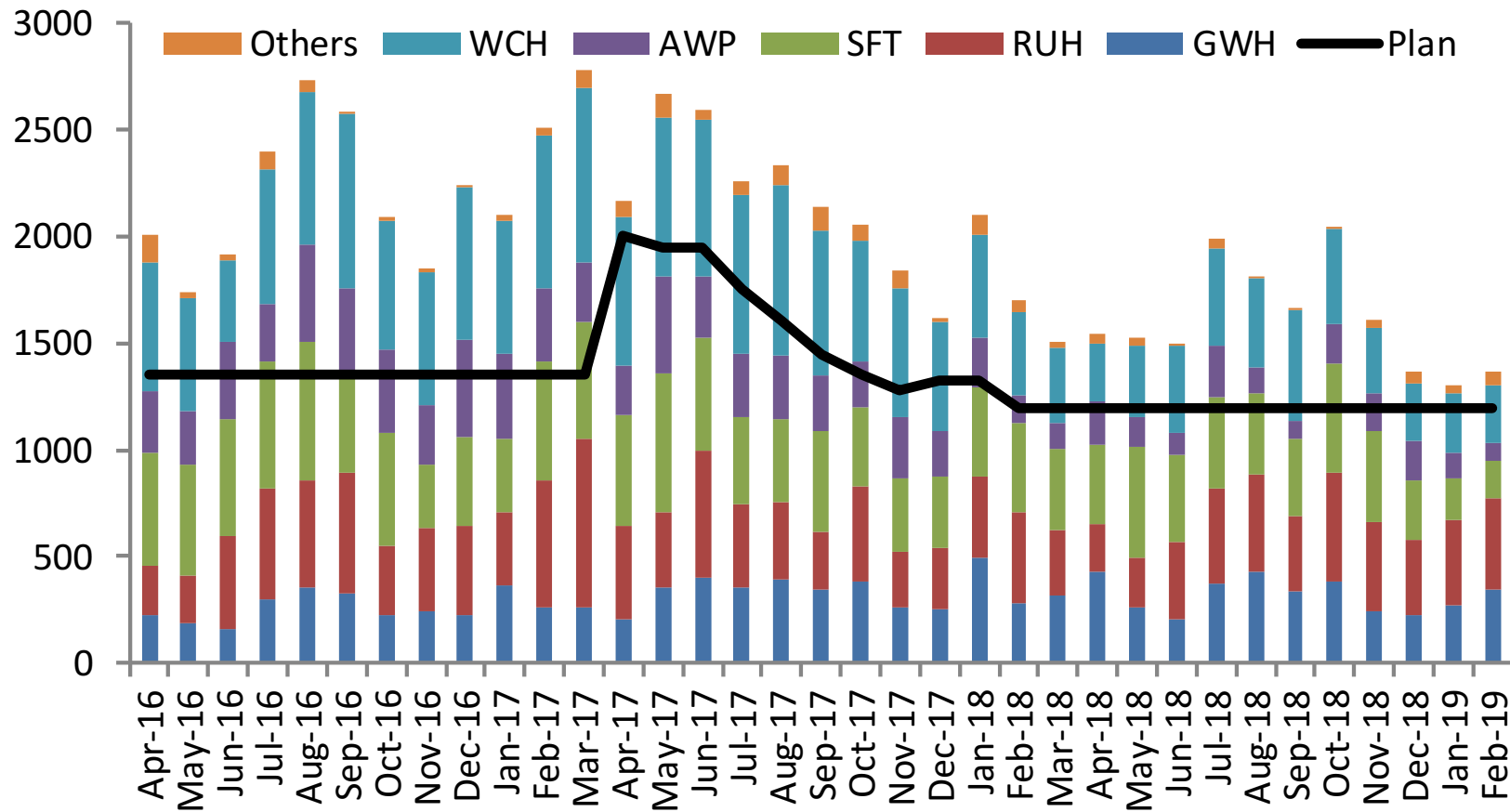
	NHS	ASC	Both	Total	Trajectory
Wiltshire	899	383	92	1,374	1,200
GWH	266	79	0	345	100
RUH	325	102	0	427	175
SFT	124	57	0	181	225
AWP	31	0	50	81	200
WH&C	119	145	0	264	450
Others	34	0	33	67	50



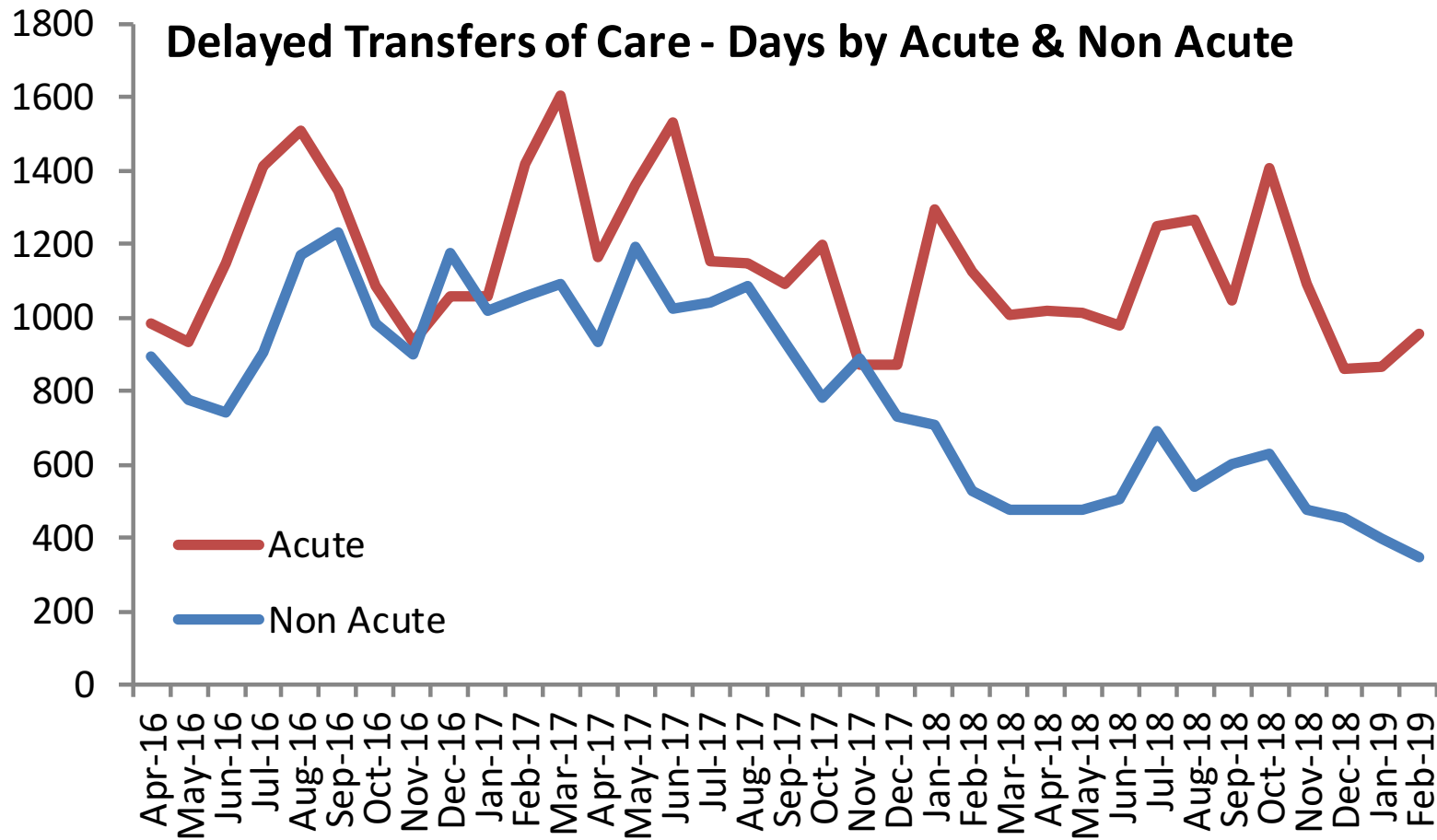
Trend for All Delayed Days



Trend for All Delayed Days by Provider



Trend for All Delayed Days by Acute / Non Acute



Reason for All Delayed Days

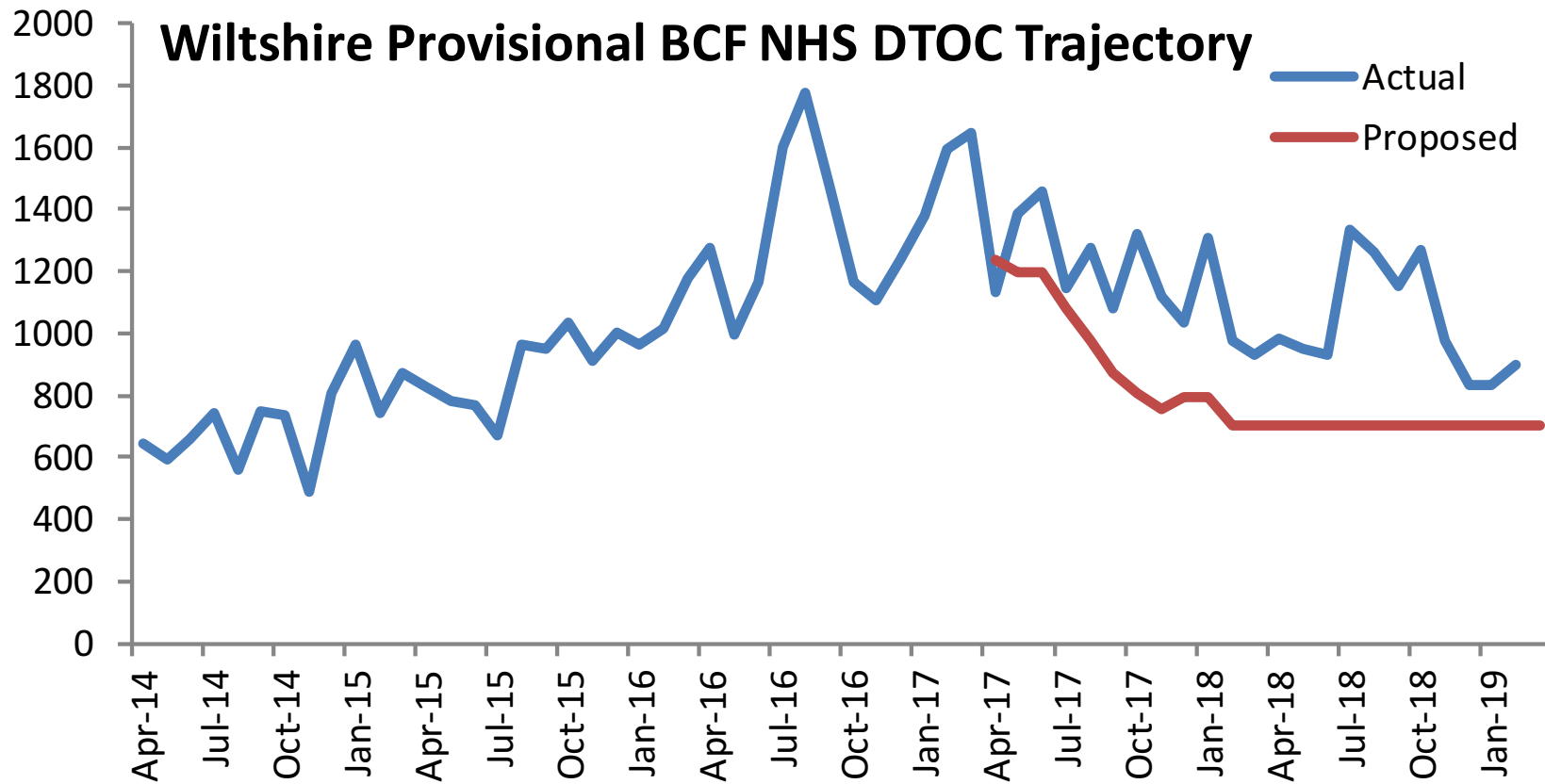
Reason	2015-16	2016-17	2017-18	2018-19 (YTD)	Jan 2019
Assessment	36.6	53.2	75.8	39.2	19
Public Funding	10.2	8.0	23.4	6.7	24
Non Acute transfer	299.0	447.3	292.5	278.7	305
Residential home	191.2	301.3	278.2	194.5	133
Nursing home	343.2	378.5	421.2	332.2	340
Dom Care	435.2	795.3	660.5	521.9	401
Equipment/ adaptations	39.8	76.7	96.4	50.5	40
Patient/ family choice	88.0	128.2	190.6	114.1	96
Disputes	9.7	14.0	3.3	6.9	1
Housing	42.8	43.3	39.7	64.0	15
Other	0	0	0	1.8	0

February NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	899	703	196	27.9
GWH	266	84	182	216.7
RUH	325	139	186	133.8
SFT	124	129	-5	-3.9
AWP	31	56	-25	-44.6
WH&C	119	271	-152	-56.1
Others	34	23	11	47.8



Trend for NHS Delayed Days

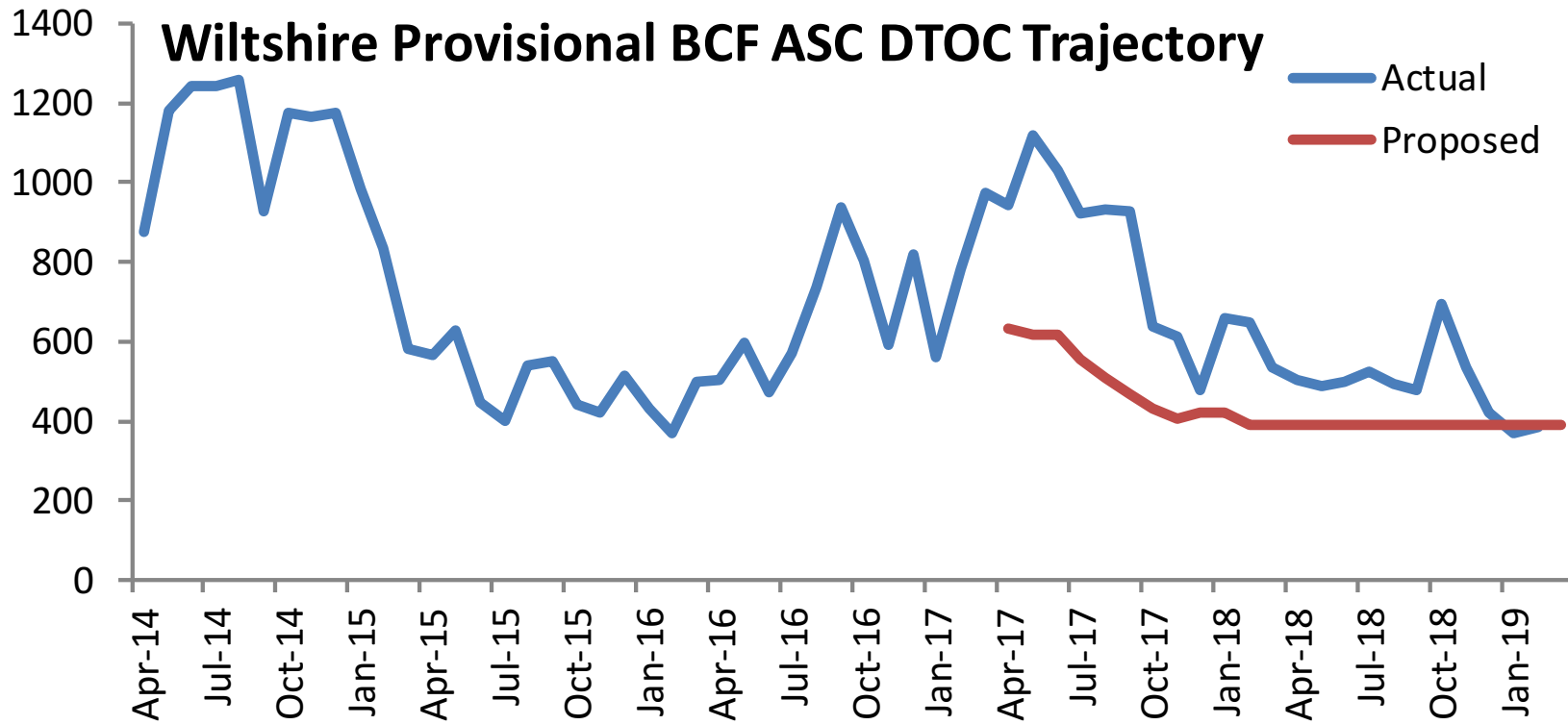


February ASC DTOC Delayed Days

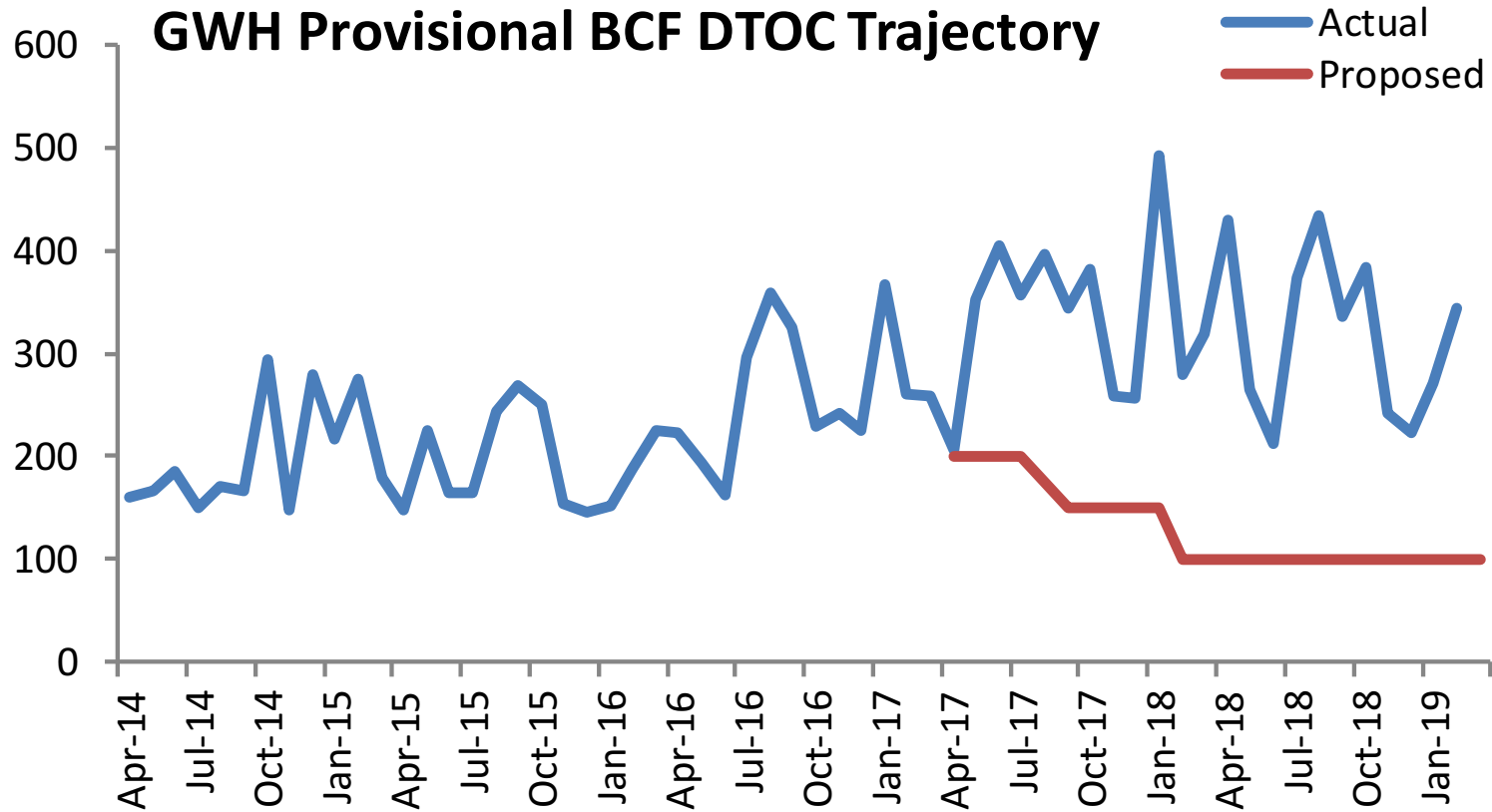
	ASC	Trajectory	Gap	% of GAP
Wiltshire	383	389	-6	-1.5
GWH	79	15	64	426.7
RUH	102	35	67	191.4
SFT	57	93	-36	-38.7
AWP	0	56	-56	-100.0
WH&C	145	171	-26	-15.2
Others	0	18	-18	-100.0



Trend for ASC Delayed Days

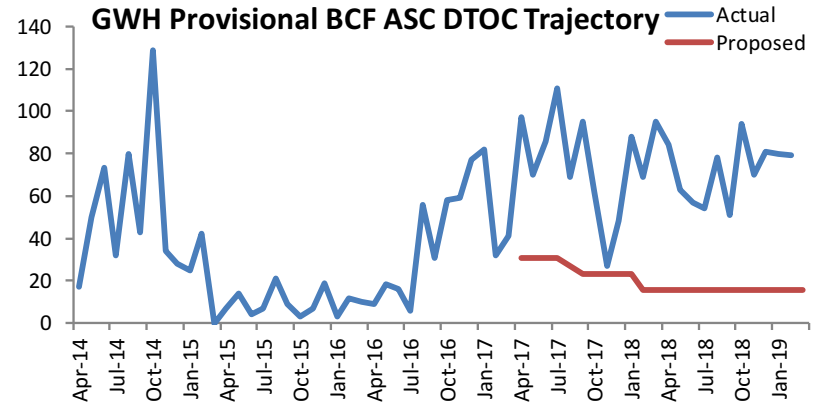
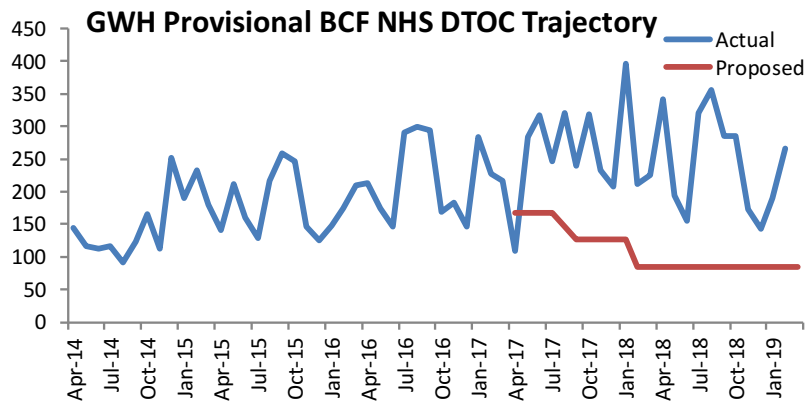


Trend for GWH Delayed Days

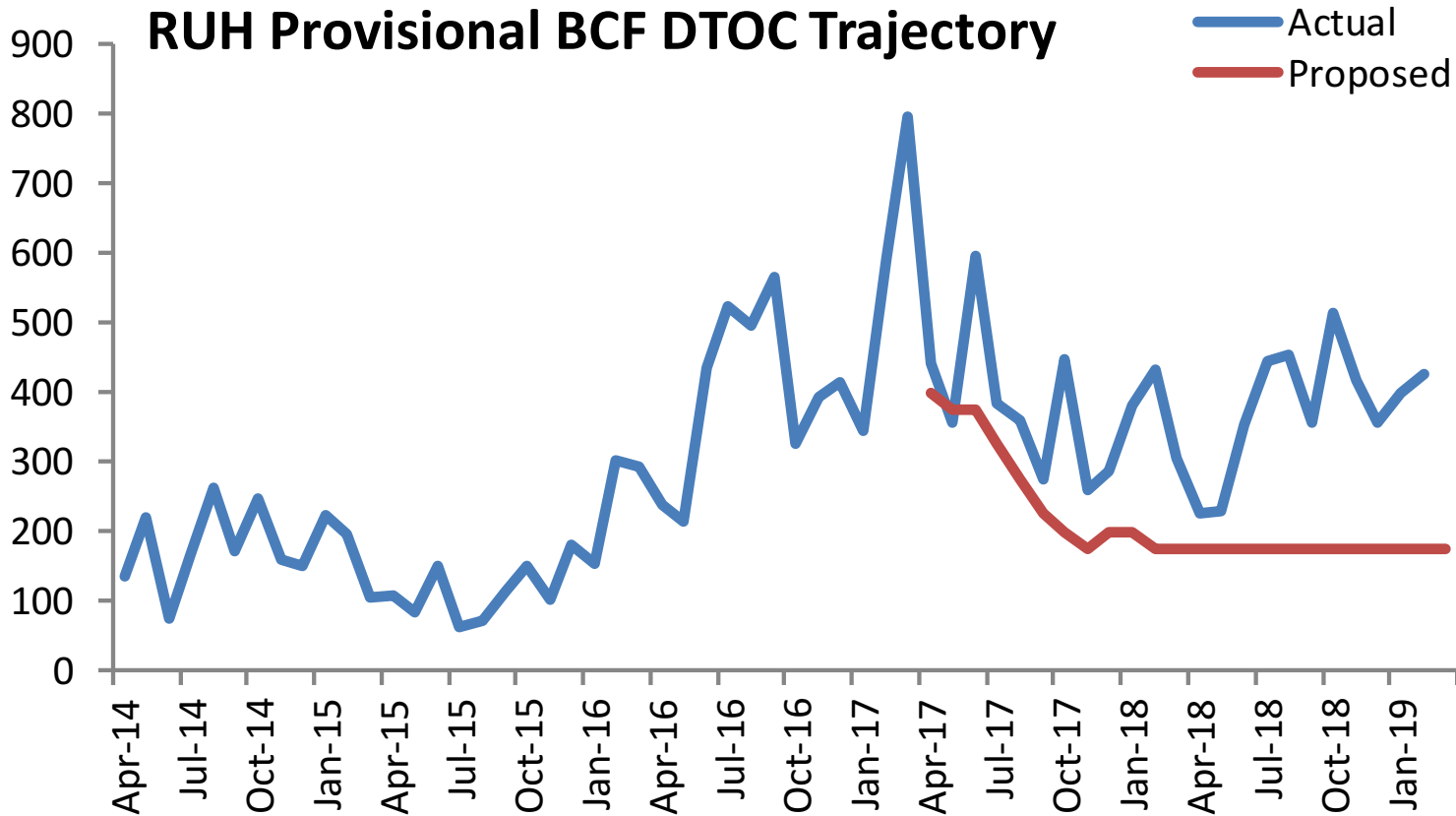


Trend for GWH Delayed Days

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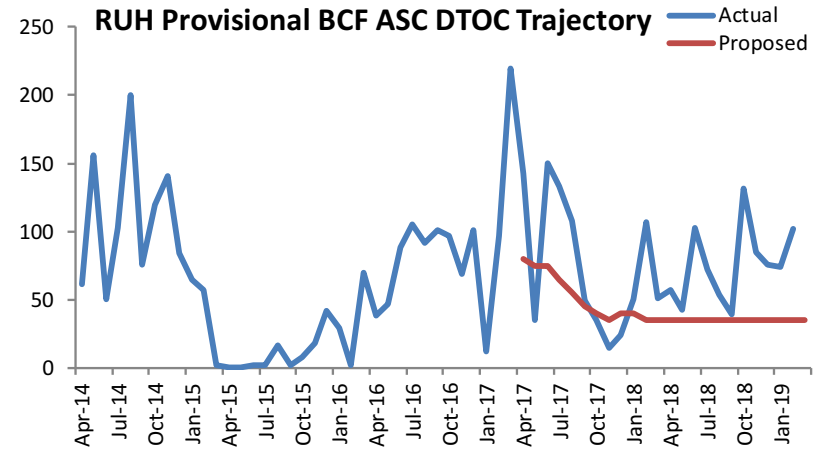
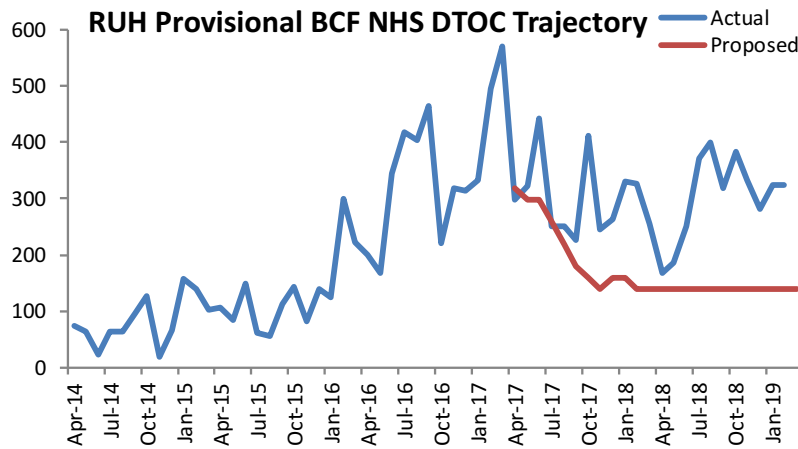


Trend for RUH Delayed Days

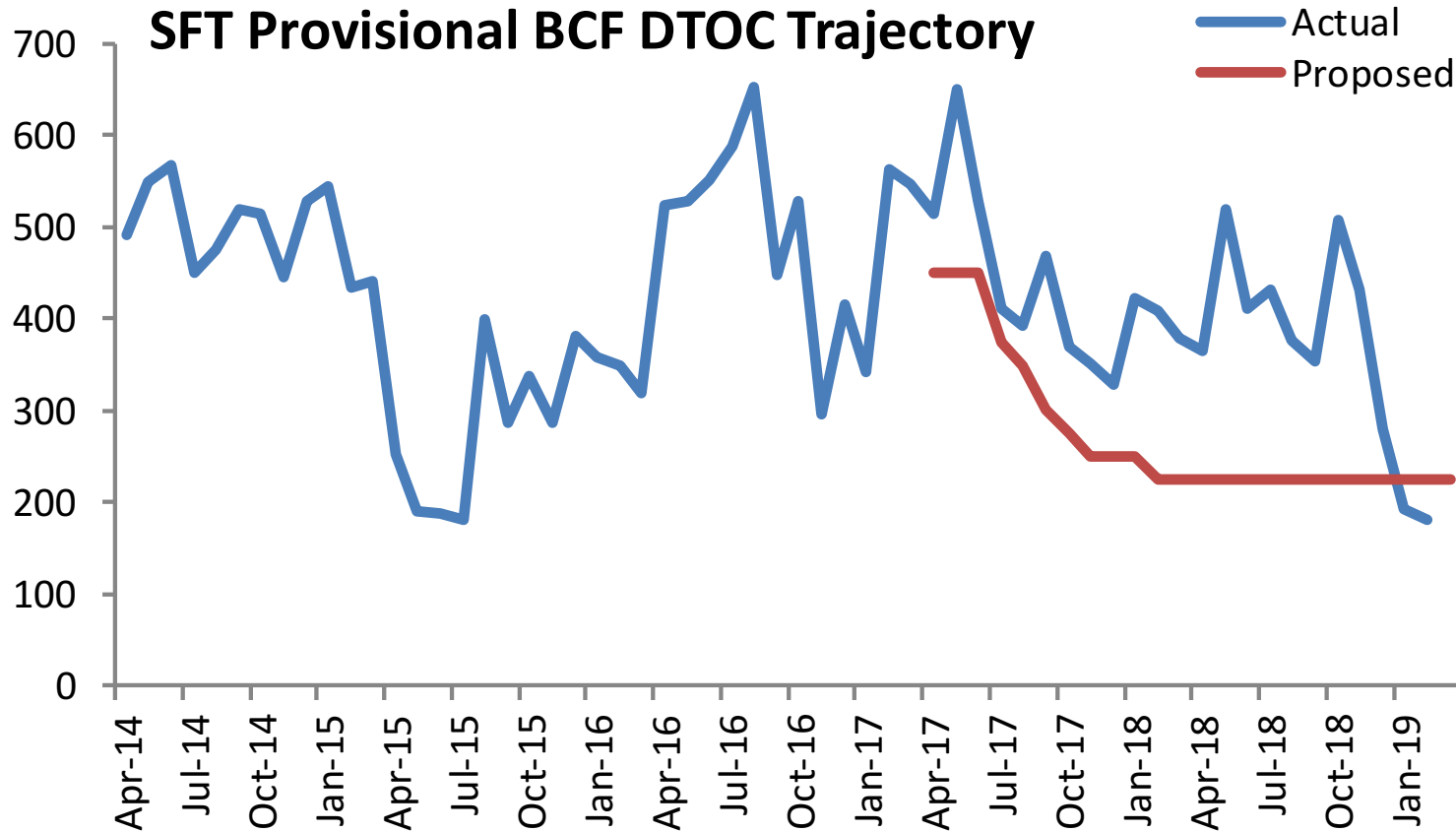


Trend for RUH Delayed Days

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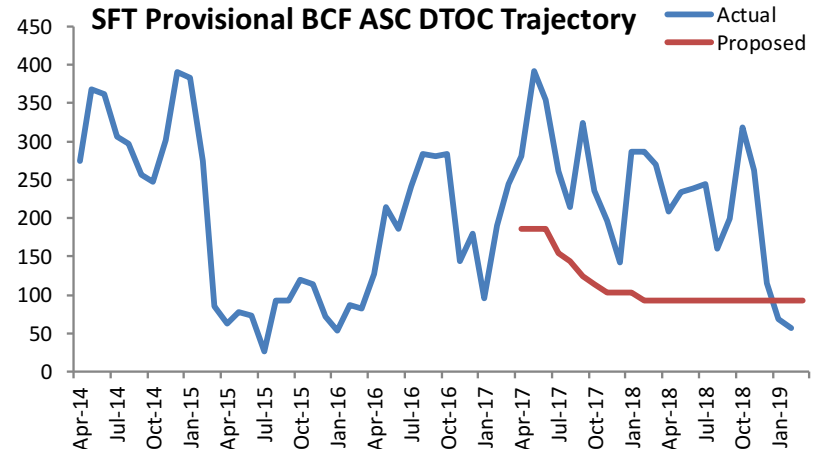
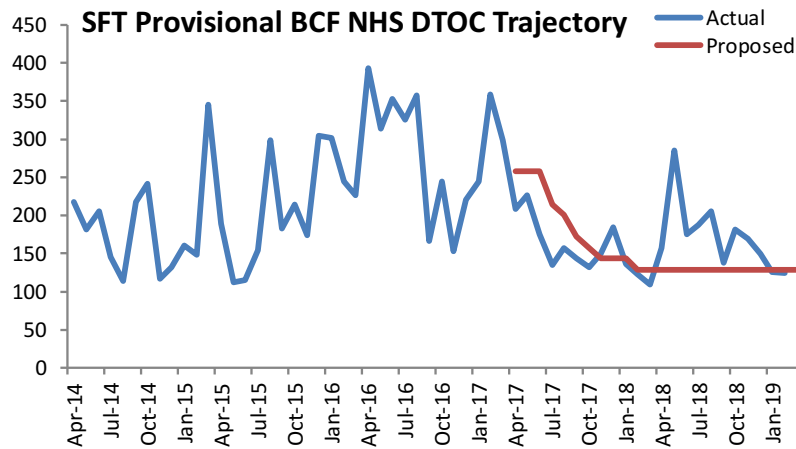


Trend for SFT Delayed Days

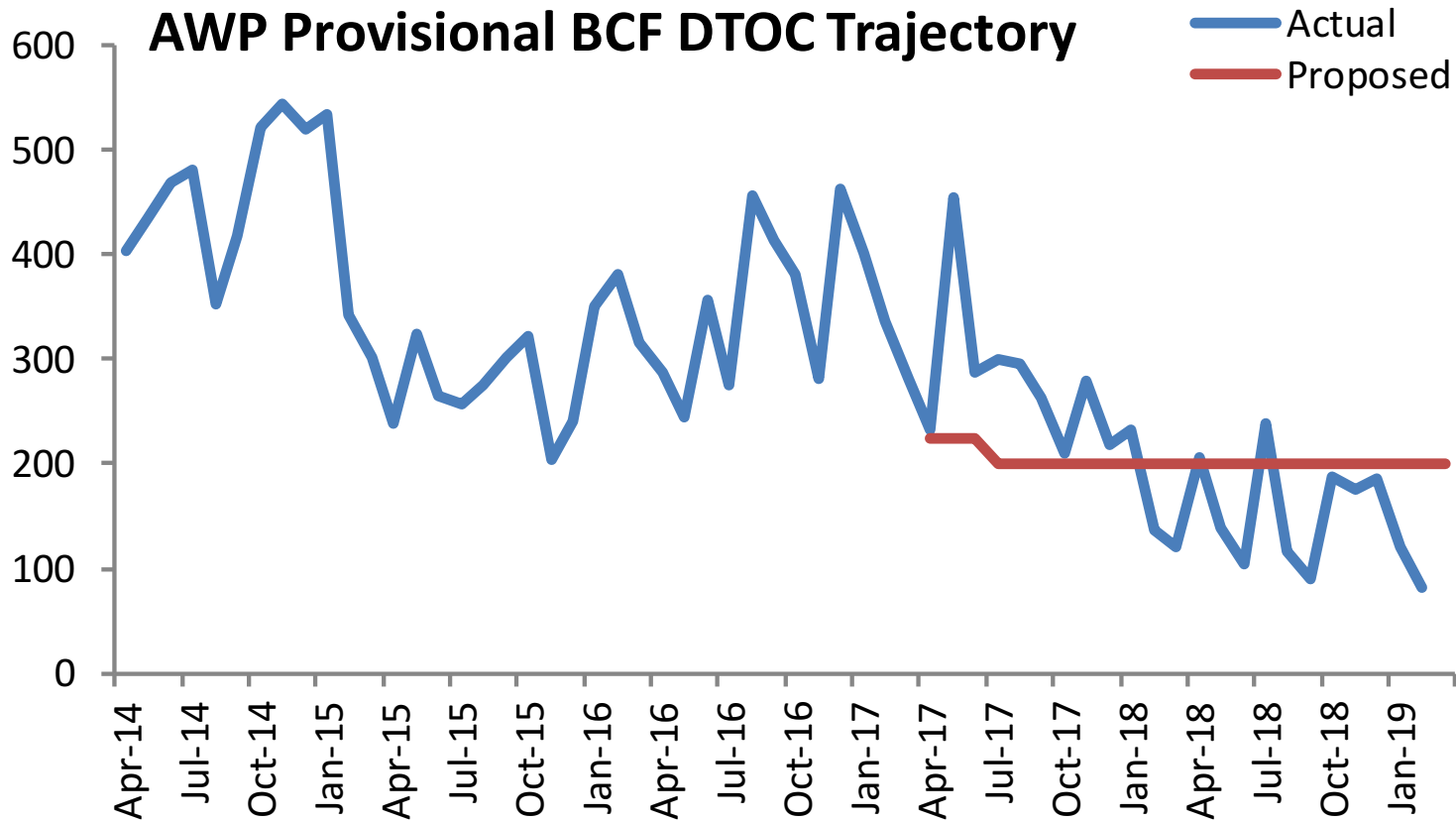


Trend for SFT Delayed Days

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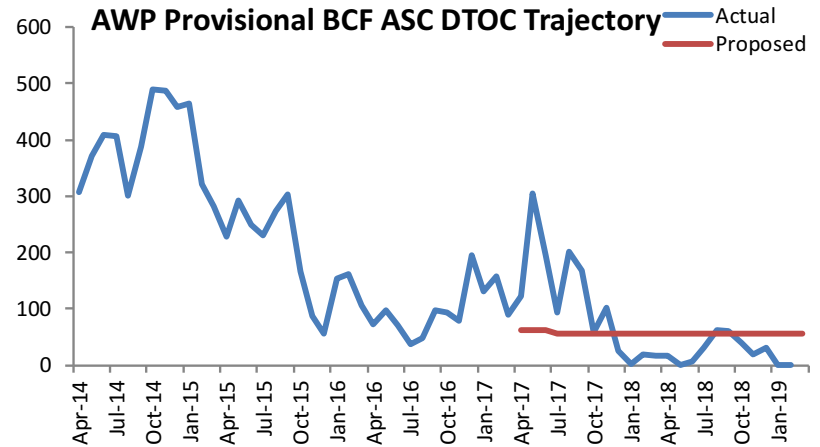
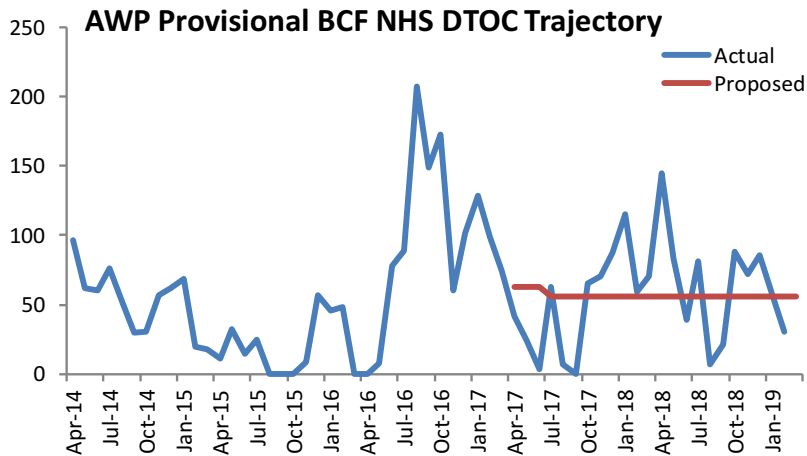


Trend for AWP Delayed Days

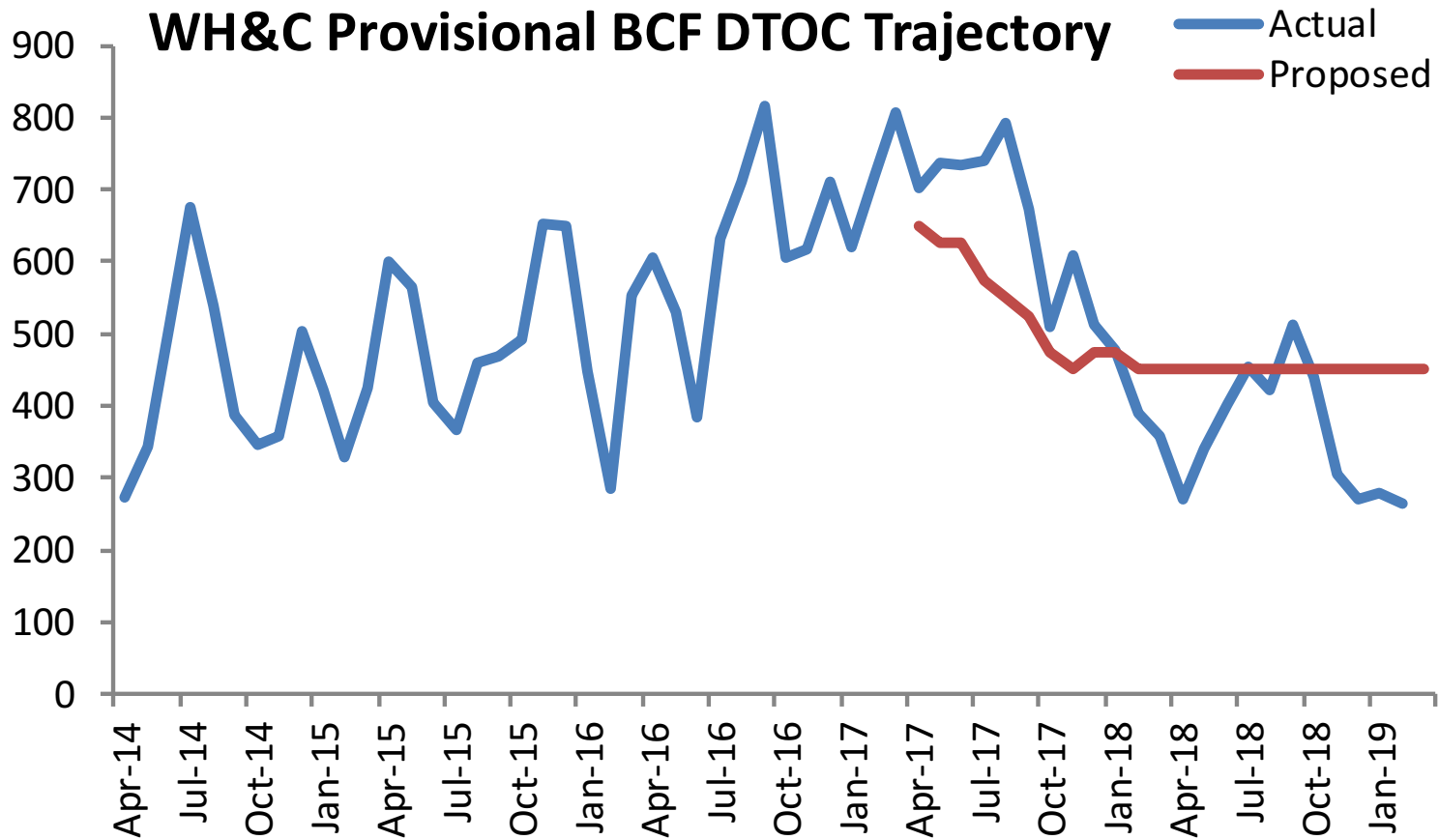


Trend for AWP Delayed Days

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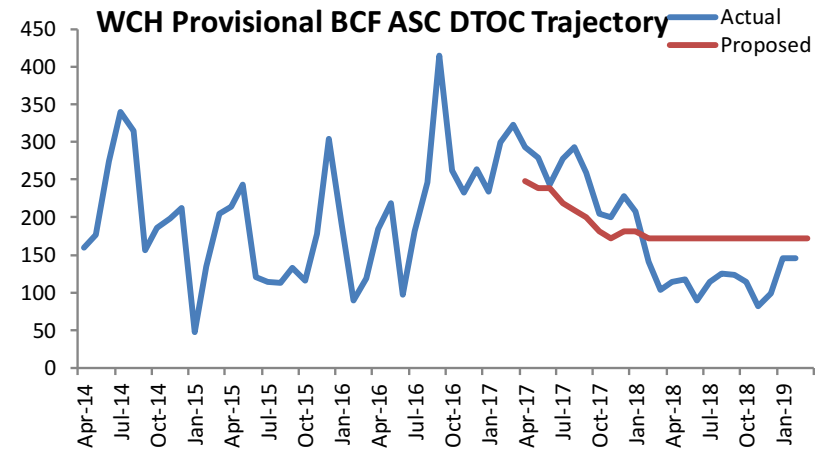
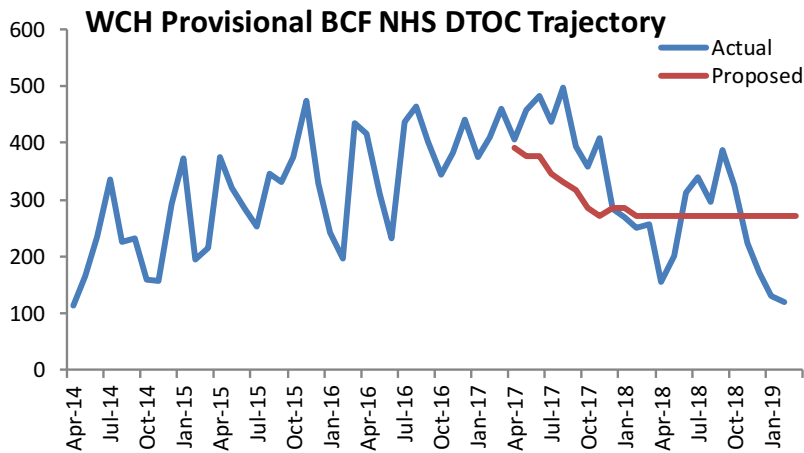


Trend for WH&C Delayed Days



Trend for WH&C Delayed Days

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Benchmarking Performance

Table shows percentage increase or reduction in delayed days from December to January.

	NHS	ASC	Both	Total
England	-4.2	-11.7	-0.4	-6.2
South West	-2.9	-15.4	-11.7	-7.3
Statistical Neighbours	-5.2	-18.1	-2.8	-8.3
Wiltshire	7.5	3.2	-4.2	5.4



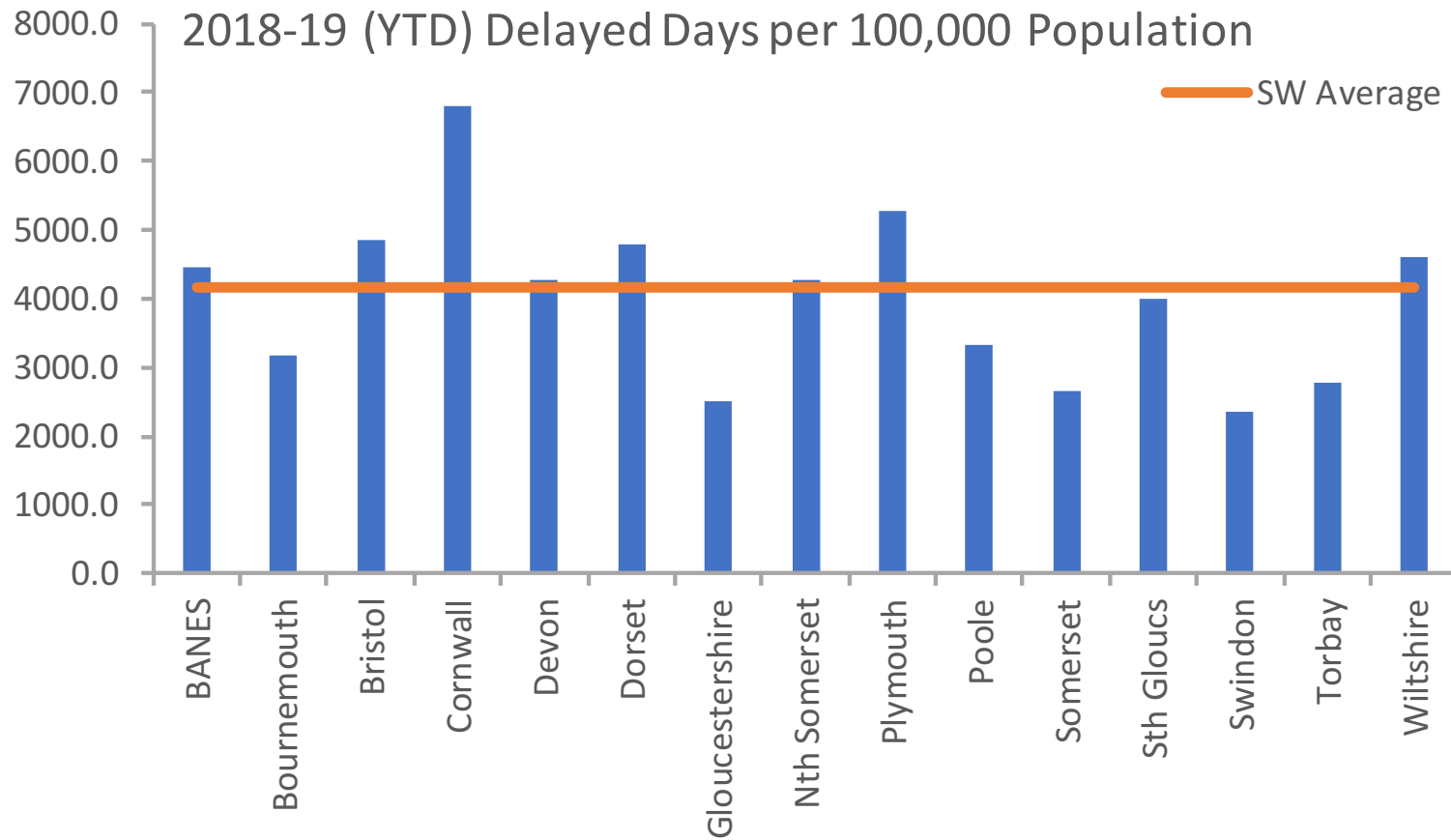
Benchmarking Performance

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

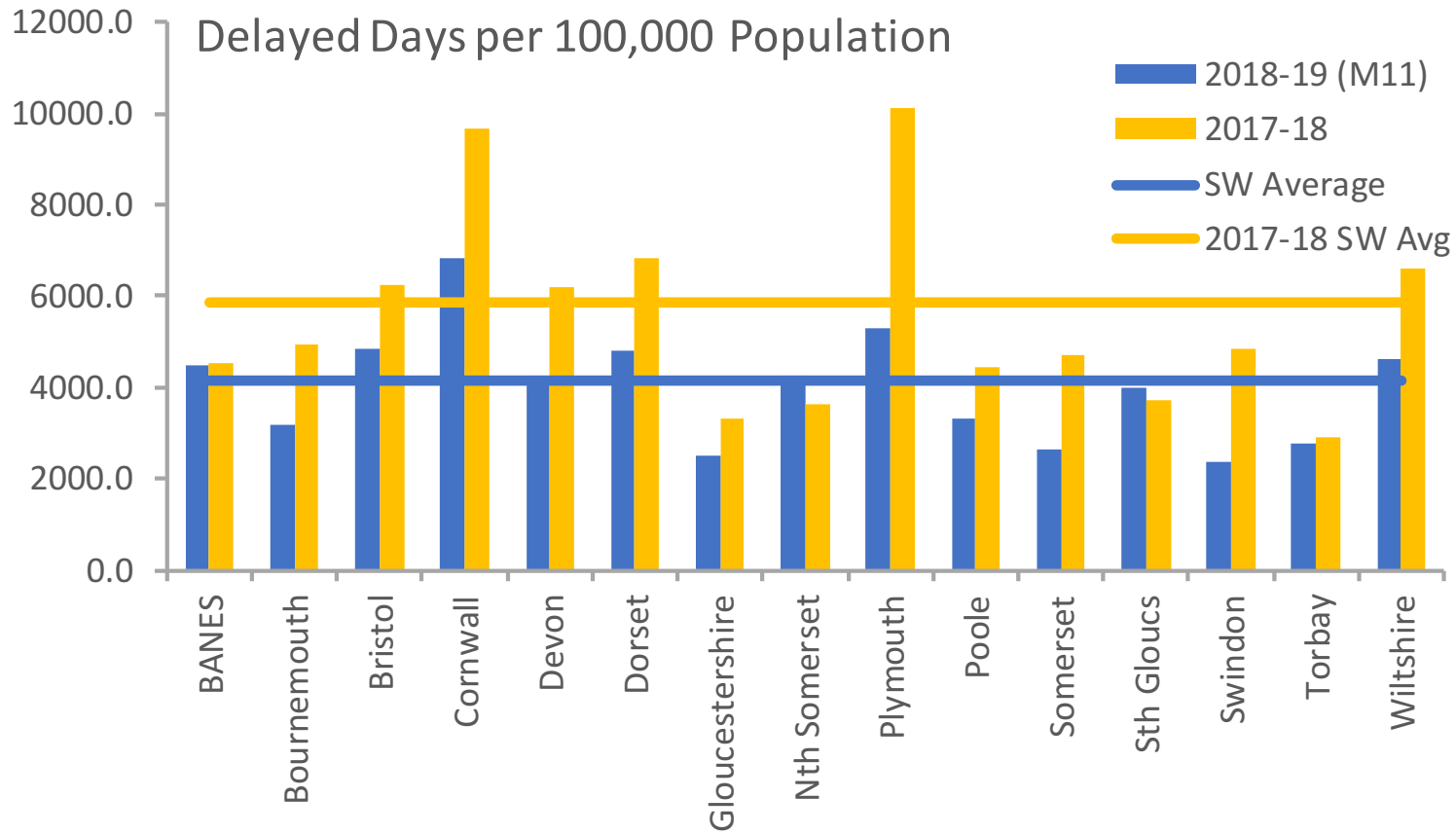
	NHS	ASC	Total
July 2018	139	122	139
August 2018	138	113	128
September 2018	129	112	121
October 2018	135	131	138
November 2018	127	120	124
December 2018	110	115	113
January 2019	110	100	112
February 2019	117	108	114



Benchmarking Performance – South West



Benchmarking Performance – South West



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Better Care Fund Template Q4 2018/19

1. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:

Wiltshire

Completed by:

Tony Marvell

E-mail:

Tony.Marvell@Wiltshire.gov.uk

Contact number:

07796 932703

Who signed off the report on behalf of the Health and Wellbeing Board:

Helen Jones and Ted Wilson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0



[<< Link to Guidance tab](#)

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes
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3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToc Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToc Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToc Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToc Support Needs	G14	Yes

Sheet Complete:	Yes
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4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Referen	Checker
Chg 1- Early discharge planning Q4 18/19	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 - Seven-day service Q4 18/19	G16	Yes
Chg 6 - Trusted assessors Q4 18/19	G17	Yes
Chg 7 - Focus on choice Q4 18/19	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19	G19	Yes
UEC - Red Bag scheme Q4 18/19	G23	Yes
Chg 1- Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1- Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1- Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1- Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes
Sheet Complete:		Yes

5. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change your additional actual CCG funding?	G14	Yes
Do you wish to change your additional actual LA funding?	G15	Yes
Actual CCG Add	H14	Yes
Actual LA Add	H15	Yes
Income commentary	D21	Yes
Do you wish to change your BCF actual expenditure?	E28	Yes
Actual Expenditure	C30	Yes
Expenditure commentary	D32	Yes

Sheet Complete:	Yes
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6. Year End Feedback

[^^ Link Back to top](#)

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C10	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C11	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C12	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C13	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C14	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C15	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C16	Yes
Statement 1 commentary	D10	Yes
Statement 2 commentary	D11	Yes
Statement 3 commentary	D12	Yes
Statement 4 commentary	D13	Yes
Statement 5 commentary	D14	Yes
Statement 6 commentary	D15	Yes
Statement 7 commentary	D16	Yes
Success 1	C22	Yes
Success 2	C23	Yes
Success 1 commentary	D22	Yes
Success 2 commentary	D23	Yes
Challenge 1	C26	Yes
Challenge 2	C27	Yes
Challenge 1 commentary	D26	Yes
Challenge 2 commentary	D27	Yes

Sheet Complete:	Yes
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7. Narrative

[** Link Back to top](#)

	Cell Referen	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes
Sheet Complete:		Yes

8. Additional improved Better Care Fund: Part 1

[** Link Back to top](#)

	Cell Referen	Checker
A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes
A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initiative 1: Progress	C37	Yes
B1) Initiative 2: Progress	D37	Yes
B1) Initiative 3: Progress	E37	Yes
B1) Initiative 4: Progress	F37	Yes
B1) Initiative 5: Progress	G37	Yes
B1) Initiative 6: Progress	H37	Yes
B1) Initiative 7: Progress	I37	Yes
B1) Initiative 8: Progress	J37	Yes
B1) Initiative 9: Progress	K37	Yes
B1) Initiative 10: Progress	L37	Yes
B2) Initiative 1: Commentary	C38	Yes
B2) Initiative 2: Commentary	D38	Yes
B2) Initiative 3: Commentary	E38	Yes
B2) Initiative 4: Commentary	F38	Yes
B2) Initiative 5: Commentary	G38	Yes
B2) Initiative 6: Commentary	H38	Yes
B2) Initiative 7: Commentary	I38	Yes
B2) Initiative 8: Commentary	J38	Yes
B2) Initiative 9: Commentary	K38	Yes
B2) Initiative 10: Commentary	L38	Yes
Sheet Complete:		Yes

9. Additional improved Better Care Fund: Part 2

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	Cell Reference	Checker
C1) a) Actual number of home care packages	C11	Yes
C1) b) Actual number of hours of home care	D11	Yes
C1) c) Actual number of care home placements	E11	Yes
C2) Main area spent on the addition iBCF funding allocation for 2018/19	C12	Yes
C3) Main area spent on the addition iBCF funding allocation for 2018/19 - Commentary	C13	Yes
Metric 1: D1) Additional Metric Name	C20	Yes
Metric 2: D1) Additional Metric Name	D20	Yes
Metric 3: D1) Additional Metric Name	E20	Yes
Metric 4: D1) Additional Metric Name	F20	Yes
Metric 5: D1) Additional Metric Name	G20	Yes
Metric 1: D2) Metric category	C21	Yes
Metric 2: D2) Metric category	D21	Yes
Metric 3: D2) Metric category	E21	Yes
Metric 4: D2) Metric category	F21	Yes
Metric 5: D2) Metric category	G21	Yes
Metric 1: D3) If other category, then detail	C22	Yes
Metric 2: D3) If other category, then detail	D22	Yes
Metric 3: D3) If other category, then detail	E22	Yes
Metric 4: D3) If other category, then detail	F22	Yes
Metric 5: D3) If other category, then detail	G22	Yes
Metric 1: D4) Metric performance	C23	Yes
Metric 2: D4) Metric performance	D23	Yes
Metric 3: D4) Metric performance	E23	Yes
Metric 4: D4) Metric performance	F23	Yes
Metric 5: D4) Metric performance	G23	Yes
Sheet Complete:		Yes

Better Care Fund Template Q4 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Wiltshire

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes	▼	

Metrics

Selected Health and Wellbeing Board:

Wiltshire

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Need Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target	Challenges	Achievements	Support Need
NEA	Reduction in non-elective admissions	Not on track to meet target	The first 9 months of the year have seen activity at similar levels to those seen at the end of 2017-18, this is mainly short stay admissions and reflects a change in coding practice at one of the local trusts. The challenge of reducing admissions is one actively being	Avoidable Emergency admissions are still at the lower levels seen in 2017-18. Admissions avoidance schemes are under review as part of 2019/20 plan.	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Keeping people at home for as long as possible represents a challenge to the system as in the short-term this is likely to require additional domiciliary care provision. For the medium-term prevention, is a priority focus for Wiltshire to enable people to remain at home as independently as possible for as long as possible. Examples of this can be seen in projects funded by the BCF to reduce social isolation, meet health needs closer to home to include support for carers.	To end of February, we have seen 329 new permanent admissions to care homes, if this can be sustained it represents a further significant reduction on previous years.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Activity and outcomes are lower than expected but are expected to improve through the year as the new discharge pathways become embedded across the system. We continue to work with our provider to ensure we improve the outcomes and reporting for these services.	Simplifying the discharge pathways has helped us achieve a better understanding of patient needs and ensure that people receive the right support in the community.	None
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Continuing high levels of demand for care at home. We have developed new approaches to discharge and reablement to provide a further impetus to reductions.	We continue to see that the number of delayed days are lower than the number in 2017-18, as existing and new initiatives continue to deliver though we remain above our target. We have reduced DTOC by 25% when compared to a year ago, and redesigned and recommissioned our help to live at home service to increase capacity of care available in the	None

After Care Fund Template Q4 2018/

4. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges Please describe the key challenges faced by your system in the implementation of this change
Milestones met during the quarter / Observed impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change
Support Needs Please indicate any support that may better facilitate or accelerate the implementation of this change

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Mature	Mature	Mature	Mature	Discharge processes and teams are well established. Discharge planning commences immediately for patients/service users through MDT working. This is evidenced by the CQC review in Summer 2018.	Overall shared IT systems	High impact model alignment	None
Chg 2	Systems to monitor patient flow	Established	Established	Established	Mature	MIDOS has now been implemented across most of the system, and a roll-out plan is in place to put in place Midos across all providers	Overall shared IT systems	Now 50% of all providers have the Midos tool in use.	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established		Lack of single management structures focussed on the individual.	A full review of Intermediate care is underway to improve step up, step down, and Length of stay	None
Chg 4	Home first/discharge to assess	Established	Mature	Mature	Mature	Discharge processes and teams are well established. Discharge planning commences immediately for patients/service users through MDT working. This is evidenced by the CQC review in Summer 2018.	The redesigned reablement structure is now fully operational, and has been further strengthened by our new HomeFirstPlus service which is now also operational	Reablement service has now been fully redesigned, and brought "in-house". There has been a correlation with the launch of both new services and sustained good improvement in DTOC performance.	None
Chg 5	Seven-day service	Plans in place	Established	Established	Established		Some providers are not accepting referrals at weekends, contractual arrangements are being reviewed to ensure that this can take place to improve flow.	Social workers are now available 7 days a week.	None
Chg 6	Trusted assessors	Established	Established	Established	Established		The trusted assessment model is in place across Intermediate Care. A new approach to the design of Trusted Assessment is in place with providers "owning" the design of the Trusted Assessment function. Whilst this is proving more effective and has a greater chance of delivering a sustainable model, the pace of	Trusted Assessment processes implemented across all three Acutes. Now need to agree the role, function, and hosting arrangements for the Trusted Assessor(s).	None
Chg 7	Focus on choice	Established	Established	Established	Mature	New Choice policy based on national template has been implemented across all trusts and services and this is impacting positively on delays.	The % of delayed discharges caused by "choice" and professionals having difficult conversations with people who use services has improved in the last quarter, but remains higher than is possible. A review of the supplier	Analytical analysis demonstrates that choice as a % of all delays is reducing. Need to conclude work in reviewing the supplier arrangement in the next period.	None
Chg 8	Enhancing health in care homes	Established	Established	Established	Established		some providers struggle with capacity due to workforce challenges. The market is dominated by self-funders (c. 70%). Commissioners have had to manage some market failures (small care homes) with providers failing to recruit staff of sufficient calibre to maintain quality.	New Wiltshire wide Workforce group has now been introduced to solution some of the common workforce issues across the county.	None

Hospital Transfer Protocol (or the Red Bag scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Not yet established	Plans in place	Plans in place	Plans in place		Red bag not introduced	Design phase and POSA cycles have now completed, as part of the overall CATHEDRAL project. Red bags are to introduced in the next quarter.	None - good support already provided by Diana Porter (NHSE)

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board:

Income

		2018/19			
Disabled Facilities Grant	£ 3,033,313				
Improved Better Care Fund	£ 7,210,533				
CCG Minimum Fund	£ 29,011,258				
Minimum Sub Total		£ 39,255,105			
		Planned		Actual	
CCG Additional Fund	£ 2,219,742		Do you wish to change your additional actual CCG	Yes	£ 2,764,251
LA Additional Fund	£ 4,249,640		Do you wish to change your additional actual LA	Yes	£ 5,114,929
Additional Sub Total		£ 6,469,382			£ 7,879,180
		Planned 18/19	Actual 18/19		
Total BCF Pooled Fund		£ 45,724,487	£ 47,134,285		

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19

Minor adjustments in year.

Expenditure

		2018/19
Plan		£ 45,724,128
Do you wish to change your actual BCF expenditure?	Yes	
Actual		£ 47,134,285

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19

Minor adjustments in year.

Better Care Fund Template Q4 2018/19

6. Year End Feedback

Selected Health and Wellbeing Board:

Wiltshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	In line with BCF we have now developed co-dependant governance structures where organization boundaries have been
2. Our BCF schemes were implemented as planned in 2018/19	Agree	Whilst schemes were implemented as planned, more attention in 2019/20 will be given to benefits realisation and measure
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	The plan has supported the very significant decrease in DTOC which is down by 25% from a year ago.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Our Admissions avoidance activities have help to keep the non elective admissions rates in the top 10 CCG areas across
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	A combination of the BCF schemes, and revised integrated governance have had a direct impact on the improvement of
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 31 days after discharge from hospital into reablement/rehabilitation services	Agree	Through our Urgent care at Home scheme we have been able to maintain improvement over the course of the year (NB t
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	BCF schemes, and Social Care driven strategies to keep people at or as close to home as possible have been successful

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Following changes to the System Leadership arrangements in 2018 a concentrated effort was placed on the overhaul of
Success 2	8. Pooled or aligned resources	During the year the major system wide change was the redesign, decommissioning, and recommissioning of the reablement

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	<p>Every organisation within the health and care system is struggling with recruiting and retaining enough staff due to a variety of reasons described in the following documents.</p> <p>The increasing demand for services together with the reduction in the number of people of working age means health and social care employers are facing greater competition for those staff recruited locally. Recent Office of National Statistics data shows that those unemployed has reduced from 4.1% in 2014 to the present rate of 3.1%. National issues are also having an impact: for example, the implications of the potential changes to European immigration status have made recruitment of registered professionals such as nurses from abroad more difficult, as has the high bar for passing the English language tests, a requirement for professional registration for international applicants. The rurality of some areas in Wiltshire bring their own challenges as they require staff to have their own transport in order to access employment.</p> <p>Every organisation within the whole health and social care system is struggling with recruiting and retaining enough staff due to the changes described above despite their best efforts. The staff groups most constrained are Registered Nurses, some specialities of Doctor (including GP's) and Domiciliary Support Workers (Carers and Health Care Assistants). Whilst this shortage is present now the mature age of our workforce will increase the pressure in the next few years. For example, 23% of our GP workforce is over 55 years old and 32% of our GP Nursing workforce. The present shortage of staff is particularly severe in Domiciliary Care services where turnover of direct care staff is on average approximately 38%. We have</p>
Challenge 2	3. Integrated electronic records and sharing across the system with service users	<p>At the current time we are not widely sharing records amongst professionals because of limitations with existing systems, and the current implementation of the new Liquid Logic system.</p>

Footnotes:

Question 8, 9 and 10 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

Better Care Fund Template Q4 2018/19

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19:

Section A

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	46%	20%	32%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional iBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.	75%	20%	5%	100%

Successes and challenges associated with additional iBCF

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Reablement	Tackling capacity within the local care market	Health and social care integration
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	The I-BCF funding has been used to support the transformation/re-design of reablement and other lined services.		I-BCF funding has enabled the transformation of services across Adult Social Care and across the Health and Social Care interface.

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Tackling capacity within the local care market	Workforce - recruitment	Managing demand
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Provider capacity has been improved recently through the introduction of the Domcare Alliance, the number of available working age adults in Wiltshire remains a challenge	Vacancy rates remain challenging across the system, particularly in the South of the County. New workforce group is now in place.	Much work has been done to manage demand for statutory services, however expected demographic growth will continue to be a challenge for the Wiltshire System

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects in 2018/19

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Customer Journey/Front Door	Strategic Commissioning and Procurement	Reablement	Safeguarding	Prevention					
Project category (automatically populated based on Q1 18/19 return)	1. Capacity: Increasing capacity	1. Capacity: Increasing capacity	4. HIC: High Impact Change	12. Protection	11. Prevention					
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	In progress: showing results	In progress: showing results	Completed	In progress: showing results	In progress: showing results					
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters.										

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2018/19:

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	100	1000	0
C2) If you have not increased the number of packages or placements, please indicate the main area that you have spent the addition iBCF funding allocation for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

At Q1 18/19 it was reported that the following metrics would be used locally to assess the impact of the additional iBCF funding. (Metrics are automatically populated based on Q1 18/19 return)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	Number of care packages provided	Intermediate Care Bed Admissions	Permanent Admissions to Placement Care	% of people discharged to rehabilitation who are still at home 91 days post discharge.	Delayed Transfers of Care
D1) Additional Metric Name If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics. Please do not use more than 100 characters to describe D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.					
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not just able to report	Capacity - Domiciliary	DTOC/Discharge	Capacity - Residential & Nursing Care	DTOC/Discharge	DTOC/Discharge
	Improvement	Improvement	Improvement	Improvement	Improvement

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Wiltshire Council

Health and Wellbeing Board

Thursday 23 May 2019

Subject: Wiltshire Mental Health Crisis Care Update

Purpose of Report

1. This report presents an overview of crisis care developments in Wiltshire. The report provides an update on the delivery of care for those experiencing a mental health crisis, priority areas and the progressive partnerships across the system together to provide and improve the effectiveness of crisis care for local people.

Background

2. Members will recall that a presentation was given at the Health and Well Being Board in October 2018, updating them on this work programme. Key partners, including police, providers, commissioners etc of the Wiltshire and Swindon Crisis Care Concordat have committed to providing routine updates to the Health and Wellbeing Board, as per the agreed directives.

This report gives an update on the complex ongoing work to ensure robust interfaces and collaborative working practices for services supporting the crisis care pathway; to ensure the highest quality of care for these service users, through the provision of responsive and effective crisis care in Wiltshire.

Main Considerations

3.1 Wiltshire & Swindon Crisis Care Concordat

The Wiltshire & Swindon Crisis Care Concordat continues to take place on a quarterly basis. The refreshed focus, incorporating workshop style discussions has led to the development of an effective action plan overview. The Concordat structure continues to enable cross-provider crisis care pathway developmental discussions; initial key focus areas and action plan themes include:

- CAMHs transition; the CCG are leading a piece of work to ensure robust monitoring of inpatient transitions, as well as community transitions between CAMHs and adult mental health services. This piece of work will result in an agreed CCG-provider Transition protocol which will be contractually embedded to ensure adherence; expected completion Q3 19/20.
- Dual Diagnosis; continued pathway development between AWP and Turning Point, regarding joint working practices. The Concordat will facilitate the

- extension of this pathway to incorporate its wider partners, including Police, SWAFT and the Acute General Hospitals. Expected completion Q3 19/20.
- Prevention; Development of Crisis avoidance protocols and pathways. Expected completion Q4 19/20.

CCG and AWP Strategic Leads for BSW (Acting Director for Mental Health, Maternity and Children, and BSW Clinical Director, respectively) now attend the overarching Avon, Somerset & Wiltshire Crisis Care Concordat, ensuring our developing local action plan can be aligned to the overarching prioritised work plan, and local developments and issues can be reflected and prioritised within at scale work

3.2 Place of Safety Activity

Wiltshire place of safety activity (captured from the period of January the 1st through to the 31st of March 2019), is presented in appendix 1. Comparably to the previous update there have been 10 fewer Wiltshire PoS assessments during this report period; 38. The activity rate has been more variable through Jan-March, with activity tending to increase towards the end of the working week; this echoes the trend observed in the previous report, however a spike on Sundays was also evident which has now subsided. Higher rates of activity occurred between 9pm-9am; again the previous report mirrored this, although also saw an increase between 12-3pm which has ceased. Conveyance to the PoS continues to predominantly be completed by the Police, and joint Police and Ambulance conveyance; an improving position has been observed regarding with approximately 70% of 136s being conveyed via Ambulance in March 2019, whereas an average of 20% was observed 12 months ago. The majority of assessments are completed in between 12-24hours of admission to the PoS, with one breach.

3.3 East Place of Safety Evaluation Update

The evaluation report is currently with NHS England for review and determination of the next steps. The CCG hopes to be able to provide a comprehensive update on the outcomes and next steps following the NHS E review within the next update report. In the interim, oversight of the temporary centralisation of the East places of safety will continue through the BSW AWP contract and performance meetings, and with an operational focus, through the Concordat.

3.4 BaNES & Wiltshire Crisis Accommodation

In recognition of addressing a noted crisis pathway gap, BaNES and Wiltshire CCGs have supported funding to enable continuation of this pilot with Rethink, for a further a 6month period; Swindon CCG will progress with local arrangements.

The resource has been slightly altered, reducing the accommodation to three crisis beds, located at Herbert House, Salisbury. Evidence is already demonstrating alleviation of inpatient delayed transfer of care pressures, positive feedback from service users and admission and homelessness avoidance. A full evaluation to determine the system wide impact for this resource will be completed in Q3, this will inform future commissioning.

3.5 High Intensity User –

The High Intensity User Network is a national programme overseen by NHS England. A number of areas have signed up to this initiative which is designed to bring both health and police professionals together to work with high intensity service users who are displaying challenging, complex and high risk behaviour.

The local model is called the Police & Health Integrated Mentoring scheme (PHIM), and the PHIM officer works with the relevant local care coordinator from the Community Mental Health Teams (CMHT) to help support the service user and ultimately reduce demand placed on services. The model is not about duplicating effort and the care coordinator maintains responsibility for providing healthcare and support to the service user. The PHIM officer brings a different skillset, setting appropriate boundaries for the service user, the aim being to reduce their challenging behaviour. The ethos is very much two different agencies bringing together different skills and abilities in order to provide the service user with the support needed to improve their behaviour and welfare.

Currently there is one PHIM officer working in the South Wiltshire locality and a second PHIM officer to cover North Wilts has just been appointed. Both of these posts are currently funded by Wiltshire Police.

The PHIM officer in the south of the county has worked alongside the CMHT with a number of service users who have placed demand on several agencies, including police, mental health services, Emergency Departments and the Ambulance service to name just a few. Specific case studies have already highlighted considerable success, not just in a reduction in demand placed on services but importantly in the improvement of the wellbeing of the service user. For service users, examples of such success include halting their offending behaviour, rebuilding relationships with families and living more fulfilling lives with new housing and employment opportunities. The benefits for agencies have included a reduction in demand on their services, including a reduction in the number of calls as well as a reduction/elimination in the number of bed-days for the service user.

Within NHS England the High Intensity User Programme is being supported by the Academic Health Science Network (AHSN) and the local West of England service is currently supporting the PHIM officers to conduct an evaluation of the scheme so far and this will be completed by the end of the summer. With the support of the AHSN the intention is to also introduce a third PHIM officer to cover the Swindon locality.

3.6 BaNES, Swindon & Wiltshire Place of Calm Café Update

Wiltshire CCG continue to work in partnership with Alabare to develop and progress the project plan for the Salisbury based Place of Calm. The PoC is anticipated to operate across seven days (Core service hours, plus extended OOH opening; hours to be determined through engagement with individuals with lived experience to ensure optimal provision, anticipated to be 9am – 1am). Alabare have suitable premises, which require conversion from its current purpose to provide a safe, therapeutic and

psychologically informed environment. The site identified is already a safe space, registered under Wiltshire Council Safe Places scheme.

The PoC will be established as a multi-agency hub to provide those requiring any level of support to divert MH crisis escalation or maintain their post-crisis recovery journey; this will enable partnership working and integration between statutory and non-statutory services. The model has been co-designed with people with lived experience and key stakeholders including the police, AWP clinical staff, GPs and third sector representatives. It is intended that the PoC will have provision for confidential meeting spaces, as well as providing a functional café space where social inclusion will be promoted through a range of regular activities and events, as well as through the day to day provision of a welcoming, non-judgmental, supportive and understanding space.

It was intended for the implementation steering group to progress during Q3 1819, however owing to delay in the availability of the funding with the Department of Health this has been postponed, and will now commence during Q1 1920, as funding has now be reaffirmed. A phased implementation plan will be developed, with an initial launch intended during Q3 1920.

3.7 Learning Disabilities & Autism Crisis Pathway Review

Following several complex crisis cases, there is agreement for BSW-BNSSG LD/ASD crisis pathway review, with the objective of reconfiguring the pathway, and possibly services to address service pressures, perceived pathway gaps and to improve the overall patient journey during times of crisis. The review methodology is currently being drafted by Wiltshire CCG, who will lead this piece of work; review expected completed Q4 19/20. Interim updates will be provided to the Health and Wellbeing Board, along with the formal review report following completion.

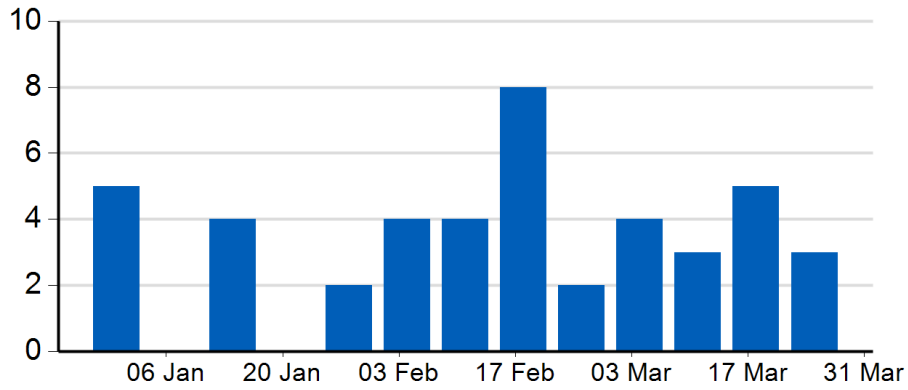
This work will be undertaken in conjunction with colleagues from Wiltshire Council as part of the new Whole Life Pathway FACT work stream.

4.0 Conclusions

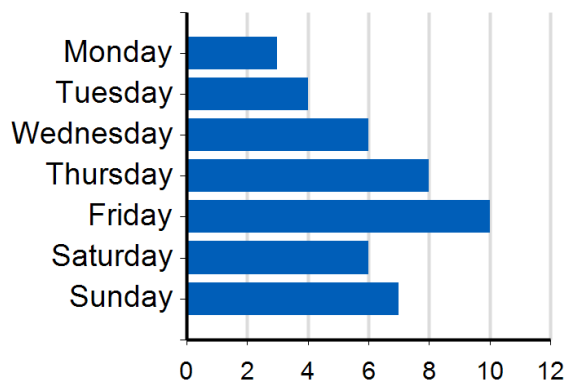
The Members are asked to note this update paper.

Appendix 1: Wiltshire AWP Place of Safety Data, Jan-March 2019

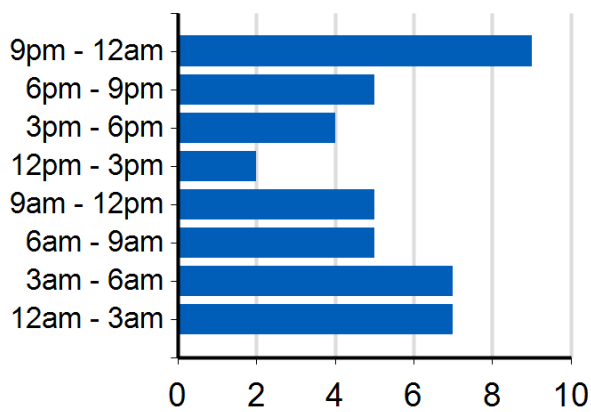
MR2a - Number of Place of Safety stays, by week ⓘ



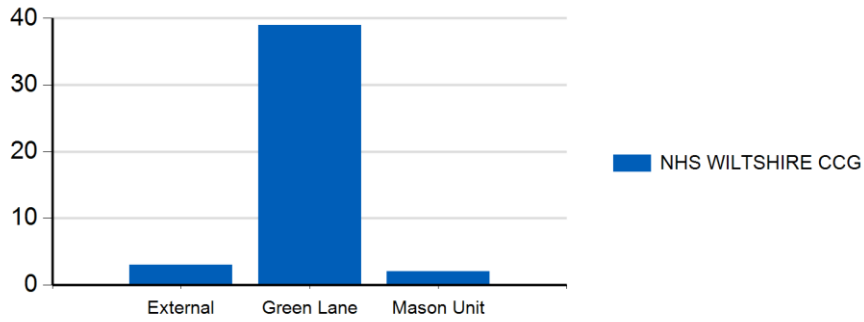
MR2b - Day of Week Arrival Profile



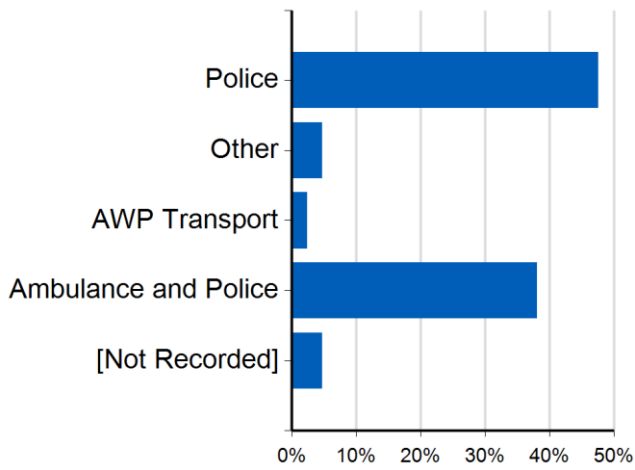
MR2 - Number of Detainees by time detained ⓘ



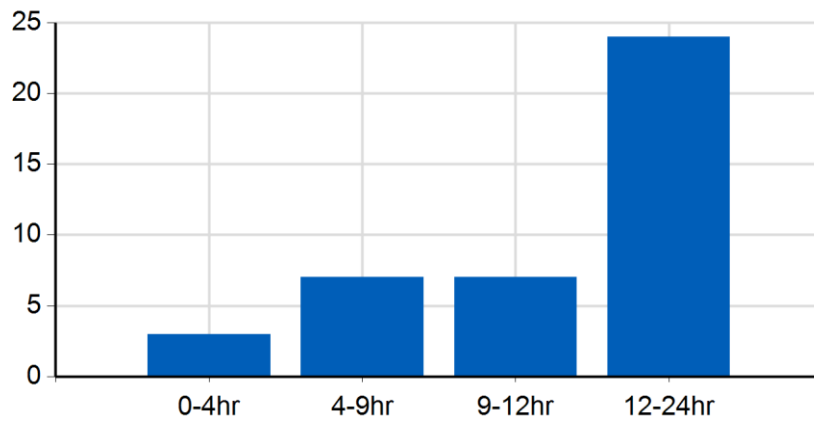
MR1c - Number of detainees by POS by CCG



MR12 - Means of conveyance



MR10 - Time to assessment



Wiltshire Council
Health and Wellbeing Board
23 May 2019

Subject: Home Office consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

Executive Summary

On 1 April, the Home Office launched a consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence. Consultees are asked to consider three options which are set out below.

The consultation document stresses that a successful approach to tackling serious violence will depend on a coherent and effective multi-agency response to tackling and preventing harm. In Wiltshire, the strength of our local partnerships has meant we are already working innovatively across agencies to ensure a public health approach to tackling violent crime, led by the Community Safety Partnership.

The strength of our collective response to violent crime is demonstrated in our draft response to this consultation, which is included below for the consideration of the Health and Wellbeing Board.

Proposal(s)

It is recommended that the Board:

- i) Supports the draft response to the Home Office consultation included below
- ii) Recognises the ambitious and forward-looking nature of our approach to ensuring that our partnership working is effective
- iii) Agrees that, by developing our own local response, we will be able to ensure our system meets local needs and that it uses our combined resources intelligently
- iv) Asks the Community Safety Partnership and the Safeguarding Vulnerable People Partnership (SVPP) to keep the Health and Wellbeing Board informed work which enables a multi-agency approach to preventing and tackling serious violence

Reason for Proposal

The consultation sights Health and Wellbeing Boards as an example of multi-agency working arrangements which have a significant role to play in preventing and tackling violence, in collaboration with Community Safety Partnerships (CSP) and other local partners. It is therefore essential to the work of both the CSP and the SVPP that the HWB supports this response to the consultation.

Tracy Daszkiewicz

**Chair of the Community Safety Partnership and Director of Public Health
Wiltshire Council**

23 May 2019

Subject: Home Office consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

Purpose of Report

To brief the Health and Wellbeing Board on:

- Home Office consultation to introduce new legal duty to support a multi-agency approach to preventing and tackling serious violence

Background

- The consultation opened on 1 April 2019 and closes on 28 May.
- It highlights the Government's support of a multi-agency or 'public health' approach to tackling serious violence through the introduction of a new legal duty.
- The consultation document stresses the importance of a multi-agency approach, and early intervention.
- All options support a 'public health' approach to tackling violent crime, involving:
 - o Different organisations working together through (existing) partnerships to prevent and tackle serious violence as a priority.
 - o Consulting with communities, especially those most affected, and young people.
 - o Regular sharing of data and intelligence, to prevent and tackle serious violence and to identify those most at risk of becoming affected.
 - o Using that information to develop a programme of early interventions.
 - o Partnerships un-constrained by organisational, professional or geographical boundaries.
 - o Partners working together to agree joint funding for services.
 - o Using evidence including relevant evaluations to inform decision-making.
 - o Organisations being held accountable for their work on serious violence, e.g. inspections or joint inspections.

What options are being consulted on?

- **Option 1: New duty on specific organisations to have due regard to the prevention and tackling of serious violence.**
 - o A new legal duty under primary legislation for specific organisations (including Local Authorities, senior criminal justice figures, education, child care, health and social care and the police) to be focussed on and accountable for preventing and tackling serious violence.
 - o Each body would decide how they would comply with this, alongside government guidance.
 - o An assessment of cost implications is requested as part of this consultation but the lack of detail around any potential changes would make completing an assessment extremely difficult.
 - o It is suggested that the relevant inspectorates covering the organisations subject to the duty or joint inspections may be able to check how far agencies are complying with the new duty, or, in respect of democratically elected authorities, held to account by their electorates.

- Option 1 is the Government's preferred option however it is recognised that in some areas strong and effective partnerships already exist.
- **Option 2: New duty through legislation to revise Community Safety Partnerships**
 - New legislation to ensure CSPs have a strategy for preventing and tackling serious violence.
 - Statutory CSP membership would be inclusive of all the relevant agencies who work to tackle and prevent serious violence. This would commit a greater range and number of agencies to be involved in the work of CSPs.
- **Option 3: A voluntary non-legislative approach**
 - To encourage areas to adopt voluntary measures to take part in a multi-agency approach, rather than a statutory duty.
 - The Government would facilitate the sharing of best practice and provide guidance.
 - The success of this option relies on someone taking a leadership role to drive this work and bring partners together.

Wiltshire's Draft Response

Response to the Serious Violence Legal Duty Consultation tendered on behalf of Wiltshire's Community Safety Partnership

In Wiltshire, we are developing a local public health approach to tackling violent crime in our county. That approach and our response to this consultation has been considered in partnership. Our response to this consultation, as set out below, has been collated from the feedback of the Community Safety Partnership members and wider multi-agency forums.

A full list of agencies whose views are represented here is included below and this response is submitted on behalf of the Partnership. In light of our decision to reply as a partnership, Parts 1 and 2 of the consultation do not apply. In relation to other questions posed:

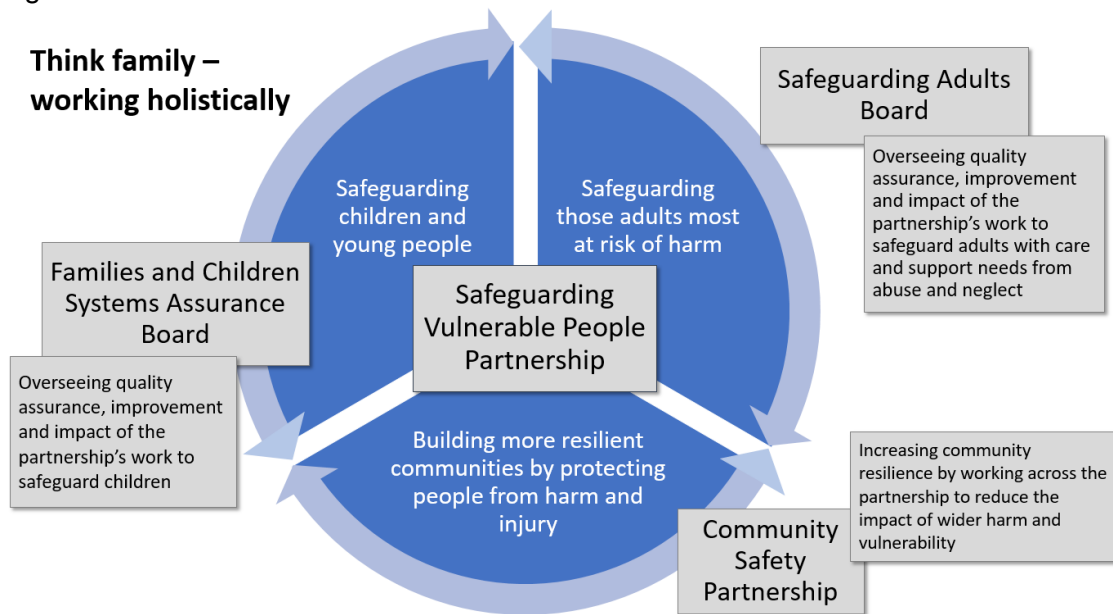
Part 3, 8-14:

In Wiltshire, we have spent the last two years ensuring that our partnership arrangements will allow us to work effectively across agendas. This work supports our belief that:

Children, young people and adults live in families and local communities; these can be sources of support and safety or of danger and risk. Our approach to safeguarding and protecting our community is focused around where people live and with whom – it's an approach which has 'Think Family, Think Community' at its heart.

Our partnership arrangements work as set out below (Figure 1). It involves a strong component of independent scrutiny and is aided by one support team, funded by the partnership. As part of the Department of Education's Early Adopter Programme, we stood down our Local Safeguarding Children Board and instead constructed a Safeguarding Vulnerable People Partnership. This partnership group brings together those who lead Wiltshire's services to safeguard children, young people and adults and to improve community safety.

Figure 1.



The strength of our Community Safety Partnership, alongside our Local Safeguarding Adults Board and our new Safeguarding Vulnerable People Partnership, is allowing us to work innovatively to prevent harm and reduce the likelihood and impact of violent crime.

The strategic framework presented in figure 2 (below) identifies the thematic priorities for the Community Safety Partnership. The work governed and delivered through the partnership is underpinned by the adoption of the vulnerability framework. This approach focuses on 'prevention' and tackling root causes, reducing the risks and exposure to negative experiences from happening in the first place. Acknowledging there will be occasions where 'it will happen', work will seek to improve resilience, to enable both individuals and communities to be better equipped and skilled to deal with adversity and make healthier life choices.

Figure 2. Wiltshire's Community Safety Partnership Strategic Framework



These strong partnership arrangements will allow us to deliver on our commitment to developing a local public health approach to reducing serious violent crime. Wiltshire has established a Violent Crime Executive, a sub group of the Community Safety Partnership. This brings together colleagues from education, policing, health, criminal justice and emergency justice to deliver pan-Wiltshire, multi-agency strategies to tackle violent crime and Serious and Organised Crime (SOC).

Operationally we have two Multi-Agency Safeguarding Hubs (MASH) - one that accommodates a team of staff from across agencies to focus on safeguarding children and young people, and a second which was recently introduced to allow us to better safeguard adults at risk. Alongside these hubs we are pooling multi-agency data to inform our new Vulnerable Adolescent Safeguarding Panel and to collect intelligence on a vulnerability tracker which maps those young people most at risk. Alongside MASH arrangements, we are now part of the Contextual Safeguarding Scale-Up Project (CSSU) by the University of Bedfordshire. We we're one of a small number of areas who have been successful in our bid to be a development site. The CSSU Project will create an operational Contextual Safeguarding system in Wiltshire.

The drive and impetus of our work across agencies demonstrates the strength of our partnership and of our determination, not just to respond to, but to prevent violent crime.

The intention set out at option 1 is to ensure information and intelligence sharing and to ensure that all agencies have due regard for our need to work collectively to prevent violent crime. We support the wider intention of this option. However, we would urge against the introduction of prescriptive guidance on how partners should work together, which would potentially deflect from the work we are already doing by introducing greater complexity and bureaucratic burden. Whilst Alan Wood's review focused on the effectiveness of LSCBs, his comments are highly relevant in considering how we respond as a collective to violent crime:

[“...on a scale of prescriptive to permissive arrangements, the pendulum has locked itself too close to a belief that we should say how things should be done as opposed to what outcomes we want for children and young people..... Too much of practice leaders' time is taken up in servicing the architecture of multi-agency arrangements. Examples given by Police and Crime Commissioners and other leaders show that the wide range of Boards, Committees and other bodies established to consider similar issues as the LSCB, compounds a growing demand on officers to attend meetings and produce reports.”](#)

(Woods Review, 2016)

At this stage in the development of our local response, we are keen to ensure that we have flexibility and are not locked into new, and potentially prescriptive and costly, multi-agency duties that make our existing and evolving arrangements less effective.

For us, the introduction of new legal duties has the potential to detract from the fact that prevention of violent crime cannot be done in isolation - that means that we have to work as a partnership but also that we cannot identify, respond to or prevent violent crime without regarding it as connected to our work to safeguard children and adults, and make our communities more resilient.

We do though acknowledge that it is pivotal for all agencies to understand, accept and wholeheartedly play their part in helping to tackle violent crime. To ensure that practice reflects this reality, we would recommend that new statutory guidance commits Community Safety Partnerships to reporting on an annual basis to evidence effective partnership working to reduce serious violent crime.

We would ask that:

- Community Safety Partnerships submit an annual report evidencing local work to evidence the multi-agency response to tackling serious violent crime.
- In this report, all localities are asked to evidence connectivity between their statutory partnership arrangements - to safeguard adults, children and to improve community safety.
- That all agencies that form part of the Community Safety Partnership are, by statute, asked to share information and intelligence where this enables the partnership to undertake work to prevent serious violent crime in the future.

Funding and resources

In relation to Part 4 questions 4-29, it is not believed that the recommendations we have made above would have significant cost implications, but it is essential that Community Safety Partnership are resourced to carry out new functions. In the case of LSABs and new partnership arrangements to safeguarding children, local partners have been asked to agree and meet any funding requirements. It should be recognised this detracts from the focus of partnership work, often leads to one agency having primacy in terms of ownership and can weaken the support for essential work to strengthen local multi-agency work and training.

A relatively small amount of Early Adopters funding has allowed us to recruit a Criminal Exploitation Pathways & Risk Analyst to triangulate and analyse data from across our partner agencies to inform and support the introduction of our multi-agency Vulnerable Adolescents Contextual Safeguarding Panel. The panel is ensuring multi-agency information and intelligence is gathered and shared to identify children and young people who are vulnerable to exploitation. As a consequence, we are now able to map hotspots, trends and risks in missing episodes, identify victim and perpetrator information and target criminal activity involving children, including County Lines. This informs the work of the partnership and supports development of strategy and an operational response.

Funding, alongside statutory guidance, is required to enable effective and intelligent data sharing and analysis. Well targeted resources will be vital to ensuring that the concept of taking a public health approach to tackling violent crime makes a difference, not just a policy position.

We would add that the cost implications of Option 1 are potentially far more significant. That cost would be borne by not only by those agencies with new legal duties, Local Authorities, health agencies and schools, but by the police in supporting those agencies and facilitating new reporting mechanisms. Meanwhile in Wiltshire, effective reporting mechanisms already exist across agencies.

Report Author: Tracy Daszkiewicz
Title: Chair of the Community Safety Partnership and Director of Public Health
Organisation: Wiltshire Council

Health and Wellbeing Board

23rd May 2019

Subject: Learning Disability (LD) Review

Executive Summary

The Director of Adult Social Care Operations, Mental Health and Learning Disabilities (Wiltshire Council) and the Acting Commissioning Director (Maternity, Children and Mental health – Wiltshire Clinical Commissioning Group) are at the Health and Wellbeing Board, 23rd May 2019 to provide an update on Learning Disability Services for the population of Wiltshire and to highlight the intended direction of travel.

Proposal(s)

It is recommended that the Board notes the decision to co-produce a review of Learning Disability service delivery, which will be incorporated into a Whole Life Pathway approach via the FACT programme.

Reason for Proposal

Adults with a Learning Disability in Wiltshire who require care and support from Adult Social Care are supported by the Community Team for People with a Learning Disability (CTPLD).

This is a co-located but not fully integrated health and social care team. The health element of the service is run by Wiltshire Health and Care, commissioned via Wiltshire Clinical Commissioning Group (CCG) and the social care service by Wiltshire Council.

Over 1,000 people are currently receiving paid for care and support via CTPLD which has an adult social care budget in 2019/20 of £50,350,000. For several years the Learning Disability council budget has been significantly over spent (18/19 by £2,400,000).

Wiltshire Council (adult social care) also has a number of 'Learning Disability Inhouse Provider Services' which consist of:

3 residential respite units:

- Bradbury House: a 9 bed unit in Salisbury serving currently 35 people and which has a Requires Improvement CQC rating
- Bradbury Manor: a 9 bed unit in Devizes serving currently 45 people which has a Requires Improvement CQC rating
- Meadow Lodge: a 4 bed unit in Chippenham serving currently 25 people which has a Good CQC rating

5 days services which are not currently CQC registered these are:

- The Meadows: based in Salisbury working with 60 people
- The Yarn: based in Devizes working with 45 people
- The Wave: based in Warminster working with 15 people
- The Medley: based in Trowbridge working with 45 people
- Riverbank: based in Chippenham working with 60 people

The Council also runs a Shared Lives scheme (rated as Good under CQC), which works across adult social care and currently supports 20 carers, who provide long term placements for 27 service users. There is a plan in place to strengthen this scheme across adult social care.

Wiltshire CCG and Council have acknowledged that a review of the current Learning Disability and Autism Spectrum (ASD) pathway is required at both a local (place-based) and at scale level to improve outcomes for individuals and families and reduce preventable attendances and admissions to statutory services.

The CCG also has a strong focus on reviewing the Daisy Unit, which provides inpatient support to four Learning Disabled residents, following a CQC inspection and recommendations.

During the last few years joint strategic commissioning activity for Learning Disabilities and ASD has been limited across adult health and social care services and as a result this has led to insufficient services being made available to people with Learning Disabilities and those on the Autism Spectrum and their carers.

The current Learning Disability offer is traditional, and has led to an over reliance on in house service provision, which currently does not promote resilience for individuals and their families to support them to be independent and to be fully integrated members of their communities. The current offer of support to individuals who are on the Autism Spectrum is also limited and currently there is no specialist NHS and or Council provision to support this service user group effectively.

Equally, it is accepted that the personalisation agenda, where the Council and subsequently the CCG, through Personal Health Budgets, promotes and supports service users and their carers to be the experts in their care and support has not been fully implemented.

This has created a culture where individuals have become dependent and reliant on traditional models of care and support, such as residential care rather than a culture which promotes independence and the notion that every person can contribute to their community. This has been recognised as a difficulty for local authorities nationally and Wiltshire Council and Wiltshire CCG are committed to working effectively with partners across the health and social care system, to improve services for people with a Learning Disability and or ASD from birth throughout adulthood.

In order to do this Wiltshire Council and Wiltshire CCG must review its current services, establish gaps in provision and work with service users, carers and the voluntary sector to co-create services for the future.

Presenter name: Claire Edgar

Title: Director of Adult Social Care Operations, Mental Health and Learning Disabilities

Wiltshire Council

Health and Wellbeing Board

23rd May 2019

Subject: Learning Disability (LD) Review

1. Purpose of Report

This paper seeks to highlight the work being undertaken as part of a review into the delivery of services for people with a Learning Disability and or ASD within Wiltshire, taking into consideration a Whole Life Pathway for individuals with complex and or additional needs.

This report will highlight in brief the direction of travel required to improve service provision for individuals with a Learning Disability and or ASD and the rationale for the need for such a review of services.

2. Background

Adult social care recognises the work undertaken by FACT, the Families and Children's Transformation programme (Whole Life Pathway, workstream) in 2018, which identified through co-production concerns by service users and their carers who had or were due to transition from children's services to adults services who described the experience as a 'cliff edge'.

Adult social care also recognises the need to modernise its current offer to ensure it is able to be an equitable service to individuals who may not have a diagnosed Learning Difficulty but may have significant cognitive and or neurological conditions, such as ASD.

This is particularly important given the emerging data which states the majority of children and young people who are likely to transition from Families and Children's social care to Adult social care have an Autism diagnosis and currently there is no clear pathway for these individuals to transition to, nor is there any specialist commissioned services available for them, should they require it, on the NHS in Wiltshire.

The review of Learning Disability services will fall under the Whole Life Pathway workstream to ensure it encompasses transitions from Children's services to Adults services and that it pays close attention to the service users without any formal diagnosis but who still require care and support beyond childhood.

The workstream leads (Claire Edgar, Director Adult Social Care Operations, Mental Health and Learning Disabilities and Lucy Townsend, Director of Families and Children) will report directly into the FACT Operation Group and Executive Board to ensure the development of services takes a systemic integrated approach that will recognise the need:

- to enable individuals with a Learning Disability (and those with complex and or additional needs such as ASD) to be able to access universal services more successfully to increase their connectivity to their own community,

- to build resilience in local communities to enable individuals to live as independently and safely as possible in order that they do not have to live in institutions, sometimes out of Wiltshire

and to ensure

- services are able to respond proactively by intervening earlier to avoid crisis and work with service users and their carers to promote an active and engaging life filled with opportunities.

The Whole Life Pathway will be designed to reduce the impact of transitioning from Family and Children's Services into Adult Services and where people, no longer require the input of statutory services that there is a step-down approach which ensures that the 'cliff edge' parents and carers described when moving through services is reduced.

Both the CCG and the Council also recognise that further work is required to support adults currently receiving services to progress towards independence where appropriate.

It is envisaged that the Learning Disability in house provision will be developed to work towards a new 'enablement' model designed to maximise independence, choice and control.

The CCG's review will need to link with a planned at scale review of Learning Disability and ASD health services across the BaNES, Swindon and Wiltshire (BSW) and wider to include Bristol, North Somerset and South Gloucestershire (BNSSG) footprints. BSW are also co-creating a Mental Health Strategy and Vision, which includes Learning Disability and ASD.

3. Main Considerations

The Whole Life Pathway will ensure individuals with a Learning Disability (and those with complex and or additional needs such as ASD) and their carers are given more opportunity to take control of important areas of their lives including service and support arrangements. It will play close attention to understanding the needs of children and young people transitioning into adult services as well as a commitment to design services to meet the needs of the changing population of adults with a Learning Disability (and those with complex and or additional needs such as ASD) in Wiltshire.

This new approach will promote individual's rights, support them to make choices, to enable them to lead independent lives and to be included in society. The approach mirrors the BSW health strategy and vision in relation to supporting community resilience and reducing preventable demand on secondary statutory services.

It is proposed that a commitment and direction of travel is established that enables people to transform their lives from one where they simply live and exist in communities using specialist services, into one where they live as part of their community. People's needs will be met in the least restrictive settings possible, based on risk assessments.

In order to deliver the vision outlined above an extensive programme of work is required over the next two to three years, which will require significant partnership working both internal and external to the Council. It will require a programme management approach to ensure each key area is properly managed and that identified outcomes are delivered in a timely way.

Central to developing the approach is co-production to ensure that staff,

partners, service users, (adults and children and young people) and their parents and carers are at the centre of developing services that meet needs and improve outcomes for the citizens of Wiltshire who have additional and complex needs.

This will be co-ordinated by the Transformational Lead for the Whole Life Pathway who will focus on redesigning and shaping Learning Disability services with Commissioning colleagues to develop a Whole Life Pathway which has a Joint (Health and Social Care) Commissioning Strategy underpinning it, which reflects the model outlined above incorporating not just Learning Disability services but reflects the need to provide services for individuals who are on the Autism Spectrum and those who may require access to other specialist mental health provision.

4. Next Steps

- The review of current Learning Disability services will come under FACT governance and will include service provision for individuals who have other complex needs and neurological conditions (for example but not exclusive to ASD) and will form part of the new Whole Life Pathway approach
- The appointment of a Transformational Lead for the Whole Life Pathway will commence
- A strategy and vision for the Whole Life Pathway will be co-produced with key stakeholders, service users, families and carers with clear objectives and timescales.
- Partners will ensure there are clear work streams to avoid any duplication with interdependent strategy developments and pathway reviews

Presenter name: Claire Edgar

Title: Director of Adult Social Care, Operations Mental Health and Learning Disability

Organisation: Wiltshire Council

Report Authors:

Claire Edgar, Director of Adult Social Care, Operations Mental Health and Learning Disability, Wiltshire Council

Lucy Baker, Acting Director Commissioning Director (Maternity, Children and Mental health) Wiltshire Clinical Commissioning Group

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Wiltshire Council

Health and Wellbeing Board

23 May 2019

Subject: Wiltshire Air Quality Strategy

Executive Summary

- I. Local authorities have a duty to monitor air quality within their areas having regard to national air quality objectives and standards and report this information to Department for Environment Food and Rural Affairs (Defra) annually.
- II. As part of the development of the revised Wiltshire Air Quality Strategy views and comments have previously been sought from the Environment Select Committee.

Proposal(s)

- I. To bring to the attention of the Board the updated Air Quality Strategy ahead of its consideration by Cabinet.

Reason for Proposal

- I. The Environment Act 1995 Part IV places a duty on Wiltshire Council to monitor and achieve the Air Quality Objectives contained in the National Air Quality Strategy and regulations. The strategy contributes to discharging this duty and improving air quality in Wiltshire.
- II. To refresh the original Wiltshire strategy on how the council will work with other parties to improve air quality.

Tracy Daszkiewicz
Director of Public Health
Wiltshire Council

23 May 2019

Subject: Wiltshire Air Quality Strategy

Purpose of Report

1. To seek the approval of the Board for the draft Air Quality Strategy prior to consideration by Cabinet.

Relevance to the Council's Business Plan

2. The Wiltshire Council Business Plan 2017- 2027 sets out the vision to create strong communities, with priorities for growing the economy, strong communities and protecting the vulnerable. As part of strong communities the council recognises the need to work with community groups to build engagement and to work together to support a healthier population.

Background

3. The draft Air Quality Strategy was considered by Environment Select Committee at its meeting on 23 April 2019. Comments made by Committee have been incorporated in to the attached draft.
4. Despite some limited improvements in national air quality the targets imposed by EU legislation have been missed and as a result the UK Government has been taken to the High Court on a number of occasions. In response to these legal challenges the Government published the Air Quality plan for nitrogen dioxide (NO₂) in UK (2017) in July. The plan, was designed to reduce the impact of diesel vehicles and accelerate the move to cleaner transport and resulted in additional funding being made available to a small number of local authorities to support their plans to tackle poor air quality. No financial support was given Wiltshire Council.
5. The existing Wiltshire Air Quality Strategy needs to be refreshed as it was originally published in 2011. In the first three months of 2019 there have been a number of significant national publications relating to air quality and these have been referred to in the revised strategy. These documents include a national Clean Air Strategy issued by the Department for Environment, Food and Rural Affairs (Defra), Outdoor air quality and health issued by the National Institute for Health and Care Excellence (NICE), and a Review of interventions to improve outdoor air quality and public health published by Public Health England.

Main Considerations

6. Wiltshire enjoys very good air quality in the vast majority of its town and villages. This is perhaps unsurprising given the rural nature of much of county. The areas of concern are very localised and involve a small number of specific streets.
7. Local authorities are required to review and assess local air quality in accordance with the statutory Local Air Quality Management guidance under Part IV of the Environment Act 1995. Specifically local councils have a duty to review and assess the air quality in its area against specific pollutants focusing on locations where members of the public are likely to be exposed over the averaging period for the pollutant objectives. There are currently eight Air Quality Management Areas in Wiltshire where traffic related pollution levels exceed national standards. One in Bradford on Avon for NO₂ and PM₁₀ and solely NO₂ in Calne, Devizes, Marlborough, Salisbury (3) and Westbury. Work has been ongoing with local air quality groups in the affected towns and reporting through the Area Boards to start to address the issues in these areas.
8. The Air Quality Strategy provides high level guidance to inform policy and direction across a range of council services with the aim of improving air quality and reducing NO₂ and PM₁₀ levels below the national trigger levels. Improvements in air quality are generally difficult to achieve as they rely on individuals, businesses and communities changing their travel behaviour. Given this, the strategy recognises that improving areas of poor air quality can only be achieved by working collaboratively across the council, and with local communities and other relevant organisations and agencies.
9. The Air Quality Strategy does not contain specific local actions but these are included in the more detailed Air Quality Action Plan (AQAP), which provides further information and includes local community area action plans in relation to the eight Air Quality Management Areas within Wiltshire. The AQAP has been developed with local members and community involvement.
10. The Board is asked for its views and comments on the draft strategy, and specifically on the areas listed below:

Safeguarding considerations

11. None

Public health implications

12. The issue of air pollution is a major public health concern, and poor air quality is recognised as the largest environmental risk to public health in the UK and results in an estimated 40,000 premature deaths a year. Work to improve traffic related air pollution would contribute to improving the health of the local population.

Environmental and Climate Change Considerations

13. The Air Quality Strategy forms part of the council's wider response to climate change and supports reductions in local air pollution levels.

Equalities Impact of the Proposal

14. Improvements to local air quality will benefit all Wiltshire residents and visitors to the county including all segments of the general public.

Risk Assessment

15. If the strategy is not revised it will become more out of date and risks not delivering the desired improvements to air quality in the county.

Financial implications

16. There are no costs associated with publication of the Air Quality Strategy, however there may be an opportunity to lobby Defra for additional funding to deliver local improvements.

Legal implications

17. Part IV of the Environment Act 1995 places a duty on the local authority to monitor air quality in its areas and report to Defra on an annual basis.
18. The Development of this up to date Strategy provides for a framework for future action to improve air quality within Wiltshire which permits flexible implementation within broad outlines.
19. It is consistent with national guidelines and will assist the Council to achieve its objective of improving the air quality within Wiltshire to help to better the environment and the health and well-being of all residents and visitors to its area.

Conclusions

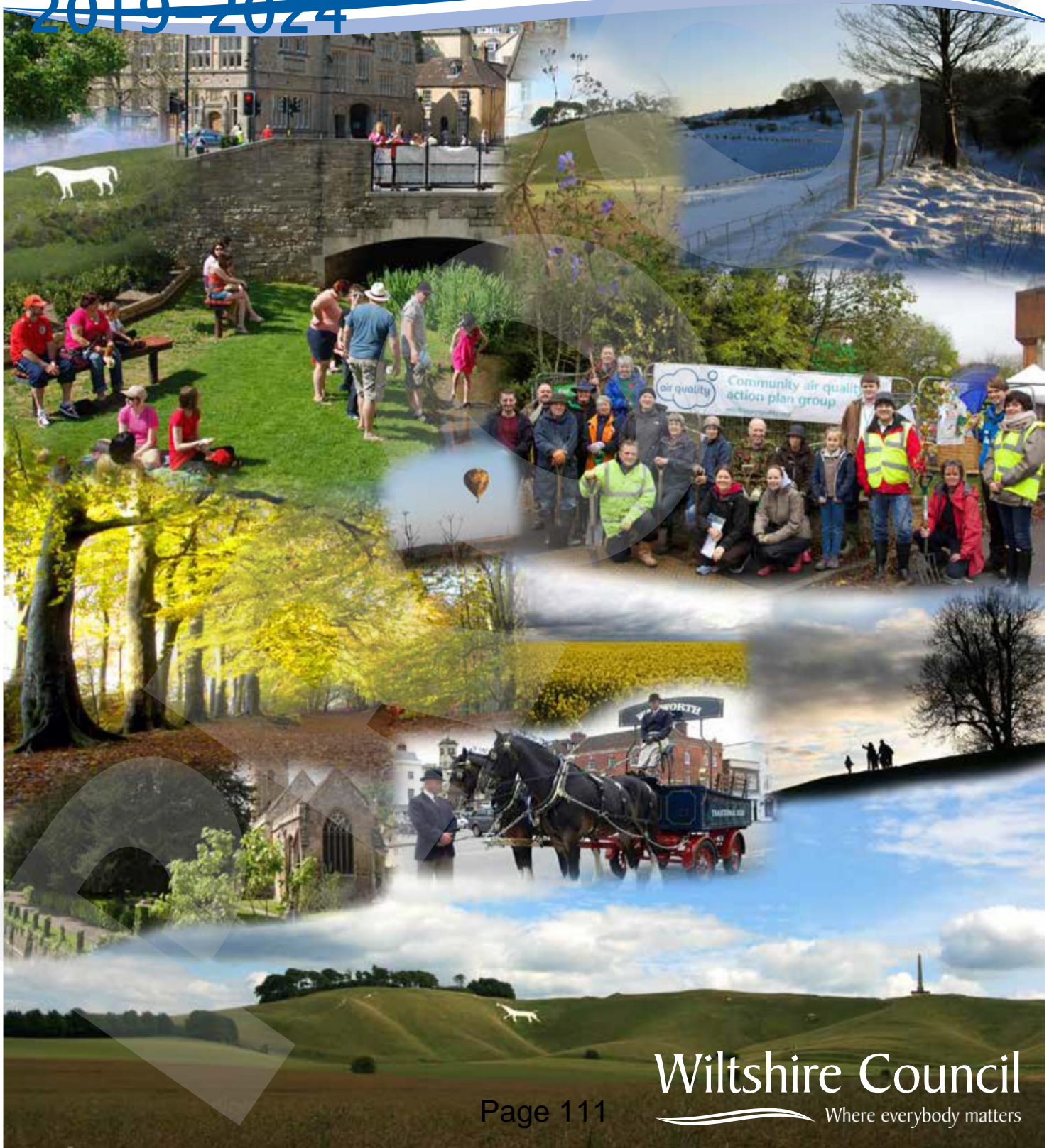
20. Approval of the Health and Well Being Board is sought before the final strategy is placed before Cabinet for adoption as a formal strategy of the Council to form part of the Budget and Policy framework.

Tracy Daszkiewicz
Director of Public Health and Public Protection

Report author: John Carter
Head of Public Protection

Air Quality Strategy for Wiltshire

~~2019-2024~~



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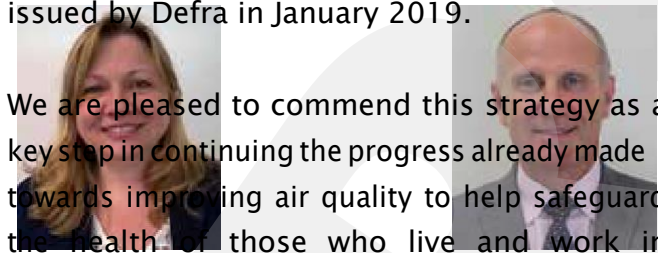
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Section 1: Introduction

Our objective is to improve the air we breathe and to better our environment, health and wellbeing.

Since the first Wiltshire Air Quality Strategy was published in 2011, issues around air quality and health have moved on considerably both nationally and locally. In Wiltshire we prioritised the development of core policy 55, working with the spatial planners to get it accepted as part of the Wiltshire Core Strategy. We drafted initial guidance on air quality for developers and worked with the area boards to establish community air quality working groups. The Air Quality Action Plan for Wiltshire, which focuses on the areas where air quality objectives are currently being exceeded, was published in June 2015. It outlines our community based approach to local air quality management, and provides the detail which is not included in this strategy. The 2015 Action Plan supersedes the action plan contained in the original strategy and so it is now appropriate to refresh the strategy.

This updated air quality strategy seeks to maintain progress with the improvement of air quality across all communities in Wiltshire, and reflects the national Clean Air Strategy 2019 issued by Defra in January 2019.

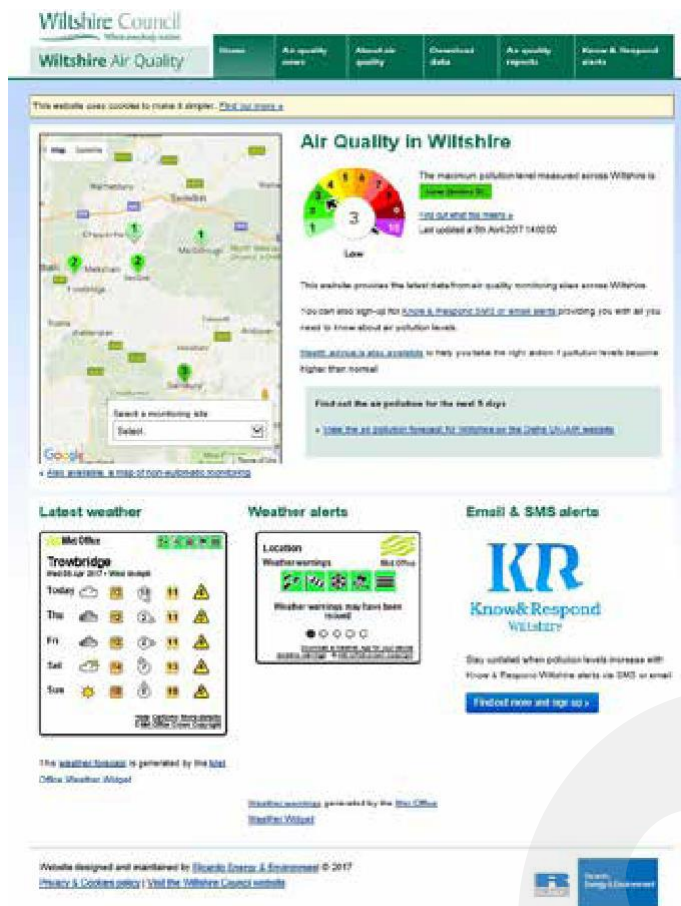


We are pleased to commend this strategy as a key step in continuing the progress already made towards improving air quality to help safeguard the health of those who live and work in Wiltshire.

Tracy Daszkiewicz
Director of Public Health
& Public Protection

Cllr Jerry Wickham
Cabinet Member for
Adult Social Care,
Public Health &
Public Protection

Defining the air quality challenge



The costs of air pollution

Human

Poor air quality has consequences for people's health and wellbeing as well as for our surrounding natural and built environment. The health consequences of polluted air are well documented, and were ably demonstrated by the London smogs of the late 19th and early 20th century. The worst of these events was shown to be responsible for many thousands of excess deaths. These historic smogs were caused by the large scale burning of coal and wood and were a highly visible example of air pollution and its health effects.

The air we breathe is made up of a complex mix of gases and fine particulates. Some of these are beneficial, some are harmful pollutants and others, such as pollen, that have both benefits and detrimental effects. Pollutants that affect our air quality come from both natural and manmade sources.

Wiltshire Council monitors certain pollutants using a network of nitrogen dioxide passive diffusion tubes, four real time monitoring stations and two Osiris indicative fine particulate monitors. It has developed a dedicated website for air quality which allows individuals to interrogate monitoring data, view reports, sign up for text alerts and view community action planning information.

Many of the pollutants of concern today are invisible to the eye but act as respiratory irritants, which are particularly problematic if individuals have pre-existing medical conditions or other vulnerabilities. While significant improvements have been made, air pollution remains a real challenge for some communities in Wiltshire.

The Committee on Medical Effects of Air Pollution (COMEAP) found that the burden of manmade particulate air pollution on mortality in 2008 was equivalent to nearly 29,000 deaths in the UK at typical ages and an associated loss of total of population life of 340,000 life-years. The Royal College of Physicians' report "Every breath we take: the lifelong impact of air pollution" has recently put the figure at 40,000 deaths per year and the cost to health services and business at more than £20 billion.

Economic

The economic costs of air pollution are not immediately apparent. There are wide ranging indirect costs to the economy such as loss of income to individuals and to businesses through sickness absence and loss of productivity; traffic congestion as transport is delayed; repairs to infrastructure due to physical damage such as that caused to buildings by acidic rain and wider burdens associated with climate variation such as flooding.

Health care

The contribution of air pollution to the severity of illness and to the costs for health services and wider society are not yet well understood by the medical and scientific community. In 2010 the House of Commons Environment Audit Committee estimated the health costs of air pollution in the UK as being in the region of £8–£20 billion per year.

It is often those at the lower end of the equality spectrum that live in the poorest housing, in areas where traffic is heavier and so experience less positive health and wellbeing outcomes. In tackling air quality we need to consider health inequalities and ensure these do not widen.

Pollutants of concern in Wiltshire

The air quality in Wiltshire is predominantly very good, with the majority of the county having clean, unpolluted air. There are, however, a small number of locations where the combination of traffic, road layout and topography result in pollutants being trapped so that concentrations increase to unacceptable levels.

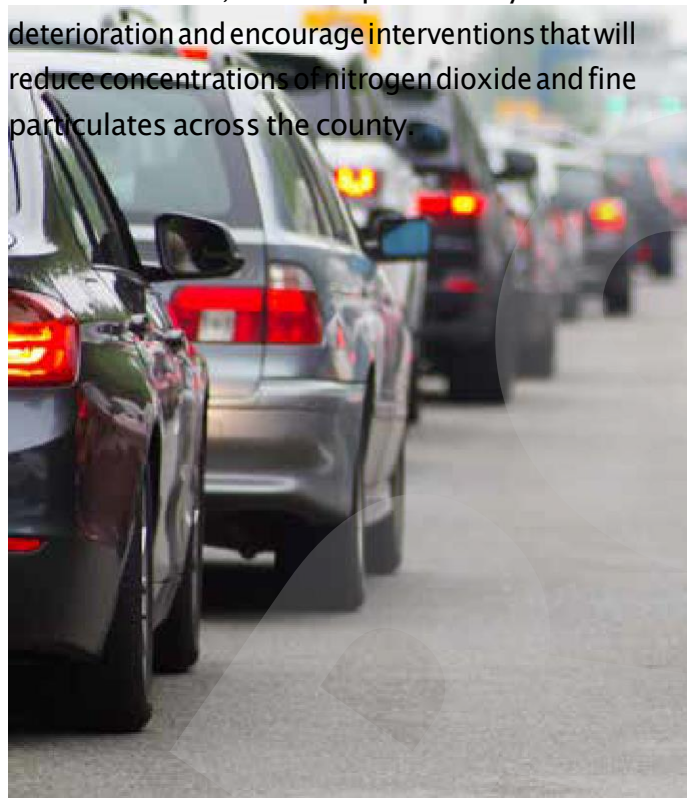
Two pollutants cause most concern within Wiltshire: nitrogen dioxide (NO₂) and particulate matter (PM10)

primarily from motor vehicles.

The relatively few locations where air quality may fail to meet the national standards have to be investigated and sampled in order to determine the true extent of the problem. If significant pollution is identified the council has to declare an Air Quality Management Area (AQMA) and put plans in place to seek to improve the air quality.

There are currently eight AQMAs in six towns and one city in Wiltshire.

This strategy focuses on improving air quality across Wiltshire, seeks to prevent any further deterioration and encourage interventions that will reduce concentrations of nitrogen dioxide and fine particulates across the county.



Nitrogen oxides readily convert to nitrogen dioxide

in the air, so to reduce concentrations of nitrogen dioxide it is essential to control emissions of NO_x.

High levels of nitrogen dioxide causes inflammation of the airways and long-term exposure can affect lung function and respiratory symptoms. It can also increase asthma symptoms. The health impacts of nitrogen dioxide are, however, less well understood than those of particulate matter.

Particulate matter (PM) is a complex mixture of non-

Nitrogen oxides (NO_x) are comprised mainly of two pollutants; nitric oxide (NO) and nitrogen dioxide (NO₂) which are products of combustion of fossil fuels.

gaseous materials of varied chemical composition. It is categorised by the size of the particles. For example, PM10 is particles with a diameter of less than 10 microns. Most PM emissions are caused by road traffic, with engine emissions and tyre and brake wear being the main sources. Construction sites, are also potential sources of local particulate pollution, along with accidental fires and burning of waste. However, a large proportion of particulate comes from natural sources, such as sea salt, forest fires and Saharan dust, as well as from sources outside Wiltshire caused by human activity. Small particles tend to be long-lived in the atmosphere and can be transported great distances.

Particulates aggravate respiratory and cardiovascular conditions. Research shows that particles with a diameter of 10 microns or less (PM10) are likely to be inhaled deep into the lungs.

National picture

Levels of PM10 declined in the UK in the 1990s though the rate of improvement has been slower in the last decade. Similarly, nationally levels of NO₂ fell until 2002 and have been relatively unchanged ever since. Locally it is a mixed picture; levels of nitrogen dioxide and particulates have reduced in many locations or plateaued in others. However, it should be borne in mind that the locations we monitor are those where levels are known to be elevated and represent a worst case scenario. These locations are very limited in number.

Recently concerns have emerged with respect to emissions from new road vehicles. A study by the Department for Transport (DfT) found significant differences between laboratory based emission performance and on the road real world emission levels. The government has indicated real world emission testing will be used in the future.

Air pollution and climate change

Improving air quality can also help address climate change. Ozone, which is formed by pollutants such as NO_x and volatile organic compounds (VOCs) reacting in sunlight is a powerful greenhouse gas that contributes to global warming directly and by reducing

carbon uptake by vegetation. Black carbon, which is part of the overall mass of particulate matter emitted by diesel engines through incomplete combustion, contributes to climate change by absorbing heat. By making vehicles, homes and workplaces more energy efficient, this strategy will also contribute to achieving the objectives of the council's policies and strategies with respect to climate change.

Climate change will also have an impact on air quality. Longer, hotter summers could increase the frequency and severity of summer smogs, though wetter winters may reduce emission concentrations.

What has the Air Quality Strategy 2011 – 2015 achieved?

Improving local air quality requires changes to be made by everyone. Working collaboratively with communities, Wiltshire Council will seek to maintain the good air quality in the county and work to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment. Since the first strategy in 2011, a range of actions have been delivered. These include the provision of a dedicated air quality website providing real time data, a text alert service to warn of poor air quality, the setting up of community air quality action plan groups in areas with AQMAs, a countywide air quality action plan, draft supplementary planning guidance and an air quality policy in the Wiltshire Core Strategy.

Many of the measures contained within the strategic action plan have been implemented and are detailed in appendix 1.

The challenges we face and next steps

With new developments being built there is potential to increase the number of people living and working in areas with poor air quality and it is important that Wiltshire Council takes steps, to manage this situation to minimise or eliminate possible harm.

The challenge of maintaining and improving air quality in some of Wiltshire's market towns is considerable. These stem from:

- A requirement for new housing and essential economic development across the county.
- The layout of our historic towns, which often attract visitors from all over the world. Their narrow streets create canyon effects that can inhibit pollutant dispersal.
- Being a large rural county with a higher than average car ownership.
- The economic climate including the viability of rural public transport.
- Some towns not having a train station or public transport infrastructure.
- The county being a popular tourist destination.
- The A36 trunk road running through the south and west of the county, and is the main cross county road for commercial traffic between Bristol and Southampton.
- An aging population susceptible to chronic conditions that increase vulnerability to poor air quality.

The challenge we face is not just one for Wiltshire Council, but requires considerable effort on the part of all layers of government, businesses, communities and individuals.



Section 3: Wiltshire's air quality strategy

This strategy has been developed by the Public Health and Public Protection service and is a refresh of the Air Quality Strategy produced in 2011. Its production is supported by the local air quality management Framework, the National Air Quality Strategy, the EU Air Quality Directive and the Public Health Outcomes Framework. It is an overarching document that provides a local evidence base for the inclusion of a core policy on air quality in the Wiltshire Core Strategy.

Our vision is to create an environment where people have healthy, active lives for a healthier population. In doing so it will reduce the human and financial cost of air quality to individuals, families, communities, public services and the wider economy. How we define and measure success is explained in section four – strategic targets and measuring our success.

This strategy supports the Wiltshire Council Business Plan, the Joint Strategic Needs Assessment and wider strategies including; Local Transport Plan 3, Wiltshire Core Strategy, Climate Change Adaptation, Minerals and Waste Core Strategy and the Health and Wellbeing Strategy.

The strategy helps inform the prioritisation of local needs and provides the link between the evidence base and development of policy.

It explains the actions that will be taken to improve air quality across the county using the powers available. It also sets out how we will encourage and work collaboratively across council services, schools, the business community, local communities and individuals to take action to improve air quality in Wiltshire by implementing this strategy and the Wiltshire Air Quality Action Plan (AQAP).

The Wiltshire AQAP is specific to the towns and city where an AQMA has been declared. The strategy does not set out replicate these actions but seeks to provide the link between the wider strategies of the council and the evidence base necessary for bringing about wider improvements in health and inequalities in

Wiltshire that are influenced by air quality.

The council will provide strategic leadership and support action at a local level. The strategy contributes to the achievement of Wiltshire Council's Business Plan by contributing to the protection of those who are most vulnerable and boosting the local economy by making Wiltshire an attractive place to visit, work and live. It also serves to bring communities together to enable them to solve problems locally and participate in decisions that affect them, so ensuring everyone lives in a high quality environment.

The strategy's priorities are evidenced and have been shaped by the local health priorities, national and EU legislation and key government documents.

The National Institute for Health and Care Excellence (NICE) published Air Pollution: outdoor air quality and health ((QS181) in February 2019 identifies four quality standards in relation to air quality, which are:

1. Local authorities identify in the Local Plan, local transport plan and other key strategies how they will address air pollution, including enabling zero- and low-emission travel and developing buildings and spaces to reduce exposure to air pollution.
2. Local planning authorities assess proposals to minimise and mitigate road-traffic related air pollution in planning applications for major developments.
3. Public sector organisations reduce emissions from their vehicle fleets to address air pollution.
4. Children, young people and adults with chronic respiratory or cardiovascular conditions are given advice at routine health appointments on what to do when outdoor air quality is poor.

In addition, Public Health England published a report entitled "Review of interventions to improve outdoor air quality and public health" in March 2019 which supports interventions at both national and local levels to reduce air pollution, and identified 5 areas where action is needed:

- Vehicles and fuels
- Spatial planning
- Industry
- Agriculture
- Behavioural change

impact of the LAQM regime. An additional system of Integrated Pollution Prevention Control introduces specific controls for a range of the most polluting industries. This system is regulated by the Environment Agency and Local Authorities depending on the type and scale of the industry. Permit conditions are based on the use of Best Available Techniques (BAT).



Section 4: Strategic targets

Wiltshire Council is committed to working towards the achievement of local air quality objectives where exceedances have been identified and to reducing air pollution.

There are several formal frameworks which set targets for improving air quality. These are shaped by the World Health Organisation (WHO) guidelines for air quality. This chapter seeks to bring some clarity to these and details our strategic targets.

European Directive on Air Quality

EU limit values are legally binding parameters that must not be exceeded. Limit values are set for individual pollutants and are made up of a concentration value, an averaging time over which it is to be measured, the number of exceedances allowed per year, if any, and a date by which it must be achieved. Some pollutants have more than one limit value covering different endpoints or averaging times.

These limit values are targets to be achieved by national governments and data is gathered and reported annually to the EU by DEFRA. The UK action plan for nitrogen dioxide for tackling exceedances of the EU objective was published in January 2016 and the Wiltshire action plan measures are included in the plan for the Southwest area.

Local air quality management

The Environment Act 1995 places responsibilities on local councils to monitor seven air pollutants. Two of these have proved particularly challenging; nitrogen dioxide (NO₂) and fine particulates (PM10).

Recent Government action plans have blurred the boundaries between national and local responsibilities, placing greater emphasis on local councils to develop innovative solutions to improve air quality.

Pollutant	Air Quality Objective	
	Concentration	Measured as
Nitrogen dioxide	200 µg/m ³ not to be exceeded more than 18 times a year	1 hour mean
	40 µg/m ³	Annual mean
Particulate Matter (PM10) (gravimetric)	50 µg/m ³ , not to be exceeded more than 35 times a year	24 hour mean

A full list of national and local objectives is contained in Appendix 2.

Public Health Outcomes Framework

Public Health and Protection work closely with respect to Air quality. The aim of the Public Health Outcomes Framework (PHOF) is to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

The framework details four domains for health improvement with a range of indicators. The Health

Protection domain includes Air Quality as an indicator.

Levels of PM_{2.5} are monitored using the Automatic Urban and Rural Network (AURN) and modelled background data is published on a 1 km x 1 km grid square basis by DEFRA. We also have two Osiris monitors that are deployed as needs are identified which, are capable of providing indicative monitoring of PM_{2.5}.

Objectives

Our objectives are:

- To meet the annual average and hourly mean LAQM objective and EU limit for nitrogen dioxide.
- To meet the annual average and 24 hour mean LAQM objectives and EU limits for Fine Particulates (PM10).

Achieving these targets will result in:

- reduced use of private cars
- better informed strategic planning
- increased use of public transport
- more people being active
- provision of increased infrastructure for cycling and walking
- increase use of alternatives to fossil fuels
- increased active travel
- fewer people dying from respiratory and cardiovascular disease and cancer
- improve the wellbeing of those who suffer from respiratory and cardiovascular disease
- contribute to climate change reduction
- more sustainable development
- a reduction in health inequalities

The success of the strategy will be measured against trends in our monitoring data, (both real-time and diffusion tubes) and revocation of existing air quality management areas. Progress will be monitored and reported via in the Annual Status Report, which the council submits to DEFRA each year and via the Health & Wellbeing Board.



Tackling air pollution is a complex national challenge. The sources of pollution are intimately bound up in our day to day lives and our use of private vehicles. No one individual, service, group or partner has the ability to bring about improvements in air quality and therefore the following points have been identified as key priorities for achieving the objectives of this strategy.

Our approach is a county wide one, and is based upon maintaining and preventing the deterioration of air quality across the county. It does not focus solely on those areas where AQMAs have already been declared or where levels of pollutants are elevated. Prevention not only requires commitment from the Council but from communities and individuals.

Action is required at the following levels:

National and EU:

The Government has submitted national air quality action plans to the EU detailing how they propose to meet the EU limit values for nitrogen dioxide and small particulates. This includes proposals for new Clean Air Zones in areas with exceedences of EU limit levels. The Local Authority Air Quality Action

Plans are included in the regional plans which form part of this. The EU have also set emission standards for vehicles. These standards need to be met in the real world as well as under laboratory test conditions if meaningful improvements in air quality are to be achieved.

Wiltshire Council

We will continue to work collaboratively with, sustainable transport, strategic planning, development control and economic development teams to ensure that air quality is properly considered and incorporated into decision making

to maintain and improve the built environment and infrastructure. This will also support the council's aim to meet its climate change objectives.

We will continue to monitor and report on air quality in accordance with the requirements of Local Air Quality Management regime.

Community

We will continue to work collaboratively with the area boards and community air quality action plan groups which were developed as part of the first air quality strategy. Improvements to air quality at a local level can only be secured with the cooperation and support of local communities.

Individual

Through provision of infrastructure and alternative travel choices individuals can choose an alternative travel mode to the private motor vehicle. This can be beneficial to the individual's health as well as the environment.

Communication

Following on from the first air quality strategy it was identified that there was a need for the provision of timely and accurate air quality data and information. As a result a dedicated air quality website was commissioned. We shall seek to maintain and develop this resource.

Section 6: Strategic priorities and actions.

The strategic objectives draw upon and build on the themes developed in the Air Quality Action Plan for Wiltshire. They apply across the whole county and seek to address increasing concern about the public health effects of exposure to vehicle fumes.

Strategic priority 1: Secure air quality objectives in the eight Air Quality Management Areas (AQMA)

The poorest areas of air quality have been identified and Wiltshire Council is committed to working with communities, partner agencies and other services to secure the necessary improvements within the Local Air Quality Management Framework.

What we will do:

- The tools by which this will be achieved are contained in the Air Quality Action Plan for Wiltshire, which includes local Community Air Quality Action Plans. Progress with the Action Plan will be reported in the Annual Status Report which is submitted to DEFRA in June each year and will be published on the council's air quality website.
- Continue to facilitate joint working with Area Boards to develop local action plans and initiatives at community level.
- Require air quality impact assessments for planning applications in respect of standby generator farms used to supplement demand on the National Grid require mitigation where appropriate to minimise the impact of exhaust fumes. Proposals within an AQMA or that may impact on an AQMA may be recommended for refusal.
- Require new development to adhere to the principles, objectives and spirit of this strategy and to require adherence to core policy 55

quality across the county

Preventing the deterioration of air quality in the first place is the most cost effective strategy to ensure a vibrant local economy, and that Wiltshire is a place where people wish to live, work and visit.

What will we do:

- Work in partnership with Spatial Planning and Development Control to ensure air quality continues to be integrated into the planning system. To facilitate this we will work toward the formal adoption of Supplementary Planning Document on air quality.
- We will require air quality impact assessments of new residential and commercial development in pursuance of core policy 55 and the objectives of this strategy.
- We will work with Spatial Planning on refreshing core policy 55 and to promote greater consistency between policies on air quality, sustainable development, transport and climate change.
- We will work with Development Control and Developers to ensure development does not lead to future air quality problems. This may be through design and layout or through financial contributions to specific projects that promote better air quality.
- We want to ensure that new development helps reduce the need to travel particularly by private car, and will encourage the sustainable, safe and efficient movement of people and goods within Wiltshire through measures such as the creation of cycle ways, green travel plans and that otherwise promote and enhance individuals' ability to use alternatives to the private motor car.
- We are committed to maintaining air quality monitoring across the county to address local concerns where they arise and to provide that information on a public platform

- We will work with Transport Planners and ensure that air quality is a consideration in transport strategies and plans.
- We will work with teams engaged in economic development and regeneration to facilitate the Government's ambition of a low carbon, low emission economy, to ensure improvements are ongoing and sustainable, support future development and decouple local growth from air pollution and carbon emissions.
- Ensure air quality continues to be embedded into the thinking and decision process of the council.
- We will support and encourage local communities to facilitate alternatives to the private car for local journeys
- We will encourage local communities to work with schools and businesses to promote the use of travel plans
- Through the planning process we will require electric vehicle charging points on new residential and commercial developments

Strategic priority 3: Wiltshire Council's own actions

The council recognises that in improving air quality, it has its own role to play in reducing emissions and also has the ability to influence policies that will contribute to an improvement in air quality.

What will we do:

- We will engage with taxi licensing team to explore how we can encourage promotion of low emission vehicles for private hire and taxi use.
 - Build on and support wider work of the council with regard to renewable energy, district heating systems and climate adaptation.
 - Support the promotion of sustainable travel and active travel to work by staff, contractor and partners.
 - We will work in partnership with the council's fleet management team to explore how the council can promote and embrace use of low emission vehicles in its own business and reduce business mileage.
 - We will work with the passenger transport teams to promote sustainable public transport and transport to schools.
 - We will encourage low carbon, low pollution considerations to be included in procurement.
 - Work with bus companies and other partners to support bids to the Office for Low Emission Vehicles (OLEV) to secure improvements to emissions from public transport.
 - Explore the development of a Low Emissions Strategy in partnership with the Eco Board.
 - Seek to work with Wiltshire Council partner organisations to reduce their emissions and carbon footprint.
 - Work with transport planners and other partners to seek funding for projects to improve air quality.
- Work with the school travel adviser to promote and facilitate sustainable and active travel to school by school children and parents.
 - Pilot and support initiative and projects in and around new development to facilitate sustainable and active travel, such as 'Home Run' and 'Beat the Street through S106' funding.
 - Secure funding through S106 contributions for infrastructure and other environmental improvements such as tree planting that will contribute towards improving air quality.

- Investigate the introduction of no idling zones particularly around schools

Strategic priority 4: Communication and information dissemination

Good communication and information dissemination are key to shaping policy and plans, keeping communities informed, and assisting those professionals tasked with planning new development.

What will we do:

- We will provide tailored, clear, accurate and consistent messages about the benefits of good air quality, utilising the Wiltshire air quality website as a platform to inform and educate.
- We will identify people who are at risk from poor air quality and promote a text alert system.
- A text alert system will be embedded into other services offered by the council which cater for 'at risk' groups such as Warm and Safe.
- We will establish an officer steering group for air quality with representatives from services across the council.
- We will work with communities where air quality is identified as a local priority in the Community Area Joint Strategic Assessment.
- Advise local groups on siting and analysis of NO₂ monitoring tubes (see Appendix 3).
- We will support events such as Clean Air Day and work to engage with local communities to raise awareness of measures they and individuals can take to reduce air pollution in their towns & villages.

Section 7: Implementation

Implementation, development and evaluation of the Air Quality Strategy will be driven by Health & Wellbeing Board. The group includes members from Wiltshire Council, the Environment Agency, PHE, NHS Wiltshire CCG and key partners. We build on existing work to implement change through the community air quality working groups, and a new officer steering group.

Section 8: Governance

This strategy is governed by the Health & Wellbeing Board. A progress report will be submitted to the group annually on the progress of the Air Quality Strategy.

Not all actions will be directly contained within the air quality strategy. Progress on the Air Quality Action Plan will be reported to Defra and local air quality action plans will be reported on to the Area Boards and Defra. This strategy forms an overarching policy document that seeks to maintain and improve air quality across the county. Further actions are contained in the Air Quality Action Plan and Community Action Plans. These will be published on the Wiltshire Air Quality web page and reported on to Defra and the relevant area board.

Section 9: References and resources

1. [Air Quality Plan for Nitrogen Dioxide in UK \(2017\) DEFRA](#)
2. [Clean Air Strategy \(2019\) DEFRA](#)
3. [Review of Interventions to improve outdoor air quality and Public Health](#)
4. [Air Pollution: Outdoor air quality and health \(2019\) NICE](#)

5. [Public Health Outcomes Framework](#)
6. [Wiltshire Air Quality Website](#)
7. [Wiltshire Know & Respond Text Alert Service](#)
8. [Defra guidance on siting of diffusion tubes](#)

Appendix 1: First Wiltshire Air Quality Strategy achievements

Summary of Measures implemented from Air Quality Strategy 2011 – 2015

- Smarter travel initiatives to encourage a shift to greener modes of transport.
- Funding and supporting car clubs.
- Smoothing traffic.
- Development of electric vehicle infrastructure.
- Bus emissions programme, so that older buses have been fitted with particulate traps and diesel–electric hybrid buses are introduced as quickly as possible.
- Publication of air quality action plan.
- Inclusion of core policy 55 in the Wiltshire Core Strategy.
- Draft Air Quality Supplementary Planning Document.
- Wiltshire Air Quality website.
- Establishment of community air quality action plan groups in areas with AQMAs.
- Text alert system for poor air quality: Know and Respond.
- Beat the Street – Public Health joint project with local AQ groups.
- Wiltshire Council – Reduced business miles, remote working, electric pool cars, electric charging points, waste contract.
- Electric charging points on public car parks and train stations.

Appendix 2: Air quality objectives

Pollutant	Air quality objective		Date to be achieved by
	Concentration	Measured as	
Benzene	16.25µg/m ³	Running annual mean	31.12.2003
	5.00µg/m ³	Running annual mean	31.12.2010
1,3–Butadiene	2.25µg/m ³	Running annual mean	31.12.2003
Carbon monoxide	10.0mg/m ³	Running 8 hour mean	31.12.2003
Lead	0.5µg/m ³	Annual mean	31.12.2004
	0.25µg/m ³	Annual mean	31.12.2008
Nitrogen dioxide	200µg/m ³ not to be exceeded more than 18 times a year	1 hour mean	31.12.2005
	40µg/m ³	Annual mean	31.12.2005

Particles (PM10) (gravimetric)	50µg/m ³ , not to be exceeded more than 35 times a year	24 hour mean	31.12.2004
	40µg/m ³	Annual mean	31.12.2004
Sulphur dioxide	350µg/m ³ , not to be exceeded more than 24 times a year	1 hour mean	31.12.2004
	125µg/m ³ , not to be exceeded more than 3 times a year	24 hour mean	31.12.2004
	266µg/m ³ , not to be exceeded more than 35 times a year	15 minute mean	31.12.2005

Appendix 3

NO₂ monitoring using Diffusion Tubes

Diffusion tubes are inexpensive and many can be installed over a geographical area. The low cost per tube permits sampling at a number of points in the area of interest; which is useful in highlighting “hotspots” of high concentrations, such as alongside major roads. They are less useful for monitoring around point sources or near to industrial locations where greater temporal resolution is required for particular objectives. They are useful both for annual monitoring as well as short term monitoring projects. They can be placed in many different locations, though are typically placed on building facades in heavily trafficked areas, and in urban background locations.

Diffusion tubes take samples over an approximately 1 month period. As such they are useful for assessing the annual objective of 40µg/m³, but cannot be used to assess the number of hours greater than 200µg/m³. As they are not the reference method, and passive diffusion typically results in a low accuracy, it is necessary to bias correct the results based upon local or national collocation studies with chemiluminescent analysers. It is also necessary to calculate the data capture, and if this is less than 75%, the results should be annualised.

The site should be open to the sky, with no overhanging vegetation or buildings. Ideally, samplers would be placed at breathing height, but in order to reduce theft of tubes, it is recommended that tubes are placed at a height of 2–4 m. It is important to place diffusion tubes where there is free circulation of air around the tube, but the opposite extreme should also be avoided, i.e. areas of higher than usual turbulence. For this reason, the tube should not be located on the corner of a building. Care should be taken to avoid any very localised sources, sinks of NO₂, or disturbances to the airflow. For example, tubes should be mounted greater than 10m from the following:

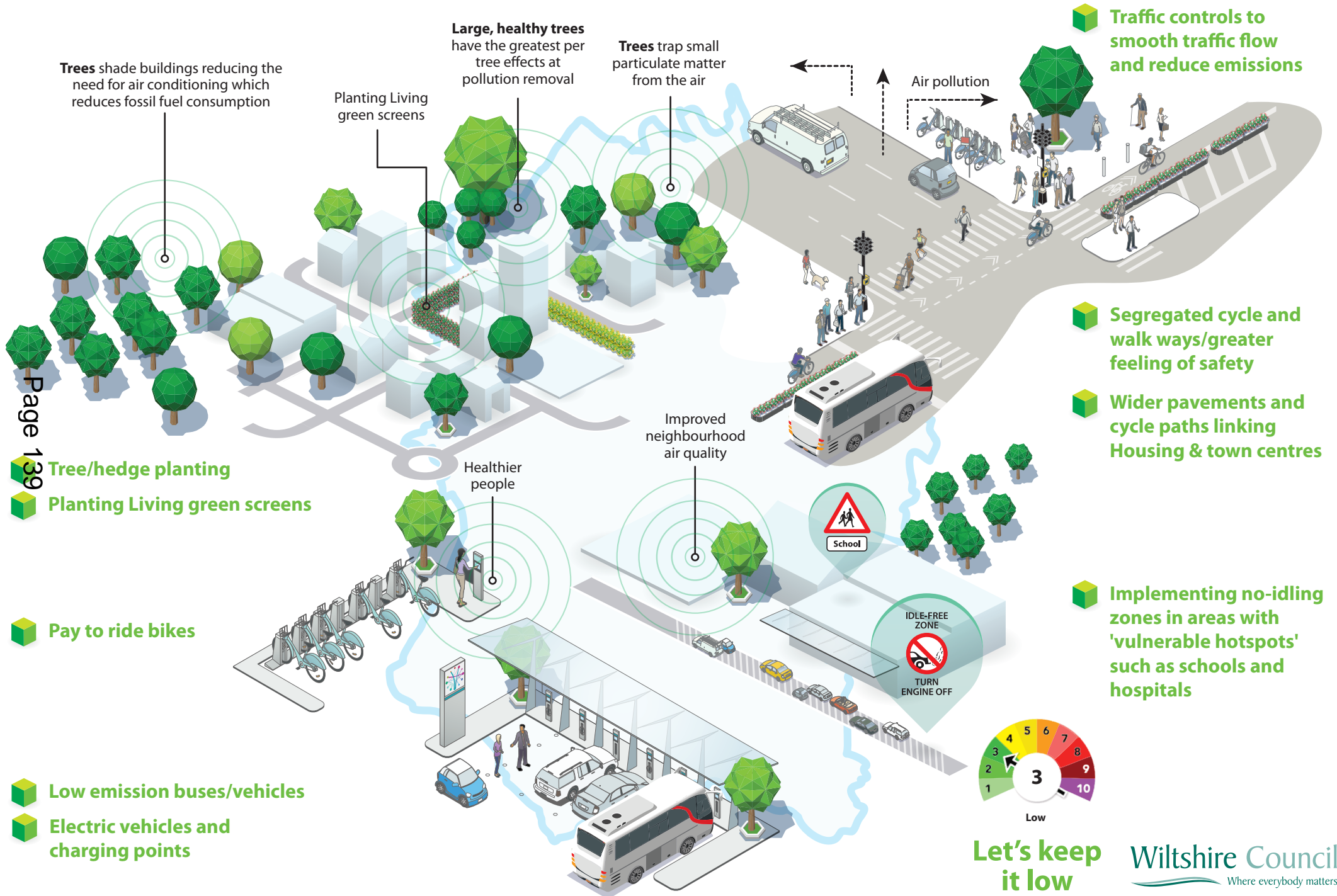
- Heater flues (particularly low level balanced flues);
- Bushes or trees overhanging or surrounding the tube location;

- Air conditioning outlets;
- Extractor vents; or
- Underground ventilation shafts.






More detailed guidance on the siting of diffusion tubes is given in section 3 of the report produced for Defra in February 2008 entitled “Diffusion Tubes for Ambient NO₂ Monitoring: Practical Guidance”

https://uk-air.defra.gov.uk/assets/documents/reports/cat05/0802141004_NO2_WG_PracticalGuidance_Issue1a.pdf

Local actions to improve air quality



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-  **Tree/hedge planting**
-  **Planting Living green screens**
-  **Pay to ride bikes**
-  **Low emission buses/vehicles**
-  **Electric vehicles and charging points**

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Wiltshire Council

Health and Wellbeing Board

23 May 2019

Subject: Update on MASH self neglect guidance and Wiltshire Multi-Agency Hoarding Protocol

Executive Summary

- I. To inform the Health and Wellbeing Board of the introduction of guidance on self neglect and provide feedback on the use of the multi-agency hoarding protocol.

Proposal(s)

It is recommended that the Board:

- I. Notes the approach taken on self neglect and hoarding.

Reason for Proposal

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

Tracy Daszkiewicz
Director of Public Health
Wiltshire Council

Subject: Wiltshire Self Neglect Guidance and Wiltshire Multi Agency Hoarding Protocol

Purpose of Report

1. To inform the Board of the guidance published by the Wiltshire Safeguarding Adults Board in relation to self-neglect and to update on the use of the multi-agency hoarding protocol.

Background

2. The term 'self-neglect' includes a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding (Care Act 2014).
3. Self-neglect featured in a Safeguarding Adult Review conducted by the Wiltshire Safeguarding Adult Board (WSAB) and the Multi-Agency Guidance on Self Neglect was drawn up and published in 2018 as a result.
4. The document includes information, best practice guidelines and a risk assessment tool. It provides clear guidance for everyone in Wiltshire whose role brings them into contact with people who self-neglect or could be at risk of self-neglecting. It supports people to
 - define different types of self-neglect
 - feel confident in identifying self-neglect
 - know what they can do to support people who self-neglect
 - know their responsibilities when working with someone who self-neglects
5. Although hoarding is a feature of self-neglect, the decision was taken to produce a separate protocol specific to hoarding. The Health and Wellbeing Board considered the hoarding protocol at its meeting in July last year. Since its introduction the protocol has been used by a number of external organisations and internal services.

Main Considerations

6. There has been a range of different activities to raise awareness of self-neglect and hoarding and the new guidance. WSAB held a county-wide learning event about self-neglect which include staff from a broad range of services and partners.

7. Within Wiltshire Council, awareness sessions have been organised to introduce the guidance and protocol and support their implementation.
8. Within Wiltshire Adult Care Service, each team has a Self-Neglect Lead and the Adult MASH are facilitating sessions for these Leads to support the embedding of best practice.
9. The new tools have been highlighted in induction and training and are available on GROW (the council's internal training resource). Managers and staff are reporting improved awareness. Some teams have experience of using the tools within case work and safeguarding referrals have been received where the Hoarding Protocol has been referred to and the clutter rating images within the protocol used. Last year self-neglect and hoarding concerns made up 5% of the total safeguarding enquiries that Adult MASH undertook.
10. Safe & Well Advisors in Dorset and Wiltshire Fire and Rescue Service complete a Practitioner's Hoarding Assessment Form whenever they visit a property and identify hoarding which is then scanned and emailed to Adult Care via the Advice & Contact Team at the Council.

Next Steps

11. The Hoarding Protocol has been reviewed following its introduction and has been found to be a useful resource providing a person-centred approach to those with hoarding issues. No additions or amendments have been suggested by any of the agencies which have used it to date. The protocol remains hosted on the Wiltshire Adult Safeguarding Board website with the appendices as separate documents so they can be downloaded and used without the need to download the entire document.
12. Both sets of guidance can be found here:

<http://www.wiltshiresab.org.uk/professionals/>

Authors: Emma Townsend and John Carter

**Tracy Daszkiewicz
Director of Public Health
Wiltshire Council**

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