

AGENDA

Meeting: Health and Wellbeing Board
Place: Online
Date: Thursday 8 July 2021
Time: 9.30 am

Please direct any enquiries on this Agenda to Ben Fielding, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718221 or email benjamin.fielding@wiltshire.gov.uk

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

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Voting Membership:

Gillian Leake	Healthwatch Wiltshire
Dr Nick Ware	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Sam Dominey	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Edward Rendell	Co-Chair Wiltshire Locality Chair, BSW CCG
Kirean Kilgallen	Acting Police and Crime Commissioner
Dr Catrinel Wright	Wiltshire Locality Healthcare Professional, BSW CCG
Christina Button	NHS England
Cllr Richard Clewer	Leader of the Council and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing
Cllr Jane Davies	Cabinet Member for Adult Social Care, SEND, Transition and Inclusion
Cllr Simon Jacobs	Cabinet Member for Public Health, Public Protection, Licensing, Staffing, Communities and Area Boards
Cllr Gordon King	

Cllr Laura Mayes

Deputy Leader and Cabinet Member
for Children's Services, Education
and Skills

Non-Voting Membership:

Clare O'Farrell/ Elizabeth Disney
Stephen Ladyman/Douglas Blair
Seth Why

Interim Director of Commissioning
Wiltshire Health and Care
Dorset and Wiltshire Fire & Rescue
Service - Area Manager Swindon and
Wiltshire
Director- Public Health

Kate Blackburn
Alison Ryan
Nicola Hazle
Dr Gareth Bryant
Terence Herbert
Tony Fox

Clinical Director
Wessex Local Medical Committee
Chief Executive
Non-Executive Director - South West
Ambulance Service Trust
Wiltshire Police Chief Constable
Interim Corporate Director for People
Chief Executive or Chairman Great
Western Hospital
Chief Officer/Chief Finance Officer -
CCG
Chief Executive or Chairman Bath
RUH

Kier Pritchard
Lucy Townsend
Kevin Mcnamara

Tracey Cox

Stacey Hunter

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Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

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

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

For assistance on these and other matters please contact the officer named above for details

AGENDA

1 **Chairman's Welcome, Introduction and Announcements** *(Pages 7 - 30)*

The Chairman will welcome those present to the meeting and provide the following announcement:

- The Veteran's Covenant Healthcare Alliance (VCHA)

The Veterans Covenant Healthcare Alliance (VCHA) has launched its new website (www.veteranaware.nhs.uk). This website is to provide all with information, news and how to accredit as an NHS Trust organisation along with resources to assist and guide trusts through the accreditation process. The VCHA welcomes any feedback or suggestions to ensure that they are able to provide the correct levels of communication and information to all visiting the site. Comments can be sent to: rnoh.vcha@nhs.net.

- Health and Wellbeing Board Strategy

Please find attached to the agenda the Health and Wellbeing Board Strategy, for reference.

2 **Apologies for Absence**

To receive any apologies for absence.

3 **Minutes** *(Pages 31 - 34)*

To confirm the minutes of the meeting held on 28 January 2021.

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. During the ongoing Covid-19 situation the Council is operating revised procedures and the public are able participate in meetings online after registering with the officer named on this agenda, and in accordance with the deadlines below.

[Guidance on how to participate in this meeting online.](#)

Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda **no later than 5pm on 5 July 2021**. State whom the statement is from (including if representing another person or organisation), state points clearly and be readable aloud in approximately 3 minutes. Up to three speakers are allowed for each item on the agenda.

Questions

Those wishing to ask questions are required to give notice of any such questions electronically to the officer named on the front of this agenda no later than **5pm on 1 July 2021** 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 6 July 2021**.

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 members prior to the meeting and made available at the meeting and on the Council's website; they will be taken as read at the meeting.

6 Covid and System Recovery

To receive a presentation Elizabeth Disney (Wiltshire COO, BSW CCG), Lucy Townsend (Corporate Director of People, Wiltshire Council), Jo Cullen (Primary and Urgent Care, BSW CCG), Lucy Baker (Service Delivery, BSW CCG), Myfanwy Champness (Children's Commissioning BSW CCG), Robert Holman (Head of Commissioning Specialist Services, Wiltshire Council), Emma Legg (Director of Access and Reablement, Wiltshire Council) and Helen Jones (Director of Joint Commissioning, Wiltshire Council).

7 Wiltshire Alliance

To receive an update on governance and work programme, incorporating feedback from the previous Health and Wellbeing Board workshop. To be presented by Elizabeth Disney (Wiltshire COO, BSW CCG) and Lucy Townsend (Corporate Director of People, Wiltshire Council).

8 Better Care Fund - Annual Submission (Pages 35 - 38)

To receive a report from Melanie Nicolau (Programme Lead for Adult Commissioning, Wiltshire Council).

9 Healthwatch Wiltshire - Annual Report (Pages 39 - 46)

To receive a report from Stacey Sims (Manager).

10 Market Position Statements (Pages 47 - 82)

To receive a report from Helen Jones (Director Joint Commissioning, Wiltshire Council).

11 Date of Next Meeting

The next meeting is being held on 30 September 2021 starting at 9.30am.

12 Urgent Items

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

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Wiltshire Health and Wellbeing Strategy

2019-2022



Informed by the Joint Strategic Needs Assessment



The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well.

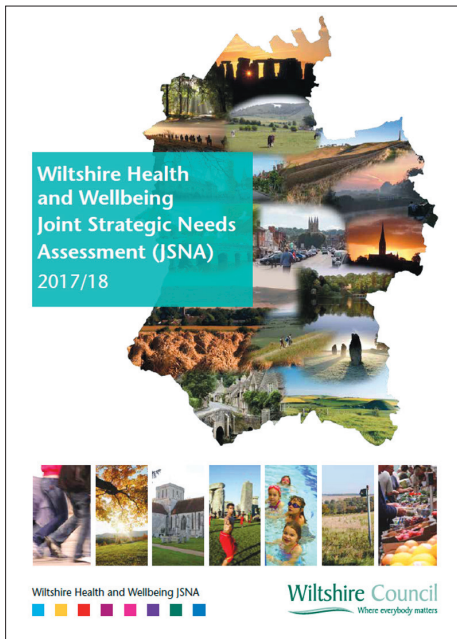
This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

Working together to deliver high quality and affordable services is essential. But we cannot do this alone.

Where someone is born and raised in Wiltshire can also have a significant influence on how healthy they are and how long they will live. We want to ensure everyone can thrive in Wiltshire. This will mean a clear focus on tackling inequalities but also on tailoring the delivery of our services to reflect the needs of local areas.

As organisations responsible for designing, commissioning and delivering a huge range of health and social care services for Wiltshire residents, we are keen to make services the best they can be and excellent value.

Introduction and context

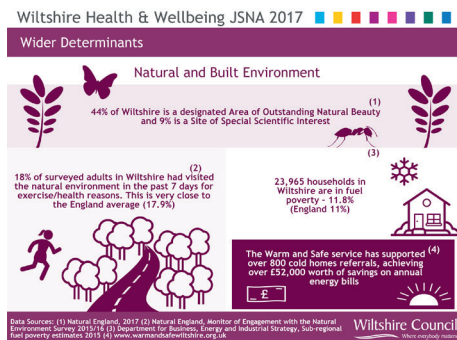


Wiltshire's Health and Wellbeing Board (HWB) was introduced by the Health and Social Care Act 2012 which required that top tier authorities established a board by 2013. It is a partnership that brings together the leaders of the health and social care system. The board is required by legislation to deliver specific responsibilities:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Develop a Health and Wellbeing Strategy
- Encourage and enable integrated working between health and social care

The JSNA uses current data and evidence about health and wellbeing in Wiltshire, to highlight the health needs of the whole community. It demonstrates how needs may vary for different age groups, as well as identifies health differences for disadvantaged or vulnerable groups. The JSNA looks at a wide range of factors that help shape and influence the health and wellbeing of individuals, families and local communities such as education, employment, housing, transport and the environment.

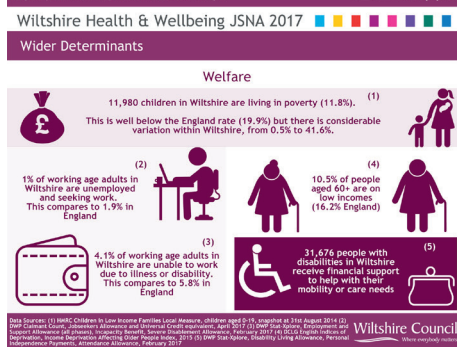
www.wiltshireintelligence.org.uk



What is a health and wellbeing strategy?

The Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services. It uses the analysis and data from the JSNA, to help identify and agree the key ambitions for our population which as a Health and Wellbeing Board we will work together to deliver.

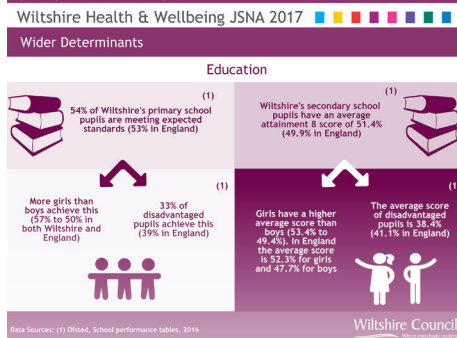
It does not list everything that all organisations will be doing to improve health and wellbeing. Instead it focuses on where the Health and Wellbeing Board can add value and sets out our vision for integrated working for the future.



Purpose of the strategy

The purpose of the strategy is to enable:

- All health and wellbeing partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed the priorities within their own organisations and ensure they are reflected in their commissioning and delivery plans
- A joined-up approach towards commissioning to deliver against these priorities
- The HWB to hold organisations to account for their actions towards achieving the objectives and priorities in the strategy



Development of the strategy

The role of Wiltshire's Health and Wellbeing Board is to lead on work to improve the health and happiness of Wiltshire, specifically focusing on reducing health inequalities. It also considers the impact of health on the wider local authority and partnership agendas including housing, education, employment, crime, vulnerability and safeguarding.

This strategy has been developed based upon the evidence of need identified within the Health and Wellbeing JSNA. Areas for strategic change and development to meet the current and future needs of the population were identified through a number of workshops run for all Health and Wellbeing Board partners.



Membership of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board.

The board representation in Wiltshire includes:



Summary of Wiltshire population at a glance

Population

Wiltshire has an estimated population of 488,400 persons



0-19 Yrs

23% of people are aged 19 or below

65+ Yrs

21% of people are aged over 65 years

20-64 Yrs

56% of people are between 20-64 years



7% increase in population from 2016 to 2030

Life Expectancy & Healthy Life Expectancy



Life expectancy 80.8 Yrs

Healthy life expectancy 64.8 Yrs



Life expectancy 84.0 Yrs

Healthy life expectancy 66.8 Yrs

Office of National Statistics, 2013-2015

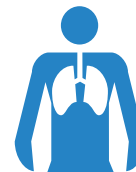
Causes of death



28% of people died from cancer



25% of people died from cardiovascular disease



12% of people died from respiratory disease

Primary Care Mortality Database 2016

Deprivation



20,800 people (4%) in Wiltshire live in the nationally most deprived quintile of areas

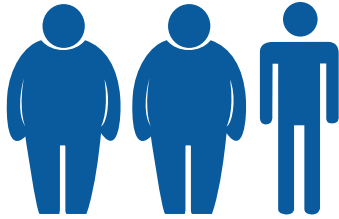
145,600 people (30%) in Wiltshire live in the nationally least deprived quintile of areas



Indices of Deprivation, 2015

Excess weight

It is estimated that 260,000 (65.8%) adults in Wiltshire are carrying excess weight. This is similar to England (64.8%)



33.7% of year 6 children from the most deprived areas in Wiltshire are overweight or obese compared to 24.8% in the least deprived areas.



Physical activity



60% of adults in Wiltshire compared to 57% of adults in England manage the recommended amount of physical activity

A high proportion of males undertake the recommended levels of physical activity than females.

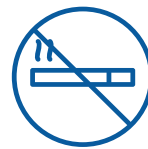


Active People Survey, 2015

Tobacco



Around 53,000 (13.9%) of adults in Wiltshire smoke tobacco. Nationally 15.5% of adults smoke tobacco.



1.8% of smokers in Wiltshire successfully quit smoking in 2016/17. Nationally, 2.3% of smokers quit successfully.



27.4% of adults in routine and manual occupations smoke tobacco in Wiltshire, compared with 9% of adults in managerial and professional occupations.

Annual Population Survey, 2016

Alcohol & Drug use



28.7% of adults in Wiltshire drink more than the maximum recommended amount of alcohol per week (14 units). The national figure is 25.7%.



An estimated 1,485 people in Wiltshire use opiates or crack cocaine

Social Care



2,692 people in Wiltshire receive support to live in the community
This represents 7 per 1000 adults aged 18+ in Wiltshire, compared to 10.5 in England
NHS, 2014/15



Carers



12,107 carers are known to Carer Support Wiltshire, of whom 35.1% are known to be aged 65+
Care Quality Commission data, 2017

Our vision

“People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives.”



The vision for Wiltshire has been co-created with our residents and is the underlying platform for us to support all people and communities to start well, live well and age well in Wiltshire. Achieving our ambition for the people of Wiltshire is essential to improve health outcomes for all whilst securing a sustainable, people-centred, health and care system for the future. We will work with our colleagues and partners to improve and protect health and wellbeing in Wiltshire.

Key themes of the Health and Wellbeing Strategy:

Prevention – Improving health and wellbeing by encouraging and supporting people to take responsibility to improving and maintaining their own health.

Localisation – Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required to deliver the best outcomes for all of our population.

Tackling Inequalities – addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.

Integration – ensuring health and social care is personalised, joined up and delivered at the right time and place.



The health of those in Wiltshire is generally very good compared to the national average. On the whole people in Wiltshire have a higher life expectancy and healthy life expectancy than the England average. Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low.

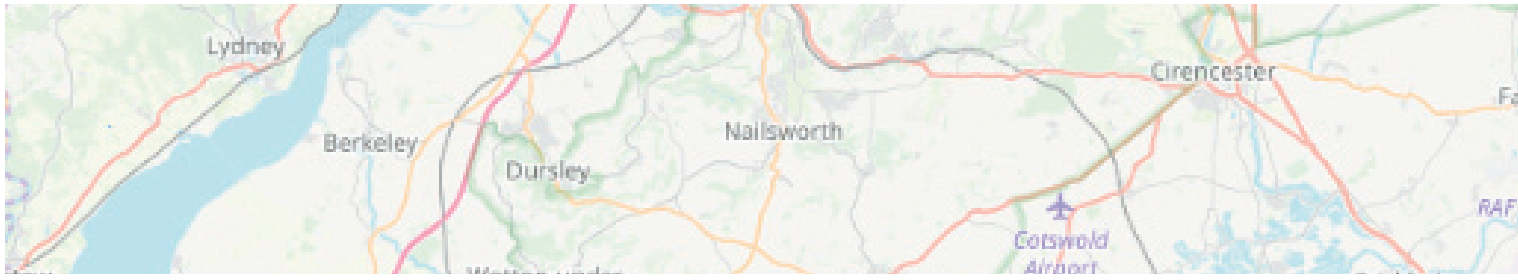
BUT, evidence from the Wiltshire Health and Wellbeing Joint Strategic Needs Assessment has highlighted that the most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20%.

Our communities living in those least deprived areas of the county, will enjoy a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Inequalities within Wiltshire, and the need to maintain focus on major health issues, for example reducing premature mortality and deaths from cancer and cardiovascular disease, mean that local services should always be accessible to all.

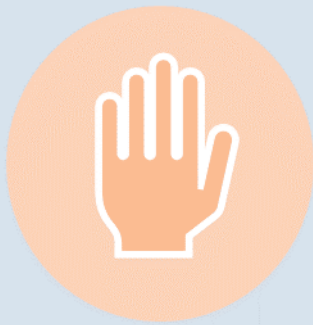
Inequalities do exist in Wiltshire and, with an ageing population structure: health needs are subject to change over future years. Therefore, we must narrow the gap in health and wellbeing outcomes. Not only between Wiltshire and the rest of England, but within our own community areas. We have to make sure everyone in Wiltshire has the opportunity to have an excellent education, to learn skills and get a good job, to live in a nice environment and live healthier lifestyles into old age.

Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low

Health and wellbeing themes



Prevention



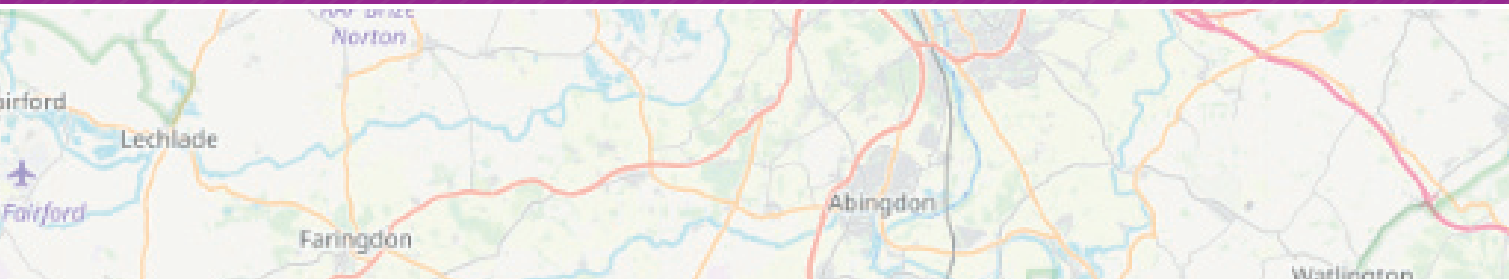
Improving health and wellbeing by supporting people to take responsibility to improving and maintaining their own health



Tackling Inequalities

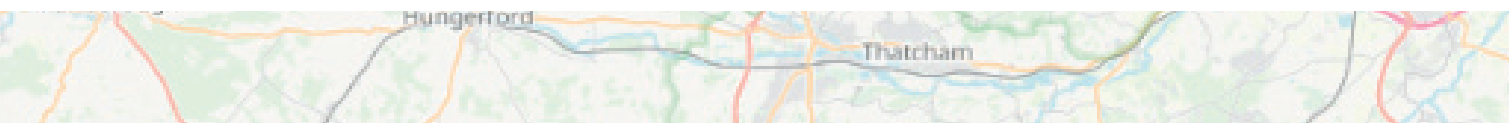
Addressing the wider determinants of health, to improve health outcomes





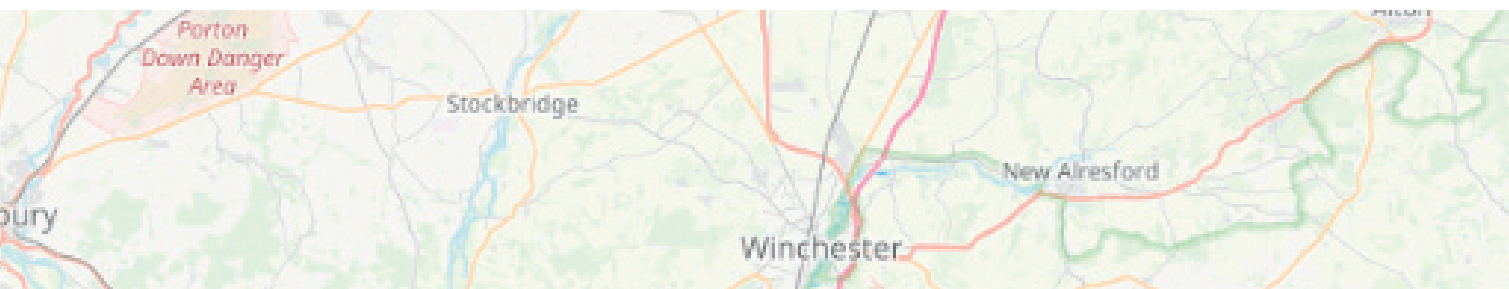
Localisation

Enabling communities to be stronger and more resilient, recognising across Wiltshire different approaches will be required to achieve the best health outcomes



Integration

Ensuring health and social care is personalised, joined up and delivered at right time and place





...we will commit
as a Health and
Wellbeing Board
to mainstream
prevention into
everything that
we do

Improving health and wellbeing by encouraging and supporting people to take responsibility to improving and maintaining their own health.

Case for change

Evidence suggests 60% of what we do to prevent poor health and improve wellbeing relates to social determinants of health i.e. the conditions in which people are born, grown, live, work and age. Unhealthy behaviours for example smoking, alcohol misuse, poor diet and lack of physical activity, are significant contributors to a large proportion of ill health and long-term health conditions such as cancers, cardiovascular disease, diabetes and dementia.

We need a system that is fit for purpose, can manage the challenges of increasing demand, focuses on prevention, supports those with long-term conditions and helps our populations to improve their health outcomes.

Achieving change

To ensure prevention of ill-health is effective across the whole population with a clear focus on high risk groups, we will commit as a Health and Wellbeing Board to mainstream prevention into everything that we do.

We will:

- Introduce measures to prevent ill health across the life-course, including working to increase uptake in immunisations, as well as working with partners in housing, employment and planning to promote health and wellbeing.
- Adopt a systems approach to prevention at a place, community and an individual level.
- Work together to ensure interventions are accessible to all populations, with a focus on smoking cessation and substance misuse.
- Prioritise the reduction of alcohol related harm across the county for all age groups.

Measuring change

Measuring the impact of prevention activities is challenging, how can you count something that hasn't happened? As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives to:

- Empower all people to start well, live well, stay well and age well.
- Support communities to be more active, eat well and achieve a healthy weight.
- Decrease the inequalities in premature mortality.
- Continue to reduce smoking prevalence and substance misuse.



As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives

Tackling inequalities

Addressing the wider determinants of health such as housing, unemployment, homelessness, education, social isolation, transport and community safety. Ensuring those who have the most need in our communities are as healthy as everyone else.

Case for change

Whilst a significant proportion of our population are healthy; good health isn't just about the treatment of illness. It is the food we eat, the relationships we maintain, the environments in which we live and work and the opportunities we have to thrive. Supporting people to remain healthy, independent and well is a crucial feature of this strategy.

To make the biggest changes in people's health and wellbeing, we need to focus on the social and environmental factors impacting on people's lives:



Achieving change

We know the wider determinants of health i.e. employment, education, housing, environment and transport all have a significant impact on health and wellbeing and that as a multi-agency Health and Wellbeing Board we have a real opportunity to impact positively across all of these wider determinants.

We will commit to a strategic focus on health inequalities, embedding practical actions across all agencies which include elements of community capacity and collaborative approaches.

We will:

- Create an environment where our communities feel happy and supported and have access to opportunities that can help to improve their lives.
- Work with partners to improve the quality and supply of homes to help prevent homelessness.
- Continue our work with school, early years settings and other educational establishments to give children, young people and families the best start to their educational lives.
- Adopt a systems approach to worklessness, into supporting people into accessing good quality employment.
- Through our commitment to achieve a carbon neutral county, we will work together to improve air quality.

Measuring change

As a Health and Wellbeing Board we will monitor data relating to the wider determinants of health, which can have significant impacts on health inequalities. Change will be measured against the implementation of this strategy, including:

- Improvements in the security of tenure/ home ownership
- Increased countryside access that enables all our communities to participate
- Increased support into good employment for as many people as possible
- Increased community resilience, through reducing vulnerability and exploitation.
- Reduction in the educational attainment gap, so that all children achieve their potential.

We will commit to a strategic focus on health inequalities, embedding practical actions across all agencies which include elements of community capacity and collaborative approaches



Enabling communities to be stronger and more resilient, solving problems for themselves, working together with partner agencies and the voluntary sector to meet their health and wellbeing needs.

Wiltshire's Health and Wellbeing Board is committed to ensuring everyone feels able to participate and engage with their communities, creating a health promoting environment

Case for change

Population growth, breakthrough in treatment and management of conditions mean our health and care system is under increasing pressure. When a person has the skills, knowledge and confidence to manage their own health and care, not only do they achieve better health outcomes, there is also the benefit of reduced healthcare costs and increased satisfaction with services. However, when individuals in a community feel isolated, this impacts their ability to remain resilient, which is a strong predictor for poor outcomes.

Achieving change

Wiltshire's Health and Wellbeing Board is committed to ensuring everyone feels able to participate and engage with their communities, creating a health promoting environment.

We will:

- Make sure the right services, facilities and support are provided to help people help themselves and connect them with the local community.
- Pursue opportunities to enable our populations to manage their health in the way that best suits them.
- Encourage and help our people to make healthier choices by working in partnerships with local organisations to support health improvement through the contacts that they have with individuals.
- Work together to develop systems to enable people to take more responsibility for their own health and care through technology and digital systems.





Measuring change

The Health and Wellbeing Board will measure change on localisation against the implementation of this strategy, including:

- Reduced numbers of people experiencing loneliness and social isolation
- Improved service user views on community inclusivity
- Improved satisfaction for staff and patients on provision of local services

Integration

Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible.

Integration and joining up of services has been and continues to be a key priority

Case for change

Our current health and care system is under pressure and can be confusing for patients, families and carers.

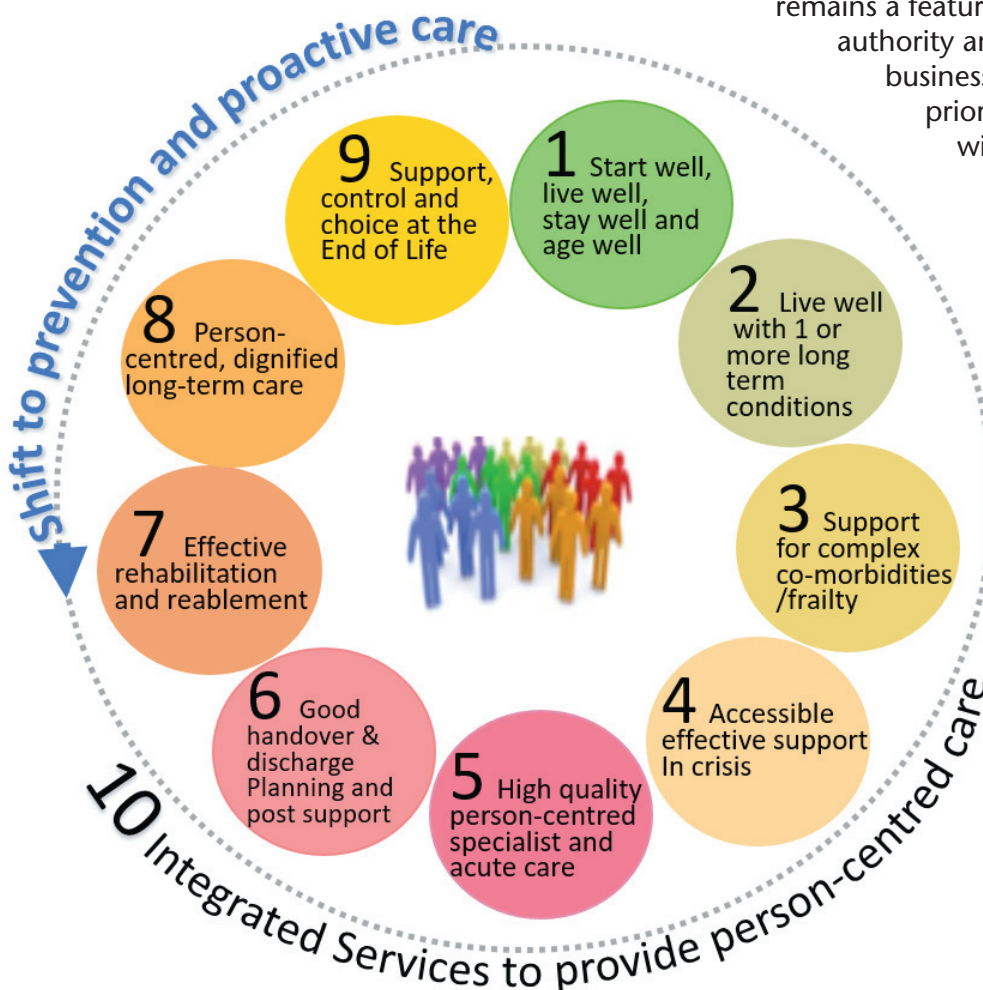
As our populations get older and more people develop long-term health conditions, our system is becoming less able to cope with the changing needs and expectations of the people it serves. This is leading to higher demand for social care, carers and community health services and these pressures will continue to increase.

The way we pay for health and care services can encourage high end care in expensive settings, often reinforcing isolated working practices. We currently spend too much on services responding at the point of crisis and not enough on early intervention and preventative support that aims to keep people well for longer.

Achieving change

Integration and joining up of services has been and continues to be a key priority of the Health and Wellbeing Board. It remains a feature of how the HWB, local authority and Wiltshire CCG conduct their business. This strategy continues to prioritise integration and aims to widen its reach by highlighting ways in which joint working can be further strengthened.

Wiltshire's framework for a new integrated health and social care model, illustrates how partners will work together to achieve this change.





Measuring change

Change on integration will primarily be measured through the work of the Wiltshire Integration Board. This will be progressed in conjunction with the Health and Wellbeing Boards collaborative approach to integration. Working with individuals, communities and services, the Health Wellbeing Board will seek to:

- Empower all people to start well, live well, stay well and age well
- Reduce the gap between Healthy Life Expectancy and Life Expectancy
- Maximise independence for older people and for those with long-term conditions
- Ensure good end of life care is available

At times, we all need support. We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.

Case for change

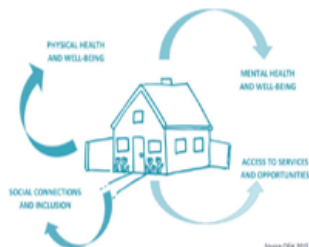
In recent decades, pressures on families have increased, particularly for those on lower level incomes. This can impact on health and wellbeing across the whole life course affecting a range of outcomes, such as a health, education, housing and employment, resulting in reduced health and wellbeing and greater demand on services.

Underlying principle for the Health and Wellbeing Board to address vulnerability

Wiltshire's framework for working together with partners to address vulnerability is illustrated below. This will be embedded across all four themes of the Health and Wellbeing Strategy, to ensure best outcomes are achieved for our entire population.

1. The Home Setting

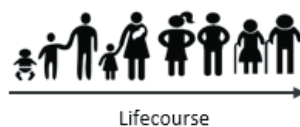
The 'home' plays a key role in enabling people to achieve good health and wellbeing.



- Improved physical health, as well as better mental health and well being
- Better social interactions and inclusions
- Better access to services and opportunities

2. Early Identification and Prevention

Focus on children, working across 'whole' family interventions

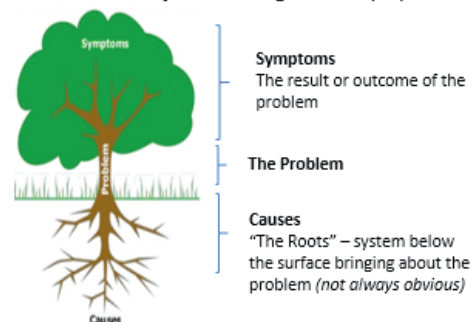


Diverting people from statutory or formal services **through local, flexible, community solutions**

- Reducing long-term health effects from exposures of direct/in-direct harms on young people
- Increasing resilience of our whole population
- Reducing social isolation and loneliness
- Improved health and wellbeing

3. Tackling Root Causes

Tackling root-causes and addressing causal factors; not just focusing on the symptoms



- Reduce risk of frequent and multiple contacts to services/agencies
- Reduced victimisation
- Improved health and wellbeing realised earlier

Our vision	People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives			
Our Themes	Prevention	Reducing Inequalities	Localisation	Integration
Actions to achieve Change	<p>Introduce measures to prevent ill health across the life-course.</p> <p>Adopt a systems approach to prevention.</p> <p>Work together to ensure interventions are accessible to all populations.</p> <p>Prioritise the reduction of alcohol related harm.</p>	<p>Create an environment where our communities have access to opportunities that can help to improve their lives.</p> <p>Work with partners to improve the quality and supply of homes.</p> <p>Continue our work with schools, early years settings and other educational establishments.</p> <p>Adopt a systems approach to worklessness.</p> <p>We will work together to improve air quality.</p>	<p>Make sure the right services, facilities and support are provided.</p> <p>Pursue opportunities to enable our populations to manage their health in the way that best suits them.</p> <p>Encourage and help our people to make healthier choices.</p> <p>Enable people to take more responsibility for their own health and care through technology and digital systems.</p>	<p>Shift the focus to prevention and proactive care at every opportunity.</p> <p>Work together to enable all to start well, live well, stay well and age well.</p> <p>Ensure that care is high quality and person-centred at every stage of their clinical journey.</p>
Measuring Change	<p>Empower all people to start well, live well, stay well and age well.</p> <p>Support communities to be more active, eat well and achieve a healthy weight.</p> <p>Decrease the inequalities in premature mortality.</p> <p>Continue to reduce smoking prevalence and substance misuse.</p>	<p>Improvements in the security of tenure/ home ownership.</p> <p>Increased countryside access.</p> <p>Increased support into good employment.</p> <p>Increased community resilience.</p> <p>Reduction in the educational attainment gap.</p>	<p>Reduced numbers of people experiencing loneliness and social isolation.</p> <p>Improved service user views on community inclusivity.</p> <p>Improved satisfaction for staff and patients on provision of local services.</p>	<p>Empower all people to start well, live well, stay well and age well.</p> <p>Reduce the gap between Healthy Life Expectancy and Life Expectancy</p> <p>Maximise independence for older people and for those with long-term conditions</p> <p>Ensure good end of life care is available</p>
Underlying Principle	<p>We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.</p>			

Voluntary and Community Sector Strategy

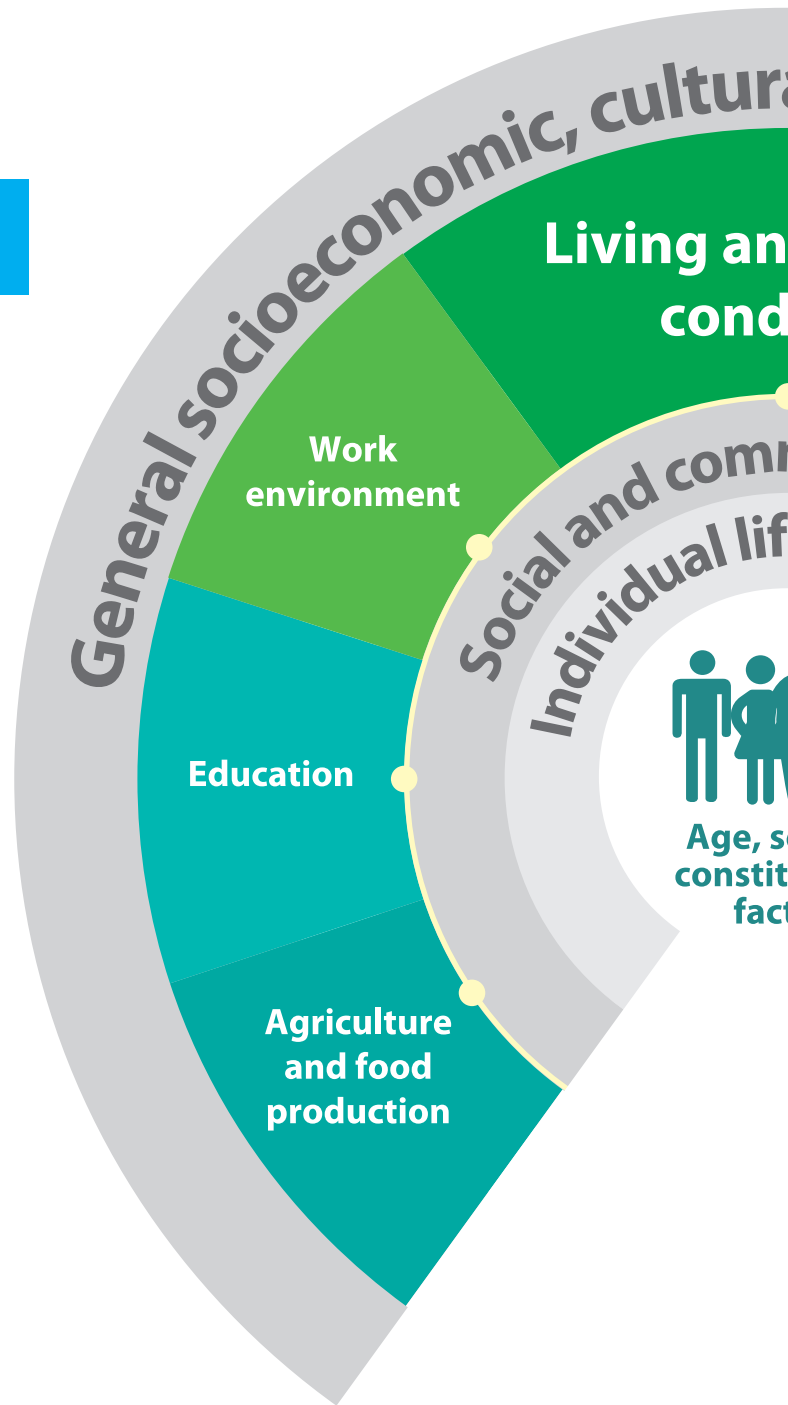
- Youth Justice Plan
- FACT Partnership Strategy
- Looked After Children Strategy
- SEN Support Strategy
- Transitions Plan
- Transformation Plan for CH&YP
- Mental Health and Wellbeing
- Children's Young People's Plan

Children's services

- Core Strategy
- Park and Open Spaces
- Local Development Framework
- Local Transport Plan (LPT);
Cycling Strategy; Smarter Choices Strategy;
Walking Strategy; Public Transport Strategy;
Accessibility Strategy
- Air Quality Strategy
- Licensing Policy

Environment

Voluntary and community sector



Wider determinants of

Procurement Strategy
Digital Strategy

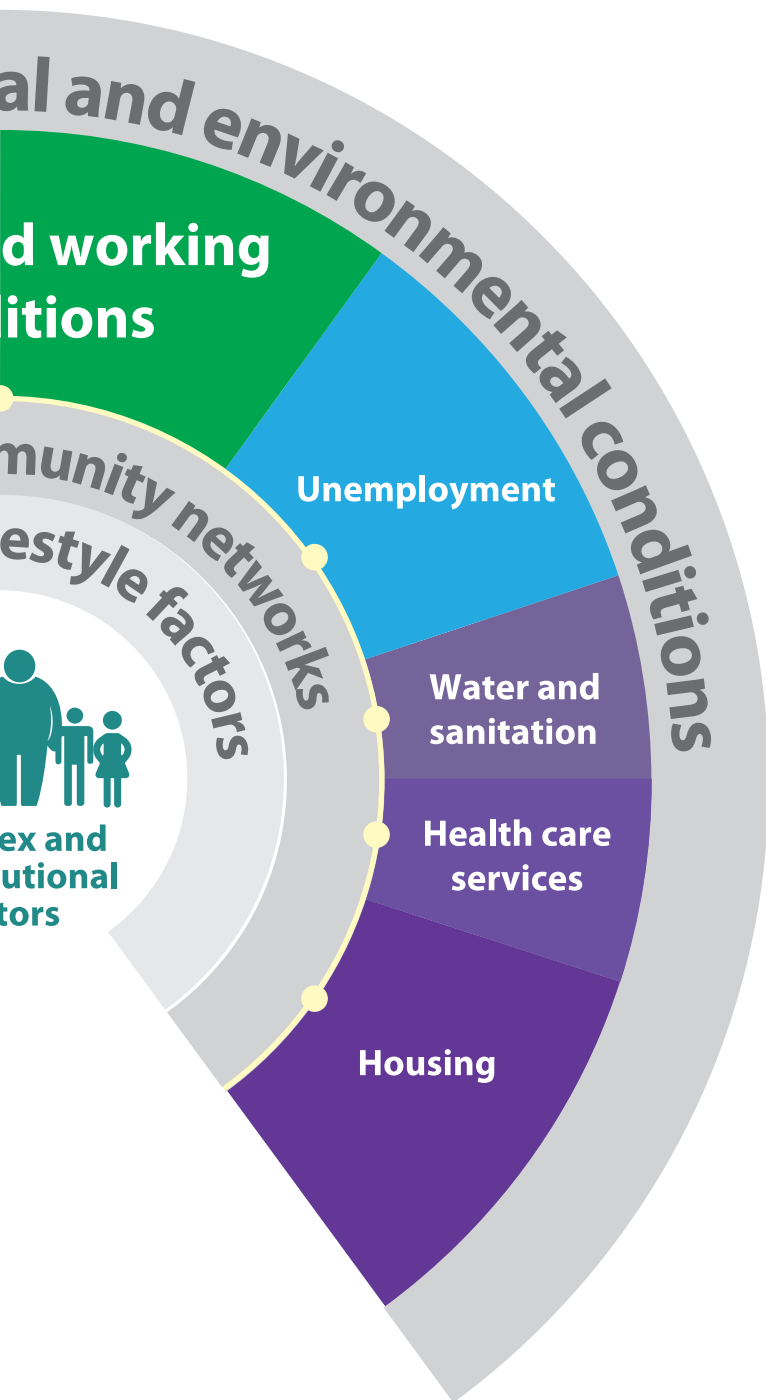
Finance and corporate services

Joint CCG and Council:
Better Care Fund Plan
Outcome Based Commissioning
Careers in Wiltshire Joint Strategy

Clinical commissioning group

Annual Public Health Report
Wiltshire Community Safety Partnership Strategy
Domestic Abuse and Sexual Violence Strategy
Housing Strategy
Homelessness Strategy
Sexual Health and Blood Borne Viruses Strategy
Old People's Strategy
Obesity Strategy
Swindon and Wiltshire Transforming Care Partnership Model
Dementia Strategy
Careers Strategy

Adult and community services



health and wellbeing

Wiltshire Health and Wellbeing Strategy

2019-2022

ENABLE PEOPLE TO LOOK AFTER THEMSELVES
ENSURE CHILDREN CAN LIVE, STUDY AND PLAY SAFELY
LIVING LONGER
GOOD NEIGHBOUR SCHEMES
LIVING HEALTHILY
PEOPLE FEEL SAFE
LESS TIME IN HOSPITAL
CUTTING WINTER DEATHS
ACTIVE ADULTS AND CHILDREN
KEEP PEOPLE WARM AND WELL IN THEIR HOMES
BEING SAFE FROM AVOIDABLE HARM
LIVING FAIRLY
HEALTHY EATING
LIVING INDEPENDENTLY
STOPPING SMOKING
REDUCE FALLS AND INJURIES FOR OVER 65s



Wiltshire

Clinical Commissioning Group

NHS Wiltshire
Clinical Commissioning Group (CCG)
Southgate House
Pans Lane
Devizes
Wiltshire
SN10 5EQ

Telephone: 01380 728899
Email: WCCG.info@nhs.net
Web: www.wiltshireccg.nhs.uk

Wiltshire Council

Where everybody matters

Wiltshire Council
County Hall
Bythesea Road
Trowbridge
Wiltshire BA14 8JN

Telephone: 0300 003 4566 (Local call rate)
Email: PublicHealth@wiltshire.gov.uk
Web: www.wiltshire.gov.uk/healthandsocialcare/publichealthwilts

Informed by the Joint Strategic Needs Assessment

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 28 JANUARY 2021 ONLINE.

Present:

Gillian Leake, Stephen Ladyman, Kate Blackburn, Dr Nick Ware, Dr Edward Rendell (Co-Chair), Alison Ryan, Angus Macpherson, Dr Catrinel Wright, Christina Button, Cllr Laura Mayes, Cllr Gordon King, Cllr Ben Anderson, Nicola Hazle, Kier Pritchard, Lucy Townsend, Emma Legg, Claire Edgar and Cllr Simon Jacobs.

Also Present:

Elizabeth Disney, Helen Jones, Myfanwy Champness, Val Scrase, James Fortune and Judy Edwards.

1 Chairman's Welcome, Introduction and Announcements

Dr Edward Rendell, Co-Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to confirm their attendance for those watching the live stream of the meeting.

Dr Edward Rendell provided the following Chairman's Announcements:

- Wiltshire Health and Wellbeing Board Membership
- Wiltshire Health and Wellbeing Board Forward Work Plan

2 Apologies for Absence

Apologies for absence were received from Councillor Phillip Whitehead, Terence Herbert, Stacey Hunter, Tony Fox, Tracey Cox, Christine Blanshard, Kevin Macnamara, Douglas Blair, Gareth Bryant, Clare O'Farrell, Seth Why and Dr Sam Dominey.

3 Minutes

It was noted that the previous minutes of the meeting held on 26 November 2020 would be amended to record Gillian Leake as an attendee.

Decision - The minutes of the meeting held on 26 November 2020 were agreed as a correct record.

4 **Declarations of Interest**

There were no declarations of interest.

5 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

6 **COVID-19**

The Board received a presentation from Lucy Townsend - Interim Corporate Director of People (DCS/DASS), Kate Blackburn - Director of Public Health and Elizabeth Disney - Wiltshire COO, BSW CCG.

The Director of Public Health commented on the following matters during the presentation:

- Wiltshire's recent case figures compared with the South West and England along with seven-day rolling data specific to the county.
- The impact of Covid-19 on the differing age demographics within Wiltshire.
- Wiltshire's recent mortality figures and comparison to the South West and England.

Elizabeth Disney provided an update from a CCG perspective, which commented on the following matters:

- An overview of how demand and capacity is being handled and modelled.
- An update on acute care, featuring how trusts have been caring for cohorts of Covid-19 positive patients.
- Measures that are in place for primary care, including the use of telephone triage and the importance of Think 111, a service in place to divert people away from emergency departments.
- An update on adult community services with a prioritisation of treatment at home, the community bed capacity and managing the flow of patients.
- How mental health services are working to provide a system response and are providing support for discharging individuals from hospital settings.

In addition, the Board noted comments on the following matters:

- The purpose of the brokerage team, which works to find the best possible care package available for the needs of residents.
- The importance of learning and reviewing the work being completed whilst working as a partnership to tackle issues collectively.

Decision – That the presentation and comments be noted.

7 **Better Care Fund 2021**

The Board received a report from Elizabeth Disney - Wiltshire COO, BSW CCG and Helen Jones - Director Joint Commissioning.

The Better Care Fund was introduced, and the report was discussed, with the following matters commented on:

- The purpose of the Better Care Fund was shared as being an integrated funding arrangement between the CCG and the local government.
- The report sets out the outline of spending for 2019/2020 and the budget for 2020/2021.
- The activities of the Better Care Fund.

Decision -

- 1. The Board noted the report including the impact of the Better Care programme both in supporting continuing operations and during the Covid pandemic.**
- 2. The Board noted the out-turn position of the Better Care Fund for 2019/20 and the 2020/21 funding position.**

8 **Children's Health**

The Board received a presentation from Myfanwy Champness – Wiltshire CCG, Elizabeth Disney - Wiltshire COO, BSW CCG, Val Scrase - Virgin Care, James Fortune – Oxford Health and Judy Edwards – Wiltshire Council.

During the presentation the following matters were commented on:

- The impact of Covid-19 on children has been different to that of adults, with a focus on minimizing the impact of lockdown restrictions rather than managing the outbreak.
- Acute hospitals have seen a significant decrease in the number of A&E attendances, however, there has been a significant pressure on children's inpatient beds due to mental health.
- Majority of elective surgery has been cancelled, leading to long waiting lists which could potentially have a long-term impact on child development.
- Overall appointments for children and young people in primary care are down on last year.
- Community health services are currently operating as Business as Usual, offering virtual provisions, with some face to face a standard.
- CAMHS referrals are beginning to return to pre-Covid levels and funding bids for projects have been made.
- National shortage of Children and Young People inpatient Mental Health beds, leading to care having to be provided in the community or on wards in acute hospitals.
- The emotional wellbeing of young people and how support is being offered to combat these issues.

In addition, the Board noted comments on the following matters:

- There has been positive feedback for digital offerings, however there is an awareness of digital poverty preventing some people having access.
- Though referral rates decreased, acuity and complexity of some of the cases increased for CAMHS.

Decision –

- 1. That the presentation and comments be noted.**
- 2. The Board agreed to receive follow up information regarding Children’s elective surgery waiting lists and Children and Young People’s mental health services at a future meeting for assurance.**

9 **Mental Health Community Service Framework**

The Board received a presentation from Claire Edgar - Director Adult Social Care Operations.

The Director commented on the following matters during the presentation:

- An overview of the Mental Health Community Service Framework along with what the model is required to deliver and how this will be achieved
- The need for the model to adopt the principle of inclusivity and the criteria to which groups of people would be considered
- Next steps which would be undertaken by the framework.

Decision – That the presentation and comments be noted.

10 **Date of Next Meeting**

The date of the next meeting is 4 March 2021 at 9:30 am.

11 **Urgent Items**

There were no urgent items.

(Duration of meeting: 09:30am – 11:20am)

The Officer who has produced these minutes is Ben Fielding of Democratic Services, direct line 01225 718656, e-mail benjamin.fielding@wiltshire.gov.uk
Press enquiries to Communications, direct line (01225) 713114/713115

Wiltshire Council

Health and Wellbeing Board

8 July 2021

Subject: BCF End of Year Submission short summary

Executive Summary

1.1 This short summary is to provide the Health and Wellbeing Board (HWB) with an executive briefing of the end of year submission for the Better Care Fund (BCF) for the Wiltshire locality.

1.2 Since BCF plans were not submitted in 2020-21, the nationally mandated end of year reporting required information and data on scheme level expenditure that would normally be collected during planning. This is to provide accountability for the funding, information and input for national partners and into national datasets, on behalf of Health and Wellbeing Boards. The template was submitted on time to the National BCF team on 24 May 2021.

1.3 The submission was populated by the financial out-turn position statement of the Better Care Fund (BCF) for 2019/20 and the 2020/21 funding position presented to the HWB on 28th January 2021:

Running Balances	Income	Expenditure	Balance
DFG	£3,713,864	£1,301,573	£2,412,291
Minimum CCG Contribution	£32,435,930	£29,938,799	£2,497,131
iBCF	£9,941,000	£1,224,301	£8,716,699
Additional LA Contribution	£5,080,155	£10,581,350	-£5,501,195
Additional CCG Contribution	£2,102,000	£1,465,297	£636,703
Total	£53,272,949	£44,511,320	£8,761,629

1.4 National conditions set out below were all met:

National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement 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 BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes

1.5 The end of year statements confirmed use of the BCF as an enabler of integrated working:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Wiltshire as a locality of BSW CCG and Wiltshire Council have formed an Alliance and a governing structure around the BCF which enables integrated review of existing services and joint future planning and commissioning of integrated services
2. Our BCF schemes were implemented as planned in 2020-21	All BCF schemes were implemented as planned in 20-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	The BCF plan held many of the schemes which supported the implementation of the Locality Hospital Discharge Service during the pandemic response, and so the plan became the enabler for integrated planning and working.

Proposal(s)

It is recommended that the Board:

- i) Notes the end of year BCF submission 20/21

Melanie Nicolaou
Better Care Fund Programme Lead
Wiltshire Locality

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Wiltshire Council

Health and Wellbeing Board

8 July 2021

Subject: Heathwatch Wiltshire Annual Report 2020/21

Executive Summary

Healthwatch Wiltshire is the independent consumer champion for health and social care. We have a legal requirement to publish an annual report and this gives an opportunity to demonstrate to local people, stakeholders, and the Wiltshire Health and Wellbeing Board the progress which has been made in 2020/21 and to look forward at our plans for 2021/22.

The Healthwatch Wiltshire Annual report highlights the range of activities that were undertaken during 2020/21 including:

- the set up of our mental health open forum
- a mystery shopping exercise by Young Healthwatch of mental health support websites
- hearing the experiences of those that had used the bluebell place of safety during the pandemic
- responding to the Covid-19 pandemic

Proposal(s)

It is recommended that the Board:

- I. Notes the key messages from the report.
- II. Notes the contribution made by Healthwatch volunteers.
- III. Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

Reason for Proposal

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

Stacey Sims
Manager
Healthwatch Wiltshire

Subject: Heathwatch Wiltshire Annual Report 2020/21

Purpose of Report

1. The purpose of this report is to present to the Health and Wellbeing Board the Heathwatch Wiltshire Annual Report for 2020/21 to invite comments, recognise the progress achieved during the last year, and confirm a commitment to listen to and take in to account the views of local people about health and social care services in Wiltshire.

Relevance to the Health and Wellbeing Strategy

2. 1 The projects outlined in our Annual report fall into several themes within the Health and Wellbeing Strategy.
- 2.2 Their findings provide insight into people's experiences of how services work together, their ability to access support and care and at a time and place that is suitable to them.
- 2.3 The views of local people shared in this report can be used to influence developments in health and care services. Active participation in health and care services by local people and communities can lead to people more responsibility for their own health, maintaining their own health and improving their health outcomes in the future.

Background

- 3.1 Local Healthwatch and Healthwatch England were established in 2012 as part of the Health and Social Care Act 2012. Healthwatch England is the national body which provides leadership and support to the Local Healthwatch network. There is a Local Healthwatch organisation in each upper tier authority area of England. Local Healthwatch has an important role to listen to and share the voice of local people in the design of health and social care services, and in monitoring the quality of those services. Commissioners and providers of these services have a duty to listen to that patient and public voice.
- 3.2 Healthwatch Wiltshire was set up in 2013 to deliver the statutory activities of a local Healthwatch service. Wiltshire Council provides core funding to Healthwatch Wiltshire through a contractual agreement. It is important to recognise that the Council does not direct the work plan of Healthwatch Wiltshire but contracts the organisation to deliver the statutory activities.

- 3.3 Local Healthwatch must prepare an Annual Report by 30 June for the previous financial year (1 April 2020 to 31 March 2021). A report template is provided by Healthwatch England. The Annual report must be submitted to several bodies including Healthwatch England, The Care Quality Commission, NHS England, BSW Clinical Commissioning Group and Wiltshire Council.

Main Considerations

- 4.1 The Healthwatch Wiltshire Annual report highlights the range of the activities that were undertaken during 2020/21 following a then and now theme. This demonstrated how work in previous years has fed into work undertaken over the last year. For the purpose of this report, the focus will be on the projects completed over the last year. These include:
- the setup of our mental health open forum
 - a mystery shopping exercise by Young Healthwatch of mental health support websites
 - hearing the experiences of those that had used the bluebell place of safety during the pandemic
 - responding to the Covid-19 pandemic
- 4.2 Our year in numbers:
- We heard from 1,753 people this year about their experiences of health and social care.
 - We provided advice and information to 8,513 people.
 - We engaged with and supported 520 people about their experiences of health and care services during the pandemic.
 - We published 12 reports which made 36 recommendations about the improvements people would like to see to health and social care services.
- 4.3 Wiltshire Open Mental Health Forum
Our online forum was set up in July 2020 and is a collaboration between us, service users and mental health service provider AWP, and is supported by a range of organisations including Wiltshire Council, Richmond Fellowship, Carer Support Wiltshire and Citizens Advice.
- 4.4 The forum gives service users the chance to share their experiences directly with the providers and commissioners and also gives the opportunity to get in involved in shaping and developing mental health services. These include:
- The redesign of the Recovery and Inclusion service, which is to be set up in response to an expected increase in demand for mental health services following the Covid-19 pandemic.
 - A new initiative by Citizens Advice to pilot a service providing extra support to help those with mental health to act on advice they have been given.
- 4.5 Forum members, many of them with lived experience of mental ill health, have also worked together to produce their own comprehensive guide to mental health and wellbeing services on offer in Wiltshire, as a way of

helping people who are struggling with their mental health to find the right support for them quickly and easily. This guide has been downloaded over 400 times.

“We have been really pleased with the way the forum is going and the willingness of people to join us virtually and get their views heard.”
AWP Local Involvement Coordinators Teresa Bridges and Christina Gregory

“I have found it very helpful to think we can help others with mental health problems.” Forum member

4.6 Young Healthwatch Mystery shop

When young people told us that being able to access information about their mental health and make informed choices was important to them, our team of young volunteers decided to review the online support available in Wiltshire in a mystery shopping project.

4.7 The Young Healthwatch Wiltshire volunteers created a series of scenarios around conditions such as depression and schizophrenia, to review the Barnardo’s On Your Mind and Wiltshire Child and Adolescent Mental Health Services (CAMHS) websites, identifying what information was useful and relevant, what was good about the websites, and what could be improved.

4.8 While the volunteers saw the information provided as a good starting point, they thought it didn’t go into enough detail, particularly on some of the lesser-known conditions. They also thought the information could be more accessible, and better targeted towards different age groups.

4.9 Their suggestions for improvement included a search bar to aid navigation, and a chat function to provide peer support in a safe environment. They also wanted to see young people involved in the future design and development of the websites.

4.10 In response to the young volunteers’ findings, changes have already been made to the On Your Mind website with the introduction of a search bar, while a translation tool and chat function are currently being looked into. The young volunteers have also been invited to take part in future testing of the CAMHS website during its revamp.

“We are really grateful for the comprehensive and insightful feedback... We look forward to inviting the young people to join the future co-production and user-testing events alongside our Participation teams to look at the changes we have made in response to the report.”
Viki Laakkonen, Deputy Medical Director, Oxford Health Foundation Trust

4.11 Hearing the experiences of those that had used the Bluebell Place of Safety

Working with BaNES, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), we conducted 32 in-depth telephone interviews with people who had been taken to the Bluebell Place of Safety in Devizes during the covid-19 pandemic.

4.12 We asked people to reflect on what happened before being taken to the Place of Safety, what they thought might have prevented them needing to be taken there, and whether they thought being taken there had been an appropriate course of action.

- Most people we spoke to felt that Bluebell provided a caring and appropriate environment for them at a time of crisis.
- Most said they understood their mental health assessment and its outcomes, although not everyone agreed with these.
- More than half said they had asked for help before going to the Place of Safety and mentioned difficulties accessing the right support.

4.13 Although situations are often complex, our findings suggest there may be instances where the need for people to be taken to a Place of Safety could be avoided, and our recommendations include improving access to community mental health support to enable people to get the right support quickly when they are in crisis.

“We are very grateful to Healthwatch for undertaking a fantastic piece of qualitative review work to help our system better understand the experience of people detained on a section 136... We will be using the report as a foundation to our system change to improve experiences and outcomes.”

Lucy Baker – Director of Planning and Transformational Programmes at BSW CCG

4.14 Responding to the Covid-19 pandemic

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

4.15 This year we helped people by:

- Providing up to date advice on the Covid-19 response locally.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out, including sharing information on the local programme.
- Helping people to access the services they need.

4.16 Providing Insight

Between March and July 2020, we worked with Healthwatch Swindon and Healthwatch BaNES to collect feedback on what people thought about information, services, community support and their wellbeing. Our series of Covid-19 Insight Reports detail our findings, which were combined

with those from the CCG's Citizens Panel. These were shared with commissioners and providers to give them insight into local peoples experiences.

4.17 Advice and information

Early in the pandemic, our role quickly became much more focused on providing people with clear, consistent and concise advice and information on our website to help address people's questions and concerns. Over the course of the year, our advice and information pages have been accessed more than 8,200 times.

The key information people were looking for included:

- Latest Government and NHS advice on Covid-19
- Support available in the community
- Q&A on the Covid-19 vaccine

4.18 Highlighting care home good practice

Keeping care home residents in touch with their families and getting them involved in activities has been a huge challenge for care homes during Covid-19. We heard about the commitment of care home staff in caring for their residents and the strong relationships they've formed with them, and we received feedback about some of the innovative ways that care homes were keeping their residents in touch. Our report describes the initiatives put in place by local care homes to help residents stay connected and engaged.

4.19 Signposting to community support

During the early stages of the pandemic, our helpdesk received a call from Mrs S* who said she didn't have any food and that no one was able to get any shopping for them. They gave Mrs S two numbers for local community groups that offered support with shopping and sent further details by email. The helpdesk followed up the call and Mrs S said she had used the information, and someone was now collecting her shopping and medication. She thanked the helpdesk for their help.

4.20 Our volunteers

At Healthwatch Wiltshire we are supported by 44 volunteers to help us find out what people think is working, and what improvements people would like to make to services. They contributed 1,134 hours of their time.

This year our volunteers:

- Promoted Healthwatch Wiltshire and our role within their local communities.
- Passed on advice and information and helped us gather feedback.
- Helped people have their say from home by carrying out interviews over the phone.
- Reviewed documents for us and our partners.

Next Steps

- 5.1 Our priorities for 2021/22 have been identified based on what we have been told by local people and they are:
- Mental health — Listening to experiences of mental health services and shaping service redesign.
 - Primary care — Gathering feedback on primary care services such as GP surgeries and dentists with a focus on access, both face-to-face and digital.
 - Children and young people — Young Healthwatch volunteers will identify areas important to them and seek the views of children and young people.
 - Hospital discharge pathways — Hearing experiences of the discharge process from acute hospital to home.
- 5.2 We are also looking to finish up projects that were postponed due to responding to Covid -19 such as our work to hear the views of people with autism.
- 5.3 We look forward to continuing to work closely with system leaders to ensure our contribution to health and care services in Wiltshire delivers a positive impact for local people.

The Healthwatch Wiltshire Annual report can be viewed in full here:

<https://www.healthwatchwiltshire.co.uk/report/2021-06-28/equal-terms-annual-report-2020-21>

Stacey Sims
Manager
Healthwatch Wiltshire

Report Authors:
Stacey Sims, Manager
Healthwatch Wiltshire

A photograph of two men standing outdoors. The man in the foreground is wearing a dark blue jacket and is smiling broadly, showing his teeth. The man in the background is wearing a bright blue jacket with orange accents and has a neutral expression. The background is a bright, overcast sky.

Market Position Statement

Whole life commissioning

Focusing on mental health, autism spectrum conditions, learning disabilities

Foreword

I am pleased to introduce Wiltshire's Market Position Statement for whole life pathways – focusing on mental health, autism spectrum conditions and learning disabilities. This document describes where we are now, where we want to get, and how we will work with partners. This is underpinned by the voice of Wiltshire residents.

Focusing on “whole life” enables us to plan support around each person, without creating artificial barriers between childhood, adolescence, adulthood and older age. It also helps us to see people's whole lives – their strengths, talents and aspirations – rather than their needs or disabilities.

This Market Position Statement will start a conversation between the Council and its partners and will lead to creative and inspiring services which help people to live well. It gives detailed information about our population and our County – the things we celebrate and are proud of, as well as the challenges we face – and provides a vision which we will work together to achieve.

Wiltshire Council's vision is to create strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

People should receive the support they need, at the earliest opportunity, to live independently and safely within their community. Where residents require support from the Council, it is time-limited to achieve set goals. Where needs are enduring, we revisit assessments and plans to ensure they remain fit for purpose. We will provide high quality and value for money services.

This vision reflects what people in Wiltshire have told us they want to live well.

Children, young people and their families tell us they want to remain living with their families, avoiding where possible the need for residential care both now and as they move into adulthood. Children and young people (especially those with special educational needs and disabilities) also tell us that they want to live independently, take risks and try new things – but sometimes feel held back by the worries and anxieties of their parents, or because they cannot access the right support.

Adults in Wiltshire say they want to live safely and independently in their own homes for as long as they can and enjoy the best possible quality of life. Our approach is based on people's strengths and focuses on what people can contribute. This includes supporting people to take risks, try new things, be ambitious and discover their potential.

These principles are at the heart of Wiltshire Council's Business Plan¹, as well as our Special Educational Needs & Disabilities Inclusion Strategy, THRIVE mental health plan, and emerging plans around learning disabilities and autism.

¹ Wiltshire Council's Business Plan includes a climate emergency addendum which reflects the Council's commitment to be carbon neutral by 2030.

To deliver these plans, we will work closely with partners – residents and customers, parents and carers, the NHS, and voluntary and private sector organisations. We will develop local markets to provide a range of opportunities which help people to maintain or regain independence and skills, make connections, access education and work, and take part in leisure activities.



1. Executive summary

This Market Position Statement (MPS) gives data and analysis about our population and local market so that current and future providers understand the local context, and so that we can all develop vibrant markets which provide what people want.

The MPS helps providers plan business models to support our vision of social care and specialist accommodation provision. It is a catalyst for dialogue between the Council and providers – with residents, customers and carers, we want to jointly design outcomes. Creating high-quality support requires a dynamic partnership between commissioners, providers and other stakeholders – and co-production with customers lies at the heart of this.

Specifically, the MPS:

- Presents a picture of demand and what support might look like in the future.
- Sets out how local health and social care commissioners will support and intervene in the market to deliver this vision.
- Supports this analysis with data from various sources that informs the market and helps providers with their business planning.
- Covers all current and potential future users of services, whether they receive funding through the local authority or self-fund their care.

Historically, we know that some people in Wiltshire have found that services are disjointed and don't work well together. Transitions from children's to adults' services have not always been smooth, opportunities may be missed to support young people to prepare for adulthood, and autistic spectrum conditions and mental health needs are often identified later than they could be.

In response to this, customers and professionals in Wiltshire came together to develop the Families and Children's Transformation (FACT) programme. FACT is driven by the passion our families hold for helping their children achieve their dreams, and through FACT we will create strong relationships which deliver real change and the best possible services. One of the key priorities of FACT is to commission and provide whole life pathways which are flexible, move away from thresholds which create barriers or gaps, are needs-led rather than diagnosis-led, and which enable us to plan transitions well in advance.

Our key principles

- **We work creatively together to find new solutions.** We support each other to develop excellent support which empowers the person, puts them at the centre, and demonstrates good value for money.
- **Everything we do is informed by the voice of Wiltshire residents** – children and young people (CYP), adults, individuals and families.
- **We focus on “whole life pathways” and a life-course approach.** We will identify needs as early as possible, whether they emerge in childhood, adolescence or adulthood. Our intentions align with our SEND strategy,

which prioritises supporting people through transitions, helping people plan their future, and promoting inclusion and wellbeing in the community.

- **We commission services that meet needs and promote positive outcomes.** While this document describes mental health, autism spectrum conditions and learning disabilities, we are needs-led and outcomes-led, not diagnosis-led.
- **We see people as assets;** we learn from regional and national networks; and we use technology and innovation. We judge our success by measuring impact – particularly by hearing from people about what they want and need.
- **We are part of a whole system,** and work with customers, families, providers and our partners in Health and the Council. We ensure that services are compliant with contract regulations and deliver positive outcomes and value for money in all services that we commission.

Our key commissioning priorities

- **We will commission support which enables people to live in Wiltshire².** We know that too many people move out of County, away from their friends, family and community, to get the support they need. We are committed to reversing this historic trend. We will provide the right support at the right time to enable children and young people to remain living with their families.
- **We will focus on early intervention and prevention.** With our NHS partners, we will explore innovative ways of bringing more mental health support to children and young people by building on new ways of working necessitated by the Covid-19 pandemic. We will identify needs early, provide joined-up support to children and families, and give young people every chance to realise their goals and plan for their futures.
- **We commission support that promotes independence.** Services should not simply contain people – they should make a difference to people's lives by enabling them. Wiltshire Council will continue to reduce reliance on residential care by promoting alternatives, including flexible support to help people to remain living alone or with their families. We will encourage owner occupations, home ownership and alternative housing options; securing affordable and sustainable tenancies for customers.
- **We will promote Shared Lives.** Wiltshire Council is committed to growing Shared Lives Wiltshire, which offers long-term and short-term placements, respite and home from hospital provision for people who need support.
- **We will commission support which follows evidence-based approaches to understand behaviour and support people.** We do not have enough provision in Wiltshire to support people with behaviour that challenges³. We will expand provision of services such as Positive Behaviour Support for young people with behaviour that challenges and their families.

² We recognise that occasionally it will be in a person's best interests to live outside of Wiltshire. However, this should not happen solely because of a lack of appropriate service provision in the county.

³ In a 2018 survey of providers conducted by Glenesk on Wiltshire Council's behalf, over 70% of providers who responded said they did not feel confident in supporting people with complex learning disabilities; and nearly two thirds of providers reported that they have limited or no ability to support customers with autism.

- **We will provide better support for autistic people.** People are often diagnosed with an autistic spectrum condition later than would be ideal. We will work with the NHS to develop responsive diagnosis pathways and we will commission services based on need, not diagnosis. We will commission services which meet the needs of autistic people (in particular, their mental health needs) and promote inclusion and understanding. We are co-producing an all-age autism strategy with autistic adults, children and their families. This is a critical piece of work for us in Wiltshire.
- **We will support people through transitions.** In line with our whole life approach, we will ensure transitions work smoothly and effectively so that people don't encounter "cliff edges" or have to tell their story multiple times. We will help young people start preparing for adulthood earlier, so they can make more informed decisions about how they wish to lead their adult lives. We will work with our NHS colleagues to develop the offer for people aged 16-25, supporting young people to achieve fulfilling adult lives with a focus on independence, health, paid employment and community inclusion.
- **We will ensure the information we produce is accessible and useful.** People do not always have access to information and communication for themselves and the people around them that helps them live well.
- **We will provide support for people in crisis to help them get back on their feet.** We will avoid hospital admission where possible, and instead promote community alternatives, including safe havens.
- **We will commission services that offer good value for money.** We spend more in Wiltshire on care than many of our neighbouring Counties, particularly for adults with learning disabilities⁴, but these higher fees do not consistently deliver better outcomes. We will commission support at a price which is fair and sustainable for all parties – we will negotiate transparently, led by what people need.
- **We will work as a system.** No single organisation can deliver transformational outcomes on its own. We will break down barriers between different Departments and teams; we will continue to work closely with the NHS, voluntary and private sectors; and we will ensure our commissioning intentions align with the ambitions of the NHS Long-Term Plan.
- **We are guided by the views of residents and customers.** Wiltshire is committed to co-production and as part of this Market Position Statement we want to take the next steps towards working together. People understand what they need to live well. We will co-produce plans and strategies with residents, customers and carers. We will create opportunities for customers and carers to be at the heart of reviewing services. We will develop, decide, design and do together with residents, customers, parents and carers working jointly in an equal and reciprocal relationship.

⁴ Local data shows that for residential/nursing provision for adults of working age, Wiltshire Council pays around 8% more than the national average for mental health and 12.5% more for learning disabilities. We pay 10-12% more than our neighbours Swindon and Banes for LD residential and nursing.

2. Need and demand

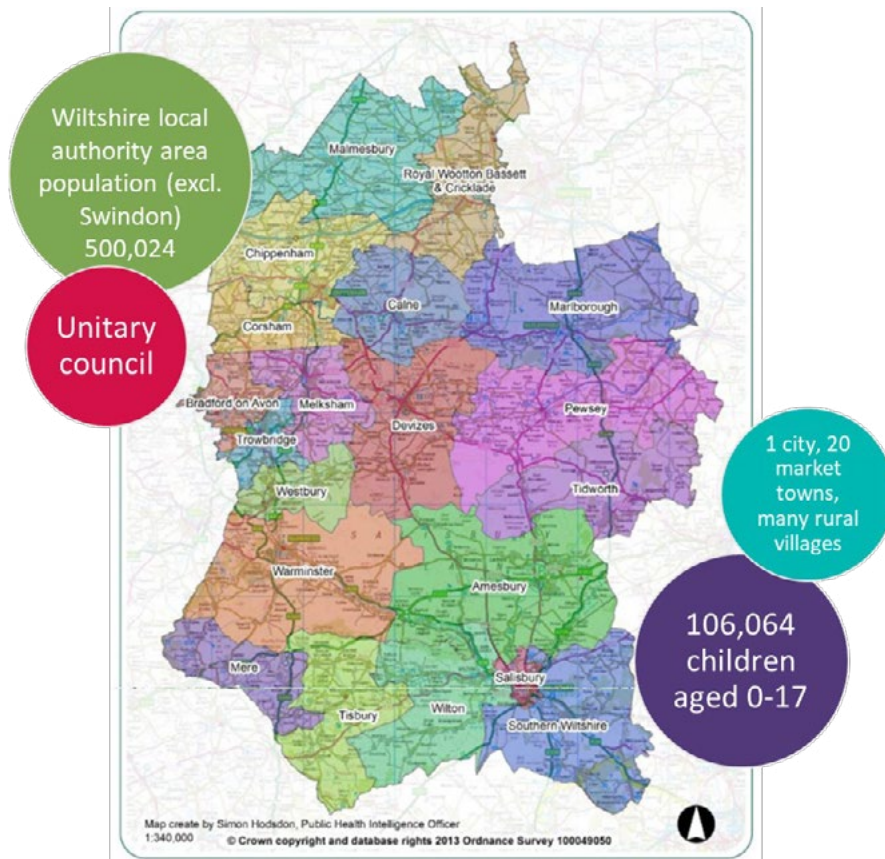
This section will describe needs, supply and demand under the themes of mental health, autism spectrum conditions and learning disabilities. We recognise that these are inter-connected, and that many people live with multiple conditions.

Overview of Wiltshire

Wiltshire is a mostly rural county in the South West of England. It borders the Council areas of Gloucestershire, Swindon, West Berkshire, Hampshire, Dorset, Somerset, Bath & North East Somerset and South Gloucestershire. The county is relatively affluent. However, there are substantial pockets of deprivation.

Wiltshire's population is mainly served by three acute hospitals: Salisbury District Hospital, Royal United Hospitals in Bath and Great Western Hospital in Swindon.

On 1 April 2020, Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Groups (CCGs) merged and became a single commissioning organisation. This will reduce variation in care and standardise best practice across BSW, so that everyone in the region receives high quality treatment, regardless of where they live. To ensure that the health and care services we commission meet the needs of the many different communities living across BSW, we have three "localities" - Wiltshire is one of these. Wiltshire Council works closely with BSW CCG, which means that local decision-making is informed by local people, communities, and a range of clinicians from health, social care and education.



The map above shows Wiltshire’s 20 Community Areas. Salisbury has by far the highest population density (2,195 people per square kilometre), followed by Trowbridge (996). By contrast, Tisbury is home to 47, Pewsey and Wilton 52, Mero 55 and Marlborough 64 people per km². The [Wiltshire Intelligence](#) website provides data for each Community Area, which we use in our Place Planning, to ensure that services are located in the right places where people need them.

Approximately 500,000 people live in Wiltshire in 2020 – this is expected to increase by 5% in the next 10 years. Wiltshire has an ageing population – whilst 19% of residents are aged 0-15, 22% are aged 65 or older. People are generally living longer and healthier than ever before. However, our JSNA shows that these gains are not enjoyed equally across the population, and we have a number of long-term health challenges. One third of Year 12 students report low mental wellbeing; we know that adults with long-term mental health problems and/or learning disabilities have much lower life expectancy; certain groups, such as manual workers and military personnel have a higher health risk associated with smoking.

The rural nature of much of Wiltshire can make access to jobs and services difficult for some residents. A key outcome of Wiltshire Council’s Business Plan is that people can get around and access good services. This requires improved road infrastructures, improved strategic roads and rail; more accessible public transport; regeneration of town centres to be improved; and more areas with fast broadband.

Getting enough housing in the right places, with jobs nearby, whilst ensuring it is affordable and respecting the environment, requires a careful balance. Currently, there are around 2,500 families on the housing waiting list, and welfare reforms

(such as the roll out of universal credit and a benefit cap) may make it more difficult for some individuals and families to access good quality housing.

The relocation of 4,000 additional Army personnel and their dependents to the Salisbury Plain area by 2019 is important for Wiltshire, and we are actively planning and preparing for the return of these troops from Germany. By 2020 it is expected there will be around 18,000 serving military personnel, many of whom will have spouses and children.

Children and young people

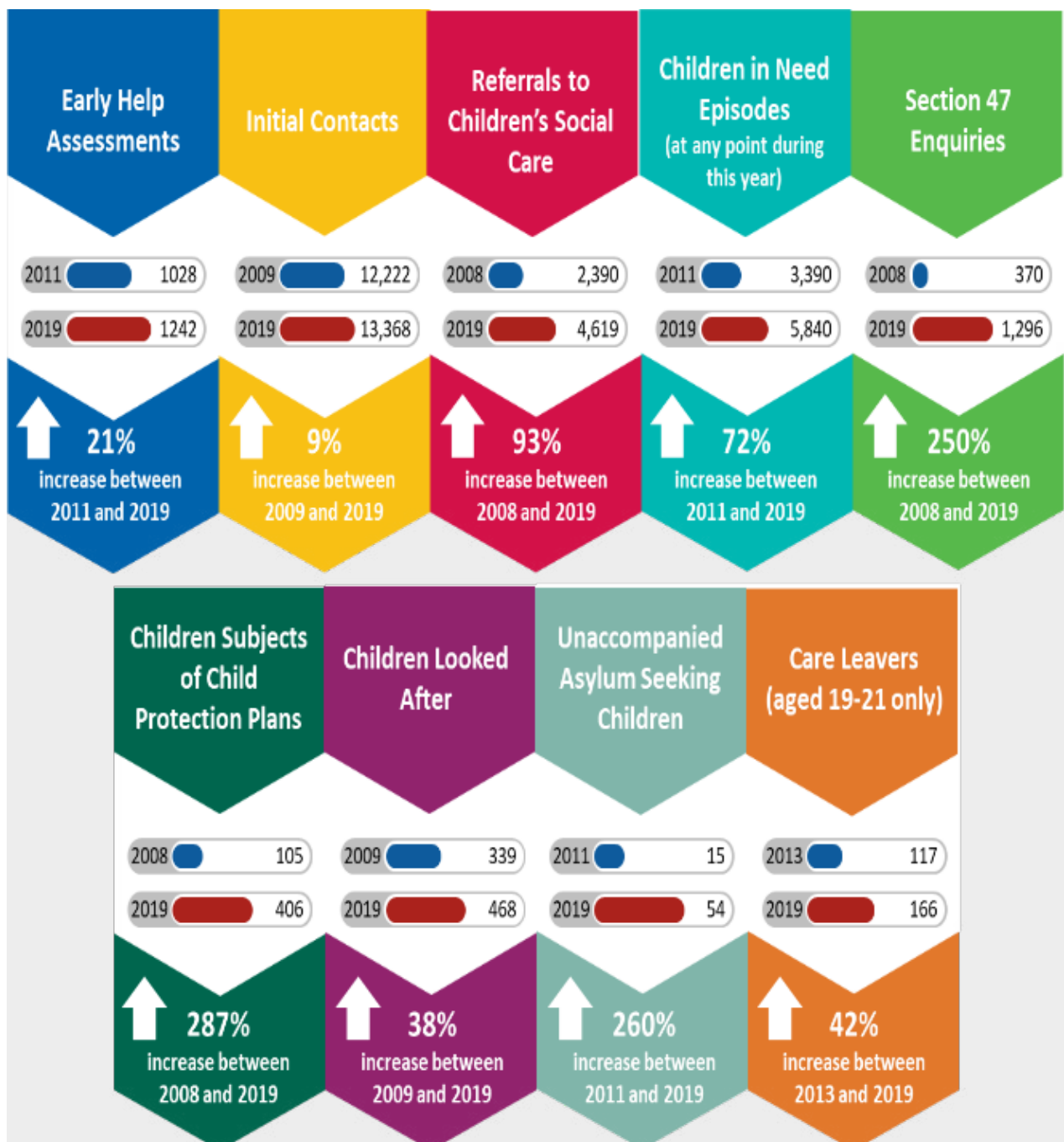
Families and Children are central to our approach in Wiltshire. We are ambitious for them, for our staff and leaders and together we are determined to ensure all Wiltshire families thrive.

In June 2019 Ofsted undertook a Children's Services inspection. Their findings largely mirrored our self-assessment. Ofsted reported that through 'strong political and corporate support, senior leaders have succeeded in stabilising the workforce and giving social workers the time they need to work purposefully with families and children' they go on to say that 'there have been significant improvements since the last inspection in 2015' and as a result 'the local authority has improved its services for children and offers a consistently good response to families and children'. We are proud to have been judged good across all areas.

Facts about CYP in Wiltshire

- 266 Schools
- 4,064 children with Education, Health and Care Plans⁵
- 371 early years group settings
- 11 children's centres
- Low child poverty at 10% but with pockets of significant variation with 17 lower super output areas with child poverty of more than 25% (highest 41.6%)
- Wiltshire is 251st out of 324 local authorities on the Social Mobility Index driven primarily by performance indicators for children and young people eligible for free school meals.
- Minority ethnic groups account for 10% of the school population (England 30%)

⁵ As of 01/09/2020



Needs analysis – accommodation-based support

In 2018, Wiltshire Council commissioned Glenesk to undertake a needs analysis around accommodation-based care and support, to inform an accommodation strategy. The needs analysis found that:

- Over 70% of providers who responded to a survey said they did not feel confident in supporting people with complex learning disabilities; and nearly two thirds of providers reported that they have limited or no ability to support customers with autism spectrum conditions.

- There is likely to be an overall 25% increase in commissioning spend over the following five years if Wiltshire's care market does not change significantly. 72% of this increased spend will be on supported living and residential care for adults with learning disabilities and older adults.
- Wiltshire makes relatively high levels of out-of-County placements, which are often more expensive and lead to poorer outcomes than in-County. We need to both reduce the number of new out-of-County placements, and support people to return to Wiltshire where appropriate.
- An audit of placements found that for adults with learning disabilities, there is potential for 74% of future demand to shift from residential to other settings.
- For adults with mental health needs, we are seeing increasing complexity, but people's experiences of having their needs met and aspirations supported is sometimes poor. We need additional supported living in the north of Wiltshire.
- Wiltshire makes insufficient use of Shared Lives provision.

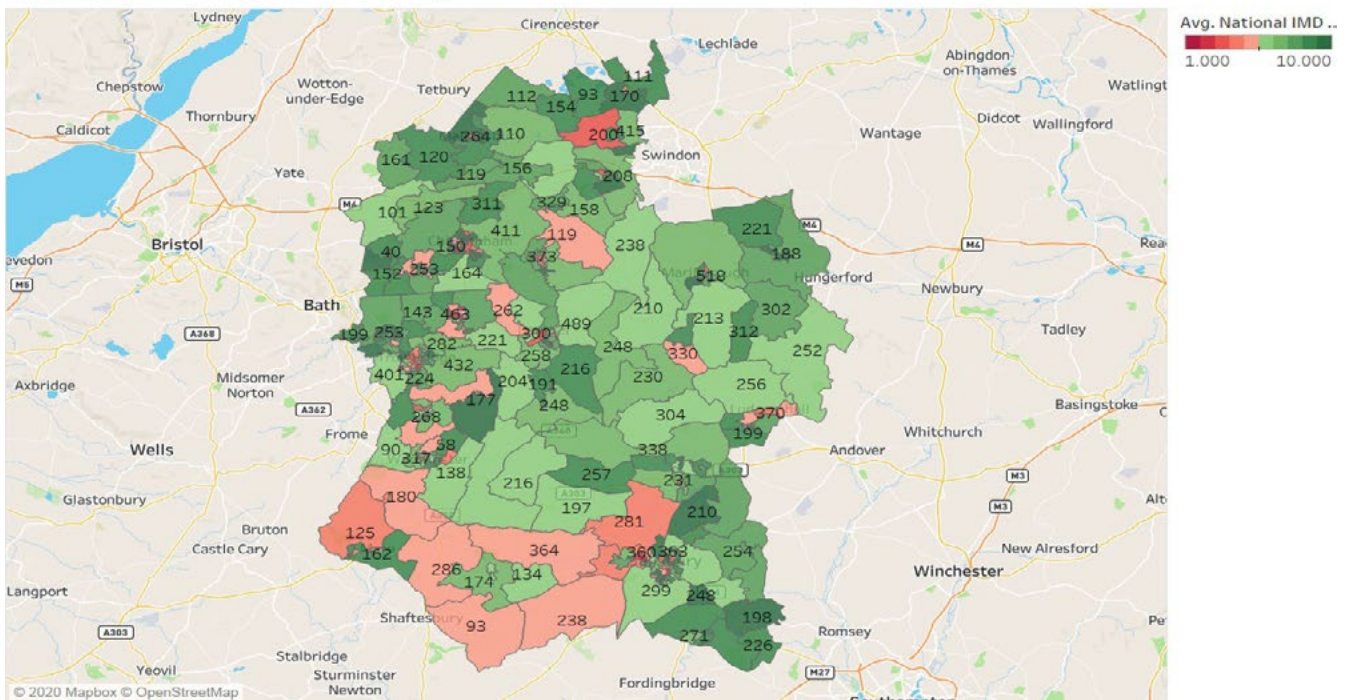
3a. Mental health

In Wiltshire, mental health is everybody's business and there is a firm understanding that good mental health requires more than health-based interventions. We are strengthening public health messaging around inclusion, prevention and early intervention, and are looking to commission more self-care tools, high-quality community-based support, and the right accommodation in the right parts of the county. It is committed to provide services that are strengths-based, personalised, and empower people to recover well, stay well and avoid crisis.

Wiltshire is a diverse county with a comparatively high percentage of military personnel and veterans, as well as those living transient lifestyles (e.g. on our canal ways) and others whose first language is not English.

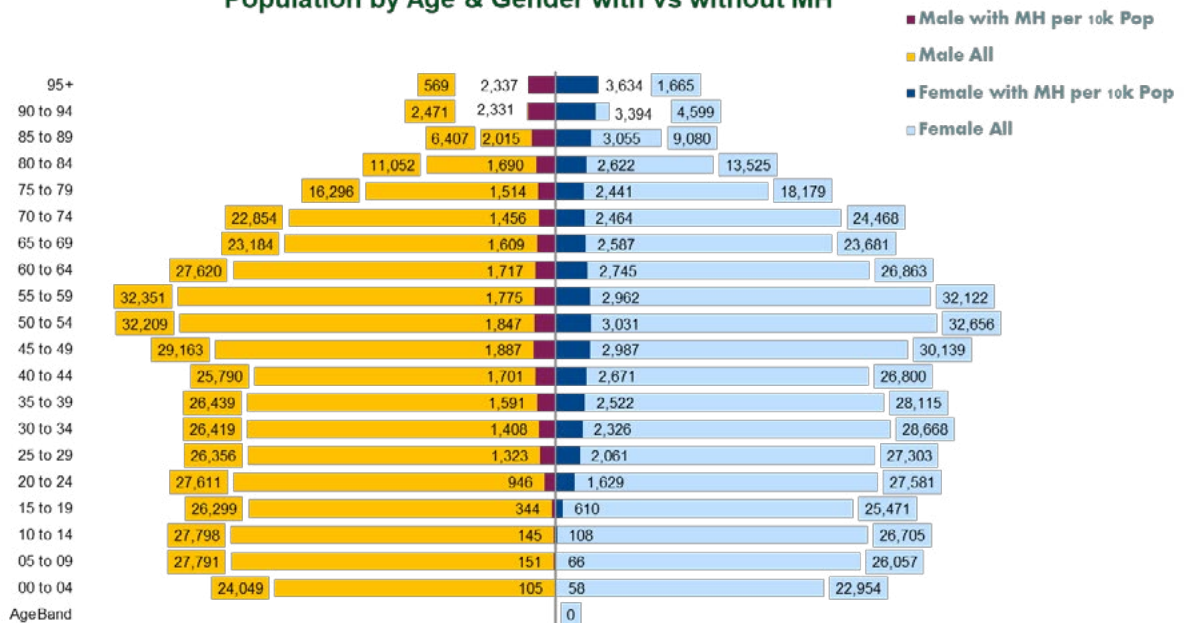
It is important to note the link between mental ill health and deprivation. The map below shows the indices of multiple deprivation (IMD) filtered by mental health, along with actual numbers of people registered with their GP as having a mental health problem:

Wiltshire MH & Deprivation Map



Prevalence

Population by Age & Gender with vs without MH



B&NES, Swindon and Wiltshire mental health overview

- Around 8,855 children and young people (CYP) in Wiltshire (9% of the 0-17 population) have a diagnosable mental health condition⁶.

⁶ NHS England 2019

- Around 55,000 adults aged 18-64 in Wiltshire have a common mental disorder; 16,500 have a personality disorder; and 2,000 have a psychotic disorder. These figures are likely to remain stable over the next 10 years⁷.
- Wiltshire has a significant military veteran population due to military basing in the County. The Adult Psychiatric Morbidity Survey 2014 estimates that 15,000 people in Wiltshire have Post-Traumatic Stress Disorder (PTSD). However, this is likely to be an under-estimate, given our military population. This is an area requiring more understanding to inform commissioning.
- Nationally, 1 in 8 children and 1 in 6 adults has a mental health problem at any one time. Almost half of adults will experience at least one episode of depression during their lifetime.
- Research commissioned by NHS England & Improvement South West found that children and young people in the BSW CCG area were more likely to stay longer in a CAMHS unit than CYP in other areas, and that lengths of stay have increased in recent years.
- A local health survey of pupils in Wiltshire found that 9.9% of primary, 24.1% of secondary and 31.7% of year 12/Further Education students have low or very low mental wellbeing.
- At secondary and further education, four vulnerable groups in Wiltshire reported least confidence about their futures: young carers, CYP with special educational needs and/or disabilities (SEND), those identifying as LGBTQ⁸, and CYP with a social worker).
- In the same survey, 10% of secondary and 12% of the year 12/FE respondents reported that they self-harmed at least monthly (a larger percentage of whom were female). The vulnerable groups listed above also reported higher levels of self-harm than their peers. Overall, there are estimated to be around 29,000 cases of self-harm in Wiltshire a year.
- Around 6,000 people in Wiltshire have an eating disorder⁹. It is estimated that 8/10 people nationally with eating disorders currently receive no treatment.
- In Wiltshire, around a quarter of people will experience a significant mental health problem during their lifetime – disrupting life, work and relationships.
- Those who experience poor mental health often experience health inequalities as a result of this, and people with severe and long-term mental health conditions die on average 15-25 years earlier than the general population.

Demand

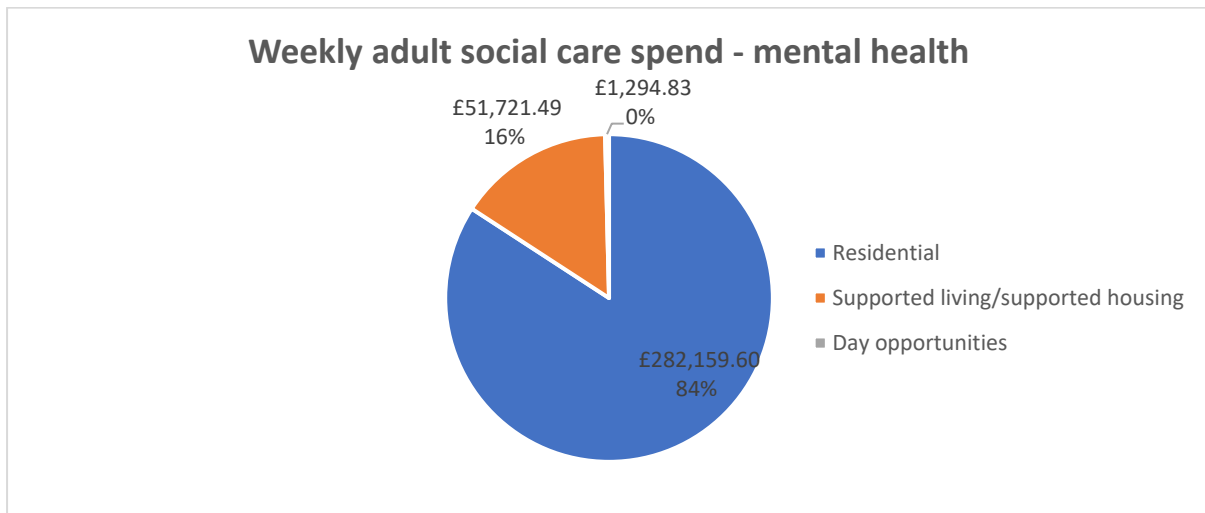
- In July 2020, there were 292 adults in specialist residential accommodation for mental health. 82% were in Wiltshire and 18% out of County. Around 40% had lived in their current accommodation for more than two years.
- There were 157 adults receiving specialist supported living or supported housing for mental health. 86% were in Wiltshire and 14% out of County. Around 25% had lived in their current accommodation for more than two years.

⁷ POPPI/PANSI

⁸ Lesbian, gay, bisexual, trans and those questioning their sexual or gender identity.

⁹ Adult Psychiatric Morbidity Survey 2014

- We have very low numbers of people with a primary need of mental health receiving day opportunities – only 16 in July 2020.
- Adult social care spend on these customers is shown below:



- The 2018 Glenesk report showed that placement costs for residential and nursing care have increased at an average of 5.5% per year over the previous four years, outstripping inflation. Volume and spend on high cost (>£1000 per week) mental health residential placements more than doubled in this period.
- In 2019/20, 33% of CYP with anxiety/depression accessed support (exceeding the national 30% target), and we aim to reach 37% by the end of 2020/21.
- Over 2,000 CYP accessed online support and counselling – top issues presented by males and females were anxiety/stress, family relationships and friendships. Males presented more with suicidal thoughts. 88 school staff and 55 children’s services staff attended Youth Mental Health First Aid training – a sign that mental health is everybody’s business.
- We have higher than average rates of hospital admission due to self-harm amongst young people.
- Between January 2018 and Jan 2019 there were 14,800 referrals into the adult community mental health teams delivered by Avon and Wiltshire Partnership NHS Trust. 1,600 were referred for crisis support.

3b. Autism spectrum conditions¹⁰

Autism is a spectrum condition which affects different people in different ways. Autistic people may experience difficulties with social communication and interaction, repetitive and restrictive behaviour, sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety and depression.

¹⁰ This document uses the term autism spectrum *conditions* (ASC) in preference to autism spectrum *disorders*. It also uses the term “autistic people” over “people with autism,” as research by the National Autistic Society found this was generally the preferred description.

The definition of autism continues to change as more is learned. Neurodiversity is a movement that challenges perceptions of autism. It rejects the idea that autism is a disorder and sees it instead as a neurological difference: one with a unique way of thinking and experiencing the world. The movement celebrates neurological diversity and champions the different worldviews and skills that people have.

Nevertheless, it is recognised that autistic people are more vulnerable to anxiety and depression, particularly in late adolescence and early adult life. Autism can also limit an individual's ability to work or find employment – often because society does not understand the experience of the autistic person.

Our vision is for all autistic people in Wiltshire to be able to live fulfilling and rewarding lives within a society that accepts and understands them. This means people can get a diagnosis and access support if they need it; can depend on mainstream public services to treat them fairly as individuals and help them make the most of their talents in an accessible physical environment; and can expect to play an equal part in the local community, get the right support at the right time throughout their lives and develop their skills and independence and work to the best of their abilities.

Autistic people and their families and carers have told us they need a trained and skilled workforce, services that offer continuity and consistency of care and an efficient and accessible diagnostic service. They consistently highlight needs around housing, employment, meaningful day time opportunities, the aging carer population and more recently, the disconnection between children's and adults' services.

Prevalence

National studies suggest that approximately 1.1% of the population have autism spectrum conditions, although this is widely believed to be an undercount, with many other countries using 1.5% prevalence. Recent UK research suggest that the diagnosis of autism in children is around 1.6%. The prevalence rate by gender is reported nationally as a male to female ratio of 3:1; however, it is widely believed that this under-represents the number and proportion of autistic girls and women. There is some evidence to show a link between gender dysphoria¹¹ and autism, although more research is needed on this subject.

Applied to Wiltshire's population, this indicates that around 5,500 people were potentially living with autism spectrum conditions in Wiltshire in 2019, and approximately 1,800 of those will be children or young people. It is estimated that 40% of autistic people (i.e. around 2,200 people in Wiltshire) will also have an anxiety disorder, and one third (around 1,800 in Wiltshire) will also have a learning disability.

¹¹ Gender dysphoria is the experience of discomfort or distress when a person's assigned gender is different from the gender they identify with

The earliest age at which autism can be diagnosed is currently 2 years, although indicators that a child might be autistic can appear earlier. The average age of childhood autism diagnosis in the UK is around 4.5 years. In line with national trends, waiting times for a diagnosis are long: around 15-18 months on average. The median age of children and young people on the waiting list is between eight and nine years old.

Demand

There are around 8,500 children and young people (CYP) with SEN (Special Educational Needs) support. This figure (12.2%) is slightly higher than the national average of 11.9%. There are around 3,500 CYP in Wiltshire who have an Education, Health and Care Plan (EHCP) (3.3% of the CYP population, compared with the national average of 3.1%). Since 2014, there has been a sharp rise in the number of requests for EHCPs. This has risen more significantly here in Wiltshire than in some other counties.

Concerns around communication and interaction, which is particularly linked to a diagnosis of an autism spectrum condition, is the most common SEND designation for children in primary school; this is very similar to the national picture. In special schools, Wiltshire has more CYP with communication and interaction concerns than the national average, with 53% of CYP with SEND in Wiltshire compared to 37% nationally.

In Wiltshire, there has been a rise in the number of CYP with autism spectrum conditions as their primary need. The proportion of those who are in special schools is significantly higher than the national average. There are plans for Wiltshire to review whether this gives CYP the best access to inclusion and education.

Around 1,100 CYP have an autism spectrum condition as their primary need. The table below shows number of CYP with an EHCP who have ASC as a primary need by educational Key Stages:

Key Stage	Numbers with EHCP / ASC as primary need
0 (aged 3-4)	114
1 (aged 5-6)	136
2 (aged 7-10)	368
3 (aged 11-13)	259
4 (aged 14-15)	163
5 (aged 16-17)	120

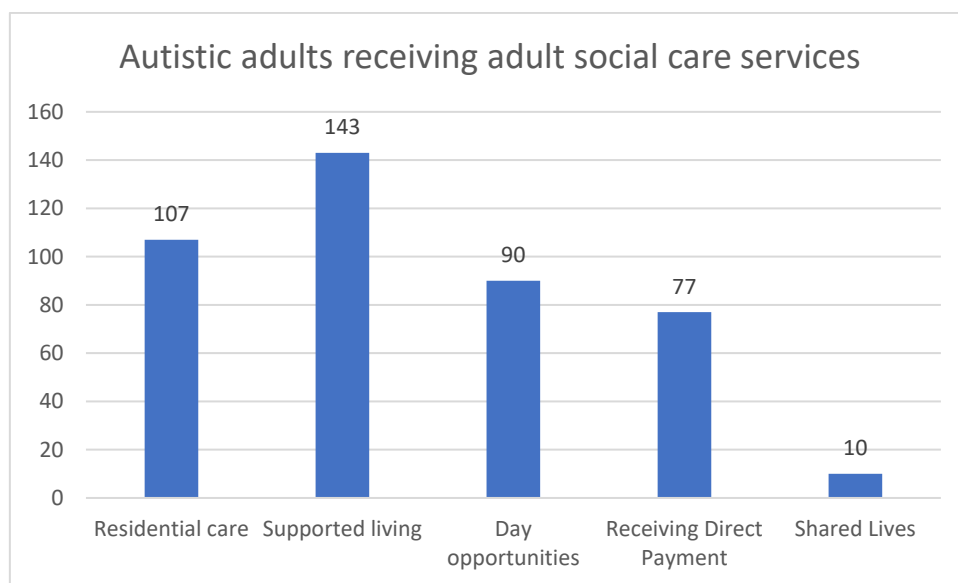
Wiltshire Council currently supports around 500 adults who have diagnosed autism spectrum conditions. Most of these customers also have a learning disability or mental health needs. This is a significant increase compared to 2014/15, when Wiltshire Council supported around 300 autistic adults through Adult Social Care.

Approximately 50% of the 466k weekly Adult Social Care spend on autistic adults is on residential care (of which over 50% is out-of-county); approximately one third of

spend is on supported living; and about 17% on day opportunities and/or direct payments.

Of these 500 customers:

- 70% have both a learning disability and autism,
- 5% have autism and a mental health condition (NB: this only relates to adult social care customers – given the recognised co-morbidities between autism spectrum conditions and mental health needs, we know there will be a much higher number of autistic people with anxiety, depression and other mental health conditions).
- 25% have autism without a LD or MH need
- 107 are in residential care (51 out of county), 143 are in supported living, 90 use day care services. 77 are in receipt of Direct Payment. 10 live in a Shared Lives scheme (see graph below).



Providers surveyed as part of the 2018 Glenesk report expressed a lack of confidence and awareness of autism: nearly two thirds of providers report that they have limited or no ability to support customers with autism spectrum conditions. The Glenesk work also indicated that autistic customers do not always experience a smooth transition between children’s and adults’ services which can lead to gaps in care and support (this view is reported by both carers and council staff).

3c. Learning disabilities

A learning disability (LD) affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, and/or living independently. Around 1.5 million people in the UK have an LD, and it is thought up to 350,000 people have a severe LD. This figure is increasing.

A learning disability can be mild, moderate or severe. Some people with a mild LD can talk easily and look after themselves but may need a bit longer to learn new

skills. Other people may not be able to communicate at all and have other disabilities as well. Some adults with an LD can live independently, while others need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities and the level of care and support they receive. Children and young people with an LD may also have special educational needs (SEN).

The UK population is ageing and people with learning disabilities are living longer, often living into adulthood with older parents. Employment also continues to be a key priority nationally, and there is a need to develop better employment and training opportunities for people with a learning disability.

In line with what has been described elsewhere in this report, there is a need to better manage transitions, particularly between children's and adults' services. Planning for adulthood will start in childhood, and our Preparing for Adulthood (PfA) strategy will ensure that transition planning starts at 14.

There is an increase in the use of Personal Budgets. The impact of this for providers is that individuals will exercise choice, may employ their own personal assistants, and may organise a mixed package of support to better meet their outcomes.

People with a learning disability experience poorer health than the general population, die at a younger age, are more likely to be obese or underweight and less likely to exercise than the general population (NDTi (2012) p37). Many of the health inequalities they experience relate to barriers accessing mainstream services.

Prevalence

Population data taken from the national Projecting Adult Needs and Service Information (PANSI) resource estimates there are currently approximately 7,000 adults aged 18-64 with a learning disability in Wiltshire. This overall number is likely to remain constant (perhaps even reducing slightly) over the next decade, but within that we are likely to see increasing numbers of older learning disabled people. Of the 7,000 adults of working age, approximately 1,600 (i.e. between one fifth and one quarter) are likely to have a "moderate or severe" learning disability.

- The prevalence rate of a diagnosable mental disorder is 36% in children and young people with learning disabilities, compared with 8% of those who did not have a learning disability.
- These young people were also 33 times more likely to be on the autistic spectrum and were much more likely than others to have emotional and conduct disorders according to Foundation for People with Learning Disability.
- Children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long-term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems.
- People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities.

- The prevalence of dementia is much higher amongst older adults with learning disabilities compared to the general population (21.6% vs 5.7% aged 65+) ¹². People with Down's syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population ¹³.
- More generally, we anticipate that our ageing population will mean more people with LD will live into old age, and this will mean increasing numbers of people with LD who have dementia. Services will need to adapt to meet these needs with, for example, accessible accommodation. If the national prevalence rates of dementia within people with a learning disability are applied to the local population, then we estimate that there are 834 people with an LD and dementia, of whom 122 have a moderate or severe LD.
- Behaviours that challenge are shown by 10%-15% of people with learning disabilities, with age-specific prevalence peaking between ages 20 and 49 ¹⁴.
- Learning disability is nationally significantly more common in males than in females. In Wiltshire we expect to see more males with a severe LD and mild LD than females. There is a potential impact on provider work force as more male care workers may be required.
- The prevalence of sight loss among people with a LD is far greater than previously thought (possibly as many as 1 in 10). Based on prevalence data, it could be expected that approximately 850 people with a learning disability have some form of partial sight or severe sight impairment.

People with LD in England continue to die prematurely and from treatable causes of death, the latest annual report from the Learning Disabilities Mortality Review (LeDeR) programme shows. In the general population, 85 per cent of deaths happen at or after the age of 65, but in sharp contrast this is the case for just 37 per cent of people with learning disabilities. Treatable causes of death accounted for 403 per 100,000 deaths in people with LD, compared to just 83 per 100,000 deaths in the general population ¹⁵. Of the deaths notified to the LeDeR programme in 2019, 40% of adults and almost 25% of children CYP from pneumonia, an illness which is normally treatable in this country.

Demand

In October 2020, there were 1,241 adults with a learning disability supported through adult social care. This number and the weekly spend for these people has remained roughly the same since April 2019.

The 2018 Glenesk report noted that in the previous four years, the costs of residential and nursing care for adults with LD have increased by 20% - this is partly because prices have increased, and partly because of increases in need. In the same period, there had been a 15% increase in the number of people with LD living in supported living. A number of residential care homes have deregistered to become supported living, but commissioners and providers must ensure that this

¹² Cooper, 1997a

¹³ Holland et al., 1998

¹⁴ Emerson et al., 2001

¹⁵ University of Bristol's 2019 LeDeR Annual Report

leads to a culture that promotes independence, as well as simply a change in registration status.

Customer and carer feedback

In 2019, Wiltshire Centre for Independent Living undertook user engagement on accommodation and support. The key messages were:

- What mattered most to people about their home was the ease with which they could access what they wanted in their community.
- Most people prefer a town centre location, making community access easier and with a variety of activities close by. Those who preferred a rural setting valued the scenery and peace but did have issues with limited transport.
- Most people could make choices about day to day activities. A small number of people did not do much outside of the arranged activities in their accommodation and said they would like to do more in the community.
- People talked about the support they received in practical and financial areas of their lives. The character of support staff was often spoken of, with humour, kindness and patience being frequently mentioned as important qualities.
- Independence is highly valued by people.
- People want to share their views and experiences, and providers should explore different and creative ways of hearing the customer voice.
- Good support is a combination of many factors – people should have choice in how they are supported, be able to make decisions, use support time flexibly, do what they want in their community and be independent. When done well it has a huge positive impact on people's lives.

The Glenesk report into accommodation-based support also generated valuable feedback from customers and their families about the quality of support they received. It is important to note that the priorities of individuals and those of their families were different – safety was the most important thing for families, whereas having a meaningful life was the most important thing for customers themselves.

The report found that:

- 33% of customers feel they're in the wrong type of accommodation - usually due to lack of availability.
- 50% of customers feel they are badly supported or very badly supported; only 20% feel they are well supported.
- Some young people felt anxious about the future – their education, job prospects, preparing for adulthood
- Whilst providers of care and support for adults with mental health needs expressed greater confidence in meeting those needs than they did in meeting needs associated with LD or ASC, customers using mental health services were often negative about the support they received: Of 99 customers in the North of the County, almost 75% said quality of care was “terrible” or “quite bad”. Of 198 in West, 35% said the same. Of 164 in the South, just over 30%. Less than 20% across the County say it's “quite good” or “brilliant”.

Impact of Covid-19

Covid-19 has had an impact on all our lives. People have had to change their living and working arrangements; we have been unable to see loved ones; some have been personally affected by the pandemic, either being infected themselves, or seeing family members and friends ill with the disease. Adult social care customers have not been able to attend day services and community activities; some have had to move out of their accommodation provision and move back to live with family. Providers have had to find new, often innovative ways of delivering services.

Nationally, Barnardo's have found that children and young people with certain conditions, such as agoraphobia, obsessive compulsive disorder, attention deficit hyperactivity disorder and depression, have experienced worsening mental wellbeing during the pandemic. Other high-risk groups include CYP with existing mental health difficulties, those from black and minority ethnic (BAME) communities, living in poverty, entering education, employment and training, with Special Educational Needs (SEN), delivering unpaid care, especially BAME young carers, care leavers, those from the LGBTQ+ community, and/or CYP who have a parent in prison.

A local survey has found that young people in Wiltshire have coped well with the crisis, but have concerns and challenges around not being able to see friends in person, uncertainty about schooling (including cancellation of exams), feeling down and lost, having to stay in with family, boredom, and some young people feeling like giving up.

Research by Hertfordshire County Council has found that the impact of Covid 19 varies across the life cycle:

- Women and men in the perinatal period may be anxious about the impact on their new born baby;
- Young children aged 0-5 are facing significant changes to their routine, are isolated from friends, and there may be an impact from increasingly stressed parents;
- School-aged children and young people face concerns about their progress, as well as the isolation and parental stress mentioned above.
- Working-age adults are trying to balance work and home; there is increased risk of being out of work; people are worrying about caring for elderly parents and young children, as well as increased financial worries.
- Older adults are most likely to fear the impact of Covid if they become infected; they may also be more isolated from friends and routines, worried about money, and worried about the impact on services.

We have seen an increase in demand for services as a result of Covid-19 – and we predict this will continue, especially if we face successive waves of the pandemic. Given the national impact of Covid-19 on care homes, buildings-based services are no longer necessarily perceived by the public as places of safety, and this will have a fundamental impact on the way in which care and support is delivered.

It is likely that services will be less buildings-based, more community-based, and increasingly digital. For some people, this will be more accessible and flexible. Others will have less access to technology, feel less confident using it, live in an area with poor Broadband, and/or may be concerned about how their data may be used. We need to mitigate these challenges, balance the use of technology with face-to-face contact, and make all service offers as accessible as possible.



5. Supply

Good Lives Alliance

In 2019, Wiltshire significantly changed the way it commissions care and builds sustainable relationships with providers and other stakeholders. Prior to September 2019, the Council had multiple contract agreements in place with providers who support people with disabilities.

The development of the Good Lives Alliance has led to a more consistent and transparent pricing structure, with standard rates for tiers of support. A tender exercise was undertaken to align residential and supported living services. The Council established a Pseudo Dynamic Purchasing System (DPS) called the *Good Lives Alliance*, with the flexibility of the Light Touch Regime.

A service specification was co-produced with customers, providers, Wiltshire CCG, Wiltshire Centre for Independent Living, social care staff, families and carers and other stakeholders involved with supporting Wiltshire residents. The Council continues to work with Alliance members to develop the care market, direct resources at innovative projects that enhance capacity, and share resources to develop and maintain a resilient and stable workforce.

The Council prioritises providers which have joined the Alliance and who have thereby demonstrated that they:

- provide the right support and environments to meet complex needs,
- maximise independence by appropriate and timely withdrawal of support,
- are expert in the service they offer, aware of all relevant national policy and legislation.
- can evidence this clearly not only in their procedures and information, but in their daily delivery,
- have quality performance data clearly recorded that evidence that outcomes have been achieved, including the ability to work in partnership with the Council and BSW CCG.

Where appropriate, services will be jointly commissioned with BSW CCG, ensuring a wraparound service.

Less than half of residential care overall in Wiltshire is commissioned by Wiltshire Council, with more than half being purchased by other Councils or by private individuals. However, most self-funders are older people with frailty-related needs, and not adults with learning disabilities, functional mental health needs and/or autism spectrum conditions. In general, there has been a drive to consider supported living as first option for customers who need support. Between 2007-2017, the number of residential care placements in Wiltshire halved. This trend has seen a number of providers decommission residential services to supported living and has given tenants the security of tenure with a supported living package of care.

CareCubed

The Council reviewed the tools available for costing residential care and selected CareCubed as an evidence-based tool to deliver fair and sustainable costs of care. A secure online tool, CareCubed supports sharing of cases across multiple users within the Council. It is updated annually to cover market and legislative changes, using authoritative data sources including the National Minimum Data Set for Social Care (NMDS-SC). Thus far, we have only applied the tool to placements for adults with learning disabilities; however, we are exploring rolling it out to Mental Health, Ongoing Support and Children & Young People with Disabilities teams.

Shared Lives

Wiltshire Council is committed to growing its Shared Lives scheme¹⁶. Shared Lives Wiltshire offers long-term and short-term placements, respite and home from hospital provision for people who need support. This includes people with mental health needs, autism spectrum conditions, learning disabilities, physical disabilities and older people. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs. People sometimes use a shared lives scheme as a way of learning the skills they need to live independently and to help them put down roots in the area or community before moving into a place of their own. In 2019 and 2020, we have recruited significant numbers of Shared Lives carers, following a rigorous process, and we plan to increase this further.

6a. Mental Health

We are committed to the recovery model of mental healthcare, which emphasises building the resilience of people with mental health problems and supporting their identity and self-esteem. It is a strength-based approach that does not focus solely on symptoms and which emphasises resilience and control over life's challenges. Research¹⁷ suggests that important factors on the road to recovery include:

- Good relationships
- Satisfying work
- Personal growth
- The right living environment

We want to instil this recovery ethos into all services. As there is a strong link between recovery and social inclusion (i.e. being involved with society through work, education, culture, and leisure activities), services should support people to regain their place in the communities in which they live and enable participation in activities

¹⁶ <https://adults.wiltshire.gov.uk/Services/1366>

¹⁷ Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & LeBoutillier, C. (2011). Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 1-18.

and opportunities. We also want to embed the THRIVE model across our support pathways, particularly for children and young people¹⁸.

There are 15 residential care homes in Wiltshire (with two more in Swindon and one in Bath) provided by organisations on the Good Lives Alliance which specialise in providing care and support for adults with mental health conditions. In addition, we commission seven mental health supported housing schemes, as well as a range of supported living, floating support and other services to help people thrive in the community.

Almost half of our buildings-based provision is in Salisbury, and we have a relative lack of provision in the north of the County. We also lack provision for more specialist needs – e.g. people with substance misuse issues, people with forensic histories, hoarders, etc. We are currently commissioning a high number of providers for a relatively small number of customers. This is down to specific need or availability of providers at a particular time. It leads to higher admin costs/providers management time.

We commission statutory advocacy to support people impacted by the Mental Capacity Act, Mental Health Act, Care Act and Children's Act, as well as non-statutory advocacy to help people have their voice heard and make informed choices.

Wiltshire has a dedicated website¹⁹ to support children and young people's mental health. The website includes apps and resources and signposts people to commissioned and other services. We have also set up the Harbour Centre in west Wiltshire and started to develop the model in the south east to support young children with early mental health and emotional issues.

There are a range of challenges that people with mental health problems face with health and social care provision. Some of these are common across many areas, others are specific to Wiltshire:

- People who require specialist health or social care often have to go out of area due to lack of local provision. Evidence shows that being placed in a care setting away from friends and family tends to increase social isolation and reduce potential for recovery and other outcomes.
- People who are admitted for mental health inpatient support have a higher length of stay in hospital compared to other areas.
- We have begun working across the health and social care economy, and with providers, to look at why some placements and care packages break down. When this happens, it has a negative impact on the person and their family. We want to make sure that we commission care that is safe and sustainable for all customers – especially people with the most complex needs. We want to create strategic partnerships with organisations that want to specialise in

¹⁸ The THRIVE is a nationally recognised model developed by the Anna Freud Centre which moves away from the traditional "tiered" model of CAMHS and provides a set of principles and a common language that everyone understands.

¹⁹ www.onyourmind.org.uk

providing excellent care and good outcomes to people with complex needs – particularly behaviours that challenge.

- There are gaps in crisis services for our children, young people and adults
- It is a shocking fact nationally that people with a serious mental illness (SMI) have on average a reduced life expectancy of 10-15 compared to the national average. As a system, we need to increase the number of people with an SMI who have a physical health check – currently only 17% receive such a check against a target of 60%.
- There are workforce challenges in mental health services – we currently have a 21% vacancy factor in south Wiltshire; the Long Term Plan suggests an additional 27,460 staff will be required over the next five years, the development of Primary Care Networks could impact on staff retention for Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).
- We need to develop collaborative pathways to provide better support for people with Personality Disorders and those with a dual diagnosis of mental health and drug and alcohol issues
- Transition between child and adult mental health services is an area of challenge for children, young people and their parents/carers.
- Children and young people want earlier help, that is not always medicalised, and close to home.

6b. Autism spectrum conditions

We recognise that we are at the beginning of a journey and that to realise our wide-ranging and ambitious vision for autistic people will take time and commitment. We currently have a limited market to support autistic people and their loved ones. We will be guided by autistic people as we develop a local offer which meets the very varying needs of children, young people and adults. This will include a focus on autism-friendly communities and services, providing clear and accessible information, identifying autism in children and young people as early as possible, improving diagnostic pathways, and commissioning services which help autistic people to succeed in education and live independently and healthily.

Wiltshire CCG commissions Virgin Care to provide a diagnostic service for children and young people and Avon & Wiltshire Mental Health Partnership (AWP) NHS Trust for adults. The CYP pathway includes advice and techniques for families, and referral and signposting into services to support the family. The adults pathway provides diagnosis and some post diagnostic support to help people with an ASC learn about the condition and to access a range of appropriate mainstream services. We want to move towards an offer which is primarily needs-led, rather than diagnosis-led – so that support is provided to people and their families whilst they are waiting. Wiltshire Council also commissions programmes to support parents of autistic children, including the SWAPP²⁰ and Time Out for Parents programmes.

Autistic adults with a learning disability are supported by the Council's Community Team for People with Learning Disabilities (CTPLD). Those without a learning disability are currently supported by the Ongoing Support team. Wiltshire Council's Employment Service and

²⁰ Support in Wiltshire – Autism Parent Programme

Community Connect Service provide advice, information and guidance on supporting a range of people into voluntary and paid employment, and some autistic adults access this service.

The Council has specific social care provision for 0-25 year olds which is available to younger autistic adults during transition. For example, Wiltshire's Specialist SEN Communication and Interaction Team supports children and young people with language and/or social communication needs such as difficulty interacting with others, or understanding classroom language and routines. Wiltshire Service Users' Network (WSUN) are leading a three-year project (which started in January 2020) which will provide information and support to adults with autism across Wiltshire. The Wiltshire Autism Hub is funded through the National Lottery Community Fund. The main areas of support include mentoring, post-diagnostic support, peer support, signposting and information, support with claiming benefits, autism awareness training for frontline staff and employers, independent travel training, support groups and counselling. WSUN will also be undertaking some research into creating an online digital space for local people to share their thoughts and ideas²¹.

Wiltshire manages a dynamic support register for children and young people with learning disability and/or autism spectrum condition who are either psychiatric inpatients or are at risk of admission. We are in the process of merging this with a similar adults register; as well as providing joined-up support to help people remain in the community, this will also give us valuable data about commissioning gaps in Wiltshire.

6c. Learning disabilities

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 provided by Wiltshire Council and is co-located with the health element of the service, which is run by Wiltshire Health and Care and commissioned via Wiltshire Clinical Commissioning Group (CCG).

The current offer to adults with a Learning Disability is limited and tends to create dependence and does not promote resilience for individuals and their families to support them to be independent and to be fully included within their communities. As stated elsewhere within this MPS, the current offer of support to autistic adults is also limited and currently there is no specialist NHS (with the exception of the Wiltshire Autism Diagnostic Service who do not currently offer post-diagnostic support) and/or Council provision to support this service user group effectively.

Equally, it is accepted that the personalisation agenda, where the Council and CCG promote and support customers and 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

²¹ <http://wsun.co.uk/wiltshire-autism-hub/>

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 ASC from birth throughout adulthood. In order to do this Wiltshire Council and Wiltshire CCG are reviewing existing service provision, establishing gaps in provision and working with customers, carers and the voluntary sector to co-create services for the future.

The CCG also has a strong focus on reviewing the Daisy hospital, which provides inpatient support to five people with learning disabilities and autism.

In house services

By “in-house” we mean services which are directly provided by Wiltshire Council.

Wiltshire Council also has a number of ‘Learning Disability Inhouse Provider Services’ which consist of:

Residential respite units:

Bradbury House: a 9 bed unit in Salisbury

Bradbury Manor: a 9 bed unit in Devizes

Meadow Lodge: a 4 bed unit in Chippenham

Day services:

The Meadows in Salisbury – capacity 60

The Yarn in Devizes – capacity 45

The Wave in Warminster – capacity 15

The Medley in Trowbridge – capacity 45

Riverbank in Chippenham – capacity 60

7. Procurement: working with Wiltshire Council

Vision

To be a trusted partner, supporting front line services through strategic procurement.

Mission

To build strong relationships with markets, suppliers, commissioners and partners shaping and securing best value outsourced solutions meeting our priorities to build stronger communities; grow the economy; protect those who are vulnerable and be an innovative and effective Council.

As a contracting authority the Council must adhere to procurement legislation in the form of the Public Contracts Regulations 2015.

Within this legislation, and relevant to social care and health services, are rules that allow flexibility in procurement for certain service contracts in social care, health and education.

This is known as “Light Touch Regime” (LTR) which may be applied to the procurement process. This allows us to tailor the procurement to take into account additional criteria such as the market and its development, specific needs of the client group, and the involvement and empowerment of service users.

Further information on how to do business with the council is available:

Wiltshire Council procurement is run via the Pro-contract portal in www.supplyingthesouthwest.org.uk if you register you will automatically be advised of opportunities by email. This ensures opportunities and the tender documents are made available, free of charge, to interested organisations.

Social value

The Council are fully committed to wider social benefits and the environmental wellbeing of Wiltshire and fully embrace the duties set out in the Public Services (Social Value) Act 2012.

‘Wiltshire Council’s vision is to create strong communities in Wiltshire’

Over the last decade the council, with its public and voluntary sector partners, has improved people's lives and helped businesses to develop and relocate in Wiltshire. Looking ahead to the next decade, we plan to continue that success.

Wiltshire Council's Business Plan sets out our priorities and how we will deliver them working closely with local communities and partners; as well as investing in technology to make it easier for residents and businesses to engage with us and resolve matters more quickly. The following pages set out in more detail the goals that underpin our priorities and how we will deliver them.

Our key priorities are:

- Growing the economy
- Strong communities
- Protecting those who are most vulnerable
- An innovative and effective council

To support the vision the strategic procurement hub are developing a Social Value Toolkit for Suppliers, this will outline what the council is seeking to achieve for Wiltshire's residents and neighbourhoods through Social Value. Its intention is to provide guidance, information and contact details as a support to suppliers when considering their 'offer' and delivery of social value when engaging in a Wiltshire procurement tender and the successful award of the contract.

The council will continue to promote and embrace the requirements of the Public Services (Social Value) Act 2012 by pursuing improvements to Wiltshire's economic, social and environmental wellbeing, which are recognised as the three pillars of sustainable procurement.

Market Position Statement

Whole life commissioning

Wiltshire Council

This document was published by the whole life commissioning team, Wiltshire Council
For further information please visit the following website:
www.wiltshire.gov.uk

The contents of this report should remain confidential until approved by CLT and the Cabinet for publication.

Wiltshire Council

Health & Wellbeing Board

20 May 2021

Subject: Market position statement – whole life commissioning

Cabinet Member: Councillor Simon Jacobs

For Information

Executive Summary

This report summarises the contents of the Market Position Statement for Whole Life Commissioning, published in March 2021.

Proposal(s)

This report is for information only

Terence Herbert

Chief Executive Officer

The contents of this report should remain confidential until approved by CLT and the Cabinet for publication.

Wiltshire Council

Health & Wellbeing Board

20 May 2021

Subject: Market position statement – whole life commissioning

Cabinet Member: Councillor Simon Jacobs

Key Decision: For information only

Purpose of Report

This report summarises the contents of the market position statement (MPS) for Whole Life Commissioning, published in March 2021.

Background

Wiltshire's market position statement for whole life commissioning was published in March 2021.

It provides a vision for how children, young people and adults with a range of conditions (including mental health needs, learning disabilities and autism spectrum conditions) should be supported to live a good quality of life. This vision is underpinned by the Council's wider goal of creating strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

Report

The MPS is primarily aimed at current and prospective care providers. It helps providers plan business models to support our vision of social care and specialist accommodation provision. More specifically, it:

- Presents a picture of demand and what support might look like in the future.
- Sets out how local health and social care commissioners will support and intervene in the market to deliver this vision.
- Supports this analysis with data from various sources that informs the market and helps providers with their business planning.
- Covers all current and potential future users of services, whether they receive funding through the local authority or self-fund their care.

The MPS provides an overview of Wiltshire's population, geography, health and social care landscape, labour market, housing and education provision, etc. It provides detailed prevalence data for a range of mental health conditions, learning disabilities and autism spectrum conditions, as well as data around our current supply. It describes our current situation and where we expect to be in

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the next 5-10 years. It also briefly describes the impact of COVID-19 on these customer groups and the care and support services they receive, and the implications this has for future commissioning.

The MPS notes that historically Wiltshire residents have been placed in services outside of Wiltshire because the right support hasn't existed in Wiltshire. Just over 20% of supported living packages and residential placements are outside of Wiltshire and whilst this is gradually reducing (22.43% in February 2020, 21.33% in February 2021), there remain gaps in certain types of provision – particularly support for people with more complex needs and support which enables young people with SEND to prepare for adulthood and remain with their families, friends and social networks.

The MPS notes the impact of COVID-19 on customers and services. Adult social care customers have not been able to attend day services and community activities; some have had to move out of their accommodation provision and move back to live with family. Providers have had to find new, often innovative ways of delivering services, particularly the use of tech-assisted and digital solutions, which some people have found very useful. It is likely that services will be less buildings-based, more community-based, and increasingly digital.

Crucially, the MPS emphasises the need for services to demonstrate a positive impact on people's lives. Services should not simply contain people or keep people safe – they should make a difference to people's lives by supporting them to achieve their goals and outcomes, enabling them to build relationships and become active citizens, promote positive risk-taking and ensuring a person-centred approach to communication. Commissioning and operational officers are hosting interactive webinars with Good Lives Alliance providers during 2021 to promote these core service priorities.

The MPS makes clear that we will commission organisations that work in creative ways to avoid restraint – including physical, chemical and mechanical restraint. This means early intervention, person-centred care, and rapid and effective crisis response. Minimising restrictive practice also means commissioning community-based services such as Shared Lives and supported living as a default, with residential care only for those who need it.

Alongside this focus on quality, we will also focus on value for money. We spend more in Wiltshire on care than many of our neighbouring Counties, particularly for adults with learning disabilities, but these higher fees do not consistently deliver better outcomes. We will commission support at a price which is fair and sustainable for all parties – we will negotiate transparently, led by what people need.

For the first time, the MPS also clearly sets out our commissioning priorities for these customer groups:

- We will commission support which enables people to live in Wiltshire.
- We will focus on early intervention and prevention.
- We will commission support that promotes independence.

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- We will promote Shared Lives.
- We will commission support which follows evidence-based approaches to understand behaviour and support people.
- We will provide better support for autistic people.
- We will support people through transitions.
- We will ensure the information we produce is accessible and useful.
- We will provide support for people in crisis to help them get back on their feet.
- We will commission services that offer good value for money.
- We will work as a system.
- We are guided by the views of residents and customers.

The MPS was co-produced by commissioning and operations staff within Wiltshire Council, and in consultation with the NHS and many of Wiltshire's commissioned providers. It incorporates intelligence gathered from customers, carers and other stakeholders by Wiltshire Centre for Independent Living, Wiltshire Parent Carer Council and other organisations. As this is a living document, which needs to be sufficiently flexible to change as conditions of supply and demand change, we will review and update the MPS every six months.