Wiltshire Council

AGENDA

Meeting: **Health and Wellbeing Board**

Place: **Online**

Date: **Thursday 2 December 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

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Voting Membership:

Dr Edd Rendell	Co-Chair Wiltshire Locality Chair, BSW CCG
Cllr Richard Clewer	Co-Chair Leader of the Council and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing
Christina Button	NHS England
Cllr Jane Davies	Cabinet Member for Adult Social Care, SEND, Transition and Inclusion
Dr Sam Dominey	Wiltshire Locality Healthcare Professional, BSW CCG
Cllr Gordon King	Opposition Group Representative
Gillian Leake	Healthwatch Wiltshire
Cllr Laura Mayes	Deputy Leader and Cabinet Member for Children's Services, Education and Skills
Dr Nick Ware	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Catrinel Wright	Wiltshire Locality Healthcare Professional, BSW CCG
Cllr Ashley O'Neill	Cabinet Member for Public Health, Public Protection, Licensing, Staffing, Communities and Area Boards

Non-Voting Membership:

Kate Blackburn	Director- Public Health
Philip Wilkinson	Police and Crime Commissioner for Wiltshire and Swindon
Dr Gareth Bryant	Wessex Local Medical Committee
Tracey Cox	Chief Officer/Chief Finance Officer - CCG
Elizabeth Disney	Wiltshire Locality Chief Operating Officer
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Nicola Hazle	Clinical Director
Terence Herbert	Chief Executive
Stacey Hunter	Chief Executive or Chairman Bath RUH
Stephen Ladyman/Douglas Blair	Wiltshire Health and Care
Kevin Mcnamara	Chief Executive or Chairman Great Western Hospital
Clare O'Farrell	Interim Director of Commissioning
Kier Pritchard	Wiltshire Police Chief Constable
Alison Ryan	RUH Bath NHS Foundation Trust
Lucy Townsend	Interim Corporate Director for People

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

The full constitution can be found at this link.

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AGENDA

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

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies for absence.

3 **Minutes***(Pages 7 - 20)*

To confirm the minutes of the meeting held on 8 July 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 is electronically to the officer named on this agenda **no later than 5pm on 29 November 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 25 November 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 30 November 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 **ICS Update and Agreement of New Meeting Format** *(Pages 21 - 26)*

To receive an update on the Integrated Care System (ICS) and to discuss proposals regarding a new meeting format.

7 **Public Health Workforce Campaign** *(Pages 27 - 36)*

To provide organisations of the Health and Wellbeing Board with an evidence-based approach to improving workforce health and wellbeing across agencies collectively.

8 **Safeguarding Vulnerable People Partnership Annual Report** *(Pages 37 - 52)*

To receive the annual Safeguarding Vulnerable People Partnership Report.

9 **Healthwatch Wiltshire Update** *(Pages 53 - 64)*

To receive an update from Healthwatch Wiltshire.

10 **Child and Youth Voice Mental Health Consultation** *(Pages 65 - 68)*

To receive the Child and Youth Voice Mental Health Consultation.

11 **BCF Better Care fund for Agreement** *(Pages 69 - 144)*

To receive the Wiltshire Better Care Fund (BCF) Plan for the period of 2021/2022.

12 **Date of Next Meeting**

The next meeting is being held on 10 February 2022 starting at 10.00am.

13 **Urgent Items**

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

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Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 8 JULY 2021 ONLINE.

Present:

Cllr Richard Clewer (Co-Chair), Gillian Leake, Stephen Ladyman, Dr Nick Ware, Dr Edward Rendell (Co-Chair), Alison Ryan, Dr Catrinel Wright, Cllr Laura Mayes, Cllr Gordon King, Kier Pritchard, Lucy Townsend, Claire Edgar, Dr Sam Dominey and Cllr Jane Davies

Also Present:

Elizabeth Disney, Helen Jones, Hayley Mortimer, Mark Harris, Melanie Nicolau, Marc House, Jo Cullen, Dr Gareth Bryant, Lucy Baker, Stacey Sims and Clare O'Farrell

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

Councillor Richard Clewer, 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.

Councillor Clewer provided the following Chairman's Announcements:

- The Veterans Covenant Healthcare Alliance (VCHA)
- Health and Wellbeing Board Strategy

13 **Apologies for Absence**

Apologies for absence were received from:

Kieran Kilgallen, Cllr Simon Jacobs, Kate Blackburn, Terence Herbert, Stacey Hunter, Emma Legg, Stephanie Elsy, Tracey Cox, Nicola Hazle, Dr Andy Smith and Douglas Blair.

14 **Minutes**

The minutes of the meeting held on 28 January 2021 were presented for consideration.

Decision - The minutes of the meeting held on 28 January 2021 were agreed as a correct record.

15 **Declarations of Interest**

There were no declarations of interest.

16 **Public Participation**

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

17 **Covid and System Recovery**

The Board received a presentation which focused on Covid and planning for the future. Elizabeth Disney (Wiltshire COO, BSW CCG) introduced the presentation and updated that the NHS had identified the following national priority areas for recovery:

1. Supporting the Health and Wellbeing of staff
2. Delivering the NHS Covid vaccination programme
3. Building on what has been learned during the pandemic to transform the delivery of services
4. Expanding primary care capacity
5. Transforming community and urgent and emergency care
6. Working collaboratively across systems to deliver these priorities.

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

- It was queried whether reduced collective NHS demand and improved community wellbeing was embedded within a priority. It was clarified that these areas are embedded throughout the nature of the work that is being undertaken to respond, for example expanding primary care.
- The importance of prevention was stressed and that through a population health management approach data can be used to target areas.

Primary Care – Jo Cullen (Primary and Urgent Care, BSW CCG). The presentation covered the following areas:

- BSW Covid Response Primary Care Offer was approved by the CCG last summer with a confirmed contract and funding for GPs. There is a commitment for Primary Care practices to deliver the most appropriate care to patients until September to provide stability.
- The National Standard operating procedures for GPs was updated in May to support restoration of services in line with the roadmap out of lockdown.
- May 2021 saw a 76% increase in the number of appointments compared to May 2020. Reports show that in May 2021 59% of appointments were face to face compared to 38% in May 2020.
- Key messages from primary care were outlined including the perception that practices were not open; backlogs are starting to be caught up on;

GPs are busy due to the total triage system; there is a concern not to miss seeing patients who need to be seen, for example cancer patients.

- A vaccination summary was provided with half of staff working in primary care delivering vaccinations. So far 1,114,001 vaccines have been delivered as of June 2021 with staff working to a deadline of 19 July for ages down to 18.

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

- It was queried how patient anger and frustration is being manifested. A number of individual practice complaints have been seen as well as comments on social media and patients going to MPs. A briefing has been sent out regarding this.
- There is concern regarding the implications of restrictions easing on 19 July and how the public will react to this. GPs will still be under different restrictions to other places such as supermarkets.
- GPs have been busier than any time before in the past 5 years, for example on one day there was 4,000 calls to a practice. As a rough estimate, 50% of the calls received in primary care are related to low level anxiety in the general public, with the rest being serious medical problems.
- There has been concern that the current level of demand cannot be met with the current available resources.

Elective Care – Mark Harris (BSW CCG). The presentation covered the following areas:

- The current position for Elective Care in comparison to that of normal capacity in 2019/2020 was outlined with services performing well with their current capacities; examples being MRI and CT scans running at near normal.
- Nearly 30% of outpatients are being delivered virtually and GPs are making 1,700 advice and guidance calls a month to avoid hospital admissions and referral to hospital appointments.
- Referral levels are nearly at normal levels with evidence of a backlog with waiting list sizes 17% higher than before Covid.
- The key issue identified has been long waiters with typically 5 or less patients waiting more than 52 weeks for first treatment rising in March but now dropping by 34% in June. Cancer access times are a focus with 77% of patients seen within 2 weeks.
- Planned improvement actions that have been taken and planned were outlined including the clinical prioritisation of waiting lists; a system review of harm; work to join clinical teams to target capacity gaps in hospitals; additional capacity commissioned.

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

- It was recognised from the RUH Bath perspective that the amount of activity may increase which will also be impacted by an increase in cases as well as staff being off.

Adult Community Services – Clare O'Farrell (Interim Director of Commissioning BSW CCG) and Helen Jones (Director of Joint Commissioning, Wiltshire Council). The presentation covered the following areas:

- Wiltshire Health & Care recovery priorities were outlined including supporting the NHS Covid vaccination programme; focusing on Hospital discharge; supporting the health and wellbeing of staff and Long Covid clinics.
- Plans for improvement were outlined including focusing on the Ageing Well programme; use of digital technology; closer integration with Primary Care Networks in local integrated neighbourhood teams as part of the Wiltshire Alliance.
- The reopening of Minor Injury Units, specifically Chippenham and Trowbridge.
- Challenges and risks for adult community services were identified including system flow pressures; staffing redeployment; acuity of patients and increased demand for community teams.
- Council services continue to support discharge pathways and there has been an increased and sustained demand for adult care services with an 11% increase in contacts into the Advice and Contact service. There is an increasing complexity and acuity within the community.

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

- It was questioned whether this increase in complexity and acuity will continue. This is hard to determine though it currently could be explained by a cohort of patients who have since come forward who did not during the lockdown period.

Children's Community Services – Clare O'Farrell (Interim Director of Commissioning BSW CCG). The presentation covered the following areas:

- Wiltshire Virgin Care recovery priorities were outlined including the meeting of all waiting time targets with the exception of paediatric Audiology; aims to bring down the waiting list times across BSW for autism assessments; meeting the needs of a significant increase in referrals as well as increased level of contacts and queries.
- Wiltshire recovery priorities were outlines with a focus on children's hospices which had been disrupted during the pandemic.

Hospital Discharge Policy (HDP) – Clare O'Farrell (Interim Director of Commissioning BSW CCG). The presentation covered the following areas:

- Hospital Discharge Policy was introduced in March 2020 and then updated in August 2020. National funding has been made available to support the policy and will run until quarter 2 (September 2021).
- Examples of what HDP has funded were provided including live in care packages, additional community respiratory services and virtual frailty wards in care homes.
- The strategic opportunities of using HDP were highlighted including an increase in out of hospital care; evidence of investment with outcomes and progress as well as building relationships around effective change and improvement.
- There is no clear national position on the continuation HDP funding after September 2021. Wiltshire ICA has developed a funding plan to cover 2021/2022.

All age mental health – Lucy Baker (Service Delivery, BSW CCG) and Claire Edgar (Director of Learning Disabilities & Mental Health, Wiltshire Council). The presentation covered the following areas:

- An overview of where mental health services currently are including an increased rate of referrals since lockdown eased; increased acuity across all ages and services; national shortage of PICU and CYP tier four beds.
- A listening event took place in order to understand the views of people, families, carers, supporters and staff.
- An overview of partnership working in Wiltshire including Herbert House Wellbeing beds; Riverside Sanctuary; New Intensive Outreach support; 3rd Sector Mental Health Discharge allocation in Wiltshire; Additional community Mental Health wellbeing beds; Challenge map event and Demand and Capacity mapping.
- It was noted that there is work to be done regarding suicides, Children and Young People as well as reaching and treating eating disorders earlier.
- The transformation across the country relating to mental health regarding the Community Mental Health Framework and how this transformation will look. For example, recruitment, pilot sites and integration of services.
- A comparative example was given to show the change caused by the transformation between the current pathway and the proposed CSF model.

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

- It was questioned what enables integration and what were the lessons learnt from integration and partnership working which could be done as a Board.
- It was acknowledged that one of the greater challenges had been to understand the differing roles and responsibilities of partners; therefore stressing the importance of partnership working and how services deliver in different ways.

Decision – The Wiltshire Health and Wellbeing Board noted the wide range of work underway and endorsed the proposed approach.

18 **Wiltshire Alliance**

The Board received an update from Elizabeth Disney (Wiltshire COO, BSW CCG) about the Wiltshire Alliance. The update covered the following matters:

- A Nested Model of the ICS was presented which involved System, Place and Neighbourhood levels. It was highlighted that operating partnerships would be at Place and Neighbourhood levels. The Model is an opportunity for all organisations to create strength and common purposes which will allow work in the same direction.
- An overview of what the ICS is made up of, as well as its purpose and the regulatory role that NHS England will play regarding the ICS.
- All current CCG function will transfer into the NHS ICS body including commissioning and safeguarding duties.
- The ICS NHS will have a Unitary Board as well as sub-committees, which will be responsible for ensuring the ICS NHS body achieves its purposes. Minimum expectations for membership were outlined consisting of Independent non-executives; Executives and Partners.
- Partnership work will be integral to the ICS and will be facilitated through the ICS Partnership Forum as well as Place-based partnerships (ICAs) and Provider Collaboratives.
- The governance structure of the Wiltshire Alliance was outlined as well as its relationship to BSW ICS and the Health and Wellbeing Board.
- The development process that the Wiltshire Alliance has undertaken was outlined, including Wiltshire Professional Leadership Network, Workshops, Delivery Group and Leadership Team.
- The Wilshire Alliance contribution to the BSW ICS vision was detailed including aims and enablers all contributing to empower people.
- The Wiltshire Alliance Principles were outlined as follows with the themes and principles integrating into the workplan:
  1) Work as one
  2) Be led by our communities
  3) Improve health and wellbeing
  4) Reduce inequalities
  5) Join up our services
  6) Enable our volunteers and staff to thrive.
- The role of the Wiltshire Health and Wellbeing Board was outlined, including the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy,

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

- It was stressed that the Wiltshire Alliance is an opportunity for all involved to empower the Wiltshire ICA and provide a strong voice for Wiltshire within the wider ICS.

- It would be useful to target some areas to demonstrate the benefits of the new system quickly, whilst also looking at bigger issues which might cause later problems through a preventative scope.

Decision - That the Wiltshire Health and Wellbeing Board continues to consider the evolving relationship between itself, the Alliance and the ICS.

19 **Better Care Fund - Annual Submission**

The Board received a report from Melanie Nicolau (Programme Lead for Adult Commissioning, Wiltshire Council). It was noted that though the Better Care Fund weren't required to submit plans for 2020/2021 to the national team, there was a requirement to understand the financial position and whether national conditions had been met along with being an enabler for work in Wiltshire. An anomaly was noted within the report, that the Better Care Fund did not underspend by £5million and a corrected version would be circulated

Decision – The Wiltshire Health and Wellbeing Board noted the end of year Better Care Fund submission for 2020/2021.

20 **Healthwatch Wiltshire - Annual Report**

The Board received a report from Stacey Sims (Manager) and a young Healthwatch volunteer. The report covered the following matters:

- Highlights of the past year, including the publication of 12 reports which made 36 recommendations; 36 volunteers providing 1,134 hours of time; engagements with 520 people about experiences of services during the pandemic as well as hearing from 1,753 people about experiences of health and care services.
- The creation of the Wiltshire Mental Health Open Forum in July 2020.
- Work conducted by Young Healthwatch, including mystery shopping services and then presenting findings to the Mental Health Network.
- Mental Health work including 32 in depth phone calls with people who had been taken to the Bluebell Place of safety during the pandemic.
- Response to Covid included setting up Covid advice and information webpages which were viewed more than 8,200 times; highlighted good practice in care homes and signposted community support.
- Outlined priorities for 2021/2022 which included finishing off paused work before the pandemic; mental health; primary care; children and young people; hospital discharge pathways.

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

- Though the Mental Health Network for children is run by Wiltshire Council, the priorities are essentially the same as the Mental Health Forum for adults.
- It was clarified that the priorities in the work programme are set from feedback provided by local people, as well as communicating with

commissioners at Wiltshire Council and the CCG to see if they link together.

Decision – The Wiltshire Health and Wellbeing Board noted the key messages from the report. The Wiltshire Health and Wellbeing Board noted the contribution made by Healthwatch volunteers. The Wiltshire Health and Wellbeing Board confirmed its commitment to listening to the voice of Healthwatch.

21 **Market Position Statements**

The Board received a report from Helen Jones (Director Joint Commissioning, Wiltshire Council). The report covered the following matters:

- Whole Life Commissioning was the first of three chapters that will have Market Positions Statements, with the other two areas being adults and children.
- The report aimed to state what the current position is, what is wanted to be reached as well as how commissioners will work with partners to get there.
- The report noted that 70% of providers who responded to the survey did not feel confident in supporting those with complex needs. High levels of placements out of the county were also highlighted, which is a trend that is aimed to be reduced.
- It was highlighted that there has been increased complexity as well as an increase in prices within the residential and nursing parts of the market. Many residential places are purchased by other local authorities and there are significant gaps in crisis services.
- There is an aim to commission less restrictive placements and to grow the Shared Lives programme, as well as developing the market so that fewer placements are out of county.
- Aims also include for all providers to promote independent support and progression to less restrictive options, as well as commissioning services that both prevent and respond to crisis.

Decision - The Wiltshire Health and Wellbeing Board noted the work undertaken on the Market Position Statements and that commissioners and providers consider the implications for their work.

22 **Date of Next Meeting**

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

23 **Urgent Items**

There were no urgent items.

(Duration of meeting: 09:30am – 11:32am)

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

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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	£32,565,746	-£129,816
iBCF	£9,941,000	£5,828,833	£4,112,167
Additional LA Contribution	£5,080,155	£3,131,824	£1,948,331
Additional CCG Contribution	£2,102,000	£1,683,344	£418,656
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

2 December 2021

Subject: Implications of the Integrated Care System

Executive Summary

Discussion at an informal Health and Wellbeing Board (HWB) workshop on 30 September led to a number of proposals for the way forward as set out below.

Proposal(s)

It is recommended that the Board agrees that:

i) 3 formal meetings are scheduled for next year as well as three informal meetings

ii) Formal meetings should focus on agreeing the JSNA and PNA, JHWS refresh as well as the safeguarding, safety and Healthwatch Wiltshire annual reports

iii) Formal meetings should also provide opportunities for enquiry on the collective delivery of JHWS priorities that form the relevant part of the Alliance Work Programme (which will also include required programmes from NHSE and government); receive periodic progress reports on the relevant parts of the Alliance Work Programme; be consulted on the Healthwatch Wiltshire work programme and have the opportunity to influence through the Chair of the Alliance any ICS system developments with implications for Wiltshire

iv) Healthwatch Wiltshire be asked to engage with the wider VCS in undertaking its activity and periodically present findings from its work to Wiltshire partners, with the Alliance tasked to formally report back in response to any Healthwatch findings. The Professional Leadership Network offers an additional vehicle for wider community and professional engagement in strategy and delivery.

v) Informal meetings should focus on professional development and single topics of population need and how they can be addressed, with wider input from other partners as appropriate and clear commitment to action emerging, with Alliance reports to formal meetings to follow.

vi) New terms of reference for the HWB be considered for recommendation and ratification by full council (in line with any new statutory obligations) in the new year

vii) The JSNA be refreshed and a new JHWS be developed on the back of that, taking into account and informing emerging ICS strategy

Reason for Proposal

Governance across Bath & NE Somerset, Swindon and Wiltshire is changing and the Wiltshire HWB needs to change to reflect that. Collated feedback from the most recent HWB workshop is at **Appendix 1**.

Lucy Townsend, Corporate Director for People, Wiltshire Council
Elizabeth Disney, Wiltshire Locality Lead, BSW CCG

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject:

Purpose of Report

1. To capture the outcomes of the discussion at an informal Health and Wellbeing Board (HWB) workshop on 30 September and propose the way forward.

Relevance to the Joint Health and Wellbeing Strategy

2. This report concerns how the JHWS is delivered, in particular its themes of prevention, integration, localisation and tackling inequalities.

Background

3. Ahead of the formal establishment of the Bath & NE Somerset, Swindon and Wiltshire Integrated Care System (and associated abolition of BSW CCG) in April 2022 a series of workshops is underway to establish the governance that should be put in place. There will be a Place Based Partnership in Wiltshire, known as the Wiltshire Alliance. This partnership may have delegated responsibilities from the NHS and Local Authority and negotiations on this are ongoing.

4. Government has been clear that Health and Wellbeing Boards would have an ongoing role and that it is up to local systems to determine how they should relate to the ICS and Place Based Partnership (Alliance) – including the statutory Integrated Care System Board and the Integrated Care System Health and Care Partnership that will be in place at system level. A full briefing paper was provided to workshop attendees as attached at Appendix 2, inclusive of emerging proposals for place governance in Wiltshire relating to the proposed joint committee and the Wiltshire Alliance in general.

5. For the place based structures in Wiltshire, an MOU and Collaboration Agreement together with new Terms of Reference for the proposed statutory structures will be submitted for approval to the NHS Partnership Board and Wiltshire Council Cabinet. The initial proposal for the structures will be submitted by December 2021 with further detail worked out thereafter. The timetable for approval looks as follows:

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ICA Dev Workshops (fortnightly)	9th, 23rd	13th, 27th	11th, 25th	8th, 22nd	13th			
ICA Dev Day - ALT, ADG, LCG and other stakeholders			6th					
Health Select Committee - agree process		8th						
Health and Wellbeing Board Development session - agreement on role in principle		30th						
ICA Development Group review emergent proposal			11th					
Joint ALT, H&WBB and HSC workshop - shape proposals			19th					
Draft proposal for arrangements for Wiltshire Alliance from April 2022			26th					
Health Select Committee scrutinise proposals				2nd				
SFT Board sign off for proposals				4th				
RUH Board sign off for proposals				3rd				
GWH Board sign off for proposals				4th				
WH&C Board sign off for proposals				23rd				
Primary care leadership sign off for proposals				9th				
VCSE leadership alliance sign off for proposals				9th				
CCG Board sign off for proposal				18th				
Local Authority Cabinet sign off for proposals				30th				
Patient and public engagement				TBC				
H&WBB review final proposals					2nd			
Proposal to BSW Partnership Executive for decision					10th			
Shadow operation								

6. The Wiltshire HWB held an informal workshop on 30 September to consider how the changing governance for BSW may require changes in the HWB role.

Main Considerations

5. Collated feedback from the HWB workshop is at **Appendix 1**. There are a range of proposals captured for consideration. These have been consolidated into recommendations for the Board as set out on the frontsheet.

6. One of the areas highlighted for revision in the recommendations is the HWB Terms of Reference, which should emphasise in the new system that HWB is the owner of the strategy around all age population health and wellbeing in Wiltshire; that its focus is on collective delivery and accountability rather than accountability of individual organisations (which is provided through regulators and the HSC); and should include a positive statement on the values and behaviours that partners wish to see. The terms of reference may also need to take account of the emerging membership of other place boards in Wiltshire and ensure the HWB membership is fit for purpose. Similarly, whilst it is recommended that Healthwatch Wiltshire engages with the wider VCS in undertaking its work, this by itself will not be sufficient and it should be recognised that there are a range of mechanisms for involving the sector (including through informal HWB workshops on appropriate topics).

7. In terms of how meetings are run, for formal meetings a repeated desire for less ‘show and tell’ has been expressed. This can be achieved by making clear that papers are required in advance in order to ensure adequate time for members to review prior to attending meetings, with clear links made to the JHWS priorities and for use of powerpoint as an exception. A standard paper template for all the place based meetings can be developed (and tweaked accordingly) with authors asked to make clear the connection of their report with the aims of the JHWS.

8. The current JHWS expires in 2022 and it is recognised that there is scope to align work on any new system level strategies with work to refresh the JHWS; and, in turn, to inform the work programme of the alliance. The link between place (and HWB) and system has to be really strong and permeable; and there should be a clear relationship on the 'what' developed collaboratively at BSW system level and the 'how' developed at place level. To inform the development of a new JHWS, the JSNA should be refreshed first.

9. This report on the workshop is commended to the Board and members are asked to agree the recommendations.

Lucy Townsend, Corporate Director for People, Wiltshire Council
Elizabeth Disney, Wiltshire Locality Lead, BSW CCG

Report Authors:
David Bowater, Executive Office, Wiltshire Council
Emma Higgins, BSW CCG

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Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Public health workforce campaign

Executive Summary

In November 2021 the chairs of the Health and Wellbeing Board requested options to inspire the organisations sitting on the board to implement a workforce wellbeing campaign. With a workforce of c45,000 the prospect of influencing the health and wellbeing agenda on such a scale presents a unique and exciting opportunity. Good health and wellbeing are essential to successful, sustainable workplaces.

With an initial focus on mental health, organisations are being asked to make a commitment to enable a healthy workforce through improved wellbeing and resilience. To support this, each organisation is being asked to implement a suitable and targeted intervention that addresses the health of their workforce.

Proposal(s)

It is recommended to the Board that:

I. Each organisation agrees to collectively enable a healthy workforce through improved wellbeing and increased resilience
II. Each organisation to implement a suitable and targeted intervention that addresses health and wellbeing in their workforce
III. Each organisation to monitor and report back on progress in 12 months' time
IV. Each organisation, and the Health and Wellbeing Board itself, to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health.

Reason for Proposal

To provide organisations of the Health and Wellbeing Board with an evidence-based approach to improving workforce health and wellbeing across agencies collectively.

Kate Blackburn
Director of Public Health
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Public health workforce campaign

Purpose of Report

1. To provide organisations of the Health and Wellbeing Board with an evidence-based approach to improving workforce health and wellbeing across agencies collectively.

Relevance to the Health and Wellbeing Strategy

2. Employment is a primary determinant of health. Increasing the quality of work helps reduce health inequalities, a key theme of the Health and Wellbeing Strategy.

Background

3. In November 2021 the chairs of the Health and Wellbeing Board requested some options to inspire the organisations who sit on the board to implement a workforce wellbeing campaign. The purpose of this paper is to set the direction of that campaign, allow discussion and provide recommendations for consideration by the board.

4. Good health and wellbeing are essential to successful, sustainable workplaces. Protecting and improving the health and wellbeing of our employees is critical to the health and economic wellbeing of our population, especially as the impacts of COVID-19 on health and wellbeing are becoming more apparent[1].

5. Organisations can help employees to thrive by taking a whole person, whole organisation approach to supporting health and wellbeing. That means taking steps to support mental and physical health, creating an inclusive and supportive workplace[2]. The right support is needed across three key areas:

    1. *Prevention* – what can be done to the reduce the likelihood of employees being affected by health and wellbeing issues
    2. *Early intervention* – the actions required to reduce their impact

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[1] BITC, 2021 – What if your job was good for you? www.bitc.org.uk/report/what-if-your-job-was-good-for-you/

[2] BITC, 2021 – Health and wellbeing at work summary toolkit https://www.bitc.org.uk/toolkit/health-and-wellbeing-at-work-summary-toolkit/

3. *Active rehabilitation* – what can be done to help employees recover, return to work and thrive

6. Based on the population health data of Wiltshire there are a number of lifestyle risk factors that drive poor health which could be prevented. These most commonly relate to smoking, obesity and alcohol consumption:

- Smoking prevalence in adults – **14.6%**[3]
  - Staff who smoke at work are 33% more likely to be absent from work than non-smokers[4]

- Adults classified as overweight or obese - **63.9%**[3]
  - Excess weight can bring physical, social, emotional and psychosocial problems, leading to onset of preventable long-term illness, stigma, discrimination and reduced life expectancy[5]

- Adult population drinking more than 14 units per week - **28.7%**[3]
  - Estimated that alcohol misuse costs English economy £7.3 billion each year[4]

7. These lifestyle indicators demonstrate the different topic areas of potential focus for workplace wellbeing programmes. However, we know from the evidence that if individuals do not have good mental health, wellbeing and resilience then interventions or programmes to improve physical health will very often not succeed[6].

8. Therefore, it is recommended that organisations initially focus on enabling a healthy workforce through improved wellbeing and increased resilience, which is an excellent first stage to overall health and wellbeing being improved.

9. Mental health problems have increasingly been shown to precede, and be important in the recovery from, physical health problems. The unhealthy lifestyles and behaviours which plague the public's health – smoking, excess alcohol consumption, misuse of illicit drugs, consumption of, sugary foods and over-eating in general – are used because they are perceived to be effective in managing stress[6].

10. Evidence suggests that improving mental wellbeing can contribute substantially to improving physical health, reducing morbidity and mortality[6]. Addressing mental health can impact on other workplace health issues as highlighted in table 1 below:

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[3] PHE Fingertips

[4] BITC, 2018 – Drugs, alcohol and tobacco: A toolkit for employers https://www.bitc.org.uk/toolkit/drugs-alcohol-and-tobacco-a-toolkit-for-employers/

[5] BITC, 2018 – Physical activity, healthy eating and healthier weight: A toolkit for employers https://www.bitc.org.uk/toolkit/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/

[6] FPH - https://www.fph.org.uk/policy-advocacy/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/relationship-with-physical-health-and-healthy-lifestyles/

Table 1

Workplace issue	Mental health link	Local indicator - Wiltshire	National indicator – England
Musculoskeletal (MSK) health	Ongoing MSK problems linked to depression/stress	**20%** - people reporting a long term MSK problem (2020)[3]	**18.6%** - people reporting a long term MSK problem (2020)[3]
Diet/activity	Eating well/increased activity - play an important role in combatting mental health problems	**63.9%** - adults (18+) classified as overweight or obese (19/20)[3]	**62.8%** - adults (18+) classified as overweight or obese (19/20)[3]
Alcohol/drug use	Impact on health and wellbeing, particularly in terms of being active, disrupting sleep and affecting people's mental health	**28.7%** - adult population drinking more than 14 units per week (2021)[3]	**25.7%** - adult population drinking more than 14 units per week (2021)[3]
Domestic abuse (DA)	Profoundly affects people's mental health	**19,350** – adults estimated to have experienced DA in 12 months to March 2020[7]	**1.6m women; 759k men**[7]
Suicide	Mental health often a contributory factor. Impact on friends, family and work colleagues	**9.6 per 100,000** suicide rate[3] 130 deaths by suicide, 71 of which were in full time employment (2018-2020)	**10.4 per 100,000** suicide rate[3]

Main Considerations

11. Whilst individual organisations will have established polices and processes to support employee wellbeing, it must be acknowledged that more could be done on this important agenda as the organisations of the health and wellbeing board together.

12. This is a unique opportunity to work collectively towards achieving the common goal to improve the health and wellbeing of our individual workforce/employees. The organisations in attendance at Wiltshire's Health and Wellbeing board represent a workforce population c45,000; the

[7] Wiltshire Intelligence - https://www.wiltshireintelligence.org.uk/recovery-jsna-domestic-abuse/

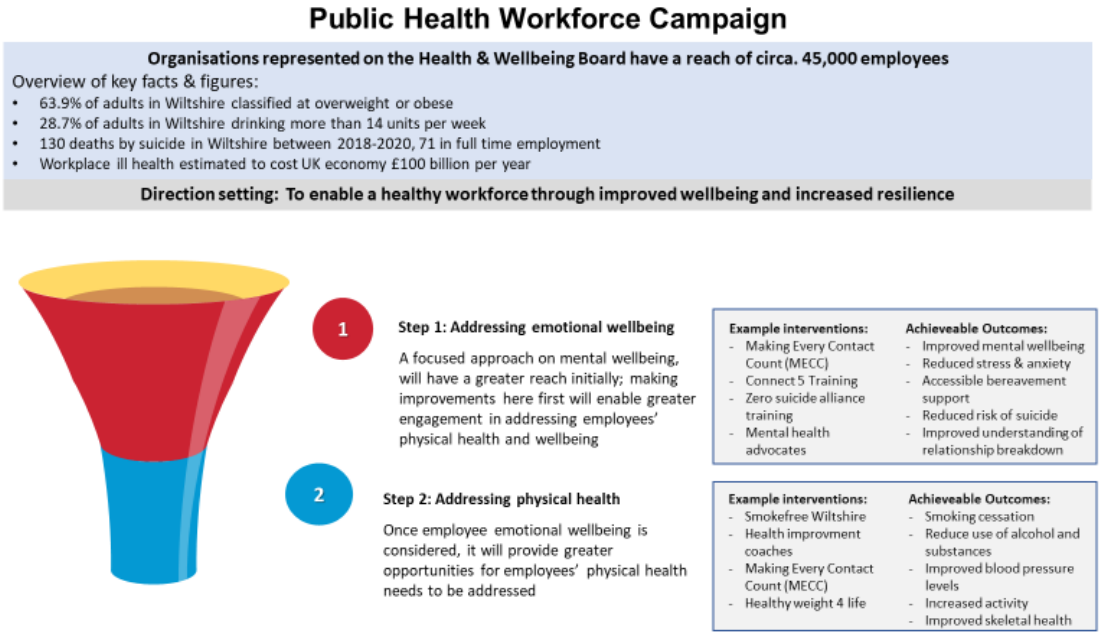
ability to influence the workforce health and wellbeing agenda on such a scale is an exciting prospect.

13. Organisational focus should initially be on enabling a healthy workforce by improving wellbeing and increased resilience. Concentrating efforts here is an excellent first stage to improve overall health and wellbeing being.

14. Figure 1 below identifies the proposed direction of travel for the organisations of the board and illustrates a range of health interventions for organisations to consider and sign up to. This starts with wellbeing and resilience but depending on where your organisation currently is with supporting the workforce this need not be limited to step 1 below.

15. There are a number of key interventions that we would recommend are systematically applied across the organisations to support wellbeing and resilience and these are detailed in full in Appendix 1 with indicators for monitoring progress.

Figure 1



Next Steps

16. Good health and wellbeing are essential to successful, sustainable workplaces. The health and wellbeing of any workforce is an organisational priority and even more so given the impact of COVID-19 on society. The focus on mental health continues to grow and is the basis for this Health and Wellbeing Board workforce wellbeing campaign.

17. The board is asked to consider the following recommendations:

I. Each organisation agrees to enable a healthy workforce through improved wellbeing and increased resilience
II. Each organisation to implement a suitable and targeted intervention that addresses health and wellbeing in their workforce
III. Each organisation to monitor and report back on progress in 12 months' time
IV. Each organisation, and the Health and Wellbeing Board itself, to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health. See Appendix 2 for further details.

Kate Blackburn
Director of Public Health
Wiltshire Council

Report Authors:
Public Health

Appendix 1 - Interventions and outcomes

Emotional wellbeing:

Example interventions	Achievable outcomes
• Making Every Contact Count (MECC) • Connect 5 training • Zero Suicide Alliance training • Mental health advocates	• Improved mental wellbeing • Reduced stress & anxiety • Reduced sickness absence • Accessible bereavement support • Reduced risk of suicide • Improved understanding of relationship breakdown • Nº of trained mental health advocates in organisation

Physical wellbeing:

Example interventions	Achievable outcomes
• Smokefree Wiltshire • Health improvement coaches • Healthy weight 4 life • Making Every Contact Count (MECC)	• Smoking cessation • Reduced use of alcohol and substances • Improved blood pressure levels • Increased physical activity • Improved skeletal health

Contact/further information:

Intervention	Contact/further information
• Making Every Contact Count	• Kate.jennings@wiltshire.gov.uk • https://www.makingeverycontactcount.co.uk
• Connect 5	• Kerri.lavender@wiltshire.gov.uk
• Zero Suicide Alliance training	• https://www.zerosuicidealliance.com/training
• Smokefree Wiltshire	• Mary.devers@wiltshire.gov.uk

	• https://www.wiltshire.gov.uk/public-health-stop-smoking
• Health improvement coaches	• Health.coaches@wiltshire.gov.uk • https://www.wiltshire.gov.uk/public-health-improvement-coaches
• Healthy weight 4 life	• Katie.smith@wiltshire.gov.uk • https://www.wiltshire.gov.uk/public-health-weight

Appendix 2 - Prevention Concordat for Better Mental Health

About the concordat

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.

The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS
- public, private, voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers

The definition of the concordat has been agreed by a number of organisations. It represents a public mental health informed approach to prevention. It promotes relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as 'making every contact count'.

Consensus statement

The consensus statement describes the shared commitment of signatories to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

Why sign?

Signing the consensus statement and committing to a plan to address the prevention and promotion of better mental health is a cost-effective, evidence-based approach to reducing health inequalities and preventing future harm.

How to become a signatory

To be recognised as a Prevention Concordat signatory, you need to agree to the consensus statement and produce an action plan addressing the 5-domain framework.

The domains are:

- understanding local needs and assets
- working together

- taking action for prevention and promotion, including reducing health inequalities
- defining success and measuring outcomes
- leadership and direction

Sign-up process

1. Contact publicmentalhealth@phe.gov.uk to request a Prevention Concordat Commitment action plan template
2. PHE will contact you to discuss your application and review a draft action plan
3. Email your final application form to publicmentalhealth@phe.gov.uk
4. PHE will contact you within 2 to 4 weeks of submission with the result

After signing up to the Prevention Concordat Commitment, new signatories will receive a formal certificate and will be listed on the Prevention Concordat for Better Mental Health webpage.

Wiltshire Council

Health and Wellbeing Board

2nd December 2021

Subject: SVPP Annual Report

Executive Summary

I. This is the Safeguarding Vulnerable People Partnership's second Annual Report. The SVPP is the multiagency safeguarding arrangements put in place when the LSCB was stepped down in February 2019 following new statutory guidance set out in Working Together 2018.

Headlines:

- Established a Pan Wiltshire Exploitation group with their delivery plan informed by our self-assessment against the findings of the national Child Safeguarding Practice Review Panel's Report on adolescents and criminal exploitation, *It Was Hard to Escape: Safeguarding children at risk from criminal exploitation.*
- Continued focus on safeguarding under 1s with a new BSW group to be established
- A new Partnership Practice Review group was established in September 2020, bringing together the existing processes for Safeguarding Adults Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs) and Domestic Homicide Reviews (DHRs). This group will provide better visibility of cross cutting themes and ability to explore ways to improve practice across the system and demonstrate impact
- Governance of the WSAB now sits with the SVPP Executive and the new Safeguarding Adults Systems Assurance group (SASA) provides a sharper focus on scrutiny of the effectiveness of adult safeguarding
- Publication of local CSPR Family M and SAR Adult H

Priority areas for 2021-2022:

1) Safeguarding of Under 1yrs
2) Domestic Abuse
3) Criminal Exploitation
4) Leadership and culture
5) The scoping and implementation of a full programme of independent scrutiny
6) Progressing a DfE funded pilot to improve our data analysis and intelligence-led approach to safeguarding

Proposal(s)

It is recommended that the Board:

i) Notes the publication of the SVPP Annual Report

ii) Agrees to support the work of the SVPP

Reason for Proposal

The work of the SVPP is directly related to improving health and wellbeing outcomes for chidlren and vulnerable adults across the county

Mark Gurrey
Independent Chair
Safeguarding Vulnerable People Partnership (SVPP)

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Wiltshire Safeguarding Vulnerable People Partnership

Annual Report 2020-2021

1. Introduction and context

This is the second annual report of Wiltshire's Safeguarding Vulnerable People Partnership (SVPP). In last year's report, 2019-2020, we committed to be "unrelentingly focussed on practice and front-line service delivery. We must not allow ourselves to slip to an agenda which is characterised by processing of papers, receiving items for information or simply for noting". The SVPP Executive has stuck to this commitment and remains a small, senior group which has continued to meet regularly throughout the response phase of the pandemic and maintained a strategic focus.

Despite the impact of covid-19 there has remained a focus on the effectiveness of the partnership arrangements and some significant changes to how it works have taken place during this time and we have delivered on our commitment to review both the Community Safety Partnership (CSP) and the Wiltshire Safeguarding Adults Board (WSAB). The outcome of these reviews is set out below.

2. Responding to our forward plan 2020 - 2021

Last year's Annual Report set out four key priorities. Set out below is an overview of activity and its impact:

Under 1s

This vulnerable group were identified as a priority following 4 notifications to the CSPR panel about under 1s during 2018-2019 and the publication of our Thematic Review into Significant Physical Abuse to Under 1s. The actions set out in this review are wide ranging and system wide and implementation has not been straightforward. Our work was furthered added to by the publication of the second national review 'Out of Routine'.

In January 2021 identified the following areas for initial focus:

- Improve transitions and care pathways through the local maternity system networks and across maternity, health visiting and neonatal services
- Look to progress the shared care record
- Review the Injuries in Non-Mobile Babies Protocol
- Establish if we are confident that adult services know which of their service users are parents? – audit of adult facing services led by the Safeguarding Adult System Assurance group (SASA)

There is significant work already taking place to support working with under 1s, for example the roll out of the Five to Thrive approach and launch of the Dad's Matter Too Project. However, given the priority focus there remains further work and the third national review 'The Myth of Invisible Men' published September 15th has added more challenges to us as a partnership in this area.

Following a recent agreement this work will now be led by Health through the CCG (and the new Integrated Care System.) Focusing on the wider footprint will ensure greater traction as is required and is designed to limit any unnecessary duplication and easy dissemination of best practice across Wiltshire, Swindon and BANES.

Criminal Exploitation

The publication of the CSPR Panel's Report on adolescents and criminal exploitation, *It Was Hard to Escape: Safeguarding children at risk from criminal exploitation*, set out a number of key challenges and questions for local partnerships and in response Wiltshire and Swindon Partnership Executives met twice to consider these. A joint self-assessment against the questions was commissioned and identified areas of strength and areas for development; this work has informed the delivery plan for the new Pan Wiltshire Exploitation group which met for the first time in November 2020. This is an all-age group however within its first year there has been a focus on 0-25, particularly in relation to transition from children to adult services.

The Exploitation agenda is supported by the work to develop a contextual safeguarding approach within Wiltshire, and this has continued at pace, supported by the University of Bedfordshire. Permission from the Department for Education has been gained to pilot the use of a fifth category, *risk outside the home,* within the child protection process as a differentiated pathway for children who are at risk of serious harm, who may not 'fit' into the traditional child protection process due to the emphasis this process ordinarily has on the family and harm attributed to the actions or neglect of parents/ carers. This pilot is now live and there will be ongoing review of its value and impact and whether it can inform wider national guidance in relation to practice in this area.

This pan Wiltshire approach will test the effectiveness of cross border strategic working and thus determine whether further opportunities to work in this way will be explored by the partnerships in the future.

The remaining two priorities, *how we work with families* and *early support and prevention* have had less focus from the SVPP and we acknowledge that these areas lacked clarity thus affecting our ability to provide assurance in relation to them.

3. SVPP Development and Impact

Changes to the Wiltshire Safeguarding Adults Board

There have been significant developments in the safeguarding adults board since the publication of its last annual report. In July 2020 the board began a process of reviewing its structure including the groups that led on quality assurance, policy and procedures and safeguarding adult reviews. The Chair of the WSAB had retired after five years in post providing an opportunity to review the functioning of the board whilst considering the impact of Covid-19 and the subsequent demands placed on partners. The review also considered the longstanding aspiration of partners to adopt a wider view on the safeguarding system.

The review highlighted several issues, including poor engagement of partners in aspects of its work, a lack of focus and challenge, difficulty in evidencing impact of partnership activity and limited sharing of learning from case reviews. To address these issues, the board was restructured to:

- Meet the statutory requirements of safeguarding adults' boards whilst enabling better synergy across the safeguarding system by bringing the governance of WSAB within the SVPP Executive structure
- Strengthen collaborative working across the partnership reducing duplication, making better use of the skills, knowledge and capacity of members by reviewing and where required reducing the number of subgroups to ensure clear and focused activity was retained
- Create a stronger focus on quality assurance activity by establishing the Safeguarding Adults Systems Assurance group (SASA Group), which is described further below
- Enable improved shared learning across both adult and children's safeguarding systems and workforces through the joining up of case review processes in the development of the Partnership Practice Review group (PPRG)

As a result of the restructure the WSAB Executive group was disbanded and governance of the WSAB moved to the SVPP Executive, with the SVPP Chair taking on the role as chair of the adult board. This has moved the partnership closer to the intentions set out in its Safeguarding Plan to "think family, think community" and to create a system wide view of safeguarding at a senior level. A newly established SVPP Partnership Practice Review Group (PPRG) retains the statutory duty of SABs to commission safeguarding adults' reviews (SARs) but also considers Domestic Homicide Reviews and Child Safeguarding Practice Reviews. More is said about this development in the next chapter.

A key mechanism for improving quality assurance within partnership working has been the development of the Safeguarding Adults Systems Assurance (SASA) Group. This replaced the WSAB Quality Assurance Subgroup that had a large membership, had several chairs in a short period of time and as a result had struggled to progress its

workplan. The SASA group has a small, senior membership designed to create a sharper focus on scrutiny of the effectiveness of adult safeguarding. The group has strong links to the Partnership Practice Review Group to bring together learning from case reviews and quality assurance activity to improve practice.

To understand the effectiveness of the new groups and the impact of the changes made to the WSAB, including the functioning and impact of the SASA group, the terms of reference will be reviewed at the end of 2021. The review will consider feedback from chair of subgroups and members of the workstreams, and the wider stakeholder network.

Creating a Partnership Practice Review group (PPRG)

Further significant structural changes have been made to the process for practice review within the arrangements. A new Partnership Practice Review group was established in September 2020, bringing together the existing processes for Safeguarding Adults Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs) and more recently Domestic Homicide Reviews (DHRs). This has been established to:

- Provide better visibility of cross cutting themes and ability to explore ways to improve practice across the system and demonstrate impact
- Reduce duplication and use skills and knowledge and capacity more efficiently
- Enable better sharing of learning across both adult and children's safeguarding systems and workforce
- Coordination through one centralised process will enable better oversight and management of reviews, actions and recommendations and demands on partner agencies

Case discussion and decision making about referrals are often not straightforward and this is testament to the passion of and commitment to improving the safeguarding system by members of the group. Ensuring all members of this new group were confident in their roles was key and as part of this a development session, with Michael Preston Shoot, took place to improve knowledge and understanding of safeguarding adult reviews. Work has also taken place to clarify the governance arrangements for each of the three statutory review processes, setting out of the methodologies for reviews, bringing in frameworks to support decision making with sufficient case information, improve timeliness of reviews and the sharing of learning and the recording of case data. This will provide a more confident foundation from which to further embed this group and assure the partnership.

We have improved how we track responses to recommendations and are able to look across the wider partnership structure to request action from and within existing subgroup structures where relevant. This strengthens the understanding that our response to practice review is a shared responsibility and needs to sit across the SVPP. Our priority is now to embed how we track our response to learning and recommendations and most importantly the impact of this.

Community Safety Partnership Review

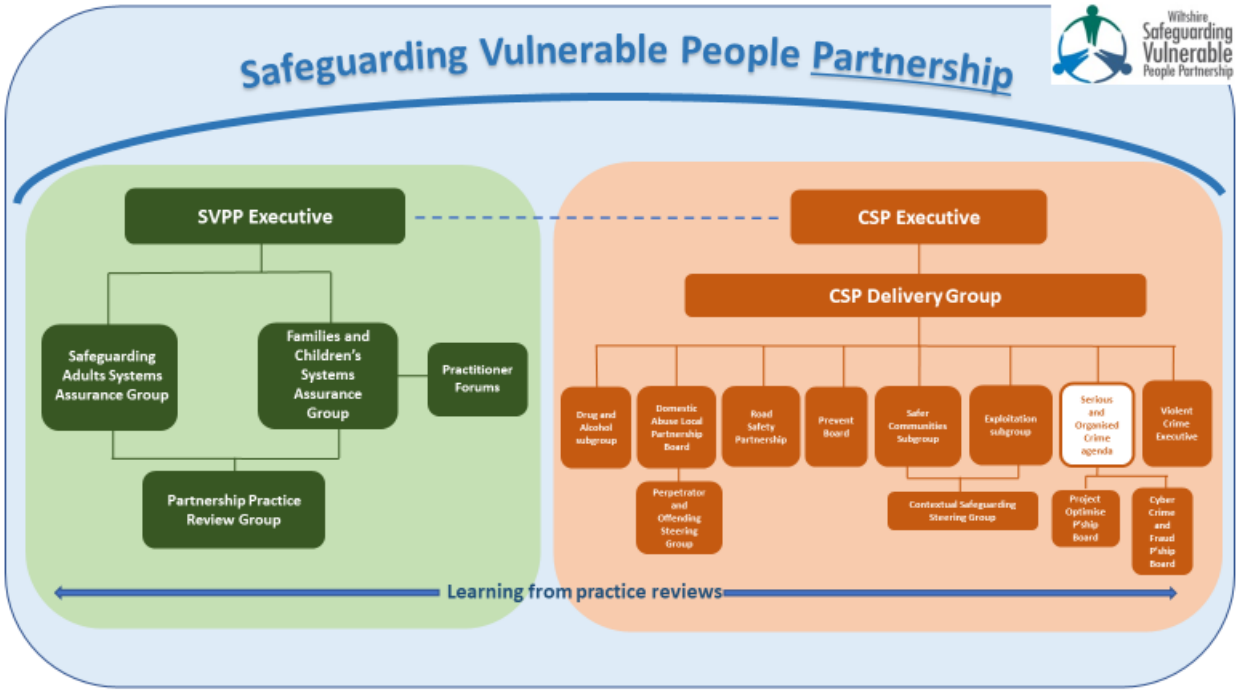
A local review of the CSP which was commissioned in September 2020. This partnership sits within the broader SVPP structure and with a new CSP Chair in place it was an opportunity to review its function, impact and its relationship with the SVPP Executive; a well-functioning CSP can only support the wider partnership structure.

The review set out to identify ways to strengthen the partnership and its effectiveness and build on the work and structures already in place and recommendations were represented in March 2021. The review has:

- Ensured all key areas of business are covered and governance is clear, for example the Contextual Safeguarding Steering group has been moved to strengthen links into the Pan Wiltshire Exploitation Group and a newly established Safer Communities group, enabling it to broaden the application and therefore impact of this approach
- Ensured the CSP Chair is a standing member of the SVPP Executive in their own right to enable continued strong links, join up of the two agendas and reporting on key safeguarding areas of business such as domestic abuse and exploitation.

- Established a Delivery Group - this group has already met and will help to ensure the effectiveness of the CSP subgroups, reduce duplication and support better collaborative working across areas of business
- Identified work to embed an outcomes framework to better evidence impact

The review also set out recommendations in relation to the domestic homicide review (DHRs) process and it was agreed that a rapid review would be carried out on receipt of a referral for a DHR, in order to ensure any decision to commission a DHR is based on sufficient information and to test out new methodologies for the final report. This is intended to enable us to both feel confident about the decision to commission a DHR and to complete the reviews more quickly. The process for these statutory reviews has been further strengthened by bringing them in to the new Partnership Practice Review Group. We have yet to test this new approach and therefore it is too early to fully assess the impact of this and other changes as a result of the CSP review however we would expect to be able to report on this in next year's report.



4. Practice Reviews – activity and impact

Rapid Reviews and Child Safeguarding Practice Reviews (CSPRs)

Since the changes set out in Working Together 2018 work has taken place to ensure there is a clear and robust process for notifications to the CSPR Panel. In Wiltshire best practice is that any decision to notify a case is made with the three statutory partners. This has improved transparency, shared ownership of the decision and the threshold for notification.

During 2020-2021 two notifications were made to the CSPR Panel initiating one rapid review. One of the notifications related to a LAC child, whose cause of death was medical and there were no concerns in relation to abuse or neglect. We agreed with the CSPR Panel that a rapid review was not necessary in this case.

The second notification led to CSPR Family N published in May 2021. The circumstance of this review related to the disclosure of sexual abuse by a child who, along with their siblings, was subject to a Supervision Order at the time. The perpetrator is now in jail. The review focussed on care proceedings, working with resistance and 'stuckness' and working with child sexual abuse. The recommendations reflect the learning from these themes and include actions to:

- Produce a practitioner briefing on working with sexual abuse including patterns of sexual abusers' behaviour
- Produce a glossary and explanatory note for partner agencies setting out some of the basic terms and processes within care proceedings
- Explore the extent to which supervision is available to their staff and the potential to establish a group supervision approach to dealing with stuck child protection work and we will free up our staff as needed and as appropriate to act as group supervisors to practitioner groups who seek outside consultation and assistance in moving work on

This last action has also been identified as learning in adult reviews therefore the response will be system wide and progress will be tracked by the PPRG.

Safeguarding Adult Reviews

Wiltshire's Safeguarding Adults Board is required to commission Safeguarding Adult Reviews (SARs) when an adult with care or support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. During this year one SAR was published as set out below.

SAR Adult H

In August 2020 the partnership published SAR Adult H . This case was referred to the WSAB after a resident of a care home was sexually assaulted another resident. After police investigations it emerged that the male resident had a number of convictions, serving sentences for serious sexual offences against minors. This information was not known to the care home or the local authority who placed the male resident. The case was referred to the WSAB to assess how partners can learn from what happened to Adult H and ensure that, in future, adults at risk are better protected from harm.

The review found that beyond the failure to share information, assumptions were made about the relationship between the individuals concerned and the level of risk. A recommendation from the review was that regardless of the care and support needs of the persons involved, an alleged sexual assault should have resulted in the police being called immediately. The findings of this review were discussed by partners at the desktop review session, the WSAB Executive Board and a copy of the report sent to the National Police Chiefs' Council lead for the Management of Sexual Offenders and Violent Offenders for information. Advice for practitioners was shared through the WSAB Staff Guide on when to call the police.

Domestic Homicide Reviews

During this time the DHR into the murder of a teenager has been ongoing and due for publication shortly. The learning from this case has focused on support for and awareness raising with young people in relation to the signs and symptoms associated with domestic abuse and healthy relationships.
Two further DHRs are currently ongoing.

Non- statutory reviews

The partnership is proactive in reviewing case referred into the PPRG which do not meet the threshold for a statutory review, where the potential for new learning is identified. Learning from these non-statutory reviews has been disseminated to partner agencies for internal dissemination with key learning included within relevant multi-agency safeguarding training.

Case 1: A 15-year-old who was admitted to hospital in acute alcohol withdrawal. She was known to professionals and was on a child in need plan. This case highlighted the fact that nationally there are no residential detox beds for children under 16. This has been raised nationally through Drug and Alcohol Steering group of the CSP.

Case 2: A complex case over a number of years involving an adult with autism and a learning disability with a history of committing sexual assaults as a child and an adult. This case highlighted the challenges where an individual poses a risk to the public yet are deemed not to have capacity, not fit to plead and there is insufficient evidence to prosecute. A practitioner event used the characteristics of this case to discuss how assured we are that a similar case would be better managed now and identified a number of recommendations to take forward.
Case 3: This review explored practitioners understanding of neurodiversity and how this can impact on the capacity of an individual to parent and what support is available to help them.

In addition, the SVPP commissioned a Thematic Rapid Learning Review, in response to 4 serious domestic abuse related incidents, involving knives or similar weapons, in Wiltshire, during the period of lockdown from 23rd of March 2020 until July 2020; one of which resulted in a double homicide. Whilst some of the individuals involved were well-known to services, and had been referred through MARAC previously, others were not, and the thematic review was commissioned to understand the potential impact of Covid- 19 and lockdown measures on the need for support or intervention for those individuals/families.

The thematic review did not find evidence of any specific impact of Covid-19 or lockdown in these cases but did identify learning in relation to identifying and responding to escalating behaviour; recognition of risk of violence to wider family members; challenges of working with non-engaging /non-complaint families in the context of remote working. Two of these cases have also been subject to statutory review processes: CSPR Family N and an ongoing DHR in relation to the double homicide.

Learning from case reviews remain a significant area of activity for the SVPP and going forward there is a recognition that to ensure that reviews, identification of learning and response to it is timely there needs to be acknowledgment of this as a core function of the partnership. Capacity to deliver on this within the SVPP Business Support team and wider partners agencies is critical to the effectiveness and ultimately the impact of this.

5. Children's safeguarding

The Families and Children's Systems Assurance Group (FCSA) focusses on the effectiveness of the safeguarding systems for children and has further embedded its role in relation to this. During the response phase of the pandemic the group took on the role of providing a view on partnership working to safeguard children for the SVPP Executive. It has worked closely with the Vulnerable People Safeguarding Group (VPSG), a Gold response group stepped up to focus on the system response to the pandemic. The VPSG escalated concerns to the FCSA where necessary: for example, the National Probation Service guidance preventing any home visiting which was at odds with other national covid-guidance; concerns in relation to the court backlog and its impact on victims. It also highlighted the dip in safeguarding referrals for children leading to the safeguarding review described on page 8.

The FCSA has maintained oversight and scrutiny of the system to safeguarding children, in particular:

- Oversight of and accountability for notifications, the rapid review process and reports
- Increased scrutiny of children electively home educated and missing education
- Oversight of the effectiveness of Child Death Overview Panel
- Oversight of roll out and use of the new early support assessment
- Led the response to Everyone's Invited
- Feedback from Practitioner Forums
- Multi-agency audit on children living with parents who misuse substances

The partnership recognised early that an understanding of the latent demand in the system as a result of Covid and the different ways services were operating and lack of visibility of children, was needed in order to plan and prepare. The modelling outlined predictions and intelligence gathered on the factors likely to impact children, young people and their families post Covid-19 lockdown. There was recognition that this work had to be live and dynamic and was a way through which to provide a 'best guess' on future demand and key to the partnerships ability to identify any increases as early as possible to alert the partnership.

The FCSA highlighted the need to develop a model for measuring this demand and initial modelling anticipated a surge in referrals to children's social care from September 2020 as more children returned to school. However, this surge was not seen and as this concern remained, a wider system review was commissioned.

Covid -19 Safeguarding Review

In response to concerns about the drop in contacts with social care and visibility of children during lockdown a safeguarding review was carried out.

All schools and agencies, including services for adults, were asked to participate and respond to the following:

- *How any change to delivery of service impacts on the level and nature of contact with children and families*
- *Where contact has reduced whether changes can safely be made to increase contact going forward and to catch-up for contacts which have been missed*
- *Where the level of direct (face to face) contact with children cannot be increased what other actions can be taken to enhance the level and quality of indirect contact*
- *To review Covid and post Covid referral rates your agency/service has made to children's social care and where there is a marked change to consider the actions that need to be taken now*
- *Where gaps remain, with services unable to deliver face to face services or catch-up for missed contacts (for example waiting lists), tell us about them to help inform the strategic assessment and other actions that can be taken in mitigation*

What it told us

Overall responses demonstrated that agencies recognised the concern and understood the request for this review. Responses evidenced reflection and responsiveness and therefore provided a level of assurance to the partnership. Although it was initially intended to identify any current gaps and concerns, the information also provided a focus for our response as we come out of lockdown. An increase in contacts with social care was seen in the months following this review.

Another impact of the work on demand modelling has been to rethink our Data Analyst group. This group was established along with the FCSA in 2019, with its purpose being to: triangulate and assess data and quality information; to use this data and intelligence to lead the discussion and focus for the partnership and to drive and inform activity. The group had a significant role supporting the demand modelling however there has been recognition that as a group it had struggled to find a wider role and impact, pre-covid. Therefore, it has been agreed that this group will no longer meet as a standing group. FCSA accepted that the ability of the Data Analyst Group to horizon scan and identify areas for further work had been limited and that the evidence base for insight needed to be redefined. Going forward analysts will be identified to complete standalone deep dives/project-based work as required and this is forming part of a revised approach and framework for scrutiny and assurance for the FCSA.

Graded Care Profile 2 (GCP2) Audit

Wiltshire has been using the GCP2 assessment tool since February 2019. Numbers of assessments completed remain low however recording of this is hampered by its reliance on self-reporting by practitioners. One of the key elements of the GCP2 Implementation Plan was to evaluate the use of the tool and agencies were asked to complete two audits with practitioners who had completed the assessment during the period Q3/4 2019-2020 and Q1/2 2020-2021. The audit findings and learning are set out below. However, the tool remains underused

across the system (based on quarterly data) and could be a key intervention in how we come back from the pandemic and support parents and family functioning post lockdown and in managing the potential latent demand in the system. Response to the learning will be taken forward by the FCSA.

GCP2 Audit

Findings:

Feedback on use of the tool was largely positive, good practice was identified and analysis of the responses highlighted the following benefits

- Enabling constructive discussion with parents, including a focus on strengths
- Child focused - helped parents see the impact on the child
- The audit returns were all on under-fives which highlighting how GCP2 could be most useful within early help/intervention
- The tool helped identify strengths and weaknesses and therefore target support and services better
- Families felt this was a good visual tool and easy to understand the concerns and see the positives

Learning:

- Some relevant professional groups are still unaware of tool
- GCP2 is an effective early intervention tool that can target the support and services needed
- Completing it with another professional can be supportive and enable different perspectives and expertise informs the assessment

"*Using the assessment helped identify the family's strengths and weaknesses, which in turn helped to identify which other professionals needed to be involved in the case to meet the needs of the family." (Practitioner)*

6. Adult safeguarding

As a result of Covid-19 and the review and subsequent restructure of the safeguarding adult board, WSAB did not publish an annual report in 2019/20. However, a summary of activity during this period is detailed below.

- **Peer Assessment:** The board carried out its annual self-assessment, engaging partner organisations in reflecting on progress and barriers in adult safeguarding over the previous twelve months. The findings highlighted:
    - lack of confidence amongst the workforce about the new Liberty Protection Safeguards (LPS)
    - the need for further guidance, information and training about domestic abuse and self-neglect

  This led to the revision of WSAB guidance on domestic abuse and self-neglect. Scrutiny of the implementation of LPS is being overseen by the newly formed Safeguarding Adults Systems Assurance Group. Further assessment to review actions from this peer assessment will take place in September 2021.
- SAR Adult E was published in June 2019. In this case there were concerns about Adult E's discharge from an acute hospital to a community hospital. The review made several recommendations in relation to how agencies worked together to protect those with learning disabilities by sharing information, through application of Making Safeguarding Personal (MSP), the Mental Capacity Act 2005 (MCA) and appropriate provision of advocacy services.

A key development following the WSAB review in July 2020 and subsequent restructure has been the development of the Safeguarding Adults' System Assurance (SASA) Group. The specific role of the group is in relation to all partnership activity that contributes to the safeguarding of vulnerable adults; to provide assurance to the SVPP that those systems are working effectively and to assess the impact of partnership activity on

vulnerable adults. The group formed in November 2020 and is still developing its work plan, part of which is to consider how data will inform quality assurance activity based on multi-agency intelligence from group members and information gathered across the partnership.

The group regularly reviews data from the adult MASH and considers types of safeguarding concerns and the numbers of referrals that are taken to a s42 enquiry. The decision-making and recording structure for safeguarding referrals has been clarified in recent guidance published by the LGA/ADASS (Sept 2020). Understanding what constitutes a safeguarding concern and how to support effective outcomes | Local Government Association. The guidance encourages Safeguarding Adults Boards to understand what happens when a referral is 'not a safeguarding concern' or a 'safeguarding concern'. As a direct response, a multi-agency Task and Finish group has been established, under the governance of the SASA group, to develop clear referral pathway to support practitioners to complete safeguarding referrals and know where to access support if a referral is 'not a safeguarding concern'. A pathway, flowchart and learning briefing will be published on the partnership website and used in training from September 2021.

In addition to activity detailed above, the SASA group has maintained oversight and scrutiny of the system to safeguarding adults, in particular in relation to:

- NHS Digital's COVID 19 Adult Safeguarding Insight Project
- Analysis of local Safeguarding Adult Review themes and learning
- Safeguarding in care homes
- Quality assurance of hospital discharges
- Implementation of Liberty Protection Safeguards Guidance

The group has also overseen the development and publication of local policies and procedures: Persons in a Position of Trust; Hoarding Protocol; High Risk Professionals Meetings Guidance. The documents have been published on the WSAB website and shared through the SVPP newsletter.

Voice/customer feedback

Reported to the SASA Group in December 2020, Healthwatch Wiltshire undertook a survey of people's experience of safeguarding. They received feedback from 16 people and published their report: Your experiences of the adult safeguarding process | Healthwatch Wiltshire. The survey had limited responses, likely due to Covid-19, but identified areas to address such as improving consistency of response/feedback, improving information available to people involved in the safeguarding process and use of advocates. The report resulted in an action plan that has been overseen by the SASA group.

With the support of the Centre for Independent Living WSAB hosted meetings for Service User's group to ensure those who use services were informing the work of the WSAB. Through the course of the year members took part in the consultation about the restructure of the WSAB, had a presentation from, and were able to feedback to the CCG on its response to Covid-19 and also held discussions about experiences of carers and services users during lockdown.

7. Independent scrutiny

SVPP has been independently chaired throughout this period and that chairing offers a scrutiny of partner contribution. In particular, during the year there has been critical examinations of:

- Arrangements to meet the needs of vulnerable children and adults during Covid
- How staff have been supported through the pandemic
- Support for residents in care homes
- Preparations for any surge in service demands as the lockdown eased and in particular the re-opening of schools

- All rapid reviews, local child safeguarding practice reviews and national reviews, especially 'Out of Routine' report into SUDI
- The development of our response to domestic abuse
- With Swindon and BANES, scrutinised the contribution of Avon Wiltshire Mental Health Partnership (AWP) to the safeguarding system and ensured a greater focus from them on their safeguarding duties for both adults and children
- With the Swindon scrutineer, we have instituted quarterly meetings with the Chief Constable, the Chief Operating Officer of the CCG and the two local authority Chief Executives to ensure a direct line of sight to them on safeguarding issues in their partnerships. An early focus is on leadership and culture.

8. Delivery and Impact of multi-agency training

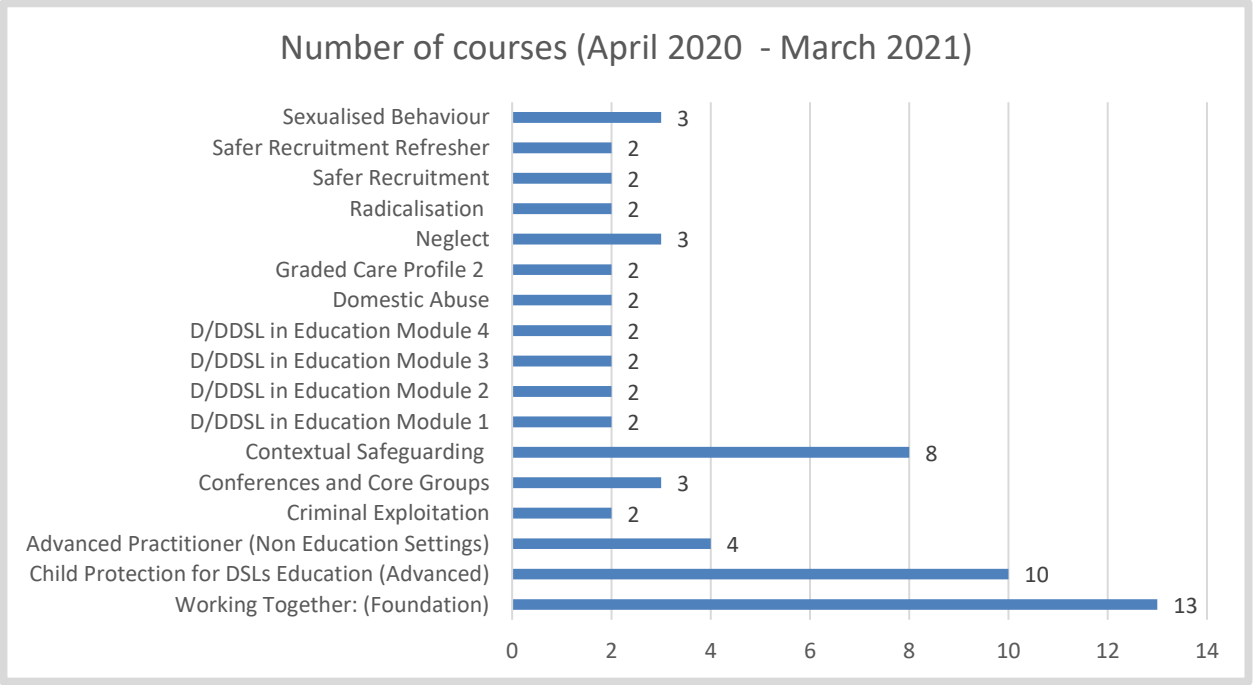
The multi-agency training offer continues to be successful in Wiltshire, with consistently high feedback from delegates rating courses as 'excellent' or 'good'. A selection of comments from delegates is included below. There is a robust system for gathering evaluation data following attendance at training that gathers delegates feedback on the quality and impact of training.

The training will have a direct impact on my work as a Family Keyworker working with young people and their families. It has greatly increased the way in which I observe and interpret situations within my work.

Although I had a "good" knowledge of the subject I really felt that this contributed to my understanding and confidence and the course was really well delivered

During Covid-19 all face-to-face training courses were suspended and a programme of virtual delivery started in July 2020. During the time courses were cancelled we bought additional eLearning licences to offer more online courses and supported covid community volunteers by providing free safeguarding eLearning for volunteers. The impact of covid-19 meant a total of 41 courses were cancelled in 2020/21. A total of 744 people accessed training through the SVPP in this period nearly 70% fewer than the year before.

In the next year there will be significant developments within the training programme. This means moving away from delivery of the traditional 'foundation', 'advanced' type courses to a more responsive, flexible learning model that will allow swift dissemination of learning from case reviews in easily accessible webinars and short training sessions.



Although the transition to entirely online delivery made after lockdown restrictions was not easy, training has continued to be graded by delegates as high quality demonstrating the positive impact that online delivery can have. Providing flexible options has the potential to increase the number of staff who can engage with training and therefore as a partnership we can be more responsive in our learning programme. We plan to develop more online training courses, including through podcasts and webinars, for both children's and adults' workforce that focus on learning from case and practice reviews in 2021/22.

9. Next steps and future priorities

The coming year will see a focus on a number of key priorities.

1) Safeguarding of Under 1yrs
2) Domestic Abuse
3) Criminal Exploitation
4) Leadership and culture
5) The scoping and implementation of a full programme of independent scrutiny
6) Progressing a DfE funded pilot to improve our data analysis and intelligence-led approach to safeguarding

Integrated Care System

The development of Integrated Care Systems (ICS) are central to the NHS Long-Term Plan to local organisations together to redesign care and improve health. Safeguarding systems and safeguarding leadership are an integral part of developing a safe and effective ICS and the SVPP will work with the CCG to seek assurance that both children's and adult's safeguarding and recommendations from the Wood Review are embedded within new arrangements.

Wiltshire Safeguarding Vulnerable People Partnership (wiltshirescb.org.uk)

https://www.wiltshiresab.org.uk/

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Healthwatch Wiltshire Update report

Executive Summary

I. Healthwatch Wiltshire is the local independent consumer champion for health and social care. We listen to people's experiences of using health and care services and share these with decision makers and commissioners to influence change.

II. This update report gives an overview of our recent work including:
- What people with autism spectrum conditions think of health and care services
- The achievements from the first year of the Mental Health Open Forum
- The views of people with lived experience of mental health on what good community support looks like
- Experiences and views of using the Advice and Contact service

III. All of these reports have been shared with the relevant commissioners and providers. We have received positive responses highlighting how the findings from these reports will be used to help inform, shape and develop future work.

Proposal(s)

It is recommended that the Board:

i. Notes the key messages from the report.

ii. 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 listen to the voice of local people with regard to health and social care services and then feed this back to commissioners and providers to influence change. Healthwatch Wiltshire therefore ask the board to receive our latest report, make comment and reaffirm its commitment to listening to the voice of local people.

Stacey Sims
Manager
Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Healthwatch Wiltshire Update report

Purpose of Report

1. The purpose of this report is to present to the Health and Wellbeing Board an update of our recent work, to invite comments, 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. The projects outlined in this update 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 having more responsibility for their own health, maintaining their own health and improving their health outcomes in the future.

Background

3. 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 Help and Care, a charity based in Bournemouth, to provide the Healthwatch Wiltshire service 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.

Main Considerations

The report summarises four of our recent projects, what we heard from local people and the recommendations made to services.

5. What people with autism spectrum conditions think of services

5.1 This project was carried out in late 2020/early 2021 by Healthwatch Wiltshire, working in partnership with Wiltshire Service Users' Network (WSUN).

5.2 We designed and ran two surveys, one for those with an autism spectrum condition and one for carers. The surveys ran for about 10 weeks. Due to Covid-19, we were not able to meet people face to face but we provided options for the survey to be completed online, over the phone or on paper.

5.3 We received a total of 102 completed surveys:

- 43 from adults with an autism spectrum condition.
- 29 from carers of adults with an autism spectrum condition.
- 20 from carers of children with an autism spectrum condition.

<u>What did we find out?</u>

5.4 We were told that an appointment with a doctor or nurse can cause considerable anxiety and stress for someone with an autism spectrum condition. We heard of difficulties in terms of booking appointments, waiting at the surgery and explaining the reason for the visit. We were told that staff having an awareness of their autism diagnosis and longer appointment times would be helpful.

"Long waiting time on the phone makes me anxious, the music or/beeping is overwhelming. Receptionists aren't always friendly. They don't have awareness that I am autistic. They can't offer me a more accessible booking process or appointments."

"I find the waiting room can be a very very challenging place for my son with his sensory issues being triggered just because of the number of people in the room. It would be helpful to have a quiet area for us to wait and reduce his anxiety."

5.5 Difficulties were reported in explaining things to health professionals and in understanding what they were told about their treatment and follow-up. The provision of written information, including easy read was identified as something that could help them understand information that they were given.

"Because I forget as soon as I walk out of the room. I nod and say yes but 99 out of a 100 I have not stored the information I was given."

5.6 Hospital environments were particularly difficult for those with an autism spectrum condition. A range of options were identified that would help prepare for an appointment, including a leaflet with a map, written

information about what to expect at the appointment and their notes identifying that they had autism.

"Information about timings, both potential waiting times and duration of appointment. Prewarning of potential for medical students and explanation for why it can be good for them to sit in on an appointment."

Issues of confusing environments, busy waiting rooms, noise, formality of staff, and the need to see several different people, were identified as being very stressful. Improved training to increase awareness about autism was frequently mentioned as something that would be beneficial.

"I have sat in a corridor rocking back and forth and not one member of staff asked if I was OK. I have asked for quiet area to wait in, only to be told on arrival they didn't know anything about it."

5.7 Experience of phone call and video appointments were mixed and depended on the individual concerned. It was clear that there were some individuals for whom phone and video appointments were not suitable.

"All three make me feel very insecure and anxious, I do not like talking on Zoom or the phone, I have never even done this with my daughter in Australia as I feel so out of my depth, so that should explain how hard it is for me to do that with doctors or hospital appointments."

However, there were also several carers and those with an autism spectrum condition who reported a positive experience of phone or online appointments.

"Having to wake up and get ready to leave the house is very difficult for me so being able to do the appointment in bed was very helpful. It also alleviated the stress of eye contact and constantly observing body language."

5.8 A large proportion of those with an autism spectrum condition and their carers said they felt they did not have enough information about support or services that were available. One thing mentioned frequently by those with an autism spectrum condition and their carers that would be helpful was a directory or list of support services and groups.

"An easy to read directory of what is on and what there is."

5.9 Most of those with autism spectrum conditions and their carers did not feel that they got enough support related to their condition.

5.10 We were told that most people were supported by unpaid carers. This included parents, partners, other family members and neighbours.

5.11 Other support services were valued but we were told there was not enough information about them or their availability.

5.12 There was mixed feedback about respondents' experiences of diagnosis. One thing that was frequently mentioned was that the information pack provided was overwhelming.

"Both times the diagnosis was well explained, but knowing you have something doesn't tell you how to live with it day to day."

Recommendations

5.13 The report made the following recommendations to services:

- Introduce initiatives and training to improve awareness of autism among staff working in GP practices and hospitals.
- Consider offering people with autism a written summary of their appointment, treatment and follow-up.
- Establish a system of recording preferences and/or needs for face to face, phone or video appointments and consider how these preferences can be met as far as possible.
- Establish a system that flags a person's autism spectrum condition in their medical notes.
- Include the findings of this report in pathway reviews for support services in Wiltshire, with the aim of providing improved access to services for people with an autism spectrum condition.
- Consider how information about, and experience of, transition from child to adult services can be improved.
- Investigate a reduction in the volume of general information given at diagnosis and the provision of a more individually tailored pack.
- Work with people with autism spectrum conditions and their carers in taking forward the above recommendations.

The full report can be read here:
https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/What_people_with_autism_spectrum_conditions_think_of_services.pdf

6. Wiltshire Mental Health Open Forum - the first year

6.1 The Wiltshire Mental Health Open Forum was established in August 2020, and is run jointly between Healthwatch Wiltshire, mental health service users, and mental health service provider Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

6.2 The forum provides a safe space for service users, and those who support them, to speak directly to those who run mental health services, to get involved in helping to shape the design of these services and highlight gaps in mental health support. There are now over 80 forum members and on average 25 attend each meeting.

6.3 It also provides a platform for sharing information about local support available and for organisations and community groups to showcase the services, and activities, they provide.

6.4 At every forum meeting, there is a you said, we did session. Issues shared at the forum are taken to a monthly Quality and Standards meeting held by AWP. Feedback and any actions are reported back at the next meeting. For example: Issues regarding access to mental health services if you do not have a registered GP were raised (this was a particular concern from the Rough Sleepers Team). The Clinical Lead reported back that not having a GP should never be a barrier to receiving support. The AWP Access Service Manager for Wiltshire attended the Homeless Link

Community of Practice meeting and discussed the referral process with those working with the homeless community.

6.5 Forum members are also able to get involved in the shaping and development of mental health services in Wiltshire and they have helped shape 4 services in their first year including the redesign of the Recovery and Inclusion service and a new initiative by Wiltshire Citizens Advice to run a pilot Advice/Support Scheme for those with poor mental health who need support with life's practicalities.

6.6 In response to the recurring theme that service users were unaware of, or not able to access, up to date information on services and activities in the community, the forum produced their own comprehensive guide to mental health and wellbeing services on offer in Wiltshire. This guide has been downloaded over 400 times.

6.7 The forum has been welcomed by commissioners and providers as a valuable opportunity to hear directly from people with lived experience and continue to meet on the first Wednesday of every month.

The full report can be viewed here:
https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/Wilts_MH_Open%20Forum_Year1_report.pdf

7. The future of mental health support

7.1 We worked with Wiltshire Centre for Independent Living and Wiltshire Parent Carer Council to host a series of online focus groups looking at the future of community mental health services in Bath and North East Somerset, Swindon and Wiltshire (BSW).

7.2 The joint work follows the publication of the national Community Mental Health Services Framework, which looks at how support for people in the future can be delivered more locally, to help them live well.

7.3 We held 3 online sessions, one in Banes, Swindon and Wiltshire which listened to the views of 32 people with lived experience of mental health and asked:

- What does a good life look like for you?
- What do you need to live a healthy life in your community?
- What does good community mental health support look like for you?

Key findings

7.4 For most people having purpose, a reason to get up out of bed is crucial to them having a good life. People want to have active roles in society, they do not want to be passive recipients and be done on to.

7.5 Having aspirations, something to look forward to and things to do and occupy time are important when people consider what makes their good

life. This included being active, being creative and having the opportunity to participate. It helped if things were planned in advance and if events were local.

7.6 People enjoyed and benefited from having someone to spend time with and socialising and social networks. The necessities in life that we all expect and hope for were also mentioned such as feeling safe, hope, being able to clothe myself, being physically healthy.

What do you need to live a healthy life in your community?

7.7 We talked about what people need to live a healthy life in their community, several themes emerged.

7.8 People wanted to have a vocation, to work, have opportunities to volunteer and take part in purposeful activities.

7.9 Connections with people were crucial to building and leading healthy lives in the community. People found that peer support helped to form social networks in the community.

"I met someone else going through exactly the same situation as me on the day that they were releasing me. It was a chance to talk to someone in my situation. I don't even know his name, but he was a lot older than me. It was nice eventually to manage to meet someone in the same situation"

7.10 People really reflected on the importance of relationships and connections, describing how some GP's only offer medication when meeting other people may be far more beneficial.

"I do not want a prescription, I want a connection"

7.11 Many people talked about how having access to support enabled them to live a healthy life in their community. The area where most people felt like they needed support was with transport.

7.12 People listening properly meant that you only had to tell your story once and reduced the feeling that you have to jump through hoops to prove you have tried things.

7.13 Being equipped with knowledge empowered people to live healthy lives in their community. Knowledge and information about what is out there and what is going on in peoples' communities was of particular pertinence.

"Need for information about what is available is important as you don't know what you don't know so don't ask for it"

What Does Good Community Mental Health Support Look Like?

7.14 There is a very clear message that good mental health support should at its core be preventative. It was highlighted repeatedly that what people

needed and felt was the most effective way of supporting them was to provide low level support before things escalate and develop into a crisis. But, that crisis support (when needed) should provide/offer real help.

"Good mental health support is about prevention…prevention is better than a cure, it's about understanding a table (professional plan) isn't the answer, let's work on the causes."

7.15 Having low level support for people who don't meet thresholds for higher levels of intervention was also crucial. People described how difficult it is to access support, they were either not ill enough, too ill, or just the right amount of ill.

"Services that are accessible whatever level of mental health issue you have, preventing escalation. Not only focusing on people who are unwell, offer support before then to avoid a crisis."

7.16 Good mental health support should be person centred and holistic. A range of different types of mental health support should be available for people, with acknowledgement that one size does not fit all. Nonmedical options need to be available, suggestions included listening cafes, support cafes/walks, being able to watch football or knitting groups, art and music therapy.

7.17 Much of the support that people feel will benefit them does not require 'professional' involvement. It should be self-organising and people need to be given the autonomy to be able to get on and do it.

7.18 Young people and parent/carers highlighted how there is relatively little support for young people after the age of 25 in comparison with what is available and on offer for young people up until this age.

7.19 Central to all good mental health support is listening. People want to be heard and listened to, having to tell your 'story' time and time again is exhausting for people.

7.20 The rural geographical nature of the area ran through all of the discussions about where mental health should be provided. The conclusion being that good mental health support services should be provided in local communities. It was frequently suggested that when designing and delivering good mental health support that the physical assets that are available in local areas should be utilised. These assets are also in a familiar environment for people.

7.21 How mental health support is delivered determines how good and effective people feel it is. It is clear that there needs to be a variety of platforms for people to choose from so that they can access support in a way that suits them. People want to be able to access support through a variety of mediums including physically meeting people, through drop ins and virtually via social media, Facebook groups, WhatsApp, virtual groups, Zoom and on the telephone and through websites.

"Mixture of face to face and virtual services can be offered, tailor made packages depending on the needs of the individual, changing as needs change e.g.,

assessments face to face in early support giving followed by virtual sessions to maintain, prevent deterioration."

7.22 All support should be provided in a timely manner, people are frustrated with long waiting lists, not being acknowledged, phones not being answered. Support needs to be responsive, flexible and recognise fluctuations in (peoples) needs. Only being able to access support between the hours of 9-5 causes difficulties especially for people who work, there is nothing at the weekends or in the evenings. People require access to support 24/7 when they need it most.

"Good mental health support for me would be having a way to access help when I need it, not with a year's wait, to have someone at the end of the phone who has my file, knows my info, and can offer realistic options, that can support my husband and then make a house call if needed. It needs to be fast not dragged out going over the same stuff and jumping the same hoops just wears me down…"

7.23 When considering who should provide mental health support there was a call for much of it to be developed and delivered by people with lived experience of mental health not by professionals. The ideas of buddy's and champions were suggested frequently. It was discussed how people with their own mental health needs can and want to offer support to their community.

"In addition to obtaining support, a mixture of giving and receiving support is beneficial – getting something for yourself and giving to others."

Young people talked about wanting to be given the responsibility to organise their own activities/groups (with guidance but be led by the young people themselves).

7.24 Based on what we have heard we make the following recommendations:

- More emphasis should be given to early support and prevention
- There should be more support available locally and in the community. This should be flexible and accessible
- People should be supported and empowered to set up their own support groups, activities and events
- Support should be co-designed and co-produced with people with lived experience of mental health.

7.26 This report has been shared with BSW Clinical Commissioning Group (CCG), which plans and commissions mental health services for the region and the feedback is being used to help shape and develop local mental health services.

The full report can be read here:
https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/The%20Future%20of%20Mental%20Health%20Support%20Report%20Sep%202021.pdf#

7.27 Whilst publicising this work, several organisations contacted us wishing to share their experiences. We highlighted this with the CCG and as a result 3 further workshops were held, one in Banes, one in Swindon and one in Wiltshire allowing organisations that support people with mental health to

share their experiences. These took place in late October and we are currently writing up what we heard.

8. Experiences and views of using the Advice and Contact service

8.1 The Advice and Contact service run by Wiltshire Council provides guidance and information aiming to help its users find the support they need. They provide information about social care and other community support and aim to help people live as independently as possible.

8.2 We worked with the Advice and Contact team and carried out our engagement during early 2020, before the Covid-19 pandemic. The work was paused while responding to the pandemic took priority. During March and April 2021, we wrote up the report and met with team members to discuss how to use the findings.

What did we do?

8.3 We gathered information in several ways:

- The Advice and Contact team sent or emailed our survey to some callers who agreed to this.
- We carried out telephone interviews to complete our survey with callers who had given consent.
- We carried out a mystery shopping exercise. Our volunteers made calls to the Advice and Contact team and asked questions based on five different scenarios.

44 people shared their experiences of using the service.

What were the key findings?

8.4 Most of those who contacted the team were calling about care assessments or care support for someone else. Most callers thought they were given enough time during their call and wait times did not appear to affect the quality of information given.

“They got a mass of info out of me. I wasn’t hurried. Took the time to get everything needed.”

8.5 Overall, 63% of those we spoke to were very satisfied or satisfied with the service. Respondents identified several aspects that they thought positive. Key things that were valued were helpful and pleasant manner, listening, answering questions, providing information, and arranging onward referral. However, a notable proportion were not able to identify anything good about the call, suggesting inconsistency of experiences.

“Really pleased with the whole process. Nothing complicated. Couldn’t have been more helpful. Knock-on effect makes Mum feel more secure. Positive results for her — reassured her as she doesn’t want to go into a home, so quick response has really helped to reassure her”

“Nothing. I was left feeling frustrated and having to cope with an enormous situation on my own with no professional support.”

8.6 Wait times were the top thing identified that people thought could be improved, followed by advice and information, onward support available and staff approach.

8.7 Some of our respondents were satisfied with the call but were dissatisfied with the follow up and/or support that was available.

"At the time I was fairly satisfied but now not so due to lack of response. I think I should have had a response, even a message to acknowledge it has been received and action taken. Really frustrated."

8.8 Some carers and relatives of those who would be funding their own care did not feel they were given enough advice and information to arrange care and support.

"I was just amazed that, even after being in hospital no professional advice was available. I accept paying but needed help to evaluate what my father needed…I thought everyone (and their carer) was entitled to a needs assessment as a baseline, not just dismissed as soon as you have answered the question do they have more than £23K. I know the council has no money but surely they should be legally obliged to do better than this."

8.9 Evaluation of our mystery shopping calls found considerable variation in the quality of responses and felt that some were more helpful than others. Our volunteers identified several things that helpful responses would include such as listening and providing tailored advice, and explanations and information on the range of services available. They also identified aspects that weren't so useful including the use of jargon, and abrupt questioning.

8.10 Working in collaboration with the service, the findings of this report have been used to create a checklist for Advice and Contact team. This identifies aspects that were seen being most useful, with the aim that this can be used by team members to support them to improve the consistency of information given.

8.11 Based on what we found, our recommendations are that the service:

- Considers what action can be taken to reduce long wait times.
- Reviews the information given while callers are waiting to see if this can be clearer and provide other ways that people can get in touch.
- Looks to improve the consistency of the quality of information and advice given. This could include the development of some resource lists.
- Provides the checklist that has been developed to team members and regularly review it; this may support opportunities for sharing good practice within the team.
- Develops the advice and information that is available to carers and for those who will be paying for their own care.
- Considers using the checklist and/or this report as part of the induction of new team members. Healthwatch Wiltshire would be happy to support with this.

8.12 As this engagement took place a while ago, we are pleased that some improvements have already been implemented and that this report has been used to identify priority areas for the service going forwards. We are in conversation about how we can continue to work with and support the Advice and Contact team.

Full report can be viewed here:
https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/Evaluation_of_adviceandcontact_report.pdf

Next Steps

9.1 All of these reports have been shared with the relevant commissioners and providers. We have received positive responses highlighting how the findings from these reports will be used to help inform, shape and develop future work and we will be continuing our work with them to follow this up.

9.2 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.

Stacey Sims
Manager
Healthwatch Wiltshire

Report Authors:
Stacey Sims, Manager
Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board
2 December 2021

Subject:
Mental Health Consultation

Executive Summary

The Child and Youth Voice Team consulted with young people from across Wiltshire about their mental health and what they thought of the services available to them. 175 young people took part in a survey and the team visited various support groups to speak with those that have accessed Wiltshire's mental health offer. The findings were presented to Wiltshire Council Leaders and during that meeting actions were agreed to be taken forward to ensure that the young peoples views were acted upon. One of the actions is to bring the report to the Health and Wellbeing Board to share.

Proposal(s)

To hear the voice of children and young people and give consideration to their concerns and ideas for improvement regarding access, delivery and outcomes of services for mental health and wellbeing.

Reason for Proposal

To share findings from the Mental Health consultation and consider recommendations for improvement.

[Presenter name]
[Title]
[Organisation]

Wiltshire Council

Health and Wellbeing Board

Subject: Child and Youth Voice Mental Health Consultation

Purpose of Report

1. To give young people the chance to tell us their experiences of mental health services in Wiltshire and give their recommendations about what needs to happen next.

Relevance to the Health and Wellbeing Strategy

2. The H&WB strategy highlights the importance of localisation:

   '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.'

Summary of survey findings

3. Children and young people want a coordinated, joined up approach so they don't have to wait for the mental health support they need. They would like support to be easily accessible in their local area.

4. Young people consulted suggested drop-in centres in the community to support their mental health and well-being, where they could meet others and receive peer-to-peer support. Wiltshire's care leavers told us that they would like a space where they could meet other care leavers as loneliness and isolation came out as their biggest worry.

5. Young people are concerned about access to timely mental health support and would want a reduction in waiting times.

6. Young people would like their mental health taken seriously at the first point of contact for help. "Take people with mental health seriously don't minimise and patronise those who are seeking help." Of 146 young people who said they had mental health problems, 61% told us they accessed support through their GP, 25% of these young people didn't feel listened to and that they didn't get the help they needed.

Children and young people's recommendations

7. Anonymous mental health 'drop ins' at youth clubs and doctors' surgeries (one suggestion was as an 'active therapy space').

8. Peer to peer support from those who understand what they are going through.

9. Greater assurance that accessing mental health support will help and be a safe experience.

10. Posters to advertise mental health support available to young people at youth clubs, police stations, bus stops, train stations and in schools.

11. Good access to transport links (buses and trains that are safe) so young people can go to youth clubs and other settings to get help when needed.

12. Improved access to WIFI so young people can stay connected to friends and distract themselves.

13. An easily accessible list of Mental Health support available, that is easy to understand and includes the service criteria and waiting times.

14. A reduction in waiting times and, if having to wait, ensuring interim wellbeing support is in place.

[Presenter name]
[Title]
[Organisation]

Report Authors:
Joe Sutton, Child and Youth Voice Lead Worker, Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: BCF Plan 21/22

1.1. Executive Summary

This paper presents the Wiltshire Better Care Fund (BCF) Plan for the period 2021/22. The BCF is a pooled budget between the Council and BSW CCG.

1.2. During the period since the previous plan, the impact of the COVID 19 pandemic with its necessary policy and delivery changes tested the Wiltshire system, but the strong culture of joint working and governance provided a stable platform to meet the challenges.

1.3. In March 2020, the Wiltshire health and social care system began operating within the context of the COVID 19 pandemic and the national DHSC pandemic response. The system was flexible to respond to the pressures in the acute hospitals and operated effectively as an alliance including streamlining hospital discharge processes, increasing discharge to assess capacity in the community, integrating Council and CCG brokerage functions and commissioning designated units in the community. Significant investment was made in Home First and Reablement capacity to support discharge back into people's own homes. The staffing pressures in the home care and care home market, the return of full elective service and evidence of increasing complexity of need will be pressures across the system in 2021/22.

1.4. The Hospital Discharge and Community Support Policy and Operating Model released on 7 July 2021 sets out the aim to embed the Discharge to Assess (D2A) model actioned during the COVID 19 response. D2A seeks to prevent delay of discharge of people who are medically fit because they need a health or care assessment to identify future need. If it is safe to do so this can take place in the person's own home of a D2A bed. There is an expectation that performance continues to reduce the length of stay for people in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

1.5. The Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic:

• Increased pressure on primary care capacity due to COVID 19 response and vaccine

• The impact of workforce shortages in domiciliary care and qualified nurses

• Capacity constraints in Discharge to Assess (D2A) Pathway 2 (PW2) beds caused by increased length of stay in beds based in care homes due closure, outbreaks or lack of home care capacity in the community. We still have significantly higher commissioned and funded capacity than pre-COVID levels

• The hospital ‘criteria to reside’ has had a substantial impact on the discharge pathway for those at the end of life. In Wiltshire in 2020/21, an average of 20% of people discharged from hospital into PW2 beds died there

• Many people are likely to need more support post COVID 19 due to the impact of deconditioning and long COVID. Prolonged sedentary enforced lifestyle has particularly impacted older people, accelerating decline in social, physical, mental health and wellbeing. This increases potential to need social care support, including residential support services earlier than would have originally been anticipated

• Increased cost of care in the community due to staffing shortages, increased provider costs (fuel, food, insurance, utilities) and the impact of COVID infection prevention and control measures. In 2020/21 this is supported by the continuation of HDP funding, but we are working as a system to have a robust three-year funding plan with secure recurrent funding in-place for all BCF plans.

1.6. The ambition of the BCF plan is to consolidate the strong relationships and governance formed during the pandemic response, and to use the BCF as an enabler to maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission, return home for recuperation and rehabilitation as soon as possible.

Proposal(s)

It is recommended that the Board:
Approves the BCF plan

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Reason for Proposal

The plan was submitted to the national BCF team on 16 November. It was signed off by the chairs of the Health & Wellbeing Board. A copy was sent to Health & Wellbeing Board members as it was not possible to discuss the plan at a meeting prior to submission.

Presenters
Helen Jones-Director of Procurement & Commissioning, Wiltshire Council
Clare O’Farrell-Director of Locality Commissioning, Wiltshire, BSW CCG

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Better Care Fund Plan 21/22

Purpose of Report

To set out the Better Care Fund Plan for Wiltshire for 21/22.

Relevance to the Health and Wellbeing Strategy

The Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic. The report sets out how the BCF will maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission return home for recuperation and rehabilitation as soon as possible.

Background

The report forms a part of the BCF national submission for Wiltshire.

Main Considerations

Following full consideration of the national planning requirements, the priorities for the Wiltshire 2021/22 Better Care Plan have been jointly agreed with partners across Wiltshire and are set out below. Each priority is aligned with national conditions. Work on these priorities is progressing and is monitored at the Locality Commissioning Group and key elements feed into the Wiltshire Alliance Programme Board.

	National conditions	Wiltshire 21/22 Priorities
1	A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board	Consolidate the relationships and integrated working established during the pandemic and securing recurrent service changes made at pace
2	NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution	Continue to develop integrated services and investment into supporting adult social care maintained
3	Invest in NHS commissioned out-of-hospital services	Continue to develop the anticipatory care and urgent response community based services Deliver improvement as required against the High Impact Changes

	National conditions	Wiltshire 21/22 Priorities
		Falls prevention is an area for review and improvement as part of the development of rapid response services Secure recurrent investment in community based care services, recognising the significant investment already made.
4	Plan for improving outcomes for people being discharged from hospital	Continue to develop the discharge to assess model to ensure it meets the criteria for a D2A model and flexibly meets the needs of our staff and residents. Review and improve process and delivery on Pathways 1 and 2 Improve access to reablement 7 days a week Development plan for the joint brokerage service Support market capacity for home care Improve integrated performance reporting Develop live demand and capacity information

The full plan is attached as an Appendix.

Next Steps

Health & Wellbeing Board is asked to approve the BCF Plan 2021-22.

Presenters
Helen Jones-Director of Procurement & Commissioning, Wiltshire Council
Clare O'Farrell-Director of Locality Commissioning, Wiltshire, BSW CCG

Report Authors:
Melanie Nicolaou, Commissioning Manager, BCF

Better Care Plan

Wiltshire Locality 2021/22

Final Version for submission to NHS England

28 October 2021

Bath and North East Somerset, Swindon and Wiltshire Partnership

Working together for your health and care

Wiltshire Council

Where everybody matters

Wiltshire

HEALTH AND CARE

NHS

Salisbury

NHS Foundation Trust

NHS

Wiltshire

Clinical Commissioning Group

NHS

Royal United Hospitals Bath

NHS Foundation Trust

NHS

Avon and Wiltshire Mental Health Partnership

NHS Trust

NHS

Great Western Hospitals

NHS Foundation Trust

1. Document Summary

Constituent Health & Wellbeing Board	Wiltshire Health and Wellbeing Board
Local Authority	Wiltshire Council
Constituent Clinical Commissioning Group	BSW Clinical Commissioning Group
Date submitted	16 November 2021
Has the plan been signed by the Clinical Commissioning Group?	Yes
Date the plan was Signed off by HWB:	

2. Document Details

Author	Mel Nicolaou, Better Care Commissioning Manager
Owners	Helen Jones, Director of Commissioning – Wiltshire Council Clare O'Farrell, Director of Locality Commissioning – BSW CCG
Status	Final draft
Version changes	Helen Jones, 28 October 2021 comments on v 2 Clare O'Farrell, 28 October 2021 comments on v 2
Date of Draft	28 October 2021

3. Signatures

Wiltshire Clinical Commissioning Group (CCG)	
Signed:	
Name:	Elizabeth Disney
Position:	Chief Operating Officer, Wiltshire Locality
Date:	

Wiltshire Council	
Signed:	
Name:	Lucy Townsend
Position:	Corporate Director of People
Date:	

Wiltshire Health & Wellbeing Board	
Signed:	
Name:	Cllr. Richard Clewer
Position:	Co-Chair of Health & Wellbeing Board, Leader Wiltshire Council
Date:	

Wiltshire Health & Wellbeing Board	
Signed:	
Name:	Dr Edward Rendell
Position:	Co-Chair of Health & Wellbeing Board, Wiltshire Locality Chair
Date:	

Contents

4. Foreword and Introduction

4.1. Wiltshire Council and Wiltshire Clinical Commissioning Group (CCG) are pleased to present their Better Care Fund (BCF) Plan for the period 2021/22.

4.2. During the period since the previous plan, the impact of the COVID 19 pandemic with its necessary policy and delivery changes tested the Wiltshire system, but the strong culture of joint working and governance provided a stable platform to meet the challenges.

4.3. In March 2020, the Wiltshire health and social care system began operating within the context of the COVID 19 pandemic and the national DHSC pandemic response. The system was flexible to respond to the pressures in the acute hospitals and operated effectively as an alliance including streamlining hospital discharge processes, increasing discharge to assess capacity in the community, integrating Council and CCG brokerage functions, commissioning designated units in the community. This included significantly investing in Home First and Reablement capacity. The staffing pressures in the home care and care home market, the return of full elective service and evidence of increasing complexity of need will be pressures across the system in 2021/22.

4.4. The Hospital Discharge and Community Support Policy and Operating Model released on 7 July 2021 (updated 19th October 2021) sets out the aim to embed the D2A model actioned during the COVID 19 response. There is an expectation that performance continues to reduce the length of stay for people in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

4.5. In response, the Wiltshire Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic:

- Increased pressure on primary care capacity due to COVID 19 response and vaccine
- The impact of workforce shortages in domiciliary care and qualified nurses
- Capacity constraints in Discharge to Assess (D2A) Pathway 2 (PW2) beds caused by increased length of stay in beds based in care homes due to closure, outbreaks or lack of home care capacity in the community. We still have significantly higher commissioned and funded capacity than pre-COVID19 levels
- The hospital 'Criteria to Reside' national guidance has had a substantial impact on the discharge pathway for those at the end of life. In Wiltshire in 2020/21, an average of 20% of people discharged from hospital into PW2 beds died there
- Many people are likely to need more support post COVID 19 due to the impacts of deconditioning and long COVID. Prolonged sedentary enforced lifestyle has particularly impacted older people, accelerating decline in social, physical, mental health and wellbeing. This increases potential to need social care support, including residential support services earlier than would have originally been anticipated
- Increased cost of care in the community due to staffing shortages, increased provider costs (fuel, food, insurance, utilities) and the impact of COVID infection prevention and control measures. In 2020/21 this is supported by the continuation of HDP funding, but we are working as a system to have a robust three year funding plan with secure recurrent funding in-place for all BCF plans.

4.6. The ambition of this plan is to consolidate the strong relationships and governance formed during pandemic response, and to use the BCF as an integration enabler to maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission, return home for recuperation and rehabilitation as soon as possible.

5. Better Care Plan Context

Wiltshire Joint Strategic Needs Assessment

5.1. The Wiltshire Recovery Joint Strategic Needs Assessment outlines the impacts of the pandemic on a variety of thematic areas referred to as chapters. Data has been gathered from a broad range of sources to achieve this.

Local demography and the Needs of Wiltshire's Population

5.2. Wiltshire is a large, predominantly rural and generally prosperous county. Wiltshire Council and Wiltshire Alliance are coterminous and the registered and resident populations are therefore largely the same.

5.3. The population of Wiltshire is served by three main acute trusts, only one of which is in the County. Around 35% of Wiltshire residents use Salisbury Foundation Trust (SFT), 31% use the Royal United Hospital (RUH) in Bath with the balance (around 29%) attending the Great Western Hospital (GWH) in Swindon. This distribution of activity and service demand adds complexity to admission avoidance and discharge planning

5.4. Almost half the population lives in towns and villages of fewer than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Stonehenge and Salisbury Cathedral.

Table A illustrates the scale of the challenge facing the County. Taken from the Wiltshire Joint Strategic Needs Assessment (JSNA), it shows a 7.1% rise in overall population to 2030 but with an increase in the same period of 26.7% for over-65s and around 60% for over-85s (although significantly fewer in terms of numbers alone). In the same period, the working-age population is projected to reduce by 1.7%, making an urgent case for resilient communities and a sustainable health and social care system. These ageing changes are greater in Wiltshire than in other systems in the South West or in England[1].

Table A: Wiltshire demographic forecast

Table: Population	Mid-year estimate		Population Projection			
	2014	2017	2018	2019	2020	2030
Total Population	484,560	496,043	498,500	503,600	510,100	531,500
Under 20	114,609	115,852	116,200	117,200	118,700	117,800
Ages 20-64	273,123	276,425	275,700	277,400	280,100	271,800
Aged 65 & over	96,828	103,766	106,400	108,800	111,100	141,900
Age 65+ (% of total pop)	20.0%	20.9%	21.3%	21.6%	21.8%	26.7%
Aged 85 & over	13,283	14,193	14,500	14,900	15,300	22,600

5.5. An additional challenge, particularly in the South of the County is that recruitment of care staff remains difficult in an area with low unemployment and where house prices are higher. The pandemic and reduction in European workforce availability have exacerbated the

[1] Source: ONS Sub-National Population Projections, 2016
2 Source : Wiltshire Council Adult Social Care Team, 2018/19.

situation, with increasing competition for staff in a large, predominantly rural and generally prosperous county.

5.6. We know that high levels of social isolation can lead to admission to hospital and greater levels of care. Levels of social isolation, as measured by the annual client and biannual carers' survey, are higher than we would like to see within Wiltshire, and the pandemic has exacerbated this. The Wiltshire Older People's Collaborative reviewed the impact of social isolation and identified areas at high risk of social isolation. This led to the development of the prevention service to support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

5.7. Current performance on the 91 days at home after reablement is an improving trend as the year progresses, as set out in Table B

Table B % people remaining at home at 91 days after reablement

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Reablement	70%	68%	69%	82%	76%	78%
Home First	66%	72%	68%	79%	75%	86%
AVG	68	70	69	81	76	82

6. Better Care Plan (BCP) Strategic Priorities for 2021/22

6.1. Following full consideration of the national planning requirements, the priorities for the Wiltshire 2021/22 Better Care Plan have been jointly agreed with partners across Wiltshire and are set out below in Table C. Each priority is aligned with national conditions. Work on these priorities is progressing and is monitored at the Locality Commissioning Group and key elements feed into the Wiltshire Alliance Programme Board.

Table C

	National conditions	Wiltshire 21/22 Priorities
1	A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board	Consolidate the relationships and integrated working established during the pandemic and securing recurrent service changes made at pace
2	NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution	Continue to develop integrated services and investment into supporting adult social care maintained
3	Invest in NHS commissioned out-of-hospital services	Continue to develop the anticipatory care and urgent response community based services Deliver improvement as required against the High Impact Changes Falls prevention is an area for review and improvement as part of the development of rapid response services Secure recurrent investment in community based care services, recognising the significant investment already made.

	National conditions	Wiltshire 21/22 Priorities
4	Plan for improving outcomes for people being discharged from hospital	Continue to develop the discharge to assess model to ensure it meets the criteria for a D2A model and flexibly meets the needs of our staff and residents. Review and improve process and delivery on Pathways 1 and 2 Improve access to reablement 7 days a week Development plan for the joint brokerage service Support market capacity for home care Improve integrated performance reporting Develop live demand and capacity information

Changes and additions to the BCP 21/22

6.2. To ensure that we are targeting our resources to places of maximum benefit, key BCF schemes are currently undergoing strategic review to assess whether they are fit for purpose in the current operating context. The reviews are being reported through the Locality Commissioning Group (LCG). See table D below.

Table D

Service Area	Descriptor	Type of report	Review status	LCG Date
Carers	Wiltshire Carers	Review prior to Tender	In progress	December 21
BCF	Better Care fund	Dashboard	Complete	October -21
Home From Hospital	Home from Hospital Age UK service	Review	In progress	October-21
Brokerage	Integrated 7 day brokerage function	Report with dashboard	Completed, development of future options to enhance	Apr-21
Home First , PFH and co ordination	Pathway 1 discharges, including pathway and Patient Flow Hub	Full service review	In progress, specification drafted	February 22
Audit Hospital discharge flow Pathway analysis	Short term P2 funded audit	Project report	Completed	Jun-21
PW2 Beds	All temporary beds used for step up and step down plus associated services	Full service review	Completed	Jun-21
Trusted assessor	Trusted Assessment across the pathway	Full service review	Completed	Jun-21
Urgent community response	2 hour community rapid response to	Project report and performance	Completed	Jul-21

	prevent avoidable admissions			
Public Health fuel poverty	Public Health project	Short report	Jan-22	Feb -22
Mental Health Pilot	Crisis response pilot	Project report and dashboard	Complete	Sept-21
2 day reablement response	Part of the urgent community response standards	Project report	February 22	March -22
BCF Medvivo Contracts	All contract lines	Full service review	In progress	December -21

The strategic review of the BCF has led to the following changes:

- **Consolidating** an integrated commissioning function through the development of a dedicated BCF commissioning team
- **Support** for service improvements through BCF theme service improvement projects with the CCG e.g., P2 Bed Review and Pathway 1 review
- **Increased** funding for integrated personal and health care services at home
- **At scale** roll out of a fully integrated 2 hr Rapid Response service to prevent unnecessary hospital admissions
- **Integration** of the CCG and Council brokerage services, supporting personalised care
- **Increase** in services for complex mental health support for older people in the community e.g., Virtual ward rounds in care homes
- An Intensive Enablement Service was launched in March 2021 and focuses on maximising independence for people over the age of 18 who have complex needs and behaviour which challenges. This is designed to reduce escalation and maintaining individuals in community settings avoid admissions.
- **Increased funding** for at home and bedded reablement services
- **Increased support** to social care to enable smoother and more timely hospital discharge and flow from bedded reablement
- **Increased funding** for Trusted Assessment to enable faster discharge from hospital and bedded reablement facilities
- **Review** of service specifications across the hospital discharge service schemes to ensure synergy in key performance indicators

6.3. The existing programme of 33 schemes funded by the BCF continues to be implemented (taking into consideration the changes and reviews outlined above) with the objective of contributing to NHS England's 'high-impact changes' and our specific performance objectives.

6.4. Our ambition is to deliver the national High Impact Change Model HICM) which aims to support local care, health, and wellbeing partners to work together to prevent, delay or divert the need for acute hospital or long-term bed-based care. We recognise that while sometimes hospital is the most appropriate place for someone to be, most people want to be at home and independent for as long possible, and that this is generally the best place for them to recover.

6.5. To support the HICM, a self-assessment has been produced by the Local Government Association (LGA). As part of the development of the BCP, the Wiltshire system has together assessed delivery across the 5 key changes:

- Population health management approach to identifying those most at risk

- Target and tailor interventions and support for those most at risk
- Practise effective multi-disciplinary working
- Educate and empower individuals to manage their health and well-being
- Provide a coordinated and rapid response to crises in the community

6.6. The outcome of this self-assessment process has identified areas of strength and some for further improvement. The assessment has informed the development of our priorities and how we will work together to address them. We recognise that success in these priorities is contingent on how we align ourselves, work together, collaborate and share resources and information. An integrated approach is essential. Please see Appendix 2 for more detail on the Wiltshire Approach to Integration

7. How BCF Services support our approach to integration

7.1. It is important that the BCF schemes follow the agreed Wiltshire Alliance Principles (see Appendix 2) and maximise the opportunities that integrated working brings us. Accordingly, three of our major delivery vehicles in 2021/22 have been jointly designed and commissioned and delivered through the Wiltshire Alliance partners - The 2-hour crisis response service, Pathway 2 service delivery and Home First.

7.2. **2 hr crisis response service** Wiltshire Health and Care (WHC) Community Teams have integrated with Wiltshire Council and Medvivo to provide the core service model for 2 hr crisis response services. These services have been enhanced to enable response to all two-hour community crises with a full multidisciplinary approach. WHC Community teams will also be an important service to provide ongoing planned health care after the crisis has been attended to. Social care: Adult social care responding to Carer Breakdown are integral to supporting people to stay at home or in their usual place of residence and preventing hospital admission. Medvivo are integral in the provision of a Single Point of Access and providing Urgent Care at Home services. To support this the Alliance has also identified funding for a Wiltshire adult community overnight nursing service, recognising this as a clear community service gap and essential to support rapid response services to avoid admissions

7.3. **Pathway 2 (PW2) Bed review** Following a full review of discharge to assess bedded capacity, a new model is in development in order to address the discovered inequity and efficiency of current services.

7.4. The review found that the nature of the demand is often complex, the majority (over 75%) of all PW2 referrals meet the criteria for therapy assessment and the opportunity for rehabilitation which is largely not now conducted in hospital. Too many referrals for people with dementia are not successful, meaning they are denied rehabilitation assessment and opportunity for improvement. Our current arrangement of PW2 beds into D2A or IR creates an inequitable access to services.

7.5. In order to address the inequity, the review proposes a change of bed model for PW2 which removes the artificial boundary of IR and D2A beds in care homes and creates one access route to one set of beds called PW2 beds. These beds will have GP, social care and therapy support which will be commissioned as part of PW2 bed commissioning. The commissioning of medical, clinical, and professional support needs to be consistent and aligned to the commissioning of the PW2 beds, with a single commissioning lead for both provision of the beds in care homes and clinical cover

7.6. The centres will also accommodate step up beds for use by rapid response and 2 day bedded reablement. Here, integration will also develop at a micro level, not just organisationally, with care home staff trained in a reablement approach, and KPIs for each team. PW2 bedded units will need additional support and training in dementia and older person's mental health needs, and end of life care

7.7. **Home First services**, although operated by two different providers, Wiltshire Health and Care and Wiltshire Council, the service shares a joint pathway, joint MDTs and has a monthly shared dashboard to monitor overall performance and effectiveness.

8. Joint Priorities for 21/22

8.1. Since its first iteration, the BCP has provided a strong framework for integration, transformation, and system wide delivery across Wiltshire. In 2021/22, post pandemic, the BCF has been a main enabler in the design of the urgent changes required to deliver hospital discharge services, aid recovery, and manage pressure across the system.

8.2. The table below sets out how the BCF is delivering effective improvements for our population in the key BCF theme areas, against our identified Priorities.

Priority for 21/22	BCF theme	Actions in 21/22
Continue to develop effective preventative services in the community	Anticipatory care and Out of hospital services	Implementation of the Safe and Warm project. The Centre for Sustainable Energy is funded by BCF to employ a Community Caseworker to work closely with the Wiltshire Council Re-ablement Team to support their clients with fuel poverty related advice
Deliver the action plan to improve the flow and outcomes from PW2 beds	Hospital discharge	Implement new PW2 bed model
Implement the changes required following the PW1 and 2 reviews	Hospital discharge	Service improvement plans to decrease length pf stay in hospital
Continue to develop end of life care services outside of hospital	Anticipatory care and Out of hospital services Hospital discharge	Implementation of 24 hr community nursing 2 hr rapid response, early supported discharge and enhanced support to care homes
Continue to develop support to carers	Anticipatory care and Out of hospital services Hospital discharge	Review of local needs and Tender services
Continue to develop the integrated technology, reablement and housing services for Wiltshire	Anticipatory care and Out of hospital services	recruitment of a project lead and refresh the strategy

8.3. The BCF-led reviews of the hospital discharge service pathways have identified that circa 50% of referrals to pathway 1 and 2 services originated from a fall at home leading to a hospital admission. 2021/22 will see the key stakeholder groups developing an enhanced approach for falls prevention, starting early and in the community.

8.4. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-

recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS.

8.5. We will continue to develop an integrated offer for support at home and hospital discharge services as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our Alliance framework.

8.6. These are important steps for delivering tangible change in line with the Joint Health and Wellbeing Strategy, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

9. Changes to existing Better Care Plan Schemes

9.1. Our vision is for better care aligned to the outcomes in our JHWS and on the Recovery JSNA (see Appendices 4,5 and 6) that is led and informed by the people of Wiltshire. The principle of 'care as close to home as possible' is embedded in all our thinking with home being the first option. This vision is delivered through the joint principles of discharging people home as soon as they are medically fit and a focus on long-term independence.

9.2. The BCP has been the key driver for out of hospital care and has provided a very strong case for change that is evidence-based and recognised and understood by the whole system. The BCP has been running for the last five years and has provided a strong framework for integration, transformation, and system wide change.

9.3. Taking into consideration the changing context and backdrop against which we need to deliver, there are some key changes to the BCF-funded schemes which are set out in the following table:-

Table E below sets out the main changes to BCF schemes for 21/22

Schemes	Change to scheme in 21/22
Therapy Support Intermediate Care	New PW2 model; access to therapy support for all who are assessed to need it
Acute Trust Liaison	Review in progress to improve efficiency of these roles which are employed by Medvivo and assigned to each acute Trust
Access to Care (SPA)	Review in progress to ensure this is an effective service which meets the purpose of a Single Point of Access
Patient Flow Hub	In 2020/21 extended to 7 days a week, 8-8 and is Hospital Discharge SPA, triage and coordination point for D2A. Continued development of a single co-ordination point for Wiltshire
Step Up/Step Down Beds	New bed model for PW2 beds to be implemented in 2021/22, ensuring we have the 'right beds in the right places'
Home First Plus	Increased funding to meet increased demand
GP & ANP Cover for Intermediate Care	Redesigned and recommissioned jointly with the new bed model to meet increased complexity
Trusted assessor	Trusted assessor increased funding to cover all 3 Acute sites
End of Life Care: 72-hour Pathway	Under review with a view to redesign

Self-Funder Support	Integrated health and social care Brokerage Service
Finance, Performance & PMO	BCF Commissioning Team recruited

10. Supporting Hospital Discharge

10.1. Our approach to improving outcomes for people being discharged from hospital is based on the national policy of Discharge to Assess, as outlined in the Hospital Discharge and Community Support Policy and Operating Model, NHS. All operational teams work to integrated discharge pathways, with oversight by the weekly Wiltshire Discharge Review group, reporting to the weekly Wiltshire Urgent Care & Flow Operational Group.

The principles for the service are:

i. Unified vision that brings system partners together
ii. Simplify and standardise as far as possible.
iii. Use services for diversion and admission avoidance as well as discharge
iv. No discharge destination determined from the ward
v. Coordinate the use of voluntary sector at all decision points
vi. Outcomes and whole person journey are a key indicator of success not just flow data
vii. Understanding our demand, capacity and outcomes

10.2. A BCF Dashboard has been developed and is an important performance management tool to measure our improvement - it is a reference for all decision making points.

How the BCF Schemes support hospital discharge

10.3. The table below (Table F) sets out the BCF hospital discharge schemes and the support they offer to the system and our population.

Table F

BCF Hospital Discharge Schemes	How the scheme supports safe, timely and effective discharge
Hospital Discharge Service performance and commissioning	A dedicated commissioner within the BCF commissioning team oversees performance of the schemes against local and national targets and monitors capacity in all hospital discharge services, with direct commissioning of beds and domiciliary care, enabling early identification of issues and rapid flex of capacity.
Home First Plus	The aim of the service is to provide short-term reablement for recover at home safely following discharge from hospital. Home First teams identify the support needed and using strength-based approaches encourage independence at home. This service is also used for admission avoidance.
Social work teams	This dedicated hospital discharge team supports triage and social care support to people who require it on hospital discharge. The service case manages individuals until they get safely home, when there is hand over to community teams if required.
PW2 Beds	When people required bedded support for discharge if they are still poorly or unable to manage or be safe at home even with support packages of care

BCF Hospital Discharge Schemes	How the scheme supports safe, timely and effective discharge
GP and AHP support to PW2 beds	Dedicated GP support based on an agreed specification. The additional support is required to support sub-acute hospital discharges and manage readmissions from PW2 beds, due to the increase in complexity following the implementation of criteria to reside standards. The team also includes Nurses, Occupational Therapists, Physiotherapists and Pharmacy review.
Housing support	Hospital discharge teams work closely with Housing support including use of the Disabled Facilities Grant (DGF) to support people with housing issues at discharge. In 201/22 BCF commissioners are planning to develop an action plan with housing and other with key stakeholders to include equipment and Technology as an enabler of independence at home.
Equipment and technology	OTs are able to access support for equipment and technology from an integrated service to enable discharge home, particularly focused on those people at risk of falls who live alone, and early dementia
Integrated Brokerage	The integration of the brokerage service has enabled the sourcing all care post assessment, including the hospital to home service, discharge to assess pathways, continuing healthcare and end of life provision. The approach also offers enhanced brokerage and care navigators to support self-funders to reduce delays. Multidisciplinary team (MDT) case management and frailty pilots are showing significant cost and quality benefits. Brokerage has also moved from being a 5 to 7 day service
Rehabilitation Support Workers	The rehab support workers enable the required capacity for reablement at home
DFLG	Three OTs are funded through and also Kingsbury Square emergency homelessness service has been funded through to assist with hospital discharge and disabled placement
Trusted Assessor	When the discharge process was altered during the pandemic, it provided sound evidence of the positive impact the role can have on increasing the efficiency and timeliness of hospital discharges. While the pandemic occurred just as the TA was beginning to become established, the evidence shows 152 process days were saved during the early weeks of the pandemic when hospitals were urgently trying to discharge as many patients as was safely possible in preparation for the peak of the outbreak. Funding has been agreed to extend the current TA role and recruit an additional TA to extend coverage across the county.
Patient Flow Hub (PFH) SPA	The Wiltshire Patient Flow Hub is the single point of access for all supported hospital discharge, currently pathways 1-3. The flow hub MDT team triage referrals and allocate to a discharge destination, home or bedded support. It operates 8-8, 7 days a week
End of life care - 72-hour pathway	This service supports the early discharge of patients requiring hospital discharge home with end-of-life care needs. it is a 7 day a week service
Acute Trust Liaison	This is an in-reach service to support discharge issues such as access to voluntary sector support

11. Helping People to Remain in Their Own Home

11.1. Wiltshire Council brings together Health, Care and Housing services to support people to remain in their own home through adaptations and other activity to meet the housing needs

of older and disabled people. There are several mechanisms through which we work to do this.

11.2. The Disabled Facilities Grant (DFG) is managed as a component of the BCF, ensuring a whole system approach to prevention and reablement. DFG supports people to live at or as close to home as possible and is a key enabler to increase the number of people living in their own homes, avoiding longer residential or other support costs. Allocation of funding from the DFG is based on need, which varies month to month depending on the case load and professional assessment of need. There is strong collaboration between Health, Public Health and the Council in order meet the housing needs of older and disabled people

11.3. We value working with Planning, Policy and Public Health teams, in addition to Housing and Health colleagues, to exploit the potential to secure new housing built in Wiltshire is fit for purpose for older and disabled people, through strategic working and medium to long term planning. We see the potential of innovative housing solutions, such as cohousing, to create intentional communities that incorporate health and wellbeing into the design, leading to less reliance on Health and Social care as the members of these communities are able to provide support to one another

11.4. Public Health funds an exercise class (across the Council's leisure centres) to contribute to falls prevention, on referral from the reablement. They are looking at how prescribed medication may have a side effect that may contribute to the risk of fall and how changes in practice and behaviour can reduce the number and severity of falls - e.g., standing blood pressure checks vs seated and promotion of care home residents getting up and walking across the room to collect or order a drink, rather than it being brought to them, ensuring movement and confidence improve. The home assessment links to the therapists in Housing to ensure any adaptations required to maintain independence are in place in a timely way.

11.5. There are Occupational Therapists in the Private Sector Housing Team that provide advice for anyone who requires adaptations, to either consider if a property would be suitable for adaptation before they move or can be adapted for those who are already living in the properties. Consequently, the Occupational Therapists link in with Housing Allocations (from the Housing Register – Homes 4 Wiltshire), the Homelessness Team and Tenancy Services Term – demand for the housing OTs are very high.

11.6. There is also a Rough Sleeper Outreach Team within the Homelessness Team and health is a big issue. Through grant funding there are various officers with specific support links to the Drug and Alcohol and Mental Health service provision as these are two significant areas of need when looking at rough sleepers' health issues.

11.7. The Wiltshire Housing Residential Development Team has spoken with Public Health to discuss their requirement for more green space on developments. The team are supportive of this approach; however, it isn't secured by planning policy and it contradicts the Housing Management and Maintenance Team's requirement of reduced green space (due to the maintenance liability), therefore there are conflicts to resolve in the long term

11.8. There is a current tender process to find a modern methods of construction (MMC) manufacturer for the next 3 years. The M4(2) and M4(3) provision sets out the level of accessibility of the proposed homes. The teams are also seeking a price from the MMC suppliers for an additional "Pod" that can be added to the 2- or 3-bedroom house designs to provide a downstairs bedroom and bathroom that can turn a traditional family home into an adapted home that will work for families in need of downstairs space. This pod can be adapted to the individual needs of the family. Also involved in this project to ensure provision meets future requirements are Homes for Wiltshire and Whole Life Commissioning.

11.9. Wiltshire Housing Principal Development Officers (Negotiate Planning Applications) currently aim to negotiate 10% adapted (M4(2)) units on all schemes with 10 or more Affordable Housing units. If there is a specific need identified for a customer whose needs are proving difficult to meet through adaptation of existing stock, the PDOs aim to negotiate a bespoke adapted unit and would liaise with the relevant OT.

When aware of an unusual (non-standard) adapted unit coming forward (e.g., large wheelchair accessible bungalows) they inform the Housing OTs and Allocations Team know that the scheme is progressing and likely to start on site.

Through the Local Plan Review Process the PDOs have been involved in trying to secure a requirement in the Local Plan to provide a percentage of all homes as adapted – mostly to M4(2) but possibly with some to M4(3) standards. Inclusion of this requirement will be dependent on the viability testing of the policies.

11.10. This year's BCP aims to see closer working between housing, health and care commissioners to evaluate the impact of DFG schemes and to strengthen the links between DFG, Community Equipment services and Assistive Technology.

12. Risk

12.1. Four significant risks have been identified in relation to the Wiltshire Better Care Plan. These are known and shared risks and issues which have been set out, together with summary level actions to give assurance that there are plans in place to reduce these risks as much as possible.

Maintaining stability across the whole local health and care system

12.2. The local health and social care system faces significant operational, clinical and financial challenges with all partners including providers coming under increasing financial, capacity and quality pressures. Demand management programmes have been implemented with some level of success however it is not clear that this will continue in the face of these unprecedented challenges. There are significant workforce recruitment and retention issues across health and social care, and commissioners face significant affordability pressures, with community provision not yet fully expanded to meet demand, and the requirement to pump prime community-based services against a continuing requirement for acute bed capacity to manage elective recovery.

12.3. With significant pressures in funding across health and social care, integration is essential to support sustainability. Opportunities for joint commissioning, avoiding duplication and maximising value for money, are continuously being developed across Wiltshire as we work towards the ICS and Wiltshire Alliance.

12.4. Our finances need to flow across the system in a way that appropriately pays providers and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system.

12.5. Transformational programmes and the opportunities offered through the Alliance, will allow us to remove some of the traditional tariff and contract barriers according to patient need, by placing the money in the part of the systems where it is needed. Money will be able to follow the patient/customer and by renewing our focus on self-care and prevention, the pressure on the whole system will be better managed.

Financial risks

12.6. In the first four years of the BCF programme, no overspends occurred across the pooled fund but increasing demographic demands do present a continuing risk to the pooled fund, which may have an adverse effect on services that have been commissioned through the BCF.

12.7. It is therefore important to mitigate this risk through the close financial monitoring of the BCF through the new governance structures, which will continue to receive monthly financial monitoring reports, at Local Commissioning Group (LCG). Where pressures on services are identified, the LCG will need to identify and implement solutions to ensure that the programme delivers within the available funding.

12.8. The Section 75 agreement has clearly set out the principles for managing any overspends.

Programme Risks

12.9. Risks relating to the funding or performance of any scheme are managed through a risk log and raised at the LCG at the earliest opportunity to allow for transparent conversations and shared problem solving. In the event of the Group not being able to remedy this action, the issue will be escalated to the HWB. The Alliance Delivery Group and Programme Board also receive programme reports relating to the key schemes that are shared in the Alliance Work Programme. This provides an opportunity to identify and share risks and collectively work to resolve them.

Workforce

12.10. Wiltshire has a specific risk in terms of workforce due to a lower-than-average number of people of working age within the local demographic. High levels of employment in the county also makes recruitment to care roles more difficult. A separate workforce task group has been established by the BSW Partnership, which is focusing on addressing the challenges in the local system. There is a particular emphasis on the role of colleges in supporting the development of a local social care workforce through new courses and apprenticeships.

12.11. We have shared the vacancies and recruitment challenges with the BSW People Group which is developing a system-wide strategy for closing some gaps by working across a larger footprint. In Wiltshire we have agreed as partners that we will avoid competing against each other for workforce wherever possible.

13. Programme Governance

13.1. There are robust governance arrangements in place which provide assurance regarding the management and oversight of the BCP and the Alliance work programme.

13.2. The development of the BaNES, Swindon and Wiltshire integrated Care System (BSW ICS) and the Wiltshire Integrated Care Alliance (ICA) has seen governance arrangements refreshed, and system leaders from health and social care are committed to working together to build on the closer relationships made in order to delivery recovery from the pandemic and improved outcomes for their population, at scale.

13.3. The Wiltshire Alliance is part of the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) Partnership and works to improve the health and wellbeing of the population of the Wiltshire.

13.4. It is a collection of partners which includes among others, Wiltshire Council, BSW Clinical Commissioning Group, Wiltshire Health and Care, Salisbury Foundation Trust, the Royal United Hospital Bath Foundation Trust and Primary Care Networks across Wiltshire. We work closely with third sector organisations and other health and social care providers.

13.5. Two principles underpin the BSW ICS governance arrangements which flow through into the Locality arrangements. Appendix 1 illustrates the BSW integrated care system governance map. The map is embedded in the Alliance Programme Governance Framework, which was approved by partners in June 2021,

- Decisions are made at system- or locality-level and taken by the partner organisations – leaders at system and locality levels come together and form agreements in principle and by consensus, then take these to their sovereign organisations for ratification.
- We aim to make and take decisions at the most appropriate level and as close to local level as possible.

Wiltshire CCG Governing Body and Wiltshire Council Cabinet:

13.6. As the executive bodies of the two organisations pooling budgets, these are responsible for signing off the s75 agreement and agreeing the procurement of significant new initiatives (above the limits set out in the respective organisations' scheme of delegation).

13.7. Elements of the BCP that require key decisions will, as appropriate, be reviewed by the CCG Governing Body and to the Council's Cabinet.

Wiltshire Health and Wellbeing Board

13.8. Strong joint governance is central to effective integration and transformation. The Health and Wellbeing Board (HWB), which includes lead members and chief officers from the Wiltshire health and social care system, continues to oversee the delivery of the BCP. The HWB is also responsible for signing the s75 agreement and for gaining system-wide buy-in to the BCP. The HWB receives standing updates on progress against the high-level BCP outcomes and on the delivery of new schemes to ensure that the leadership of the CCG (the Wiltshire Alliance from April 2022) and the Council have clear, shared visibility and accountability in relation to all aspects of the BCF.

Locality Commissioning Group

13.9. The Locality Commissioning Group (LCG) is a joint decision-making group with delegated authority from the council and BSW CCG. This includes overseeing the management of existing joint investments and initiatives alongside a targeted programme of activities that maximises opportunities where greater coordination and alignment are beneficial. In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Governing Body established this Wiltshire Locality Commissioning Group (the Committee). The BSW CCG's Delegated Financial Limits, and Scheme of Reservations and Delegations, apply.

13.10. The Committee may operate in common with relevant Committees of other organisations in the interests of integration

13.11. The Committee is accountable to the BSW CCG Governing Body and Wiltshire Cabinet. The Committee will, where appropriate, act as an advisory and decision-making body, to the two commissioning organisations, making recommendations to the CCG for change in commissioned services, and making decisions within the remit of the ToR.

13.12. Approve and ensure implementation of policies as may be required to support integrated / collaborative / joint commissioning, following consultation with Cabinet, and ensuring alignment and compliance with Wiltshire Council policies

13.13. The Committee has delegated authority from the BSW CCG Governing Body and Cabinet to make decisions on all matters related to areas within the pooled budget and where there is joint funding between the CCG and Local Authority. The Committee represents the partnership of health and social care commissioners across Wiltshire to build on a shared vision for the commissioning and development of services, taking into account:

- Local needs and local priorities, as set by the Wiltshire Health and Wellbeing Committee (HWB) through the JSNA and the Joint Health and Wellbeing Strategy.
- An evidence-base of what works to deliver the best outcomes for local people.
- A focus on early, creative preventive approaches, based in local communities.
- A shared understanding of risk.
- A need for improved information, advice and signposting about services available to people, including services available from the voluntary and community sectors.
- National direction and national outcomes and frameworks for the NHS and social care.

The members of the Committee will ensure that any of their commissioning decisions are:

- Evidenced based
- Co-produced and co-ordinated around the individual

- Based on continuous engagement and collaboration with population
- Sustainable, productive and affordable
- Outcome-focused
- Improving patient access and egress to/from services at the right time
- Improving customer experience, individual to tell their story only once
- Improving operating consistency
- alignment and/or integration of resources can lead to improved outcomes and efficiency.

Wiltshire Alliance Programme Board

13.14. The Wiltshire Alliance Programme Board (WAPB) is an oversight group Membership includes all key stakeholders within Wiltshire. the Better Care Programme is a key area of work within the Alliance Work Programme. The Board reports to the Wiltshire Alliance Leadership group which also oversees financial decisions are made at LCG and recommendations made via ADG.

Wiltshire Alliance Delivery Group

13.15. The Wiltshire Alliance Delivery Group (ADG) is accountable to the Alliance Leadership Group and provides a forum for leaders and experts across the health and social care system to focus on design and delivering the Wiltshire vision of integrated health and social care based on the outcome and specifications set jointly by health and social care commissioners. The scope of responsibilities of this group expands to areas of integrated care, urgent care, primary care, secondary, voluntary services, community services, mental health and disabilities.

13.16. The Wiltshire Ageing Well Board oversees the schemes and service improvement agenda for BCF at an operational level and makes recommendations to the LCG and Alliance Programme Boards.

13.17. Wiltshire Council is an active member of the South West ADASS and supports the benchmarking of adult social care performance on a quarterly basis.

13.18. BSW CCG contracts the services of the SCW CSU and Commercial organisations to help understand performance and capture best practice ideas from across the country and internationally to understand how they can relate to Wiltshire and whether there is learning that can be transferred to our system.

14. Closing Summary

14.1. This paper has set out the Better Care Fund Plan for 2021/22 within the context of the challenges for Wiltshire in continuing to respond to the consequences of the COVID 19 pandemic and the population health challenges both now and in the years to come.

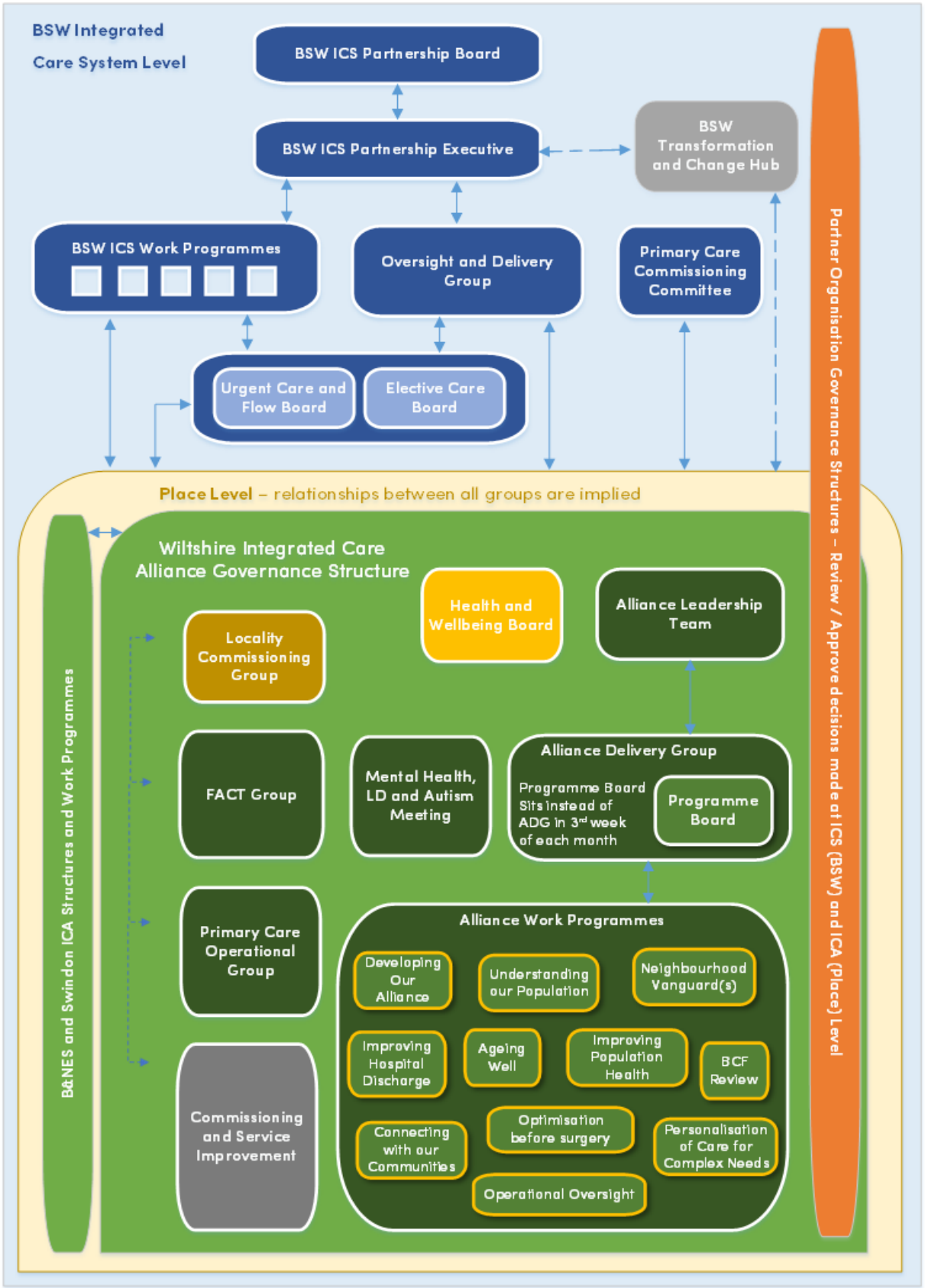
14.2. It has set out the priorities, associated schemes and amendments to the schemes which are aligned to our strategy and aimed at addressing the identified challenges and gaps.

14.3. The mechanisms for oversight of the BCP have been described to provide assurance regarding decision-making, performance monitoring and assurance.

14.4. These mechanisms also monitor the identified risks and we work collaboratively without partners to reduce the risks and to deliver the priority parts of the plan.

14.5. Further information and detail is available within the appendices which follow.

15. Appendix 1 - BSW Governance Process



16. Appendix 2 - Our overall approach to integration

16.1. Wiltshire, as part of the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW ICS) is currently working towards a place-based integrated care alliance (ICA) – "Wiltshire Alliance". The Alliance brings together partners across Wiltshire to work in a collaborative and integrated way. It will become a formal entity in April 2022. In the new Alliance, the Health and Wellbeing Board will continue its role in identifying our priority areas for improvement.

16.2. Our vision for our Wiltshire population is set out in the Joint Health and Wellbeing Strategy (JHWS):

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

16.3. Additionally, the specific approach to integration within the JHWS is as follows:

"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."

16.4. To deliver this vision, the Health and Wellbeing Board strategy set out four core themes:

- **Prevention** – Improving health and wellbeing by encouraging and supporting people to take responsibility for improving and maintaining their own health.
- **Tackling Inequalities** - Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.
- **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 our population.
- **Integration** – Ensuring health and social care is personalised, joined up and delivered at the right time and place, and as close to home as is possible.

16.5. Delivery of the JHWS requires increased integration and cooperation between public health, primary care, secondary care and specialist health services, social care and other teams through multi-disciplinary teams. This affects how services are jointly commissioned at a countywide level and the development of joint working on enablers, such as workforce and digital.

16.6. The local health and care system remains 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 under greater pressure to cope with the changing needs and expectations of the people it serves. This leads to higher demand for social care and increasing pressure on carers and community health services. The pandemic has exacerbated longstanding inequalities. In order to evaluate and identify inequalities post pandemic, a Recovery JSNA for Wiltshire has been developed

The Wiltshire Approach to Integration

16.7. Wiltshire's health and care system leaders have placed engagement, leadership and cultural change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment.

16.8. An in-depth understanding of the issues faced by the population is essential to the development of a plan that is going to have the strongest impact. Stakeholder engagement is core, and in the Terms of Reference of each decision making board reflect this. The development of the ICS and ICA has further strengthened Stakeholder engagement through whole day events and workshops, further strengthening relationships between partners.

16.9. The Alliance Leadership Group receives reports from the Alliance Delivery Group. the Principles for working together have been agreed in early 2021:

Wiltshire Alliance Principles

1. Work as one: partners collaborate sharing expertise, data and resources in the interest of our population
2. Be led by our communities: decisions are taken closer to, and informed by, local communities
3. Improve health and wellbeing: we take an all-age population health approach to improve physical and mental health outcomes and promote wellbeing
4. Reduce inequalities: we focus on prevention and enhancing access to services for population groups who are in poorer health or challenging social circumstances
5. Join up our services: we develop integrated and personalised service models around the needs of individuals
6. Enable our volunteers and staff to thrive; we support ongoing learning and development, and work collectively to ensure well-being is prioritised

16.10. The Alliance Delivery Group allows full and integrated engagement across all stakeholders, the list of whom is included in Appendix 2.

16.11. Engagement with stakeholders and communities is embedded into service specifications.

16.12. In addition, partners across Wiltshire Alliance are participating in the Optum Project which brings together data sources in an area to analyse them in new ways, identifying population health gaps and then working to address them. The Alliance will work to share the learning from this project both in terms of *how* the data was analysed as well as the outcomes so that we are able to embed this approach across Wiltshire.

Rather than simply looking for new schemes to initiate, the new governance arrangements seek to identify and challenge, from an evidence base, those local schemes and delivery outcomes that can be expanded or amended to deliver better outcomes and value for money, and to ensure that the wider footprint of the BSW Partnership is aligned to create appropriate economies of scale.

16.13. A joint Wiltshire BCF commissioning team offer the advantage of a dedicated and integrated commissioning resource. It provides oversight on the major initiatives of BCF and thus opportunities for identifying synergies and improved value for money. The team has close links with housing and in 2021/22 will further develop the already strong relationship.

16.14. Whole-place commissioning will be achieved by aligning budgets and, where appropriate, pooling budgets and integrating staff. Commissioning intentions are to provide more efficient, effective and coherent services leading to developing arrangements for capitated budgets and outcomes-based commissioning.

Since the first BCP was first produced in 2014, there has been significant progress in the development of joint-working, including the Health and Wellbeing Board (HWB) and the supporting Wiltshire Locality Commissioning Group. This is set up as a joint committee and so governance is effectively managed within the establishment of a strong Wiltshire Alliance governance structure.

16.15. With the development of the BSW ICS, the Wiltshire partnership works at scale where it makes sense to do so. Wiltshire shares learning with our geographical neighbours, while simultaneously realising opportunities to work more specifically to better meet the needs of our local population, now more than ever.

The BSW Partnership system partners are currently working together to identify the most effective ways of delivering as an ICS and a place-based ICA. The Partnership has embedded and continues to develop new way of working. The BCF has enabled a successful partnership structure on which to build tangible service improvements.

The Wiltshire BCP carries forward elements of the BSW partnership, which has established the following five key priorities:

- Improving the health and wellbeing of our population
- Reduce health and care inequalities
- Reform quality and experience of care
- Increase staff wellbeing and retention and deploy an inclusive, engaged and flexible workforce
- Reduce per capita cost of healthcare and protect environmental, social and economic resources

16.16. Prevention, locality-based joint health and care teams (the integration of process rather than structure) and a focus on workforce and capacity issues, such as the domiciliary care workforce and care home capacity, are strong themes running through the local BCP as well. The BCP also complements the Partnership's reform priorities for urgent and emergency care, particularly the national priority on hospital to home services.

.

Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care

16.17. A strength- or asset-based approach to care acknowledges a person's disability and/or illness etc. but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals

and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so'.

Wiltshire Council has several services that aim to address the prevention remit which focus on a strengths-based approach to promote independence and resilience and encourage the individual to make choices and have control about their wellbeing.

Frontline social work staff have had training to ensure a consistent approach to working with people and considering their strength and capabilities and what support might be available from their wider support network within the community and what else can be considered other than formal care services to assist the person in meeting their outcomes. This strength-based culture is driven by the Operational Directors as well as the Corporate Director of People.

Services in Wiltshire specifically focused on this include:

- A new Prevention and Wellbeing Team is working with people deemed at risk to holistically support them with their skills, ambitions and priorities in the community
- Carers Support Wiltshire is working with Carers to support people to remain at home when it is possible to do so. They also increased capacity to the hospital discharge hub to prevent discharge breakdown
- Expanded Reablement Services which work with people to promote independence and help people to achieve their outcomes and reduce the reliance on formal care services
- The Intensive Enablement Team works with people with Mental Health, Learning Disabilities and Autism who may be at risk of crisis, at risk of hospitalisation, risk of placement breakdown or may require a period of enablement to build on their independent living and problem-solving skills.
- Rapid Response is an integrated service supporting people at times of crisis as a result of illness or injury to remain at home and avoid a hospital admission, these people can be supported beyond the crisis to regain independence and confidence.
- There is also the Wiltshire High Intensity Users (HIU) service, commissioned to be provide by Wiltshire CIL, support those people who present often to services and working on strategies to support them to live independently.

17. Appendix 3 – Wiltshire Alliance Delivery Group Membership

- Wiltshire Locality Director of Commissioning, BSW CCG (Chair)
- Wiltshire Locality Clinical Chair, BSW CCG
- Wiltshire Locality Chief Operating Officer, BSW CCG
- Wiltshire Associate Director of Primary Care, BSW CGG
- Director Adult Care Delivery, Wiltshire Council
- Director of Adult Care Operations, Learning Disability & Mental Health Services
- Commissioning Director, Wiltshire Council
- Public Health Consultant, Wiltshire Council
- Managing Director, Wiltshire Health and Care
- Chief Operating Officer, Wiltshire Health and Care
- Director of Transformation, Salisbury NHS Foundation Trust (SFT)
- Associate Director Strategy, Salisbury NHS Foundation Trust
- Chief Operating Officer, Royal United Hospitals NHS Foundation Trust (RUH)
- GP representative , North and East Locality
- GP representative, West Locality
- GP representative, Sarum Locality
- Associate Director of Quality, Wiltshire Locality, BSW CCG

- Informatics Lead, Wiltshire Locality, BSW CCG

18. Appendix 4 - Health Inequalities

18.1. Existing health and social inequalities have been exacerbated during the pandemic. In response, Wiltshire has developed a Recovery Joint Strategic Needs Assessment (JSNA) to evidence the impact of the pandemic on our communities and to identify areas where we need to work together to mitigate against the detrimental effects we have seen. .

18.2. During a year where most of our time was spent in our homes, the need for a stable and safe environment to live in has never been so important. The quality and condition, stability and security, and affordability of housing can all have an impact on health and the COVID-19 pandemic has highlighted this. It is also known that groups that experience health inequalities are disproportionately represented in poor-quality homes.

18.3. Social impacts have been seen as a result of the pandemic, with most people spending the majority of their time in their houses during the most restricted points of the lockdown. A lack of outside space, loneliness, feeling unsafe, and safety issues (for example with repairs needed in rented properties) were all key issues.

18.4. Tackling health inequalities in Wiltshire requires our health and social care services to work with communities to address the wider determinants of health in the county, including social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown.

18.5. The increased needs of particular groups such as disabled people, carers, the military, those in prison, Gypsies, Travellers and Boaters - and the way these needs are met - can also affect the inequality gap. The Joint Health and Wellbeing Strategy sets out ways in which we are addressing health inequalities as a system. The Director of Public Health is a member of the Locality Commissioning Group that oversees the BCP in Wiltshire. The great joint working on Covid-19 vaccination yielded significant learning for engaging with particular groups and how we can involve them in the work of the Wiltshire Alliance.

18.6. Overcrowding in housing has been increasing over the years for private and social renters and in 2019-20, 9% of social renters and 7% of private renters lived in overcrowded accommodation. Overcrowding is less prevalent among owner occupiers, 1% of whom live in overcrowded accommodation. COVID 19 has further highlighted overcrowding as an issue, as it makes it more difficult for household members to self-isolate and can lead to an increased risk of viral transmission.

19. Appendix 5 - Equity of access - Mental Health and Dementia

19.1. Local dementia diagnosis rates are around 66%, very close to the national target level of 67% with some outstanding individual GP practice performance. However, the impact of dementia on long term care needs for families and care home capacity is continuing to rise.

19.2. The BCP work on training care home employees seeks to ensure residents remain at home safely rather than be transferred to hospital when this is not appropriate. A dementia strategy and action plan has been developed, although gaps in care and need must be targeted to ensure a more community-focused /crisis intervention-based model of care. Through the BCP, we are already looking at:

- Care Home Liaison services
- Focused support to AWP in relation to discharge planning
- Acute in-reach programmes for dementia

19.3. Demand for autism support services is also increasing.

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

20. Appendix 6; The Adult Social Care market in Wiltshire

20.1. The care market in Wiltshire is facing several capacity and availability challenges that reflect those faced across the country, including recruitment and retention of adequate numbers of appropriately skilled and experienced staff. The majority of social care users in Wiltshire fund their own care, and this high percentage of 'self-funders' has influenced how the market has developed in the county.

20.2. The way home care is commissioned has changed with the development of Home First Plus, the Council's in-house reablement service to help manage demand and a move from purchasing care from a small number of lead providers to developing a Help to Live at Home Alliance that provides a framework to influence the market and manage price. The Alliance has attracted additional providers into the county and has allowed commissioners to develop workforce initiatives, including workforce capacity grants for providers and a Proud to Care workforce programme to support recruitment and retention. The Alliance Board, which includes provider representatives, has agreed a work programme with the priorities of workforce, process improvement and financial sustainability.

20.3. Rising costs form the pandemic, sharply rising energy and food costs have an impact on provider resilience, and commissioners are working with providers to support management of these risks.

20.4. Historically, the lack of home care capacity has led to an over-reliance on care home beds to support hospital discharges and there is more to do to stimulate the home care market, particularly in more rural parts of the county.

20.5. The voluntary sector is commissioned to provide 'Home from Hospital' services which support people who may need a little support, for example with shopping or confidence-building.

20.6. There is a mixed domiciliary care market in Wiltshire with a range of small and large providers. High levels of employment in the county make it difficult for providers to recruit and retain staff in care roles. Rurality is also an issue and it is difficult to secure provision in some more isolated parts of the county.

20.7. Providers are struggling with severe workforce issues which have developed during the pandemic, and the Alliance has developed integrated contingency plans for provider failure.

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Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.

4. For any questions regarding the BCF funding allocations, please contact
england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.
On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “CCG minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.
7. Provider:
- Please select the ‘Provider’ commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
9. Expenditure (£) 2021-22:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.
The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.
For each metric, systems should include a narrative that describes:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.
1. Unplanned admissions for chronic ambulatory sensitive conditions:
- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf
2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

HM Government

NHS

Version 1.2

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist Complete:
Health and Wellbeing Board:	Wiltshire	Yes
Completed by:	Mel Nicolaou Joint BCF Lead	Yes
E-mail:	melanie.nicolaou@wiltshire.gov.uk	Yes
Contact number:	07519 666033	Yes

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Co Chairs HWB	Yes
Name:	Cllr Richard Clewer and Dr Ed Rendell	Yes
Has this plan been signed off by the HWB at the time of submission?	Delegated authority pending full HWB meeting	Yes
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Thu 02/12/2021	Yes

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Richard	Clewer	richard.clewer@wiltshire.gov.uk	Yes
	Clinical Commissioning Group Accountable Officer (Lead)		Elizabeth	Disney	elizabeth.disney@nhs.ney	Yes
	Additional Clinical Commissioning Group(s) Accountable Officers		Clare	Ofarrell	clare.ofarrell@nhs.net	Yes
	Local Authority Chief Executive		Terence	Herbert	terence.herbert@wiltshire.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Lucy	Townsend	lucy.townsend@wiltshire.gov.uk	Yes
	Better Care Fund Lead Official		Mel	Nicolaou	melanie.nicolaou@wiltshire.gov.uk	Yes
	LA Section 151 Officer		Andy	Brown	andy.brown@wiltshire.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence -->	Health and Wellbeing Board Co Chair	Dr	Edward	Rendell	edwardrendell@nhs.net	Yes
						Yes
						Yes

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

[<< Link to the Guidance sheet]

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Wiltshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,713,864	£3,713,864	£0
Minimum CCG Contribution	£34,194,389	£34,194,389	£0
iBCF	£9,941,000	£9,941,000	£0
Additional LA Contribution	£6,055,841	£6,055,841	£0
Additional CCG Contribution	£2,102,000	£2,102,000	£0
Total	**£56,007,094**	**£56,007,094**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£9,717,076
Planned spend	£13,668,599

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£19,044,925
Planned spend	£20,266,767

Scheme Types

Assistive Technologies and Equipment	£3,654,095	(6.5%)
Care Act Implementation Related Duties	£1,110,801	(2.0%)
Carers Services	£1,648,257	(2.9%)
Community Based Schemes	£4,338,771	(7.7%)
DFG Related Schemes	£4,377,192	(7.8%)
Enablers for Integration	£455,172	(0.8%)
High Impact Change Model for Managing Transfer of Care	£0	(0.0%)
Home Care or Domiciliary Care	£6,666,311	(11.9%)
Housing Related Schemes	£40,000	(0.1%)
Integrated Care Planning and Navigation	£3,824,165	(6.8%)
Bed based intermediate Care Services	£6,807,869	(12.2%)
Reablement in a persons own home	£1,377,376	(2.5%)
Personalised Budgeting and Commissioning	£984,994	(1.8%)
Personalised Care at Home	£12,588,619	(22.5%)
Prevention / Early Intervention	£1,621,726	(2.9%)
Residential Placements	£5,697,747	(10.2%)
Other	£814,000	(1.5%)

Total	£56,007,095

Metrics >>

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	47.9	52.8

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	11.0%	10.8%
	LOS 21+	5.5%	5.4%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	0.0%	89.0%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	439	439

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.8%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: Wiltshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Wiltshire	£3,713,864
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£3,713,864**

iBCF Contribution	Contribution
Wiltshire	£9,941,000
Total iBCF Contribution	**£9,941,000**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Wiltshire	£5,080,155	Largest area is Community Equipment
Wiltshire	£663,328	c/f underspend on DFG
Wiltshire	£312,358	c/f underspend on iBCF
Total Additional Local Authority Contribution	**£6,055,841**	

Checklist

Complete:

Yes

Yes

CCG Minimum Contribution	Contribution
NHS Wiltshire CCG	£34,194,389
Total Minimum CCG Contribution	**£34,194,389**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes

Yes

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Wiltshire CCG	£2,102,000	Overnight nursing & EOL/ Non CHC Complex spot commissioning
Total Additional CCG Contribution	**£2,102,000**	
Total CCG Contribution	**£36,296,389**	

Yes

	2021-22
Total BCF Pooled Budget	**£56,007,094**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: Wiltshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,713,864	£3,713,864	£0
Minimum CCG Contribution	£34,194,389	£34,194,389	£0
iBCF	£9,941,000	£9,941,000	£0
Additional LA Contribution	£6,055,841	£6,055,841	£0
Additional CCG Contribution	£2,102,000	£2,102,000	£0
Total	**£56,007,094**	**£56,007,094**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£9,717,076	£13,668,599	£0
Adult Social Care services spend from the minimum CCG allocations	£19,044,925	£20,266,767	£0

Checklist

Column complete:														
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	IC Therapy (Wiltshire Health and Care ACS)	Intermediate Care therapies	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£925,138	Existing
2	Access to Care inc SPA	Access to Care including single point of access	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		CCG			Private Sector	Minimum CCG Contribution	£877,411	Existing
3	Patient Flow	Patient Flow	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£172,200	Existing

4	Acute Trust Liaison	Acute Trust Liaison	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		CCG			Private Sector	Minimum CCG Contribution	£498,081	Existing
5	DART (IUC)	Discharge Assessment Referral Team	Integrated Care Planning and Navigation	Care navigation and planning		Acute		CCG			Private Sector	Minimum CCG Contribution	£98,400	Existing
6	Intermediate Care Beds GP Cover	GP medical cover for IC beds	Bed based intermediate Care Services	Other	GP Medical support	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£376,780	Existing
7	Step Up Beds (Wiltshire Health & Care)	Step Up Beds within community hospital wards	Bed based intermediate Care Services	Step up		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£968,444	Existing
8	SHARP - Social Care Help & Rehabilitation Project	Social care help and rehabilitation, short term resi packages	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,500	Existing
9	Community Services - Community contract (WHC & ACS)	Integrated community services for >65s	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,212,707	Existing

10	Rehabilitation Support Workers	Rehabilitation Support Workers	Reablement in a persons own home	Reablement service accepting community and discharge referrals		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,377,376	Existing
11	Integrated Equipment - CCG (excluding continence)	Community equipment	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£3,654,095	Existing
12	EOL - 72 hour pathway Discharge Service (Dorothy House)	72 hour pathway discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£216,358	Existing
13	Mental Health Liaison	MH care home liaison	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£231,446	Existing
14	Community geriatrics	Community based geriatrician service	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£126,063	Existing

15	Voyage Respite Beds	Residential respite packages	Carers Services	Respite services		Social Care		CCG			Private Sector	Minimum CCG Contribution	£31,000	Existing
25	Medvivo - Telecare Response and Support	Prevention / Early Intervention	Prevention / Early Intervention	Other	Urgent Care Response	Other	Urgent Care	LA			Private Sector	Minimum CCG Contribution	£1,171,726	Existing
26	Intermediate Care Social Work	Intermediate Care Services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum CCG Contribution	£560,448	Existing
27	Website Data Admin & Content Officers	Care planning and navigation	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£59,800	Existing
28	Complex care packages	Complex care packages	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum CCG Contribution	£446,009	Existing
29	ASC transformation	Transformation of Adult Social Care	Care Act Implementation Related Duties	Other	Social Care	Social Care		LA			Local Authority	Minimum CCG Contribution	£359,625	Existing
30	Additional Hospital Social Care Capacity	Intermediate Care Services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,132,025	Existing

31	HTLAH Homefirst Plus - CCG Contribution	Helping People home after hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Community Health		LA			Private Sector	Minimum CCG Contribution	£611,747	Existing
32	Carers - CCG contribution to Pool	Carers - CCG contribution to Pool	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£756,000	Existing
33	Public Health Prevention - Warm & Safe	Tackling cold homes and fuel proverty	Housing Related Schemes			Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£40,000	Existing
72	Overnight Nursing	Overnight Nursing for people at home	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£350,000	New
125	Pilot for Transitional Safeguarding	Transformation of Adult Social Care	Care Act Implementation Related Duties	Other	Transitional Safegaurding	Social Care		LA			Local Authority	iBCF	£250,000	New
36	Trusted Assessors	Trusted Assessors	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum CCG Contribution	£125,801	Existing

37	Finance & Performance / Admin / PMO / Business Analyst and Joint Director	Transformation of Adult Social Care	Care Act Implementation Related Duties	Other	Programme Management	Social Care		LA			Local Authority	Minimum CCG Contribution	£313,976	Existing
38	Self-funder Support - Bed Placement Scheme	Brokerage for self funders for bed based support	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£300,000	Existing
39	Urgent Care at Home Domiciliary Care	Urgent Care at Home	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum CCG Contribution	£909,746	Existing
40	Maintaining services (a)	Maintaining services	Personalised Care at Home	Physical health/well being		Social Care		LA			Private Sector	Minimum CCG Contribution	£7,359,143	Existing
41	Care Act	Care Act	Personalised Care at Home	Physical health/well being		Social Care		LA			Private Sector	Minimum CCG Contribution	£2,787,554	Existing
42	DFG	DFG	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Private Sector	DFG	£3,713,864	Existing

43	Integrated Equipment - Local Authority (Adults)	Equipment to help people live at home	Personalised Care at Home	Physical health/well being		Social Care		LA			Private Sector	Additional LA Contribution	£1,547,500	Existing
44	Integrated Equipment - Local Authority (Children)	Equipment to help people live at home	Personalised Care at Home	Physical health/well being		Social Care		LA			Local Authority	Additional LA Contribution	£293,500	Existing
45	HTLAH Homefirst Plus - LA contribution	Helping People home after hospital	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Additional LA Contribution	£664,898	Existing
46	Carers - LA contribution to Pool (Adults)	Carers - LA contribution to Pool (Adults)	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£668,583	Existing
47	Carers - LA contribution to Pool (Childrens)	Carers - LA contribution to Pool (Childrens)	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£72,674	Existing
48	Maintaining services (b)	Maintaining services (b)	Residential Placements	Care home		Social Care		LA			Private Sector	Additional LA Contribution	£1,833,000	Existing

50	Age UK	Helping People home after hospital	Personalised Care at Home	Physical health/well being		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£97,550	Existing
51	MH/LD - one year proof of concept	Enablement Scheme for people with Learning Disabilities or Mental Health problems	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Local Authority	Minimum CCG Contribution	£171,926	Existing
126	Establish OT clinic	Establish OT clinic	Personalised Care at Home	Physical health/well being		Social Care		LA			Local Authority	iBCF	£100,000	New
127	CHC Training	Transformation of Adult Social Care	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£12,000	New
128	Interim Loan Review	Arrangements for people who lack capacity to do a financial assessment	Residential Placements	Care home		Social Care		LA			Local Authority	iBCF	£50,000	New
130	Data Quality Resource	Improving data quality in social care systems	Residential Placements	Care home		Social Care		LA			Local Authority	iBCF	£50,000	New
59	Home from hospital - ageing well	Helping People home after hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care		LA			Local Authority	Minimum CCG Contribution	£292,563	New

100	Home first Plus - WHC	Domiciliary care reablement packages	Home Care or Domiciliary Care	Domiciliary care packages		Community Health		CCG			NHS Community Provider	iBCF	£900,000	Existing
101	Providing stability and extra capacity in the local care system - Home Care services	Providing stability and extra capacity in the local care system - Home Care services	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£2,721,000	Existing
132	Prevention Work - Public Protection	Stability and Capacity inflation	Residential Placements	Care home		Social Care		LA			Local Authority	iBCF	£23,589	Existing
103	Investigation Officers	Investigation Officers	Care Act Implementation Related Duties	Other	Deprivation of Liberty Safeguards	Social Care		LA			Local Authority	iBCF	£130,200	Existing
104	Providing stability and extra capacity in the local care system - Accommodation (b)	Providing stability and extra capacity in the local care system - accommodation	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£900,000	Existing

105	Local Area Co-ordination Pilots	Prevention / Early Intervention	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	iBCF	£450,000	Existing
132	Stability and Capacity inflation	Stability and Capacity inflation	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum CCG Contribution	£147,746	Existing
107	Best Interest Assessors	Best Interest Assessors	Other		To address backlog of people under DOLS	Social Care		LA			Local Authority	iBCF	£714,000	Existing
108	Carers Services	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	iBCF	£120,000	Existing
109	Providing stability and extra capacity in the local care system - Complex Cases	Providing stability and extra capacity in the local care system - Complex Cases	Personalised Budgeting and Commissioning			Social Care		LA			Private Sector	iBCF	£984,994	Existing
110	Transformational Staff Changes - iBCF	Transformation of Adult Social Care	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£372,172	New
111	Providing stability and extra	Providing stability and extra capacity	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£944,406	New

	capacity in the local care system - Accommodation (i) IBCF	in the local care system - Accommodation (i) IBCF												
112	Providing stability and extra capacity in the local care system - Accommodation (ii) iBCF	Providing stability and extra capacity in the local care system - Accommodation (ii) iBCF	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£990,639	New
113	Step Up/Down Beds - IR Beds NR iBCF	Step Up and Step Down beds for intensive rehab purposes	Bed based intermediate Care Services	Step up		Social Care		LA			Private Sector	Minimum CCG Contribution	£2,784,006	New
120	Commissioning Staff Training	Transformation of Adult Social Care	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£71,000	New
121	Commissioning Transformation	Transformation of Adult Social Care	Care Act Implementation Related Duties	Other	Transforming offer to people of working age	Social Care		LA			Local Authority	iBCF	£57,000	New
123	LPS Training	Liberty Protection Safeguard	Other		Liberty Protection	Social Care		LA			Local Authority	iBCF	£50,000	New

					Safeguards									
124	LPS Implementation	Liberty Protection Safeguard	Other		Liberty Protection Safeguards	Social Care		LA			Local Authority	iBCF	£50,000	New
42	DFG	DFG	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Private Sector	Additional LA Contribution	£663,328	Existing
112	Providing stability and extra capacity in the local care system - Accommodation (ii) iBCF	Providing stability and extra capacity in the local care system - Accommodation (ii) iBCF	Residential Placements	Care Home		Social Care		LA			Private Sector	Additional LA Contribution	£312,358	Existing
67	Step Up/Down Beds - IR Beds NR iBCF	Step Up and Step Down beds for intensive rehab purposes	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Additional CCG Contribution	£1,752,000	New

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'

5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Wiltshire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative		Checklist Complete:
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	222.7	242.0	The value is rate per 100,000 mid year weighted population. The trajectory for 2021-22 shows an increasing number of of unplanned hospitalisations through Q1 and Q2. The remainder of the year will be focused on bringing this down with the support of 2 hour rapid response, urgent care at home, telecrare, reablement and 24 hour nursing.Additionally the High Impact Change Model is	**Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**	Yes

				being utilised to ensure plans focus on prevention and support reducing unplanned hospitalisations.		

>> link to NHS Digital webpage

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments		
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	11.0%	10.8%	The current trajectory shows a decrease in LoS for Q1 and Q2 vs 2020-21. This trend has been supported by close monitoring of daily capacity, the work of MDTs and development of exit pathways for D2A and Home First. With the support of these system enhancements we expect to see further incremental decreases in LoS for both 14 and 21+ day . We have	**Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**	Yes
	Proportion of inpatients resident for 21 days or more	5.5%	5.4%			Yes

			2 individuals with very long stays in RUH , which skew our LOS at this Trust . they are awaiting specialist placement		

8.3 Discharge to normal place of residence

	21-22 Plan	Comments		
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	89.0%	We have seen a consistent Discharge to Normal Place of Residence percentage of c87% since April 2019. With the development of Trusted Assessor scheme, and further investments in Home First and the Voluntary Sector we expect to see an improvement in discharge to normal place of residence through 2021-22	**Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**	Yes

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	459	523	439	439	Following a higher number of admissions in 2019-20, there has been a sharp decline in 2020-21. While this may, in part, be a result of Covid reducing admissions as families looked to avoid Care Homes there is evidence that the support of better access to At Home and Bedded Reablement, support for carers, and close work with PCNs to identify high risk individuals will help keep the annual rate at a lower consistent level through 2021-22
	Numerator	500	567	485	492	
	Denominator	108,857	108,447	110,358	112,184	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Yes

Yes

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%	74.1%	81.8%	The current trajectory for Home First shows an improving proportion of older people still being at home 91 days after discharge. This is being supported by the implementation of a dashboard that allows a system wide understanding of key pressures. Further support and development of home first, reablement and the voluntary sector is helping to improve this figure for 2021-22	**Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**	Yes
	Numerator	675	106	450			Yes
	Denominator	750	143	550			Yes

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Wiltshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Checklist Complete:
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads)	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Better Care plan 21/22			Yes

			been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?						
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be	Narrative plan assurance	Yes				Yes

			used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these						
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement	Narrative plan Confirmation sheet	Yes				Yes

			been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?						
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation	Narrative plan assurance Expenditure tab Narrative plan	Yes				Yes

			of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?						
Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tabExpenditure plans and confirmation sheetNarrative plans and confirmation sheet	Yes				Yes

Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes				Yes

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