AGENDA

Meeting: Health Select Committee

Place: Council Chamber, Monkton Park, Chippenham

Date: Thursday 15 November 2012

Time: **10.30 am**

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 718378 or email sharonl.smith@wiltshire.gov.uk

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

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

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Membership:

Cllr Desna Allen
Cllr Chuck Berry
Cllr Jane Burton (Vice Chairman)
Cllr Chris Caswill
Cllr Peter Colmer
Cllr Christine Crisp
Cllr Peter Davis
Cllr Peter Hutton (Chairman)
Cllr Tom James MBE
Cllr John Knight
Cllr Nina Phillips
Cllr Pip Ridout
Cllr William Roberts

Substitutes:

Cllr Richard Britton
Cllr Nigel Carter
Cllr Mary Douglas
Cllr Nick Fogg
Cllr Russell Hawker
Cllr George Jeans
Cllr David Jenkins
Cllr Bill Moss
Cllr Jeffrey Ody
Cllr Helen Osborn
Cllr Judy Rooke

Stakeholders:

Phil Matthews	Wiltshire Involvement Network (WIN)
Linda Griffiths/Dorothy Roberts	Wiltshire & Swindon Users Network (WSUN)
Brian Warwick	Advisor on Social Inclusion for Older People

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

2 **Minutes of the Previous Meeting** *(Pages 1 - 8)*

To approve and sign the minutes of the meeting held on 12 July 2012.

3 **Declarations of Interest**

To receive any declarations of pecuniary and non-pecuniary interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above no later than **5pm** on **Thursday 8 November 2012**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Health Workshop - 3 October 2012** *(Pages 9 - 14)*

The Committee held a Health Workshop on the afternoon of 3 October 2012. The main aim of the workshop was to give members the opportunity to hear from senior representatives from across the health and social care arena about their priorities and challenges, to allow members to raise issues of interest with them and to identify possible topics for inclusion on the work programme.

A report providing further details following this workshop is now attached for the Committee's consideration.

7 **Clinical Commissioning Group (CCG) Presentation**

Dr Steve Rowlands, lead GP for the CCG, will give a presentation on the role of the CCG, including the three GP areas for Wilsthire, and how the new responsibility will affect the community of Wiltshire.

8 **Adults Safeguarding Annual Report 2011/12** *(Pages 15 - 76)*

Margaret Sheather, Independent Chair of Wiltshire Safeguarding Adults Board, will be in attendance to present the Safeguarding Adults Annual Report 2011/12.

The Committee is asked to consider the report and provide comment as appropriate.

9 **Care Quality Commission (CQC)**

Karen Taylor, Compliance Manager CQC South Region, will be in attendance to provide the Committee with a presentation on monitoring arrangements for nursing homes.

10 **Dementia Task Group - Update to Final Report**

The Dementia & Mental Health Task Group was established by the Health and Adult Social Care Select Committee in July 2010 to consider dementia and the wider area of mental health.

A final report was presented to the Committee in July 2011 where the Committee endorsed all of the Task Group's recommendations.

At this meeting the Committee requested that the Group reconvene in the Autumn of 2011 to receive progress updates on various projects relating to services for dementia sufferers in Wiltshire.

A report from the Task Group will follow and the Committee will be asked to consider its content which includes a recommendation to disband the Task Group now that the Groups work has been concluded.

11 **Falls and Bone Health Strategy** *(Pages 77 - 108)*

A report from Public Health on the Falls and Bone Health Strategy is attached. The Committee is asked to consider its content and provide comment as appropriate.

12 **Closure of Wiltshire Emergency Operations Centre (EOC), Devizes** *(Pages 109 - 116)*

Neil Le Chevalier, Executive Officer Performance and Delivery, GWAS will be in attendance. A report on the closure of the Emergency Operations Centre (EOC) at Devizes will be presented for the Committee's consideration and comment.

13 **Appointment to Joint Scrutiny Committee - Great Western Ambulance Service (GWAS)**

The Committee at is previous meeting held in July agreed to the appointment of scrutiny representatives to the GWAS Joint Health Committee, noting that a further substitute representative from the Liberal Democrat Group was required.

As resolved at the meeting, the Group Leader was contacted and the membership is now as follows:

Cllr Desna Allen
Cllr Peter Colmer
Cllr Christine Chrisp

Substitute members:
Cllr Peter Hutton
Cllr Pip Ridout
Cllr Chris Caswill

The Committee is asked to note the appointments.

14 **Task Groups - Expressions of Interest**

Air Quality Task Group

Following endorsement by the O&S Management Committee of the formation of a Joint Air Quality Task Group. Expressions of interest are sought to allow the Group to arrange its first scoping meeting.

Clinical Commissioning Group (CCG) Task Group

As detailed within Item 6 above, the Clinical Commissioning Group (CCG) was identified as an area of priority for the Committee at the Health Workshop held on 3 October.

The formation of a CCG Task Group was endorsed by the Management Committee at its meeting held on 18 October. Expressions of interest are now sought to allow the Group to arrange its first scoping meeting.

15 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

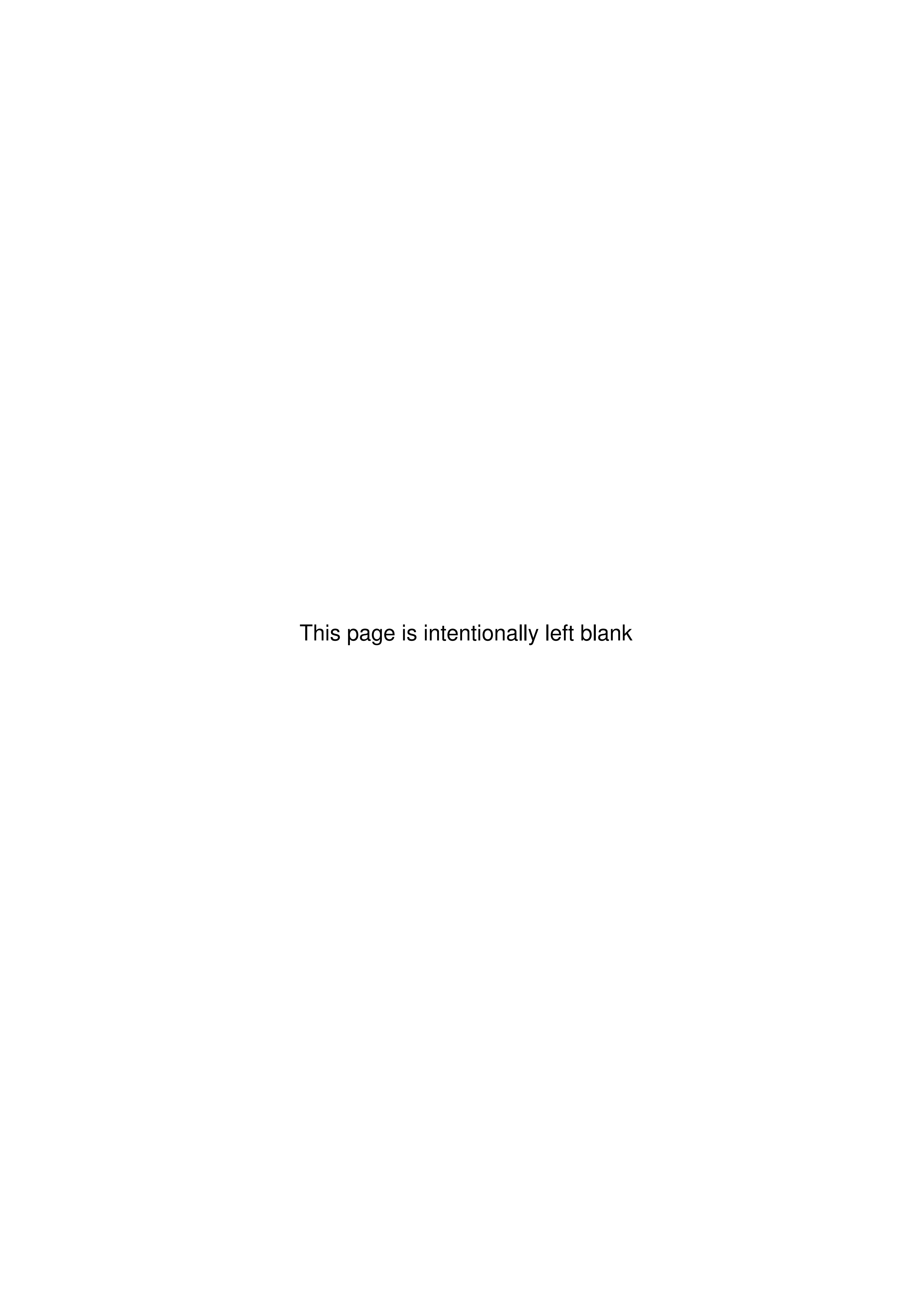
16 **Date of Next Meeting**

17 January 2012.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the liklihood that exempt information would be disclosed

NONE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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 12 JULY 2012 AT COUNCIL CHAMBER, MONKTON PARK, CHIPPENHAM.

Present:

Cllr Desna Allen, Cllr Chuck Berry, Cllr Chris Caswill, Cllr Peter Colmer, Linda Griffiths (WSUN), Cllr Peter Hutton (Chairman), Cllr John Knight, Mr Phil Matthews (WIN), Cllr Nina Phillips and Cllr Bill Roberts

Also Present:

Cllr Jemima Milton

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1 **Election of Chairman**

Cllr Peter Hutton was elected Chairman for the ensuing year.

2 **Election of Vice-Chairman**

Cllr Jane Burton was elected Vice-Chairman for the ensuing year.

3 **Membership**

Membership of the Committee as appointed by Full Council on 15 May 2012 was noted. Cllr John Knight, as a new member to the health scrutiny arena, was welcomed.

The following were confirmed as non-voting co-opted members:

Phil Matthews – Wiltshire Involvement Network (WIN)
Linda Griffiths/Dorothy Roberts – Wiltshire and Swindon Users Network (WSUN)
Brian Warwick – Advisor on Social Inclusion for Older People

4 **Apologies**

Apologies were received from Cllr Jane Burton, Cllr Christine Crisp, Cllr Peter Davis and Cllr Pip Ridout.

Cllr Richard Britton substituted for Cllr Pip Ridout.

Apologies were also given by Maggie Rae, Director of Public Health and Cllr John Thomson, Cabinet member for Adult Social Care.

5 **Declarations of Interest**

No declarations of interest were received.

6 **Chairman's Announcements**

The Chairman thanked the Committee for voting him in as Chairman and gave thanks to Cllr Mike Hewitt for his good work as Chairman of the previous Health and Adult Social Care Select Committee. This view was endorsed by several members of the Committee, Phil Matthews from WIN and the Joint Chief Executive of NHS Wiltshire and BANES. A letter would be sent to Cllr Mike Hewitt thanking him accordingly.

Appointments had now been made to the positions of Senior Scrutiny Officer (Maggie McDonald) and Scrutiny Officer (Teresa Goddard) within the Democratic Services team. The Chairman welcomed both officers who were in attendance.

Representations from Avon and Wiltshire Mental Health Partnership (AWP), Great Western Hospitals Foundation Trust and the PCT were in attendance. The Chairman requested that representatives from each briefly introduce themselves for the benefit of the Committee members. The following information was provided:

AWP

Mike Relph, Interim Chief Executive, confirmed that AWP was one of the largest mental health Trusts in the country covering a population of approximately 1.6m with an annual budget of approximately £160m.

Following the recent resignation of the Chairman it was expected that the successor would be announced later this week. Once the new Chairman was in place the position of Chief Executive would be recruited.

Clarification was provided that the Board had fallen short of high standards in a number of areas and that active engagement would now take place to ensure the Trust moved forward in the right direction.

A Primary Care Liaison Service to improve access had been launched in April. This consisted of two community services available 24 hours a day, seven days a week. The service had been rolled out in the north and was expected to be available for the rest of the County shortly.

An invitation was extended to members of the Committee wishing to visit one of the AWP sites should a more detailed briefing be required.

GWH Foundation Trust

Simon Cook, who had recently been appointed to the position of Director of Strategy, and Kevin McNamara Head of Marketing and Communication were in attendance. Both looked forward to attending future meetings of the Committee.

PCT

Ed McAllister Smith, Chief Executive of NHS Wiltshire and NHS Banes confirmed that the task of the PCT was to finalise its work by close of the financial year and to ensure a smooth transition of roles and responsibilities of service to the successor organisations.

Prior to April 2013 the PCT would continue to commission and lead services across Wiltshire in addition to assisting the RUH Bath in seeking Foundation Trust status.

Key areas for the PCT at present include delayed transfer of care and safeguarding for children and adults.

Clinical Commissioning Group (CCG)

Debbie Fielding, Interim Accountable Officer introduced herself and confirmed that she was working closely with Ed McAllister Smith in developing future working arrangements post April 2013. This was an exciting time for the development of community based services.

Portfolio Holder for Adult Social Care

Jemima Milton confirmed that the Department of Health had published the ‘Caring for our future: reforming care and support’ White Paper on 11 July 2012. The Paper set out the vision for a reformed care and support system and referred to Wiltshire Council’s Help to Live at Home service as a positive case study.

7 **Public Participation**

There was no public participation.

8 **Terms of Reference**

The Committee were asked to note the terms of reference as provided within the agenda.

Clarification was provided that the revised arrangements would allow a positive opportunity for the Committee to look at the health and wellbeing services for Wiltshire residents.

A significant change from the previous scrutiny arrangements included the implementation of a single work programme which would be managed by the overarching Overview & Scrutiny Management Committee.

All present acknowledged the important role to be undertaken by the Health Select Committee and welcomed the clarification provided on future working arrangements as provided both within the Terms of Reference and summary of improvements and developments.

Resolved:

To note the information provided.

9 **Continuing Health Care (CHC) Working Group - Final Report**

The CHC Working Group was established under the previous scrutiny structure to review CHC and the Council's partnership working arrangements for both CHC and joint packages of care.

The Group's final report together with proposed Action Plan to the recommendations contained within were circulated with the agenda.

The Chairman of the Group, Cllr Peter Colmer, on introducing the item announced that the working group had broken new ground in that it had been established with both members of NHS Wiltshire and Wiltshire Council working jointly together to review arrangements.

Thanks were provided to those involved in the review and specifically those from NHS Wiltshire in assisting the Group in its understanding of the CHC processes.

The Chairman asked the Committee to note that prior to the Group undertaking its work, a review of working arrangements between Wiltshire Council and NHS Wiltshire had already been undertaken which had demonstrated a positive step for future partnership working.

Upon discussion both representatives from NHS Wiltshire and Wiltshire Council expressed their agreement to the benefits of the working group and confirmed that progress was already being made in relation to the recommendations of the Group.

Members of the Committee welcomed the report and the actions arising and acknowledged the benefits of future similar reviews where partnership working was required.

The Chairman of the Committee thanked the Group for the work it had undertaken and proposed that the recommendations contained within the report and attached Action Plan arising be endorsed accordingly.

Resolved:

1) To thank the CHC Working Group for the work undertaken; and

2) To endorse the recommendations and joint response proposed, which included that an update on developments made against the Action Plan (inclusive of transitional plans prior to transfer to Clinical Commissioning Group/Commissioning Support Services) be presented to the Committee in January 2013.

10 **Appointment to Joint Scrutiny Committees**

A report containing the process for appointments to joint scrutiny committees was circulated with the agenda. In considering the report members were asked to confirm appropriate representation to the Great Western Ambulance Service (GWAS) Health Scrutiny Joint Committee.

The Committee noted the process of appointment and representatives were duly appointed to the GWAS Health Scrutiny Joint Committee as follows:

Cllr Chris Caswill
Cllr Peter Colmer
Cllr Christine Chrisp

Substitute members:
Cllr Peter Hutton
Cllr Pip Ridout

A further substitute representative from the Liberal Democratic Group would be confirmed following the meeting.

Resolved:

1) To note the process for future appointments to joint scrutiny committees and;

2) To agree the appointments as detailed above to the GWAS Health Scrutiny Joint Committee.

11 **Legacy Issues and Future Work Programme**

The Overview & Scrutiny Management Committee at its meeting held in May, agreed an approach to the development of future work plans. A copy of the discussion document was circulated with the agenda for consideration.

The approach included that each Select Committee would consider key legacy issues and, in consultation with Cabinet and CLT/ELT, develop topics for potential inclusion on the future Overview & Scrutiny Work Programme.

A preliminary meeting was held on 13 June involving Cllr Peter Hutton, Cllr Jane Burton and Christine Graves (Service Director Strategy and Commissioning). Apologies were received from Cllr John Thomson and Cllr Jemima Milton. The outcome of the discussion was highlighted on the agenda.

Members were also asked to note the proposal to hold a workshop in place of the scheduled next meeting on latest arrangements and to agree a focus for the Committee on future priorities.

It was proposed that the workshop include representatives from NHS Wiltshire, Public Health and Adult Social Care to allow members of the Committee a clearer understanding of the changing priorities and resulting impact on the local area and that an invitation be extended to all back-bench members to attend.

Members of the Committee noted the topics identified and acknowledged the benefits of a workshop exercise to assist with future prioritisation.

As part of the Committee's future deliberations, it was proposed that members may wish to review the recently published 'Delivering Dignity' report, a copy of which would be circulated following the meeting.

Resolved:

1) To note the legacy issues identified; and

2) To arrange a workshop in September in place of the scheduled next Committee meeting to allow Adult Social Care, Health and Public Health to report on the latest arrangements in relation to Health changes and to agree where overview and scrutiny should focus its attention.

12 **Urgent Items**

None.

13 **Date of Next Meeting**

See item 11 above.

(Duration of meeting: 10.30 - 11.35 am)

The Officer who has produced these minutes is Sharon Smith, of Democratic Services, direct line (01225) 718378, e-mail sharonl.smith@wiltshire.gov.uk

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

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Wiltshire Council

Health Select Committee

15 November 2012

Report on Health Scrutiny Workshop – 3 October 2012

Purpose

1. To report on the discussions between Councillors and health and adult social care partners held at the Health Scrutiny workshop on 3 October 2012. Also to seek the views of the Health Select Committee (HSC) on which topics would be suitable for incorporating into the Work Programme of the Committee.

Background

2. The Health and Social Care Act 2012 legislates for significant health reforms, the majority of which come into force in April 2013. At a local level, these include the establishment of a Health and Wellbeing Board, a Clinical Commissioning Group and Local Healthwatch.

3. The Council has agreed that it will continue to exercise its health scrutiny function through the HSC, and the HSC believed that the time was right to learn more about the potential impacts of the reforms, with specific reference to health scrutiny. To that end the Committee agreed to organise a workshop, to which representatives from the PCT, the three Acute Trusts, Public Health, Community Health, Adult Social Care and the Care Quality Commission were invited.

4. The main aims of the workshop were to give Members the opportunity to hear from senior representatives from across the health and social care arena about their priorities and challenges, to allow Members to raise issues of interest with them and to identify possible topics for inclusion on the work programme of the HSC.

Main considerations for the Committee

5. The information generated from the workshop has been collated and the key points for consideration are raised are presented in **Appendix 1.**

Proposals

6. **It is recommended that:**

(i) **The Committee considers the outcome of the workshop as detailed above with a view to identifying topics for possible inclusion in the future work programme.**

(ii) **The Committee approves the establishment of the CCG Task Group. In advance of this meeting, the Chairman sought, and received, endorsement of this recommendation from the O & S Management Committee at their meeting on 18 October 2012.**

(iii) **The Committee receives regular reports on the integration of Public Health into the Local Authority.**

Report author:
Maggie McDonald
Senior Scrutiny Officer

THEMES IDENTIFIED FROM WORKSHOP DISCUSSIONS **Appendix 1**

Major themes identified

1. Effective development of the Clinical Commissioning Group (CCG).

2. The effect on services during the transition of Public Health from the NHS into the Local Authority in April 2013.

3. Effective systems which allow patients to leave hospital promptly and to go into the care facility of their choice.

Additional themes identified by sector

Adult Social Care

4. The home care market, both public and private, in terms of provision of sufficient quality provision.

5. Signposting services better so that they can be accessed by those who need them and to ensure that those coming into a service are those that will benefit.

6. Provision of sufficient and appropriate accommodation for high dependency residents eg those with mental health/disability issues.

7. Robust and effective systems for adult safeguarding.

8. The transition from children’s to adults’ services for disabled service users.

9. The transfer of mental health staff, currently based in hospitals, back into adult social care.

10. The commissioning of mental health services from the Avon and Wiltshire Mental Health Partnership (AWP) and the viability of AWP should other local authorities not re-commission services from them.

11. Ensuring that adult social care is a robust part of the Joint Needs Assessment and that it reflects the needs of the people of Wiltshire.

12. The management of the adult social care budget in the light of current demographics ie ageing population.

13. Working effectively with the Care Quality Commission (CQC) to avoid de-registrations.

14. Working together over care pathways – involving health, social care and the wider council.

15. The provision of extra care housing and ensuring it delivers the benefits expected.

Public Health

16. Deciding what outcomes the Council should focus on – general, specific, organisational, timescales. Looking for cost opportunities. Ensuring all the necessary processes are in place.

17. Tackling the life expectancy gap and all services working together on this multi-faceted problem.

18. Working with our partners in social housing to help address the health and well-being issues of their tenants in areas of deprivation. Managing the Council's own housing stock.

19. Tackling the issue of those dying early from cardiovascular disease (CVD).

20. The effective transition of service users from one service provider to another.

21. Ensuring that the priorities identified in the community area plans are met.

22. Ensuring that schools adopt healthy lifestyle strategies, including exercise, immunisation etc and the possible influence of the Health and Wellbeing Board (HWB) on this.

23. How to contact 'hard to reach' groups, particularly through the use of the Council's existing networks.

24. Focusing on the key indicators of the Joint Strategic Needs Assessment and looking at where the Council is underperforming.

PCT & CCG

25. Ensuring that strategic priorities are being properly addressed between agencies.

26. Encouraging GPs to engage with Area Boards.

27. The management of the interface between health and social care.

28. Ensuring that primary and community care is joined up and integrated with social care.

29. Ensuring that all agencies work together. The exploration of pooled budgets and any impact that might have.

30. Ensuring that good relationships are built to ensure that the CCG and Adult Social Care work together effectively.

31. The mechanism to ensure that Wiltshire is consulted on services that affect Wiltshire residents that are commissioned by the National Commissioning Board.

32. The relationship between the HWB and Healthwatch and ensuring that the voice of the service user is heard.

33. Ensuring that we have the 'big view' of what services are required, rather than the views of just a few small groups. Healthwatch and its engagement with the community.

34. Ensuring that patients' end of life care reflects their wishes.

35. The integration of local services to prevent hospital admissions for unplanned care eg an elderly patient falling at home.

Acute Trusts and Community Care

36. Developing community services to support the ongoing needs of patients through the transition period.

37. Ensuring that, when savings are made, they are made with a full awareness of the consequences.

38. Ensuring that there is simple 'joined up' care for patients - pre-operative and aftercare.

39. Ensuring that money saved from acute care is reinvested in community care.

40. The potential de-stabilisation of hospitals due to high volume work being undertaken by private providers.

41. Ensuring that we have the appropriate accommodation for community health care provision and that we are making best use of existing facilities.

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Wiltshire Council

Health Select Committee

15th November 2012

Wiltshire Safeguarding Adults Board Annual Report 2011-12

Executive summary

The purpose of the report is to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for consideration and comment by the Select Committee. The Annual Report reviews the work of the Board during 2011-12 and sets out the priorities for the current year; it includes contributions from all partner agencies. The WSAB has formerly been accountable to the Council's cabinet, but it is now to be accountable to the Health and Wellbeing Board, to which, in its shadow form, the Annual Report will be presented on 27th November.

Proposal

That the committee:

a) Notes and comments on the Annual Report.

b) Identifies any specific issues it wishes to be brought to the attention of the Health and Wellbeing Board when it receives the report.

Reason for proposal

The Council has a lead responsibility in relation to safeguarding adults who are defined as "vulnerable" or "at risk", which it discharges in partnership with other agencies. The Safeguarding Board brings together those agencies at senior level to ensure that the overall system is working in the interests of Wiltshire residents. It is therefore appropriate that the Select Committee has the opportunity to scrutinise the Board's work and make its views known.

Author: Margaret Sheather, Independent Chair of Wiltshire Safeguarding Adults Board

Contact details: ☎ 07766-228389
✉ m.sheather@btinternet.com

Wiltshire Safeguarding Adults Board Annual Report 2011-12

Purpose of report

1. The purpose of the report is to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for 2011-12 for consideration and comment by the Committee.

Background

2. The purpose of the Wiltshire Safeguarding Adults Board (WSAB) is to ensure that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower vulnerable adults effectively when abuse has occurred or may have occurred. The WSAB aims to fulfil its purpose by:
   - Maintaining and developing inter-agency frameworks for safeguarding adults in Wiltshire, including determining policy, facilitating joint training and raising public awareness.
   - Co-ordinating the safeguarding adults work undertaken by those organisations represented on the WSAB and monitoring and reviewing the quality of services relating to safeguarding adults in Wiltshire.
3. Part of its responsibilities is to produce an Annual Report which reviews the past year's work and sets out priorities for the coming year. The report for 2011-12 is attached as Appendix 1 to this report.

Main considerations for the committee

4. The committee may particularly wish to note the following points.
   - The theme of "development in a time of change" set out in the Chair's Foreword and the specific impacts on the work of the Board of the familiar context of change and financial pressure at present in all public services.
   - The revised and updated Terms of Reference, drawing on the government's statement of policy, that are at Annex 1.
   - The developments and achievements of the Board described in section 3 and those of the partner agencies in section 5.
   - The increased volume of safeguarding work identified in section 4 and the associated data
   - The priorities for the current year and beyond, that are set out in section 7.

Environmental impact of the proposal

5. There are no environmental impacts from this report.

Equality and diversity impact of the proposal

6. The work of the WSAB has a significant role to play in promoting equality. It

contributes to ensuring that all Wiltshire residents, whatever their circumstances or needs for support, can live free from the fear of harm or abuse, that they are treated with dignity and their choices respected.

Risk assessment

7. There are no specific risks associated to the proposed actions in this report. However, the assessment and management of risk generally is central to effective safeguarding work, both with individual who are at risk and in the management of safeguarding in individual organisations and by the WSAB. The Board has established a risk register to ensure that it tracks the risks to the overall safeguarding arrangements that may arise from the particularly intense period of change affecting organisations currently.

Financial implications

8. There are no financial implications arising directly from this report. The WSAB does not currently have an identified budget, and one of the tasks for the current year is to identify the current and potential costs associated to the Board and discuss the way that these should be met across partner agencies.

Legal implications

9. There are no legal implications arising directly from this report.

Background papers

The following unpublished documents have been relied on in the preparation of this report: None.

Appendices

Appendix 1 – Wiltshire Safeguarding Adults Board Annual Report 2011-12.

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The Annual Report of the Wiltshire Local Safeguarding Adults Board

2011 – 2012

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Foreword

I am pleased to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for 2011-12.

If I was trying to sum up the year in a phrase, I think it would have to be "development in a time of change." There was continuing change and adaptation for all public sector partners on the Board in response to the financial impact of the Comprehensive Spending Review in 2010. This has changed Board representation from several organisations, but the general level of commitment to partnership working in safeguarding has been maintained. Those financial pressures also have a knock on to our provider sector partners.

The continuing NHS change saw the transfer of Wiltshire Community Health Service to Great Western Hospital NHS Trust and also the creation of Wiltshire and B&NES PCT cluster during the course of the year.

The redeveloped Safeguarding Team and management in Wiltshire Council were fully established by the year end, with a new Team Manager, Heather Alleyne. Overall management remained with George O'Neill, Commissioning Manager. The appointment of a Business Support Officer for the Safeguarding Board at the end of the year has already proved a valuable resource.

However, within that context of change it is good to be able to look back on some real achievements, which are described in more detail in the report, but of which I would like a highlight a few here.

We have made good use of the South West Quality and Performance Framework to assess our performance as a board and, in some cases, as individual organisations. This is contributing to strengthening our Business Planning and priority setting.

The year saw two key pieces of work completed. Firstly, the re-establishment of agreed thresholds to the Safeguarding system so that all partners have a consistent approach was set out in new guidance. Secondly, we have established a Risk Register for the Board that addresses in particular the potential risks to the multi-agency safeguarding system from organisational and policy change, and provides us with a tool to identify and manage those risks.

The Board's membership has been strengthened by the addition of representatives from the independent provider sector, and discussions have been started to include carer representation in an appropriate form.

Work has started in the Quality Assurance sub-group on improving the Board's ability to monitor safeguarding performance at a strategic level through regular, relevant reports. We also agreed a comprehensive training strategy to ensure competence of staff at every level and in every setting.

We are continuing to build on those developments in the current year, which also brings its own opportunities and challenges at both strategic and operational level:

- The very disturbing events at Winterbourne View hospital came to light at the start of the year, and have been a theme in our work throughout the year. The various resulting reports have now mostly been published and we will be assessing what action we need to take locally in response to their recommendations, which will have their impact in this year and beyond.
- The government has now also published its White Paper on care and support "Caring for our Future", and a draft Care and Support Bill, which propose, among other things, that Safeguarding Adults Boards should be put on a statutory footing.
- By the end of the year the PCT structure in the NHS will have handed over to the National Commissioning Board and the Clinical Commissioning Groups.
- We are now moving ahead with a more structured and comprehensive approach to the involvement of service users in the work of the Board and safeguarding system more widely and are following up the involvement of informal carers too.
- We have established a joint Communications and Publicity task group with the Children's Safeguarding Board and it is about to start its work to develop a communications strategy to support awareness raising and good information sharing across all Wiltshire's communities.

Finally my thanks are due to all the members of the Wiltshire Safeguarding Adults Board for their commitment and active involvement in the Board's work and also to those who participate in the sub-groups that are so essential to our work.

Margaret Sheather

Independent Chair, Wiltshire Safeguarding Adults Board
October 2012

1. Background

1.1. All persons have the right to live their lives free from violence or other sorts of abuse, but in the 1980's and 90's a number of serious incidents came to light in which vulnerable adults had not received the protection and support they needed and had been subject to abuse. As a result, in 2000 the government published "No Secrets"[1] which set out clear guidance for responsible agencies in local areas to work in partnership on arrangements to prevent abuse of vulnerable adults taking place and to deal robustly with any incidents that did occur. Local authorities were given the responsibility for co-ordinating this work and the arrangements now in place, including the Safeguarding Adults Board, have developed from that guidance.

1.2. "No Secrets" defined a vulnerable adult as "a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." Since that time, however, the thinking about keeping adults safe from abuse has changed substantially. The original concern with vulnerable adults in receipt of community care services has been broadened out to include adults in vulnerable situations arising from a whole range of causes and circumstances. The Association of Directors of Social Services (ADSS) recognised in 2005 that core safeguarding work has to be linked to a wider network of measures that enables "all citizens to live lives that are free from violence, harassment, humiliation and degradation."[2]

1.3. Most recent thinking, including that of the Law Commission that reported in May 2011, is that it would be preferable to refer to "adults at risk". This reflects the preference of people with disabilities that the emphasis should be on the circumstances adults find themselves in, rather than on the individual's disability, which may or may not in itself make them "vulnerable. The phrase "Safeguarding is everybody's business" has become more common in describing this broader thinking, and this is illustrated in Figure 1 below.

[1] "No Secrets" *Department of Health and Home Office 2000*
[2] "Safeguarding Adults, A National Framework of Standards" *ADSS 2005*

Figure 1[3]

1.4. Early 2011 saw a number of key policy documents published, which contribute to the further development of adult safeguarding services.

- *Statement of Government Policy on Adult Safeguarding* which sets out the principles for use by all agencies involved in safeguarding, in developing and assessing the effectiveness of local safeguarding arrangements. It also described in broad terms the expected outcomes for adult safeguarding, both for individuals and for agencies and outlined the next steps in policy development.
- *Law Commission Report on Adult Social Care* included a number of specific references to adult safeguarding including proposals for revised definitions of adults at risk and of "harm". It also proposed that Adult Safeguarding Boards should be put on a statutory footing, and that there should be a duty to co-operate placed on all relevant agencies; both are developments that have been sought by many in the field for some time.
- *Safeguarding Adults 2011- Advice note from ADASS to Directors of Adult Social Services* is a framework for development to support Directors of Adult Social Services in their leadership role in adult safeguarding.

[3] Adult Safeguarding, early messages from peer reviews, *LGID 2010*

- *Safeguarding Adults: the Role of Health Services* is a set of five related documents helpfully bringing a range of advice and guidance together, targeted to different parts of the health system and giving a strong profile to safeguarding across the NHS.

1.5. The government's response to these developments was published in July 2012, in the form of the White Paper "Caring for our Future – reforming care and support"[4] and a draft Care and Support Bill. The latter proposes a single, modern law for adult care and support that replaces existing outdated and complex legislation. Section 6 below refers to this and other recent policy developments in a little more detail.

2. Governance & Accountability

2.1. The purpose of the Wiltshire Safeguarding Adults Board is to ensure that all agencies work together to minimise the risk of abuse to vulnerable adults and to protect vulnerable adults effectively when abuse has occurred or may have occurred. Its Terms of Reference include underpinning principles, remit, accountability and roles and responsibilities. The Terms of Reference have recently been revised to reflect changes in national policy, board membership and local accountability and the revised Terms of Reference are at Appendix 1. It meets quarterly and is supported by the work of three main sub-groups and one that meets as necessary:

- Policy and Procedures (joint with Swindon SAB)
- Quality Assurance
- Learning and Development
- Serious Case Review (ad hoc)

Task and finish groups are used for specific time-limited tasks.

2.2. The Safeguarding Board membership during 2011-12 was extended and by December consisted of the following partners:

- Wiltshire Council Department of Community Services
- Wiltshire Council Housing
- Wiltshire Council Safer Communities
- Wiltshire Council Cabinet Member
- Wiltshire and Swindon Users Network
- NHS Wiltshire and B&NES
- Great Western Hospital NHS Foundation Trust
- Royal United Hospitals Bath
- Salisbury Hospital NHS Foundation Trust
- Avon and Wiltshire Partnership NHS Trust
- Great Western Ambulance Service Trust
- Wiltshire Police

[4] Caring for our future – reforming care and support *HM Government 2012*

- Wiltshire Probation Area
- Independent Residential Care Providers
- Independent Domiciliary Care Providers

The Care Quality Commission representative attends annually only. A summary of attendance is attached at Annex 2.

2.3. Discussions are underway to establish appropriate involvement of informal carers in the work of the board and to redevelop the involvement of service users so that they have a more substantial voice both in the strategic work of the board and in the development and operation of safeguarding services.

2.4. The Board has been accountable through the Director of Community Services to the Cabinet of Wiltshire Council. However, the establishment of the Health and Wellbeing Board, under the Health and Social Care Act 2012, now makes this the appropriate reporting line for the Board.

2.5. Statutory partner agencies all have arrangements for reporting on safeguarding activity to their Board or equivalent. During the year the Board continued to agree key messages at the end of each of its meetings for use by agency representatives in briefings in their organisation, so as to ensure consistency of feedback on the Board's work.

2.6. The Board has had an Independent Chair since June 2010. The main purpose of the role is:
- To provide independent leadership and strategic vision to the Wiltshire Local Safeguarding Adults Board (WSAB)
- To chair the WSAB
- To ensure that Wiltshire's SAB functions effectively and exercises its functions as set out in No Secrets 2000 Guidance (and any subsequent government guidance).
- To ensure the WSAB has an independent voice.

2.7. The Chair is accountable to the Director of Community Services and has been required to submit a quarterly report setting out the work she has undertaken in the last quarter, the work priorities for the next quarter and any risks identified and how these are being addressed.

2.8. The Board does not currently have an established budget or an agreement about how the costs of its work will be shared among the partners. This issue will be addressed during 2012-13.

3. Summary of Activity during the Past Year

3.1. The Board priorities for 2011-12 were set out in its Business Plan, and further developed at its development session in September 2011, at which an outline self-assessment was completed. Progress on some of these priorities continued to be slower than expected or desirable. This was primarily because of the continuing impact of organisational change and, in

some cases sickness of key staff, on the work of the sub-groups and task groups. The Business Support Officer to the WSAB was also not appointed until right at the end of the year, so resources to pursue the Board's objectives and Business Plan were very limited.

3.2. However, some progress was made on a number of priorities, as sub-group work got underway again. Others have been completed early in the new business year, and the appointment of a Business Support Officer has helped considerably in supporting sub-group and task group work and maintaining its momentum. The following paragraphs set out the progress that has been made on the priority Business Plan objectives for the year.

3.3. Work **to re-establish agreed thresholds for the safeguarding system across partners** picked up in the latter half of the year and was reported to the Board at its March 2012 meeting. The new Procedure and Guidance Tool were signed off for implementation at the June meeting, and will also be integrated into future training.

3.4. The Board had agreed that it would be appropriate, given the period of intense financial pressure and organisational change that most agencies were facing, to develop a **risk register, linked to partners' own registers.** This would enable specific risks to the effective operation of the safeguarding system as a whole to be identified and managed. This was also reported initially to the March Board meeting, and was signed off at the June meeting for use.

3.5. This will now be a standing item on the Board's agenda so that risks can be identified and actions taken to reduce the impact of change on safeguarding arrangements. It may also identify opportunities for innovation or improvement arising from change.

3.6. Work to **develop a communications strategy for the Board,** addressing both internal communications and public awareness-raising, was not able to start during the year. However, agreement was reached in March with the Wiltshire Children's Safeguarding Board that this should be a joint project undertaken by a task and finish group with representatives from both Boards and from the communications teams of the main partner organisations. The group is now being formed and the objective carries forward into 2012-13 for completion.

3.7. The **completion of Board membership** has already been mentioned in section 2 above. Carers Wiltshire needed to prioritise the completion of their own reorganisation and arrangements for their new contract with Wiltshire Council, so were not able to progress discussions about Board representation at that time. However, this work has now been picked up again and Carer representation should be resolved within the next few months.

3.8. Similarly, discussions are now underway with Wiltshire and Swindon Users Network (WSUN) about how to move to a more representative involvement of service user views in the work of the Board and the wider safeguarding arrangements. This will also support the achievement of the Board's objective to **develop mechanisms for customers and carers involved in safeguarding to share their experience, to inform policy and practice.**

3.9. The objective of **reviewing governance arrangements** has been resolved in part by the creation of the Health and Wellbeing Board and confirmation that the Safeguarding Adults Board will be accountable to that body. During the year the chair brought forward draft revised terms of reference for the sub-groups that reflected the findings of the self assessment in September 2011 and strengthened the links between the sub-groups' work plans and the Board's Business Plan.

3.10. Both the Quality Assurance and Learning and Development sub-groups are now meeting regularly and attendance has improved significantly. Regular reporting to the Board is being re-established. The Policy and Procedures sub-group, which is a joint group with Swindon SAB, has undertaken some limited updating of the Policy and Procedures to reflect changes in policy and organisational arrangements since they were written.

3.11. Longer term objectives in the Business Plan refer to the full implementation of the regional Quality Assurance Framework as the basis for performance reporting to the Board and maintaining a full programme of training and development across the range of staff who need this knowledge and skill. At its March meeting the Board agreed the **Multi-agency Strategy for Development of Competence** that had been drawn up by the Learning and Development sub-group, and confirmed the sub-group's work plan that will ensure that the strategy is implemented and that regular reports are available to the Board.

3.12. Overall it has been encouraging to see, towards the end of the year, the Board's work moving forward and its objectives starting to be achieved. The outline Business Plan that has been used so far is now being developed into a more comprehensive document that will enable the Board to fulfil its strategic performance management responsibilities more effectively.

3.13. The Board received, at its December meeting, the report of a Serious Case Review (SCR), which it endorsed together with the proposed Action Plan in response to the review's findings. This was the first SCR that the Board had carried out and one of the recommendations was to strengthen the SCR procedure in the joint policy, including the arrangements for multi-agency reviews where an SCR is not thought to be required and the use of expert opinions. Otherwise there were no recommendations for action in relation to safeguarding arrangements. The other recommendations referred to the handling of complaints, both singly and jointly, by all the agencies involved in the case.

3.14. Since the Safeguarding Adults & Mental Capacity Act Team was established in its current form there has been at least a 50% rise in **large scale investigations**[5] which now form a significant element of Safeguarding work. From 2007 to 2010, there had been 41 large scale investigations, averaging 14 per year. From November 2011 (when the new team was established in its current form) to March 2012 there were 19 investigations. Wiltshire Council now collates information on large scale investigations manually.

3.15. The increase could be attributable to a number of factors

- Increase in alerts from the Care Quality Commission
- Increase in alerts from Care Home staff following the Winterbourne View revelations
- The new Specialist Safeguarding Team being more effective in identifying patterns and trends within Care Homes.

3.16. The most common problem areas to emerge from these investigations relate to:

- Management/Leadership
- Care planning
- Medication management
- Incident reporting
- Risk assessments.
- Not involving outside agencies.

3.17. Such investigations may result in significant action to protect the users of the service, but they may equally be an important tool for shared learning that can create lasting improvements in practice. Such issues can also be taken up in the developing partnership between the Council and independent service providers to inform shared action to drive up standards of care.

4. Monitoring and Quality Assurance Activity

General performance reporting

4.1. There is a detailed set of performance data at Annex 3 taken from the current database, which only collates information relating to individual alerts and investigations. This has shown an increase in alerts from 696 in 2010-2011, to 836 in 2011-2012. This may be because of the increased public awareness to notice and make alerts, but key points to note, and which the Board will be exploring further are:

[5] Large scale investigations are those that deal with care provided across a whole residential home or domiciliary care service and can arise from one or more serious incidents or from a pattern of alerts that give rise to concern about the overall practice of the service.

- 268 of these alerts came from Care Home settings, compared to 177 the previous year.
- The majority of abuse still takes place within a person's on own home.
- Alleged physical abuse has become the main cause of alerts, compared to previous years when possible financial abuse was the highest number of allegations.
- 258 alerts were made by residential or nursing care staff, a significant increase from 91 in 2010/11.
- 53 alerts were made by police, decreased from 155 in 2010/11.
- 20 alerts were made by CQC compared to 9 in 2010/11.
- 63 alerts were made by family members, an increase from 35 in 2010/11.
- Alerts from mental health staff continued to be low with 3 alerts in 2011/12

4.2. The Safeguarding Adults and Mental Capacity Act Team (SAMCAT) has a responsibility to look at any data as it is available, and analyse trends and issues.

4.3. The Board itself is still in the process of developing its performance monitoring reporting system, and did not receive regular reports on overall activity during the 2011-12 year. Some basic reports on activity levels were available and there have been regular reports on Deprivation of Liberty Safeguards work, and the developing legal context arising from court decisions. The self-assessment completed in September 2011 against the South West Quality and Performance Framework identified key areas to build into regular reporting to the Board and the Quality Assurance Sub-group is now developing proposals for the Board to consider. This will draw on a wider range of performance information to support the Board's strategic management responsibilities.

Training Programme

4.4. Training is an important part of ensuring quality services and there is a full programme of training organised on the Board's behalf by Wiltshire Council and led by the Learning and Development Team in the Adult Social Care service. It can be accessed by all partnership agencies, staff and anyone who comes into contact with a vulnerable adult and is in addition to any training requirements that individual agencies have in place for their staff and managers.

COURSE TITLE	DURATION AND FREQUENCY	PLACES PER COURSE	PLACES TAKEN UP
Investigating Managers' workshops	½ day course. 4 courses run	30	72
Investigating Officers' workshops	½ day course 1 course run	20	18
Joint Investigation of Allegations of Adult Abuse *For Investigating Officers*	6 day course 2 courses run	18 (9 police and 9 health/ social care)	36 (17 police & 19 health/ social care
Safeguarding Adults from Abuse *Course A* for care workers from independent sector providers*	½ day course 10 courses run	24	185
Safeguarding Adults from Abuse *Course B* for managers from independent sector providers*	½ day course 2 courses run	16	20
Safeguarding Adults from Abuse *Training in response to specific requests*	4 courses run	16	64
Mental Capacity Act *Training in response to specific requests*	2 courses run	16	25
Best Interest Assessor training *Qualifying course for Best Interest Assessors*	3 day course run in Wiltshire by Bournemouth University for 5 local authorities	12	16
Best Interest Assessor refresher training *For BIAs and doctors*	1 day course run in Wiltshire for 4 local authorities	30	91
Deprivation of Liberty Safeguards Forum *Regular forum for BIAs and doctors*	2 hours 9 sessions run	20	96

*In line with groups of staff defined in National Competence Framework for Safeguarding Adults.

** Course covers Skills for Care Common Induction Standards and essential Wiltshire Adult Social care topics including Standard 6: Principles of Safeguarding in health and social care.

E-Learning

4.5. The following statistics show how many people from Wiltshire Council, Wiltshire Police and the independent care sector in Wiltshire accessed e learning packages on Safeguarding Adults and on Mental Capacity. AWP and Salisbury Foundation Trust make use of the packages and receive their own reports directly via their managed learning systems (LMS).

	Mental Capacity Act	**Safeguarding Adults**
Wiltshire Council	121	160
Independent sector	233	312
Wiltshire Police	10	12
TOTAL	**364**	**484**

5. Partner reports

5.1. Royal United Hospital Bath NHS Trust

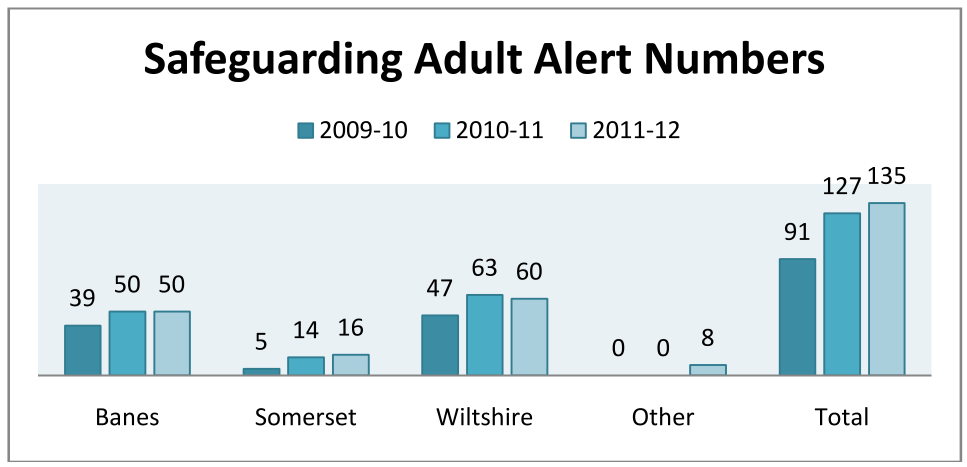
Structure

The Royal United Hospital Safeguarding Adults group has been established for 6 years and consists of the following group members:

- Executive Lead, Director of Nursing
- Operational lead, Matron for Critical Care Services
- Operational Lead, Matron for Older Persons
- Operational lead, Operation Support Manager
- Medical Lead, Consultant Geriatrician
- Sister for Quality Improvement for Mental Health & Learning Disability
- Senior Nurse for Quality Improvement & Adults at Risk

The Executive Lead attends the Local Safeguarding Adults Board meetings. As per agreement at LSAB level, there is RUH representation from one of the Trusts Operational Leads at the Quality Assurance Sub group, with the other sub groups being represented by other acute Trust representation.

Over the past 3 years there has been a consistent rise in the number of alerts made to the Operational safeguarding leads.



Achievements 2011-12

- Appointment of Senior Nurse for Quality Improvement & Adults at Risk
- Successfully run "Deprivation of Liberty Safeguards" (DoLS) workshops for senior staff.
- Half day induction training for all registered staff aligned to BANES /Sirona training matrix level 2
- Internal and external web pages for Safeguarding Adults have been constructed.
- Following CQC inspection in November 2011, the RUH has been deemed compliant with outcome 7.
- Highly satisfactory outcome to the South West Partnership Dementia Peer Review
- Continued pilot participation in the Department of Health Confidential Inquiry into deaths of patients with learning disabilities.
- 100% attendance at LSAB
- CRB checks compliance is 100% for all new staff
- Root cause analysis undertaken on 100% of the most serious pressure ulcers at grade 3 and 4.

Training

Subject	% compliance	All staff or selected
Safeguarding Adults RUH level 1	65.5%	All Staff

Objectives for 2012- 13

- Core skills training review underway which will include a training needs analysis for adult safeguarding.
- 95% of all new staff to have undertaken safeguarding learning as part of induction within 3 months of starting employment.
- 80% of relevant (as defined by CQC) staff to have undertaken Safeguarding Adults training at level 2a (level taken from BANES/Sirona training matrix)

within 6 months of taking up post and or completed refresher training every 2 years thereafter.
- Strategic link to the Department of Health's "PREVENT" strategy

5.2. Wiltshire Probation Trust

Public Protection, which includes Safeguarding Adults, remains central to the work of Wiltshire Probation Trust. The Assistant Chief Executive for Offender Management and Public Protection holds the lead responsibility for Safeguarding within the organisation and is a Board member on the LSAB. We also have middle management representation on the management board and provide membership at local sub group level.

The knowledge and shared experiences of other professionals mean that Membership at both Board and Management level ensures that safeguarding remains paramount in all aspects of the work we do. It means that we have been able to develop case audit tools which directly link to safeguarding issues and helps us to ensure that these are fully taken into account at practitioner and middle manager level.

We ensure that all staff who have contact with offenders attend the safeguarding training events and the training plan is annually reviewed to ensure that staff also attend refresher training.

Wiltshire Probation Trust has developed a policy and practice standard for staff, in line with national safeguarding procedures, to ensure that safeguarding is kept at the forefront of our work in public protection. There is regular monitoring and auditing of cases which is undertaken by middle managers and safeguarding also forms part of the supervision process with offender managers.

The involvement of Offender Managers in both the MAPPA and MARAC arrangements brings to the fore the vulnerabilities of many of the people that probation is involved with. These processes bring partners together to work effectively with safeguarding issues.

With the Government's strategy for competition and more commissioned services in working with offenders it is essential that we ensure safeguarding is reflected in the work delivered by other providers. For this reason Wiltshire Probation Trust is currently reviewing all of its contracts so that safeguarding is emphasised where appropriate.

5.3. Salisbury NHS Foundation Trust

Local Structure and Approach to Safeguarding Adults

Salisbury NHS Foundation Trust continues its commitment to being an active member of the WSAB, supporting the multi-agency process to ensure Vulnerable Adults are safe from harm and abuse in Wiltshire.

- Tracey Nutter, Director of Nursing is the Executive Lead for Children and Adult Safeguarding.

- Lorna Wilkinson, Deputy Director of Nursing has operational responsibility for Safeguarding Adults and sits on the WSAB.
- Gill Cobham, is Adult Safeguarding lead and has responsibility for supporting staff through the safeguarding process, increasing awareness and multi-agency liaison. She is a member of the Policy, Practice and Procedures Sub-Group.
- Assurance to the Trust Board is via reports to the Clinical Risk Group and Clinical Governance Committee.

Achievements in 2011/12

- Awareness of Adult abuse and protection continues to increase across the organisation. There is strong multi-agency working between the Hospital, Social Care and the Police.
- We have continued to work on our action plan following the SHA Learning Disability Peer Review. We have a very active Learning Disability Working Group with representation from the PCT learning disabilities team, trust staff, carers, and South Wilts Mencap.
- The Trust underwent an SHA led Dementia Services Peer Review resulting in a very positive report from the review team.
- There were no concerns raised regarding outcome 7 following the CQC inspection in May 2011
- Lead Nurse for Adult Safeguarding and Named Nurse for Safeguarding Children have increased shared working and represent the Trust on Wiltshire's MARAC. Work around domestic abuse continues including awareness raising and training in Maternity and the Emergency Department

Safeguarding Activity

36 Adult Safeguarding alerts were raised by staff, of which 53% did not proceed with a Safeguarding Investigation (Care Review or 'No further Action'). Six patients were admitted with ongoing Safeguarding investigations, and five Safeguarding alerts were raised about the Trust; three were unsubstantiated, one 'NFA' (no further action) and one is still awaiting an outcome at the time of writing. Two ISA referrals have been made. Eleven Deprivation of Liberty Safeguards were authorized, and fourteen patients were referred to the IMCA service, or had an IMCA already in place.

Training

All staff attending Trust Induction receive Safeguarding awareness (Adult, Children and Domestic Abuse).

Number of staff who've received further Adult Safeguarding training has increased this year from 54% to 77% (1519 staff), and Mental Capacity Training from 46% to 73% (1323 staff). The Trust has invested in further training for key individuals and as a result 54 senior nursing, medical and AHPs have received in-

depth Mental Health Act, Mental Capacity Act and DoLS awareness/ training provided by an external trainer.

Key Plans for 2012/13

- Embed work in progress in relation to Learning Disabilities, Dementia and Domestic Abuse
- Increase awareness and use of Learning Disabilities, Carers, and Domestic Abuse Policies and guidelines
- Continue with MCA & DoLs training

5.4. Great Western Hospital

The safeguarding adults annual report 2011/12 outlines the Trust position against its legal and statutory requirements for safeguarding adults during this period and work required to make improvement during 2012/13. The following are key elements contained in the report that includes the number of cases referred to social services in Wiltshire and Swindon; the number of mental capacity act DOLS applications; the provision of services for people with learning disability and compliance with mandatory training.

- The number of safeguarding concerns raised by all agencies in Swindon during 2011/12 was approximately 287 cases. Of this number 169 were females and 118 were males. The number of people referred to social services over the age of 65yrs was 160. GWH referred 26 cases (1 case more than the previous year) of which neglect (9); physical abuse (9) and financial abuse (5) were the top 3 categories reported. Two cases of neglect were attributed to care in hospital however, 1 case was not substantiated and the other was not determined.

- The number of safeguarding concerns referred to social services from Wiltshire community teams alone during 2011/12 was 27 cases. Of this number 19 were females and 8 were males. The number of people referred to social services over the age of 65yrs was 17. Neglect (12); physical abuse (5) and Multiple/other (6) were highlighted as the top 3 categories of referrals. There were 6 cases (5 neighbourhood teams and 1 nursing home) that were reported as a result of the patient acquiring a grade 3/4 pressure sore.

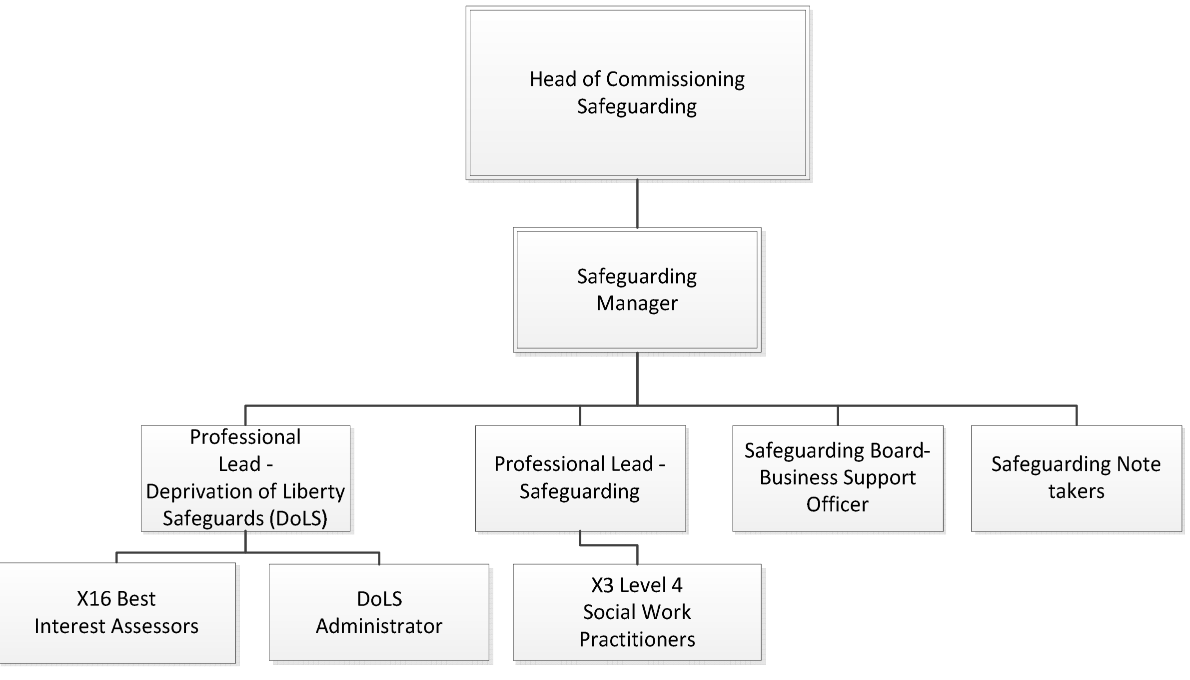
- The Trust submitted a total of 13 Deprivation of Liberty Safeguard (DOLS) applications (6 community and 7 acute) of which 5 were approved. The low number of DOLS application may be attributed to the percentage number of staff undertaking mental capacity Act DOLS training. Safeguarding vulnerable adults and mental capacity act is incorporated into Trust induction and repeated annually. MCA DOLS training has been made mandatory from February 2011 and repeated every two years. The monitoring and management of mandatory training will be highlighted on the performance dashboard reviewed by the executive committee 2012/13. The Care Quality

Commission reported that during 2010/11 the number of DOLS applications received from care homes, NHS and independent hospitals was 8,982 and of this number 50% was authorised. In 81% of cases not authorised 'best interest requirements' was not satisfied.

- Improving the care of people with learning disability is monitored by the Trust LD forum that reports to the Patient Safety and Quality Committee and the Trust Board. The forum is an essential part of the Trust strategy to deliver high quality safe care to all patients with learning disability. Assurance is provided through the delivery of the LD action plan that originated from the NHS South West peer review conducted in 2010 and the LD forum work-plan that has been revised for 2012/13. The Trust is engaged in national work and the outcome will be beneficial in setting work priorities for the future.
- The terms of reference for the following groups have been revised and the work-plans agreed. This is an essential and important factor necessary to demonstrate achievement required during 2012/13.
    - LD forum
    - Carers Committee
    - Mental Health Act & Mental Capacity Act Operational group
    - Safeguarding Adults and Children forum
- The Trust attended 3 out of the 4 quarterly meeting held by both Wiltshire and Swindon Adult Safeguarding Boards.

5.5. Wiltshire Council

Structure of the Safeguarding Adults Team



The pool of BIA's is largely employed by Wiltshire Council. A small number are independent but all BIA's are asked to undertake specialist assessments based on their area of speciality (Learning Disability, Older People, Acquired Brain Injuries and/or Mental Health).

The Professional Lead - Safeguarding and their team of Social Workers give support in undertaking investigations into allegations of Whole Home, Institutional, Large Scale and Complex abuse. They also provide advice and support to Social Workers and Investigating Managers based in the 4 Hubs where all Individual Abuse allegations are led.

The Safeguarding Manager has Lead responsibility for overseeing investigations into alleged abuse which has taken place in Whole Home, Institutional, Large Scale and Complex abuse type settings. The Safeguarding Team have oversight of how alerts and referrals have/are progressing at the local level. In addition to the above the Safeguarding Manager also has responsibility for developing the service.

The Head of Commissioning is responsible to the Service Director for Strategy and Commissioning, and they both attend the Wiltshire Safeguarding Adults Board. The Head of Commissioning (Safeguarding) chairs the Quality Assurance sub-group and he and other staff participate in other sub-groups.

Achievements in 2011-12

The following have been notable achievements during this year

- A triage system has been implemented for the management of all Alerts and Referrals.
- The re-structuring of the team has been completed and appointments made to all key posts so it is now at full strength
- The system for accessing note takers at Safeguarding meetings has been streamlined.
- Development of Performance Management measures including:
    - Monitoring of the proportion/numbers of customers who return to the attention of the Safeguarding Team within a 6 month period
    - Level of customer satisfaction with outcomes
    - Level of provider satisfaction with performance against the agreed standards (standards currently being developed)
    - Performance against the agreed safeguarding standard – data quality (data quality standards currently being developed)
    - Locality Team satisfaction with the support received from the centralized safeguarding service (safeguarding standards currently being developed)
    - Monthly spreadsheet detailing progress on all safeguarding investigations (whether undertaken by the Safeguarding Team or the Locality or Specialist Teams) for the Operations Senior Leadership Team

- Implementation of the multi-agency threshold document
- Re-instigated the Investigating Officer Workshops
- Regular updates on Safeguarding Adults Business Plan to the Council's senior management group.
- Review of practice following Winterbourne View and development of internal action plan.

Safeguarding adults staff training within the year

Wiltshire Council runs a 12 day induction course for their new workers in adult social care. This covers the national Common Induction Standards including standard 6 Principles of safeguarding in health and social care. Three courses were run and 66 learners attended.

The learning and development team provides training on safeguarding adults and mental capacity act in response to specific requests. A total of 6 courses were run for 89 learners.

The council trains a small number of workers to be Best Interest Assessors (MCA role) each year, in addition to the social workers who train as approved mental health professionals (AMHPs) who also qualify as BIAs. We trained one new BIA and four AMHPs/BIAs in the period. We also ran an annual refresher training course for BIAs from Wiltshire and surrounding local authorities and a regular Deprivation of Liberty Safeguards forum for BIAs and approved doctors. In the period nine forums were attended by a total of 96 people.

Key plans and objectives for safeguarding adults in the coming year

- Plans to recruit a Customer Advisor
- Audit of Safeguarding adults to take place, focusing on record keeping, training, and involving customers in the safeguarding process.
- Full implementation of the triaging service across Wiltshire Alliance
- Exploration regarding adults safeguarding being incorporated in the Multi Agency Safeguarding Hub
- Further development of Safeguarding Adults system of quality assurance, including the specialist team undertaking regular audits.
- Updating the Council website and information leaflets to reflect the changes that have been made to the multi-agency policy and procedures.
- Standardise the management of large scale and whole home investigations.

5.6. Avon and Wiltshire Partnership Mental Health Trust

AWP continues to seek to meet its duties to safeguard adults by maintaining its compliance with the essential standards in relation to Outcome 7 in its services in Wiltshire, and by undertaking further development work throughout 2011/2012.

During 2010/2012, AWP also continued its role in managing alerts in relation to people in specialist mental health services in Wiltshire

AWP has taken an active role in the Wiltshire Safeguarding Adults Board and its work. AWP's Head of Safeguarding and Deputy Caldicott Guardian attends the Board on a regular basis and chairs the Policy and Procedures working group, which is currently reviewing the multi agency policy and procedures.

AWP has a variety of staff involved in all the Board's sub groups. Therefore AWP looks forward to playing a continuing role in working with the Wiltshire Safeguarding Adults Board to ensure the effective safeguarding of vulnerable people with mental illness from abuse, and to respond to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults.

As an organisation working with adults and older people with mental illness, many of which are very vulnerable, AWP has implemented major changes this year, including:

- Reviewing its training strategy in relation to safeguarding training in order to strengthen and re-enforce key messages at Awareness level training
- Delivery of discrete safeguarding adults training to inpatient staff.
- The launch of service user, carer and easy read safeguarding leaflets.
- The development of outward facing website with discrete safeguarding pages
- Continued development of Trust wide documents, templates and intranet based information to ensure effective management of safeguarding adult alerts
- Maintaining trust wide data collection and performance reporting of safeguarding adult activity, both internally and to the Safeguarding Adult Board.
- Developing monitoring to ensure that our workforce is checked and monitored on an ongoing basis to ensure that they are safe to work with vulnerable adults
- Updating the Trust Policies to Safeguard Adults to reflect local and national policy and guidance changes, and regulatory requirements
- Policy and procedures re-launched in relation to Mental Capacity Act to ensure staff are aware of the application of the MCA, including when it may be appropriate to approach the court of protection.

These changes have raised the profile of adult safeguarding in the trust, and this has been supported by the continued work of a dedicated safeguarding team, working to support and advise practitioners in their safeguarding practice in Wiltshire.

AWP's key plans for next year in relation to Safeguarding are:

- Continue to work through action plans developed in response to AWP Self Assessment in relation to the South West's Adult Safeguarding Performance and Quality Framework

- To deliver strengthened Safeguarding training via AWP Learning and Development to staff
- To respond to changing structures and process relationships with local authorities
- To implement any learning from local, regional or national Serious Case Reviews in order to keep vulnerable people safe from abuse, in particular those arising from the Winterbourne View case.

5.7. NHS Wiltshire

Background

Within NHS Wiltshire 2011-2012 has been a period of substantial change. Initially based within Public Health, the role of Adult Safeguarding and Mental Capacity Act Lead transferred to the Directorate of Nursing and Patient Safety in October 2011 resulting in a strengthening of the safeguarding structure in NHS Wiltshire.

From April-September 2011 the Adult Safeguarding and Mental Capacity Act Lead provided outreach support to the provider arm of NHS Wiltshire - Wiltshire Community Health Services (WCHS). WCHS transferred to Great Western Hospitals Trust in June 2011 which now provides the governance for WCHS safeguarding including responsibility for training.

NHS Wiltshire now forms part of the NHS BANES / Wiltshire Cluster PCT with the benefits of support across the Cluster. The Safeguarding Leads in BANES and Wiltshire provide cross cover for annual leave and support when necessary.

The Director of Nursing and Patient Safety is the safeguarding executive lead and represents NHS Wiltshire on the Wiltshire Safeguarding Adults Board. The Adult Safeguarding and Mental Capacity Act Lead deputises for the Director in her absence and represents NHS Wiltshire on the LSAB Quality Assurance and Training and Development sub-groups.

Safeguarding Activity

NHS Wiltshire holds Supervisory Body Responsibilities for the Mental Capacity Act Deprivation of Liberty Safeguards (2007) and this is a key part of the PCT's safeguarding activity. Some summary issues are noted here, with more detailed information at Annex 5.

Between April 2011 and March 2012 NHS Wiltshire received 66 requests for standard authorisations of which 29 (44%) were authorised, compared to the regional average authorisation of 52%. The pattern of requests raises some questions about the consistent application of the safeguards and this has been identified for ongoing audit.

Figure 1 represents the total number of requests received by each Supervisory body. When benchmarked against the South West Region NHS Trusts NHS Wiltshire sits in the midline position; with 13 NHS Supervisory Bodies in the South West region NHS Wiltshire sits in 6th position.

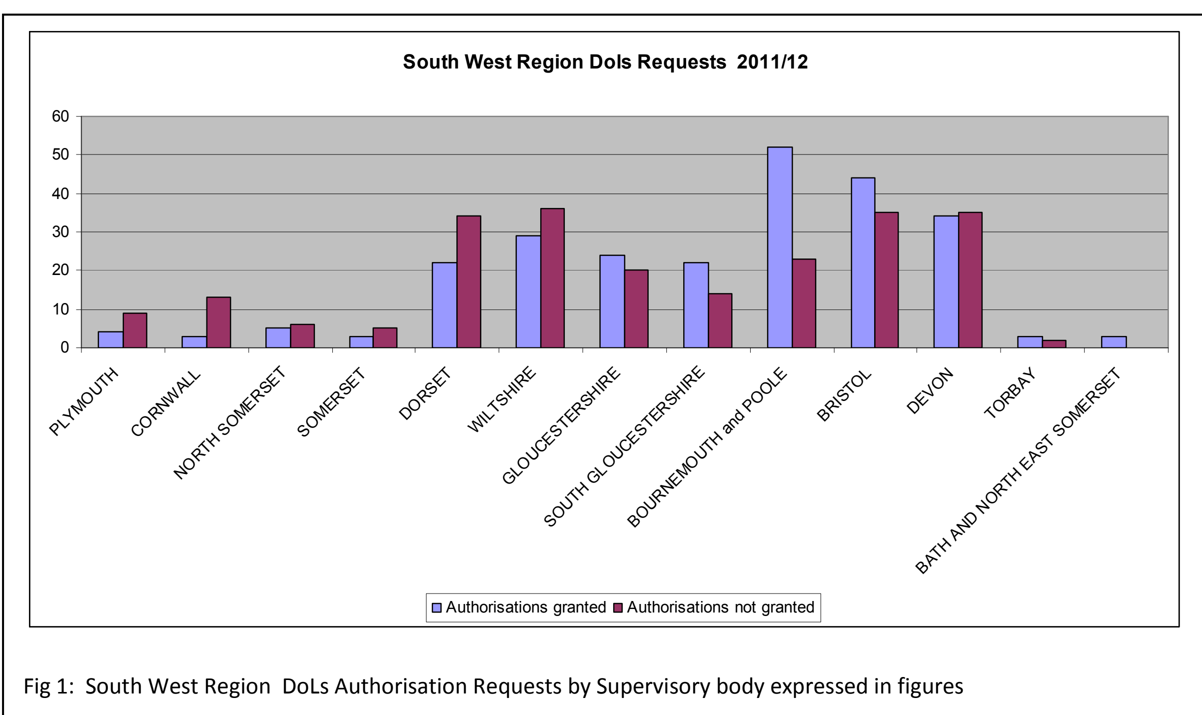


Fig 1: South West Region DoLs Authorisation Requests by Supervisory body expressed in figures

During 2011-12 NHS Wiltshire worked in partnership with the Local Authority's Safeguarding Adults and Mental Capacity Act Team (SAMCAT) on 13 large scale investigations, the largest of which was Winterbourne View. Other large scale investigations involved whole home investigations and NHS Wiltshire supported these investigations through scrutiny of care records and offering advice relating to health concerns.

Emerging Themes

Safeguarding investigations have been reviewed to identify common themes. As a result, an area of concern identified for further work has been the number of residents from residential care providers who fall and do not receive timely medical review. This has been highlighted by a few missed fractures, identified several days after a fall. This piece of work is in place and will continue into the next financial year.

Serious Incidents Requiring Investigation (SIRI)

Serious incidents relating to clinical care which have been logged on the Strategic Health Authority Database for NHS Wiltshire are scrutinised by the Safeguarding Lead for potential safeguarding concerns. In the year 2011-2012 there were 29 category 3 and 4 pressure ulcers reported by the Community Services Directorate. The Adult Community Services Directorate undertook a review of 17 Root Cause Analysis investigations relating to pressure ulcers. Analysis of the

patients by medical condition highlighted frail elderly people and patients with dementia as having the highest incidence. It also highlighted non-compliance of the patients as a major root cause, which needs further work. Additional information is available at Annex 5.

Winterbourne View

NHS Wiltshire worked in partnership with Wiltshire Council in the South Gloucestershire investigation into Winterbourne View Hospital. NHS Wiltshire had commissioning responsibility for three of the residents at Winterbourne View. All three were relocated within two weeks of the alert. As a result of the events at Winterbourne View all of NHS Wiltshire's Learning Disability and Mental Health placements have been reviewed, some patients have been repatriated to Wiltshire. In line with 'Valuing People' DH 2009 all NHS Wiltshire placements are now 'spot purchases' rather than block provision.

Representatives from all commissioners involved developed a quality assurance framework and this assurance tool has been used for all placements made since May 2011. The standard NHS contract is now used for all Learning Disability and Mental Health specialist placements and the assurance framework forms the Quality schedule of the contract.

An unintentional consequence of the scrutiny following Winterbourne View has been the reduction in capacity across the region. All Learning Disability Providers have been inspected and some now have a 'no admission' status which, together with the closure of Winterbourne View, has led to a shortage of appropriate specialist learning disability provision. This has resulted in the need to be creative in developing care provision and has led to some high risk community placements.

The need for a more robust method of information management has been identified; It is planned that all learning disability and Mental Health placements will be uploaded onto a Caretracks database which will facilitate identification of milestones such as review dates and therefore enable more rigorous contract monitoring. There is also work in progress in partnership with the local authority to develop a framework contract for this specialised type of placement.

Care Quality Monitoring Group

NHS Wiltshire's participation in the Care Quality Monitoring Group has continued with representation from the Safeguarding Lead, Head of CHC and Head of Quality and Performance. The Membership of this group comprises the Care Quality Commission, NHS Wiltshire and local authority commissioners. The group's objectives are:

- To monitor and identify emerging risks to quality standards and pro-actively address these risks through a combined, coordinated response
- To identify any wider commissioning or strategic issues relating to the sustainability of the care provider sector and ensure these are referred to the relevant commissioning bodies.

Contracts

Adult Safeguarding forms part of the quality framework and Schedule C for all major provider contracts as well as framework contracts for Complex healthcare providers. An overview commissioning care plan has been developed indicating required

Threshold Framework

NHS Wiltshire has worked in partnership with Wiltshire Council to develop a threshold framework for the Safeguarding Adults Board to ensure consistency of practice and also provide an audit trail at the point of screening.

5.8. Wiltshire Community Safety Partnership – Domestic Abuse

Structure

The overarching governance for Domestic Abuse (DA) reduction is sited within the Wiltshire Community Safety Partnership. It has identified Domestic Abuse as a priority area within the Partnership Strategic Assessment. The responsibility for the delivery and implementation of the DA strategy and Implementation Plan is lead by the established multi agency Domestic Abuse Reduction Group (DARG). The DARG is chaired by the Public Protection Manager for the Safer Communities Team, who also manages the Domestic Abuse Reduction Co-ordinator and the Multi Agency Risk Assessment Conference (MARAC) Co-ordinator and attends the LSAB meetings.

Domestic Abuse (DA) is often referred to as a 'hidden crime' that will go unreported with many victims living with domestic violence on a day-to-day basis and having to deal with the effects for many years.

Prevalence of domestic abuse in 2011/12

- 1,963 DA incidents were reported to the police from April 2011 – March 2012.
- Only 1 in 5 incidents will be reported to the police, so 'real' volume of DA could be as high as 10,000 incidents.
- Of the 1,963 DA incidents 970 were recorded as a DA related 'violence against the person' crime over the same time period.
- In 2011-12 there were 3,444 Violence against the Person Crimes recorded in Wiltshire, of which 970 were attributable to DA (28%), higher than the national average of 25%.
- The minimum cost of domestic abuse in Wiltshire is estimated to be £19.6million per annum.
- The areas recording the highest incidence of DA in 2011-12 were Trowbridge (15%), Salisbury and Chippenham (11%).

Highlights for 2011-12

The **Multi- Agency Risk Assessment Conference** (MARAC) has continued to develop, there were 276 cases discussed, of which 51 were repeats. In addition,

there were 420 children present in the household at a time of a high risk incident, which has resulted in a referral to MARAC (2011-12). At the introduction of MARAC referrals were only received from the police. At the end of 2011-12 the referral rate has positively shifted to 50/50 split between Non-police agencies and the police.

Wiltshire participated in the **Domestic Violence Protection Notice/Order** (DVPN/O) pilot, which commenced 1st July '11 – 30th June '12. Throughout the pilot there were 78 DVPNs issued, of which 69 DVPO's were then granted by Magistrates'. There have been just 16 breaches of orders over the 12months. An independent evaluation is currently underway and due to be published Spring 2013 to ascertain whether the pilot should be rolled out nationally. However, an interim decision was taken by the national steering group, in agreement by the 3 pilot police forces to continue the pilot in these areas until the final decision has been reached. Therefore, Wiltshire is still running the DVPN/O pilot until Spring 2013.

The **survivor's forum for victims of domestic abuse** produced a Charity Cook Book to raise funds 'Recipes from the Heart'. To date over £1,000 has been raised through sales.

Development of a **sustainable rolling training programme** for domestic abuse, including two courses:

- DA Awareness raising (142 attended Aug – Sept '12)
- MARAC referral and risk assessment (88 attended Aug-Sept '12)

Priorities for the coming year 2012/13:

Wiltshire is participating in the **Domestic Violence Disclosure Scheme** (DVDS) pilot that commenced on the 16th July '12. Wiltshire is one of four forces that will test two types of process for disclosing this information. The first would be triggered by a request by a member of the public ('right to ask'). The second would be triggered by the police where they make a proactive decision to disclose the information in order to protect a potential victim ('right to know'). Both processes can be implemented within existing legal powers; there will be no changes in legislation.

In 2012/13, a further commitment from key partners (Police, NHS and Local Authority) to invest into the Wiltshire Domestic Abuse Pooled budget, which funds the Wiltshire Outreach support service to victims of domestic abuse (standard to medium risk).

Following Wiltshire being successful in securing two four year Home Office grants (till March '15) to support the Independent Domestic Violence Advisor (IDVA) provision – supporting high risk victims (£20k p/a) and the MARAC (Multi-Agency Risk Assessment Conference) Co-ordinator role (£15k p/a) – currently in year two of the funding grant. Further additional funding secured via the Community Safety.

5.9. Wiltshire Police

Wiltshire Police has a dedicated team of specialist trained officers who work in the Safeguarding Adult Investigation Team. The team consists of a Detective Sergeant, 7 investigators and an administrator. The Safeguarding Adult Investigation Team is centrally managed under the strategic lead from the Detective Superintendent of the Public Protection Department. Detective Superintendent Dawson attends the Board and Detective Inspector Selbie, who has the operational lead for Safeguarding Adults, attends the Quality Assurance sub-group.

Within the last financial year Wiltshire Police have introduced the 'Three Strands of Vulnerability'. The three strands relate to welfare, vulnerable people and safeguarding adults. The process map which was devised gave officers direction and guidance on what action they needed to take, dependent upon the circumstances they were dealing with. The benefits of this for the Safeguarding Adults Investigation Team are that they receive fewer referrals which do not need to be reviewed and can focus on the referrals which require their skills and knowledge to investigate.

We have ensured that all care homes within Wiltshire are documented on our database within the Force Contact Centre. This is part of a piece of work we are developing to look at problem profiling, how we identify activity and develop risk. Wiltshire Police are also working on a Standard Operating Procedure in partnership with Heads of Safeguarding to provide clarity to Senior Investigating Officers regarding suspicious deaths in care homes.

In the last financial year, Wiltshire Police have secured two convictions for the largest financial safeguarding investigation to date. This investigation related to the daughter and son-in-law stealing thousands of pounds from her mother, who had developed the onset of Alzheimer's disease in 2003. Her daughter obtained power of attorney at this time and initially took this course of action with good intentions. Subsequently she, along with her husband, spent £90,000 to pay off their own debts, purchase cars and a caravan with money that had been set aside to pay for care home fees. The daughter of the vulnerable woman was sentenced to 18 months imprisonment and her husband received a 12 month sentence, suspended for two years.

With regards to training, the Public Protection Department has shown further commitment to the importance of safeguarding adults by training staff from child abuse and domestic abuse teams in order that they can support the Safeguarding Adult Investigation Team and our staff are moving towards becoming omni-competent. Wiltshire Police have trained a further 15 officers this financial year in the Vulnerable Adults course. Some of the 15 officers are posted within the Public Protection Department and some are from Local Policing roles.

5.10. Residential and Nursing Care Providers

Background

The Wiltshire & Swindon Registered Nursing Home Association (W&SRNHA) and the Wiltshire Care Home Association (WCHA) representing Wiltshire providers of residential care, both nursing and non-nursing, have been working together to further develop a positive inclusive safeguarding environment with the aim of providers having direct access / support and involvement in safeguarding professional developments across the lead agencies. Both organisations are committed to high standards of safeguarding and hold extensive operational experience in this complex area of delivering specialist services to highly vulnerable older people. This year, for the first time, we have been invited to nominate a provider representative on the Wiltshire Adults Safeguarding Board and to provide representatives to the sub-groups. Matthew Airey (regional chair of the W&SRNHA and a National Director of the RNHA) has been appointed as the provider representative for both the W&SRNHA and WCHA.

Key achievements 2011-12

These have included our formal involvement in the Adult Safeguarding Board as described above and the development of a project post, funded by the RNHA, WCHA and Wiltshire Council. The aims of this post are to develop: A) Provider representative Forum with a key emphasis on promotion of quality and standards in all registered care homes, B) Safeguarding Partnership with Wiltshire Council, C) Wiltshire Care Quality Mark. In addition the RNHA at national level have developed and produced a new Complaints & Investigation Manual focusing at improving the quality of Provider involvement in complaints and safeguarding concerns.

Training

Both Associations represent around 40% of all providers in Wiltshire and, with their colleagues represented on the Wiltshire & Swindon Care Skills Partnership, have direct contact with circa 85% of all residential providers in the area. The work of the Care Skills Partnership has a crucial role in supporting and developing training across Wiltshire & Swindon focused on the development of quality and safe practice both with residential and domiciliary care providers. At this stage of their development, these Partnerships do not collate safeguarding statistics, but have access to the other lead agencies' information. It is intended that the development of the new Wiltshire Provider Forum and the Safeguarding Partnership will support and assist Providers' involvement in the further analysis of this information. It is envisaged that this will lead to the raising of standards and support the development of collective evidenced-based learning opportunities.

Key Objectives for 2012-13

- The establishment of a shadow Wiltshire Providers' Forum Board and interim Chief Executive. Focus on Providers working together with the lead agencies to drive a 'quality and safe care agenda'.
- Provide consistent attendance and support to the Wiltshire Adults Safeguarding Board and its sub-groups.
- Further develop our professional relationship and safeguarding partnership with Wiltshire Council and all other lead agencies, with the purpose of collectively and collaboratively working to ensure the safety and wellbeing of all customers receiving a residential service in Wiltshire.
- To support the development and implementation of a Wiltshire Care Quality Mark available to all registered care homes in Wiltshire that demonstrates clearly to the Wiltshire public and to our customers the standards they can expect from our specialist services and take confidence in the day to day delivery of that service.

6. Local progress in relation to national requirements

Policy

6.1. The main policy publication during 2011-12 was the Statement of Government Policy on Adult Safeguarding (DH 2011). The principles outlined in this have been included in the revised Terms of Reference for the Partnership Board. These being:

Empowerment –	Presumption of person-led decisions and informed consent
Protection –	Support and representation for those in greatest need
Prevention –	It is better to take action before harm occurs.
Proportionality –	Proportionate and least intrusive response appropriate to the risk presented
Partnership –	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability –	Accountability and transparency in delivering safeguarding.

6.2. Also published in May 2011 was the Law Commission's report of its wide-ranging review of adult social care law which made recommendations for sweeping reform, some of which directly affect Safeguarding Adults. Pending further clarity about the direction of national policy and any potential legislation, the Board had decided only to carry out a limited updating of its policy and procedures (which are joint with Swindon SAB), to reflect developments in the few years since the last update.

6.3. In July 2012, after the year under review, but during the preparation of this report, a significant block of documents has been published by the government:

- *Caring for our future: reforming care and support*
- *Draft Care and Support Bill*
- *Consultation on New Safeguarding Power*

6.4. The White Paper and draft legislation propose to put Adult Safeguarding Boards on a statutory footing and sections 34 to 36 of the draft bill give a brief outline of the proposals. There is clearly much more detail to be worked through in guidance, but the further implementation of these proposals will clearly be a key issue for the board in the coming months.

Winterbourne View Hospital

6.5. The serious safeguarding concerns at this hospital revealed by the Panorama broadcast in May 2011 have been an influence on the Board's work throughout the year. Partner organisations took appropriate action immediately in line with the investigations instigated and then in response to the requirements of the interim reports that were published.

6.6. In the summer of 2012 the Serious Case Review, the Strategic Health Authority's report and the Care Quality Commission's Overview Report have all been published and the DH's final report is expected shortly. The recommendations of the various reports will clearly influence the Board's Business Planning in the coming months and years.

7. Priorities for the year 2012-13

These priorities reflect national developments and local objectives and summarise the individual agency priorities described in Section 5 above. The Board's Business Plan integrates these priorities with other existing work and sets out timescales for implementation.

Overall Priorities

- Assess what action needs to be taken locally in response to recommendations of the Winterbourne View reports.
- Respond to the development of the Care and Support Bill in the light of the White Paper "Caring for our Future", and prepare for action in 2013-14 to put the SAB on a statutory footing.
- Support and monitor smooth transition of safeguarding work from the PCT to the Clinical Commissioning Group.
- Develop a more structured and comprehensive approach to the involvement of service users in the work of the Board and safeguarding system.
- Develop a more structured and comprehensive approach to the involvement of informal carers in the work of the Board and safeguarding system.
- Develop a communications strategy jointly with the Children's Safeguarding Board to support awareness raising and good information sharing across all Wiltshire's communities; update web-based information to support this.
- Establish a quality assurance and performance management system for the Board

Training

- The Board as a whole will continue to deliver its training strategy, and the RUH, AWP and Salisbury Hospital have organisational priorities for training.

Contracts and Quality

- Wiltshire Probation Trust is focussing on contract monitoring to emphasise safeguarding where appropriate
- Joint work between Provider organisations and their commissioners are working on a quality and safe care agenda including the development of a "Care Quality" Mark

Performance Improvement

- Council safeguarding services are implementing the triage system across the Wiltshire Alliance and standardising the management of large scale investigations.
- AWP continues to work through action plans from its Self-assessment

Policy

- Wiltshire police priority is private space violence, and the Domestic Violence service will be continuing their pilot of the Domestic Violence Disclosure Scheme, and seeking to ensure sustained funding for Domestic Violence services.
- RUH has a priority on the strategic link to the Department of Health's "PREVENT" strategy
- Salisbury is working on increased awareness and use of Learning Disabilities, Carers, and Domestic Abuse Policies and guidelines
- Commissioners and providers are developing partnership working on safeguarding.

Annexes

Annex 1

WILTSHIRE SAFEGUARDING ADULTS BOARD
TERMS OF REFERENCE

1. Statement of Purpose

The purpose of the Wiltshire Safeguarding Adults Board (WSAB) is to ensure that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower vulnerable adults effectively when abuse has occurred or may have occurred. The WSAB aims to fulfil its purpose by:

- Maintaining and developing inter-agency frameworks for safeguarding adults in Wiltshire, including determining policy, facilitating joint training and raising public awareness.
- Co-ordinating the safeguarding adults work undertaken by those organisations represented on the WSAB and monitoring and reviewing the quality of services relating to safeguarding adults in Wiltshire.

In doing this the Board will follow all relevant legislation and guidance[6].

2. Underpinning Principles

The Board will achieve its role by implementing the national principles of adult safeguarding[7], which are:

Empowerment –	Presumption of person-led decisions and informed consent
Protection –	Support and representation for those in greatest need
Prevention –	It is better to take action before harm occurs.
Proportionality –	Proportionate and least intrusive response appropriate to the risk presented
Partnership –	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability –	Accountability and transparency in delivering safeguarding.

[6] A list of current guidance at the time of this revision is at Appendix 1
[7] Statement of Government Policy on Adult Safeguarding; DH, May 2011.

In addition, the WSAB:

- Supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice and to be able to live their lives free from abuse, neglect and discrimination.
- Values diversity and will seek to promote equal access and equal opportunities irrespective of race, culture, sex, sexual orientation, disability, age, religion or belief, marriage/ civil partnership and pregnancy /maternity.

3. Policy Statement

The WSAB will act within the framework of the law, statutory guidance and government advice. The prime consideration of the WSAB will be to oversee multi-agency responsibilities in line with the requirements of "No Secrets: guidance on developing and implementing multi-agency policy and procedures to protect vulnerable adults from above" (DH/ Home Office, 2000) and current national policy, national and regional guidance and best practice.

4. Membership and Chair

The membership of the WSAB consists of senior representatives from key organisations in Wiltshire, who must be of sufficient seniority and authority to speak on behalf of their organisation and commit resources or directly feed into decision-making that can commit resources as appropriate. Representatives of wider groups (independent providers, service users and carers) must have access to appropriate networks to communicate information to and from the Board.

Wiltshire Council	• Cabinet Member • Service Director Adult Care Commissioning • Head of Commissioning, Mental Health, Substance Abuse Services and Safeguarding
NHS Wiltshire and BaNES (until 31st March 2013)	• Director of Nursing
Clinical Commissioning Group (From 1st April 2013)	• Executive Nurse
Avon and Wiltshire Mental Health Partnership NHS Trust	• Head of Public Protection and Safeguarding
Wiltshire Police	• Superintendent with responsibility for Public Protection
Salisbury Hospital NHS Foundation Trust	• Deputy Director of Nursing
Royal United Hospital Bath	• Director of Nursing Services

Great Western Hospital Foundation NHS Trust	• Deputy Director of Nursing
NHS Community Services	• To be agreed
Residential and nursing care provider representative	• As nominated
Domiciliary Care provider representative	• As nominated
Great Western Ambulance Service	• Clinical Standards Manager
Probation Service	• Assistant Chief Executive
Carer Representation	• Under development
Service User Representation	• Under development
Community Safety Partnership	• Public Protection Manager, Wiltshire Council

Arrangements are being made for the views of service users and carers to be effectively represented in the Board's work, either by direct membership of the board and its sub-groups or by reference group or similar arrangements.

The Compliance Manager from the Care Quality Commission attends annually.

The Board is linked to the Local Safeguarding Children Board by the Head of Commissioning membership of that board and a representative from the LSCB is being sought for the SAB.

Other organisational representatives or specialist leads may be invited for reports of specific interest to them.

Chair

The Chair of the Partnership is an independent person appointed for a three year term through procurement by Wiltshire Council.

The Deputy Chair is appointed by the Board from nominations from Board members.

5. Meetings and Structure

The WSAB will meet not less than four times a year, with additional meetings as necessary. It will set time aside each year for a half day workshop to review its achievements, assess performance and effectiveness and consider future priorities.

- The quorum for meetings is that there should be at least three members present from three different agencies. OR will be one third of the usual membership providing the Council, one of the health partners and one other partner organisation is represented.

- Lack of attendance will hinder the strategic development of the inter-agency arrangements for safeguarding adults. For this reason Board members are expected to attend two out of the four main meetings; substitutions are permissible, but should be by named, regular substitutes. A register of attendance is kept and will form part of the Annual Report.

Sub-groups

The Board has three standing sub-groups which are responsible to the Board and take forward the Business Plan priorities:

- Policy and Procedures (joint with Swindon SAB)
- Learning and Development
- Quality Assurance

Task Groups

The Board may establish task and finish groups for specific, time-limited work.

6. Remit

The WSAB will be accountable for the following:

- Leading the development, approval, monitoring and review of multi-agency safeguarding policies, procedures and practice, including information sharing, and ensuring that they reflect the needs of all communities in Wiltshire, and the needs of all members of those communities
- Promoting the responsibility for safeguarding across all agencies and stakeholders, and ensuring clear leadership and accountability are in place throughout all the organisations represented on the WSAB, and overseeing safeguarding activities by agencies including reviewing progress in the recognition, reporting and response to abuse
- Preparing and securing approval and resources from member organisations for a Business Plan
- Producing an Annual Report on safeguarding adults, which reviews progress in delivery of the Business Plan
- Establishing quality assurance and audit arrangements to validate the effectiveness and quality of safeguarding services in Wiltshire and identify and address resources shortfalls where these arise.
- Involving service users and carers and adopting an inclusive approach to the role of the WSAB
- Ensuring a multi agency training strategy is in place for all workers in all sectors who have contact with vulnerable adults and receiving regular reports on its delivery and effectiveness.

- Ensuring effective engagement of safeguarding adults work with the safeguarding of children, domestic violence, bullying hate crime, MAPPA processes and wider work on community safety and public protection.
- Commissioning Serious Case Reviews where needed, maintaining the Serious Case Review protocol and contributing as appropriate to Domestic Homicide Reviews and reviews of Drug Related Deaths.
- Receiving and considering outcomes from these reviews and promoting opportunities to share learning.
- Promoting awareness of Safeguarding issues and disseminating accessible information about the work of the WSAB via a comprehensive communications strategy aimed at ensuring that abuse is recognised, reported and immediate action taken wherever it arises.
- The effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.

7. Accountability and reporting

The WSAB has a reporting line to the Wiltshire Health and Wellbeing Board. It is accountable for its work to its constituent organisations and its members are individually accountable both to their own organisations and to the WSAB for the following roles and responsibilities:

- Contributing to the effectiveness of the WSAB in the achievement of safeguarding objectives, the development of policies and procedures and their implementation in their organisation
- Ensuring that their organisation shares appropriately in resourcing the operation of the WSAB, consistent with the lead role of the local authority and the shared responsibilities of all agencies.
- Disseminating information to their own organisation and related agencies
- Participation in development, training and learning activities
- Provision of a statement for the annual report outlining the contribution of their organisation to safeguarding adults and, specifically, their contribution to the Business Plan.
- Make appropriate resources available to the Board and its sub-groups and task groups.

The Board will produce an annual report prepared in line with the South West Regional template, which includes:

- Foreword
- Background Information
- Governance and accountability
- Summary of activity during the past year
- Monitoring and quality assurance activity
- Partner reports

- Local Progress in relation to national requirements
- Priorities for the coming year
- Appendices

The report will be presented to the Wiltshire Health and Wellbeing Board and then made available to the general public. WSAB members will be responsible for presenting the Board's annual report to their own organisation's executive body.

8. Review

These Terms of Reference will be reviewed at the same time as the Board's Safeguarding Policy and Procedures.

Appendix 1

National Policy and Guidance July 2012

DH (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.*

ADASS (2005) *Safeguarding Adults – a national framework of standards for good practice and outcomes in adult protection work*

HMSO (2005) *Mental Capacity Act and (2009) Deprivation of Liberty Safeguards*

CSCI (2008) *Safeguarding Adults, a study of the effectiveness of arrangements to safeguard adults from abuse.*

Bournemouth University and Skills for Care (2010) *National Competence Framework for Safeguarding Adults*

DH (2010) *Practical approaches to safeguarding and personalisation*

DH (March 2011) *Safeguarding Adults: The role of NHS Commissioners; The Role of Health Service Managers & their Boards; The Role of Health Service Practitioners*

ADASS (April 2011) *Safeguarding Adults Advice Note*

DH (May 2011) *Statement of Government Policy on Adult Safeguarding*

ADASS (Nov 2011) *Carers and Safeguarding Adults – working together to improve outcomes.*

Care Quality Commission (June 2012) *Learning Disability Services National Overview*

DH (June 2012) *Department of Health Review: Winterbourne View Hospital (Interim Report)*

HM Government (July 2012) *Caring for our future: reforming care and support*

South Gloucestershire Safeguarding Adults Board (August 2012) *Winterbourne View Hospital, A Serious Case Review*

Annex 2

Board Membership and Attendance

Organization	Designated Member	June	Sept	Dec	Mar
Independent Chair	Margaret Sheather	✓	✓	✓	✓
Wiltshire Council DCS	Sian Walker (to Nov 2011) James Cawley (from Dec 2011)	✓	A	Ap-R	✓
Wiltshire Council Safer Communities	Pippa McVeigh	✓	✓	A	A
Wiltshire Council - Commissioning	George O'Neill	A	Ap-R	✓	Ap-R
Wiltshire Council - Housing	Graham Hogg		Ap-R		Ap-R
Wiltshire Council - Cabinet	Cllr Jemima Milton			✓	
Registered Nursing Homes	Matthew Airey (from Dec 2011)	n/a	n/a	✓	✓
Wiltshire Police	Sean Memory (to Nov 2011) Supt. Jerry Dawson (from Dec 2011)	✓	✓	✓	✓
AWP	Mark Dean	Ap-R	✓	Ap-R	✓
CQC (annual only)	Deborah Ivanova	n/a	✓	n/a	n/a
NHS Wilts & BANES	Lynn Franklin (to Nov 2011) Mary Monnington (from Dec 2011)	Ap-R	Ap-R	✓	✓
Great Western Hospital	Sue Rowley (to Feb 2012) Robert Nicholls (from Mar 2012)	Ap-R		A	✓
WSUN	Louise Rendle		Ap-R		
Great Western Ambulance Service	Sue Smith		✓		
RUH Bath	Francesca Thompson	✓	✓	✓	✓
Salisbury NHS Foundation Trust	Lorna Wilkinson	✓	✓	Ap-R	A
Wiltshire Probation Trust	Lynne Wootton			A	A
Domiciliary Care Provider	Helen Rowlands (from Dec 2011)	n/a	n/a	A	A

✓ Attended
A Sent apologies
Ap-R Sent apologies & replacement attended

Management Information Report on Safeguarding Adults April 2011 - March 2012

1. Overview

The year-on-year comparison (see Fig 1) shows referrals over two 12 month periods (2010/11 and 2011/12). The overall referral rate is **836** alerts in the 12 months from April 2011, averaging 70 per month. At a rate of 23.4 alerts per 10,000 of the county's population, Wiltshire's numbers are low when compared to those of our neighbours in the South West; see below.

2. Alerts

There have been 836 alerts during the past year:

Figure 1 Number of alerts by month

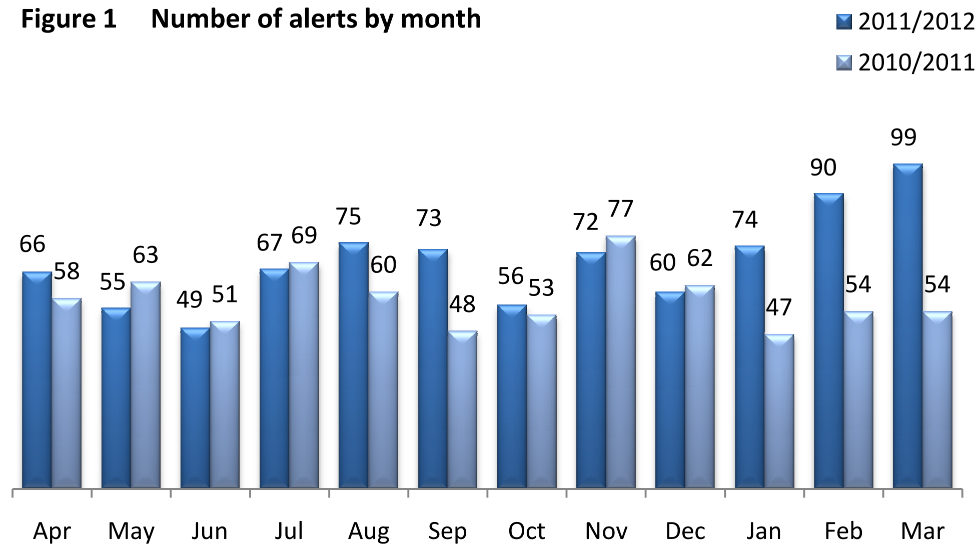


Table 1 Average number of alerts:

12 months:	1 Apr 11 – 31 Mar 12	69.7 alerts per month (836/12)

Alerts dealt with by each team are as follows:

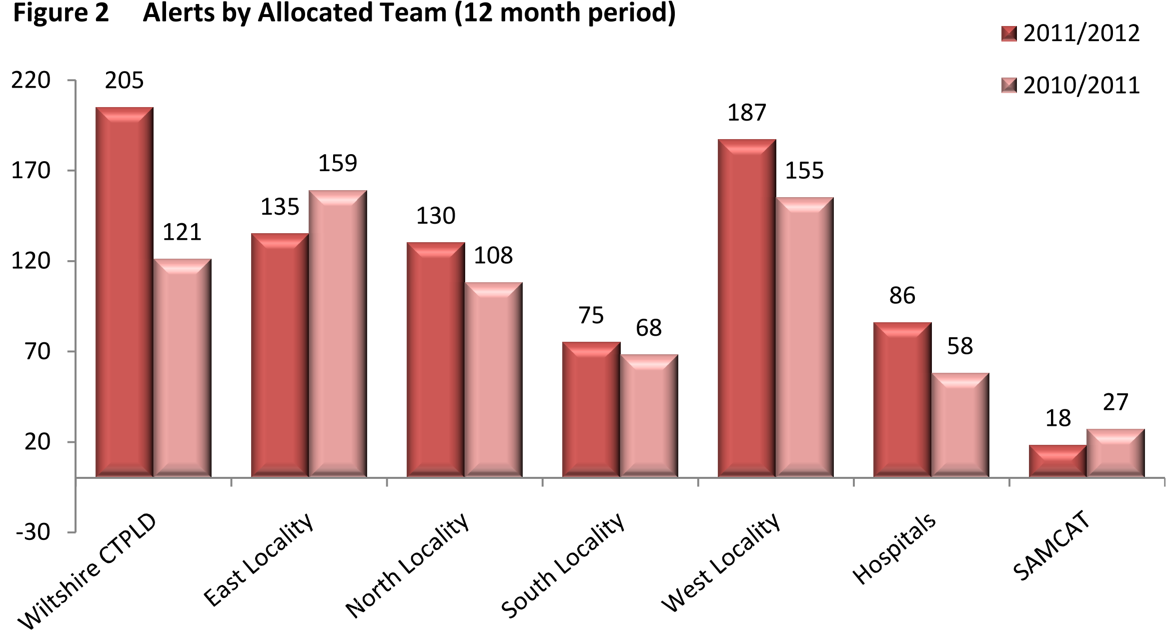


Figure 2 Alerts by Allocated Team (12 month period)

This next chart gives the number of alerts per community area and is shown as being per 10,000 population (aged 18 and over) to show a comparison:

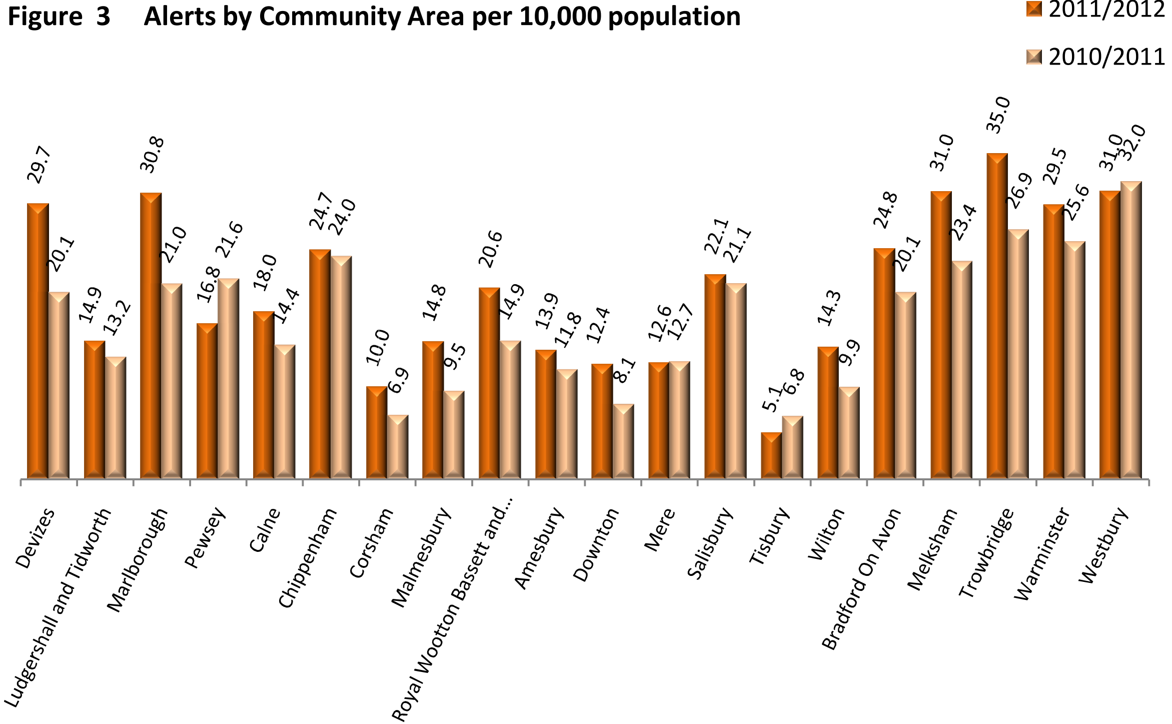
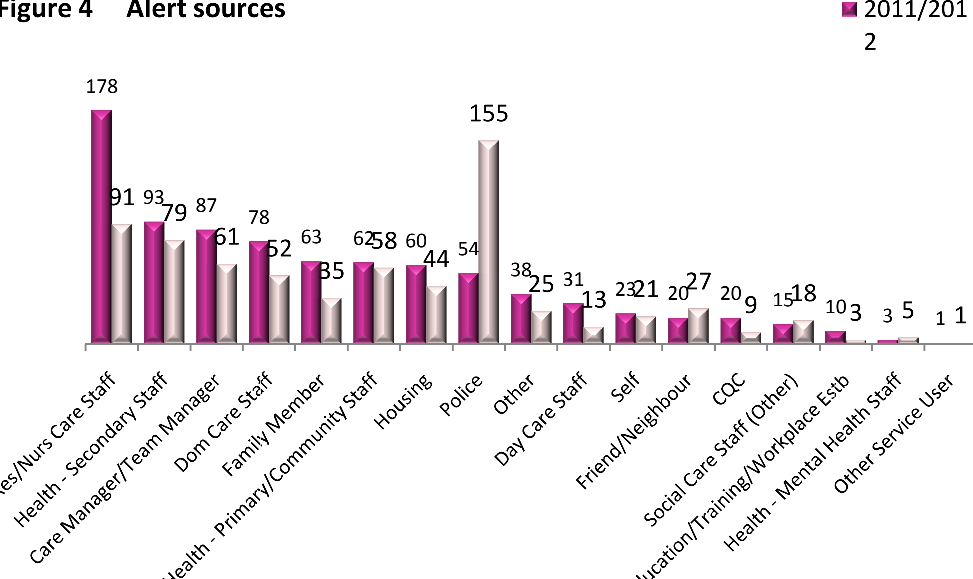


Figure 3 Alerts by Community Area per 10,000 population

Alerts are received from a range of sources as shown in Figure 3

Figure 4 Alert sources

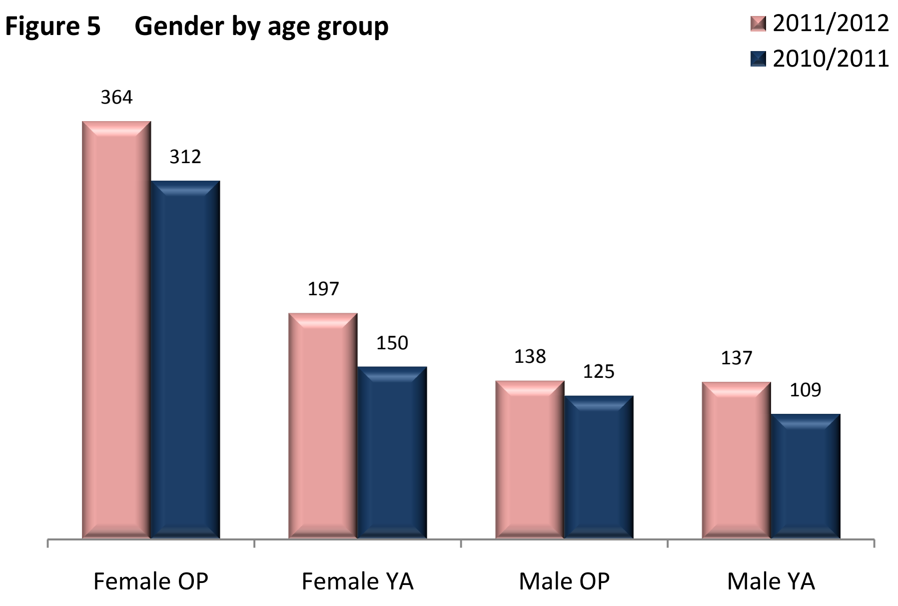


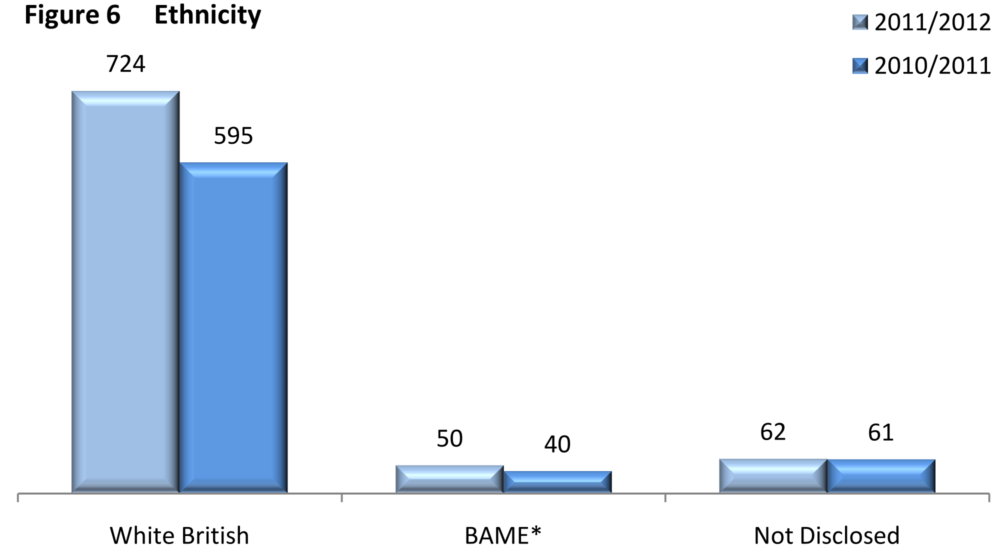
'Care Manager/Team Manager' includes social workers, occupational therapists and care co-ordinators. 'Secondary Health Staff' can be hospital staff or other non-primary health staff. 'Primary/Community Staff' are GPs, district nurses and health visitors. 'Other' can be anonymous calls, the Court of Protection, a professional (e.g. solicitor, psychotherapist, etc), school staff or a local authority employee not employed as a care manager or care team manager.

3. Vulnerable Adults Information

Figures 4 –9 show information about the people who were the subject of the alerts received.

Figure 5 Gender by age group





(*BAME = Black, Asian and Minority Ethnic)

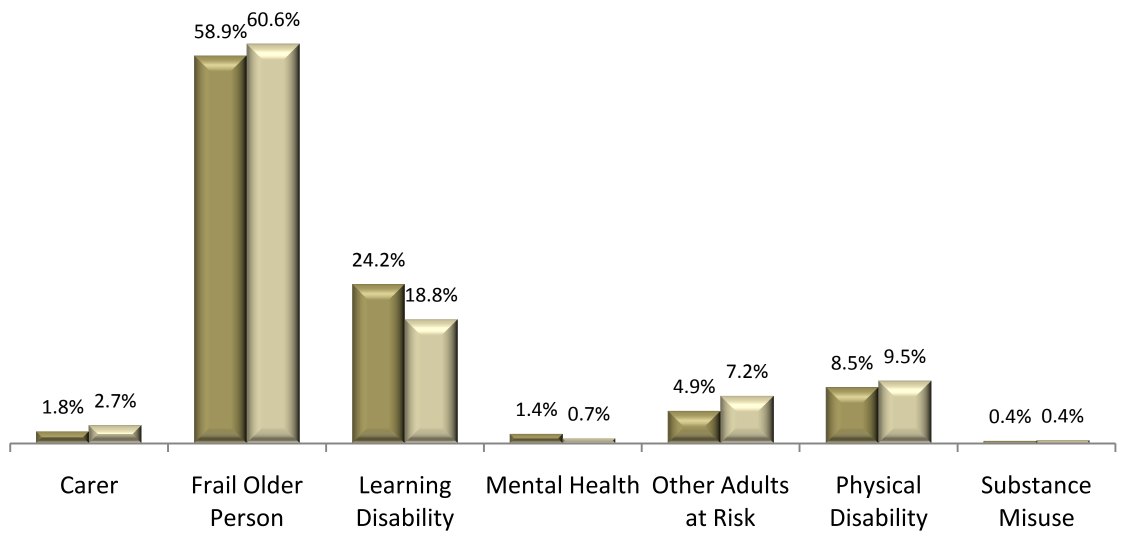
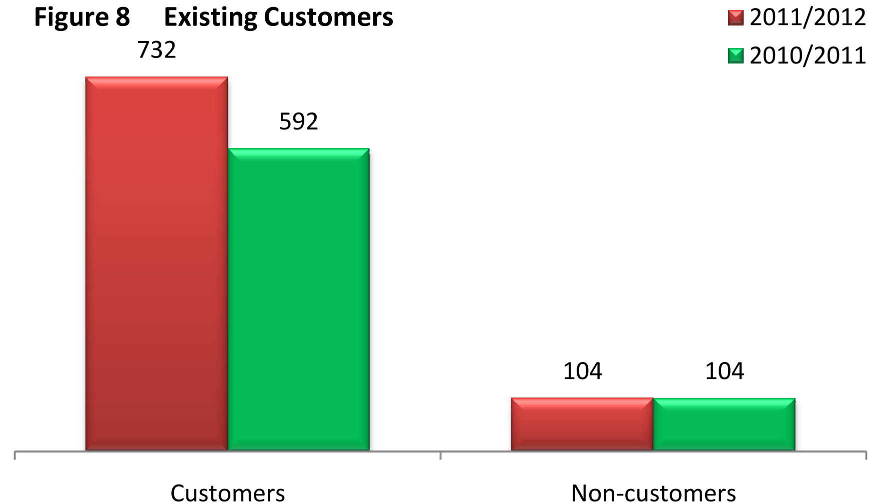
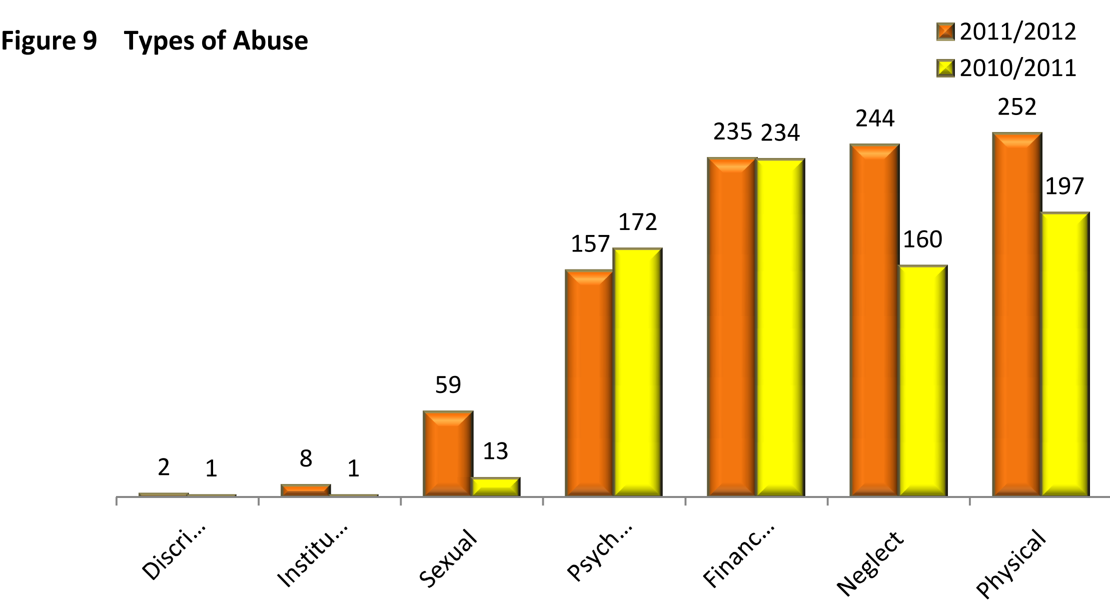


Figure 8 Existing Customers



Each alert can involve more than one type of abuse. Out of 836 alerts, 110 were 'multiple'.

Figure 9 Types of Abuse



Adult abuse occurs in many different places, although primarily this takes place in the vulnerable adult's home:

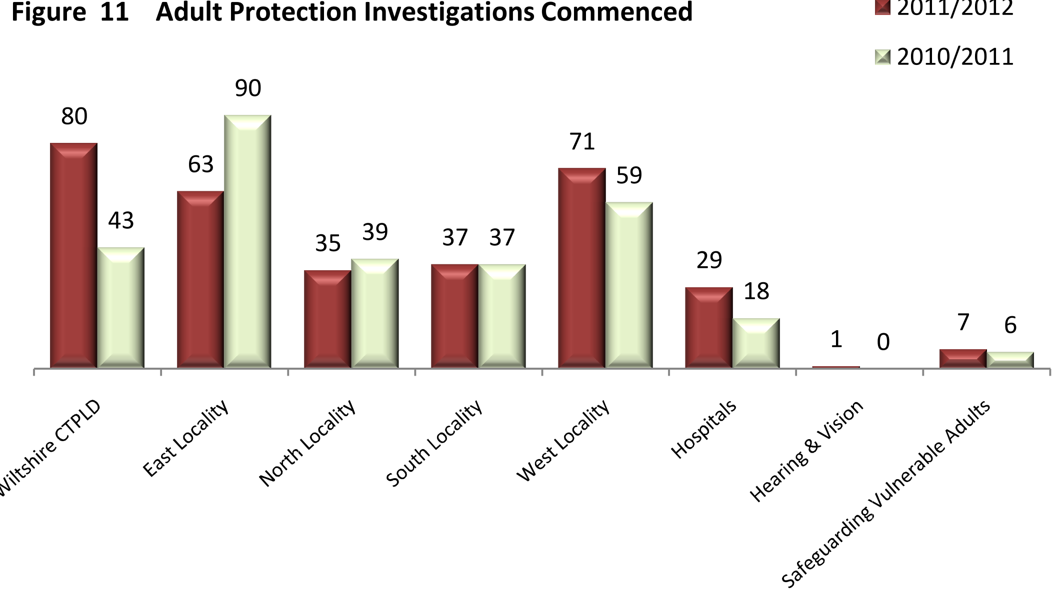
Figure 10 Locations where alleged abuse takes place

Location	2011/2012	2010/2011
Own Home	369	398
Care home - permanent	149	72
Care home with nursing - permanent	92	84
Supported accommodation	60	25
Public place	56	43
Day centre/service	34	15
Alleged perpetrators home	18	26
Care home - temporary	18	14
Acute hospital	15	25
Care home with nursing - temporary	10	10
Education/training/workplace estb	8	2
Not known	3	5
Community hospital	3	2
Other health setting	1	0
Other	0	6
Mental health inpatient setting	0	5

4. Investigations

A total of **323** Adult Protection Investigations were *started* during 2011/2012:

Figure 11 Adult Protection Investigations Commenced



Of the investigations commencing during this time, 36% were not substantiated and 10% were undetermined/ inconclusive. A further 26% of the investigations that had commenced during this reporting period had not been completed by the end of this

time; this is due in the main to investigations starting towards the end of the reporting cycle.

During this 12 month period **295** investigations have been *completed* (some of these investigations may have begun prior to this time whilst others will have commenced towards the end of the period):

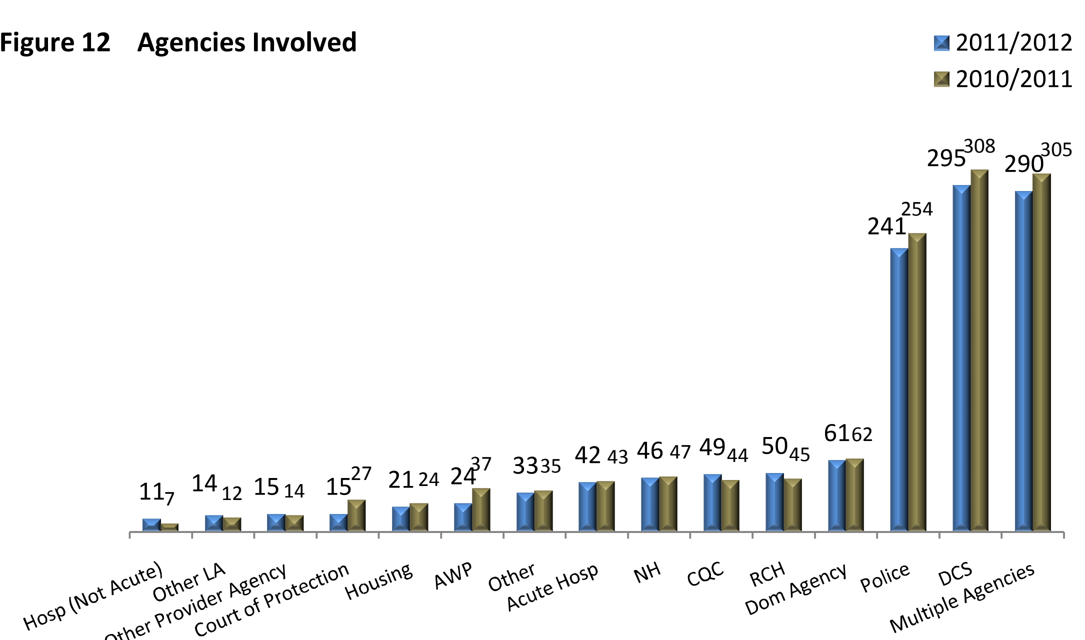
These investigations concluded:

Table 2 Investigation outcomes:

Not determined / inconclusive	46	15.6%
Not substantiated	131	44.4%
Substantiated	118	40.0%

Many agencies are necessarily involved in the investigations and where there is a high number of multiple-agency involvement; this demonstrates excellent inter-agency working on Safeguarding issues:

Figure 12 Agencies Involved



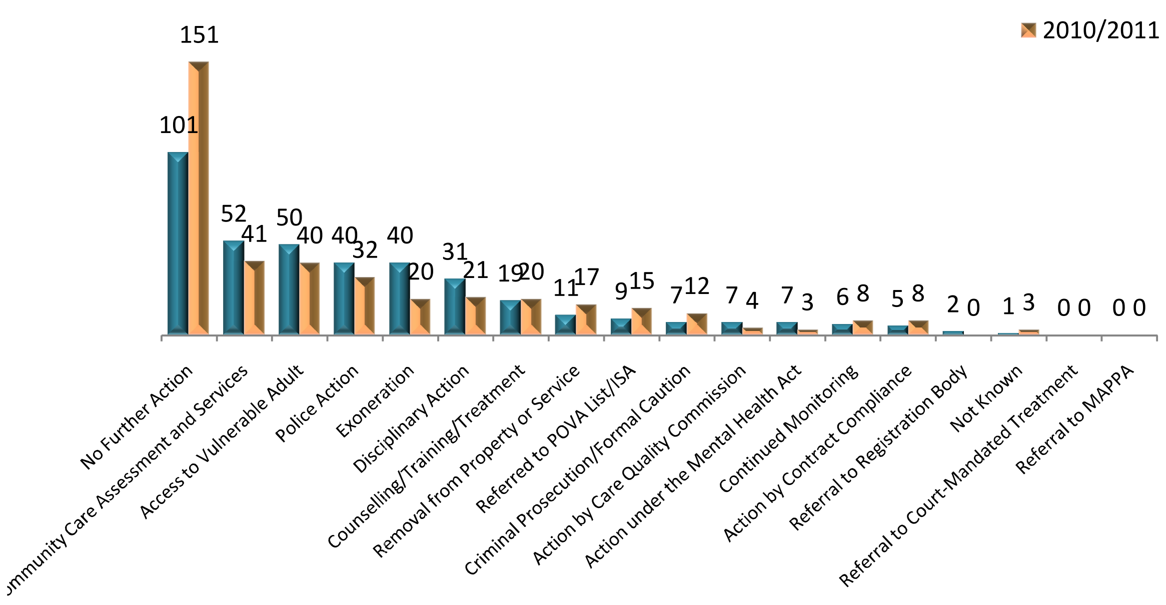
The nature of the alleged abuse will determine the outcome and Table 3 reflects the fact that in 121 instances, there was more than one outcome for the alleged subject of the abuse:

Table 3 Outcomes for alleged subject of abuse

Action	Not Determined	Concerns not substantiated	Substan-tiated	Total
Access to the Alleged Perpetrator	4	10	27	41
Access to Finances	13	11	20	44
Advocacy	6	9	10	25
Application to Court of Protection	1	5	9	15
Change of Appointee-ship	0	0	0	0
Community Care Assessment and Services	9	39	41	89
Civil Action	2	0	1	3
Counselling/Support	2	12	15	29
Guardianship/Action under the Mental Health Act	1	2	4	7
Increased Monitoring	16	36	49	101
Moved to Increased/Different Care	0	0	0	0
No Further Action	16	64	26	106
Other	0	2	2	4
Referral to MARAC	0	0	0	0
Removal from Property or Service	3	3	3	9
Review of Self Directed Support (IB)	0	0	0	0
Serious Case Review	0	1	0	1
Multiple Outcomes	23	45	53	121

Following the investigation, outcomes for alleged perpetrators were as follows:

Figure 13 Outcomes for alleged perpetrators



Outcomes for alleged perpetrators can also be a multiple of 2 or more outcomes, which has occurred in 73 of these cases during 2011/2012.

The relationship of the alleged perpetrator to the vulnerable adult can be anything from a partner or family member, to a complete stranger:

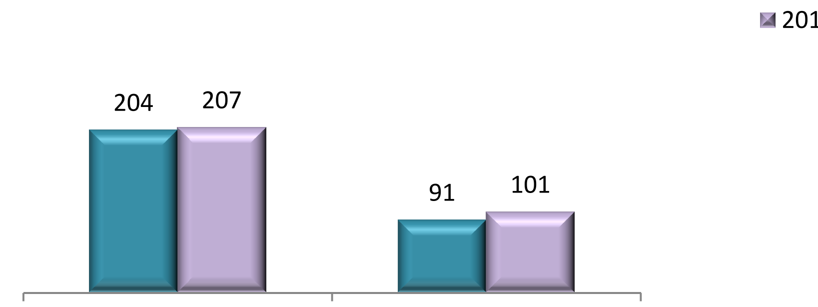
Figure 14 Relationship to the Alleged perpetrator

2011/2012
2010/2011

	2011/2012	2010/2011
Volunteer/Befriender	1	1
Stranger	1	5
Self Directed Support Staff	5	2
Other Professional	5	6
Other	7	7
Day Care Staff	8	0
Health Care Worker	10	8
Not Known	16	10
Other VA	18	25
Dom Care Staff	25	27
Friend/Neighbour	26	34
Partner	42	31
Res/Nurs Care Home Staff	46	48
Other Family member	85	104

In 101 cases, the alleged perpetrator is (or was at the time of the alleged abuse) living with the Vulnerable Adult:

Figure 15 Does the alleged perpetrator live with the Vulnerable Adult?



The alleged perpetrator was the main family carer to the vulnerable adult in 49 instances.

Table 4 Populations (including land areas)

The following table gives Wiltshire's populations and area size by community area:

Locality	Community Area	18-64	65+	18+	Area (hectares)
East	Devizes	17,568	6,313	23,881	21,583
	Ludgershall & Tidworth	9,382	1,251	10,633	18,257
	Marlborough	12,989	4,597	17,586	28,031
	Pewsey	6,461	2,339	8,800	26,764
North	Calne	12,392	3,531	15,923	13,288
	Chippenham	26,225	7,087	33,312	15,842
	Corsham	11,951	3,920	15,871	7,631
	Malmesbury	11,332	3,362	14,694	24,464
	Wootton Bassett & Cricklade	20,200	5,299	25,499	15,331
South	Amesbury	19,235	4,404	23,639	31,337
	Downton	9,862	3,757	13,619	21,896
	Mere	3,160	1,570	4,730	10,102
	Salisbury	26,336	9,735	36,071	1,919
	Tisbury	3,934	1,956	5,890	15,587
	Wilton	6,374	2,679	9,053	17,445
West	Bradford on Avon	9,585	4,341	13,926	5,903
	Melksham	14,538	4,652	19,190	9,837
	Trowbridge	26,360	7,880	34,240	4,152
	Warminster	15,435	5,667	21,102	27,972
	Westbury	10,283	3,460	13,743	7,308
Totals	*South West Wiltshire*	*13,468*	*6,205*	19,673	*43,134*
	East Wiltshire	*46,400*	*14,500*	60,900	*94,635*
	North Wiltshire	*82,100*	*23,199*	105,299	*76,556*
	South Wiltshire	*68,901*	*24,101*	93,002	*98,286*
	West Wiltshire	*76,201*	*26,000*	102,201	*55,172*
	Wiltshire	273,602	87,800	361,402	324,649

South West Wiltshire (red font) is included to enable Area Board level population to be used. Also aggregated are the numbers of people living in east, north, south and west Wiltshire to give Adult Care team level figures.

Annex 4

Glossary of Terms and Definitions[8]

Abuse
Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Age
Age is calculated as at the last day of the financial year (the full reporting period), i.e. 31st March or if the person has died before 31st March, their age will be reported as their age at date of death. A ***Younger Adult*** (YA) is a person aged between 18 – 64 years; an ***Older Person*** (OP) is a person who is aged 65 years and over.

Alert
An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Alleged Perpetrator
The alleged perpetrator is the person who the Vulnerable Adult, or other person/s, has asserted but not yet proven to have committed the abuse.

Ethnicity
Black, Asian and Minority Ethnic (BAME) encompasses all people who are not White British including: White Irish, White Other, Traveller of Irish Heritage, Gypsy/Roma. Gypsy/Roma includes Gypsies and or Romanies, and or Travellers, and or Traditional Travellers, and or Romanichals, and or Romanichal Gypsies, and or Welsh Gypsies/Kaale, and or Scottish Travellers / Gypsies, and or Roma. It includes all people of a Gypsy ethnic background or Roma ethnic background, irrespective of whether they are nomadic, semi nomadic or living in static accommodation. It should not include Fairground people (Showmen/women); people travelling with circuses; or Bargees unless, of course, their ethnic status is that which is mentioned above.

Known to DCS
Those customers who are assessed or reviewed in the reporting year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service in that reporting year. This group includes customers receiving Direct Payments or an Individual Budget.

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[8] With the exception of those annotated * these definitions are reproduced courtesy of: Information and Guidance on the Abuse of Vulnerable Adults Collection (AVA), 2009, The Health and Social Care Information Centre, NHS.

Gender
For the purpose of this report the gender shall be defined as 'male' or 'female'. In line with the Gender Recognition Act, transsexual people should be recorded under their acquired sex.

Not Determined/Inconclusive
This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is not clear evidence.

Not Substantiated
It is not possible to substantiate on the balance of probabilities any of the allegations made.

Referral
An Alert becomes a 'Referral' when the details lead to an adult protection investigation/assessment relating to the concerns reported (these relate to safeguarding referrals, not a referral for a community care assessment).

Repeat Alert
A repeat alert is a safeguarding alert, where the vulnerable adult about whom the alert has been made, has previously been the subject of a safeguarding alert during the same reporting period.

South West Local Authorities*

Bath & North East Somerset	Bournemouth	Bristol
Cornwall (incl. Isles of Scilly)	Devon	Dorset
Gloucestershire	North Somerset	Plymouth
Poole	Somerset	South Gloucestershire
Swindon	Torbay	Wiltshire

Substantiated
All of the allegations of abuse are substantiated on the balance of probabilities.

Vulnerable Adult
A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services. There is a danger that some Vulnerable Adults who are at risk but do not easily fit into the aforementioned categories may be overlooked, for this reason they are outlined below:

- Adults with low level mental health problems/borderline personality disorder
- Older people living independently within the community
- Adults with low level learning disabilities
- Adults with substance misuse problems
- Adults self-directing their care

ADASS	Association of Directors of Adult Social Services
APC	Adult Protection Conference
APR	Adult Protection Review
ASBRAC	Anti Social Behaviour Risk Assessment Conference
AWP	Avon Wiltshire Partnership
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguarding
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
ESM	Early Strategy Meeting
IMCA	Independent Mental Capacity Advocate
IMR	Investigating Managers Report
LSAB	Local Safeguarding Adults Board
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
PCT	Primary Care Trust
SA	Safeguarding Adults
SAB	Safeguarding Adults Board
SAIT	Safeguarding Adults Investigating Team
SAMCAT	Safeguarding & Mental Capacity Act Team
SCR	Serious Case Review
WSUN	Wiltshire & Swindon Users Network
BIA	Best Interest Assessor
ISA	Independent Safeguarding Authority

Annex 5

Additional Information from NHS Wiltshire

NHS Wiltshire Supervisory Body responsibilities, MCA Deprivation of Liberty Safeguards (2007)

NHS Wiltshire received 66 requests for standard authorisations between April 2011 and March 2012 of these 29 were authorised (44%). The regional average for authorization of requests is 52% (Fig. 2). The Female: Male ratio from all requests is 2:3. Fig 1 demonstrates NHS Wiltshire DoLs authorization requests by

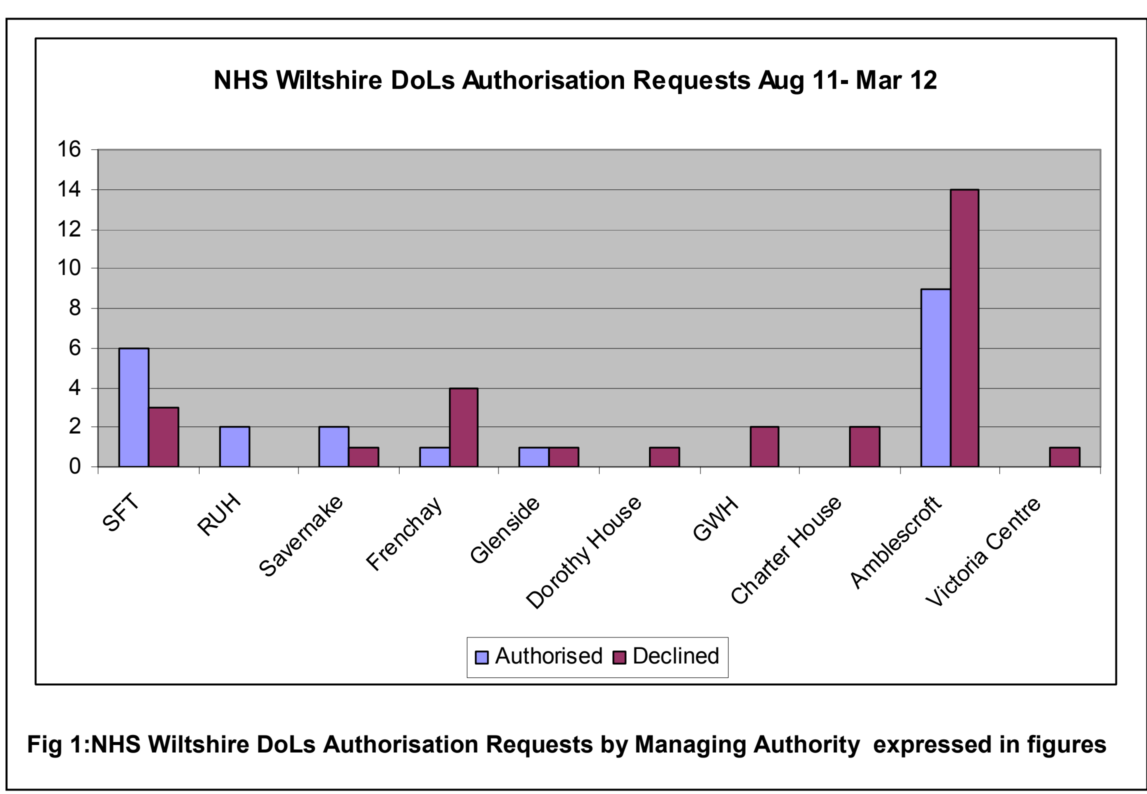


Fig 1:NHS Wiltshire DoLs Authorisation Requests by Managing Authority expressed in figures

managing Authority expressed in figures.

Figure 1 provides raises some questions in relation to the source of referrals; for example two of the local community hospital have not made any applications in the 12 month period whereas the third hospital has submitted 3 requests although the patient demographic for these hospitals is similar. Amblescroft and Charterhouse are comparable facilities of similar size however Amblescroft have submitted 23 requests while Charter house have submitted 2. This level of variation has been highlighted for ongoing audit.

Serious Incidents Requiring Investigation (SIRI)

Serious incidents relating to clinical care which have been logged on the Strategic Health Authority Database for NHS Wiltshire are scrutinised by the Safeguarding Lead for potential safeguarding concerns.

In the year 2011-2012 there were 29 category 3 and 4 pressure ulcers reported by the Community Services Directorate. The Adult Community Services Directorate undertook a review of 17 Root Cause Analysis investigations relating to pressure ulcers. Figure 5 shows the patients by medical condition highlighting frail elderly and patients with dementia as having the highest incidence.

Figure 5:Courtesy of Tissue Viability Service GWH, Community Services directorate 2012

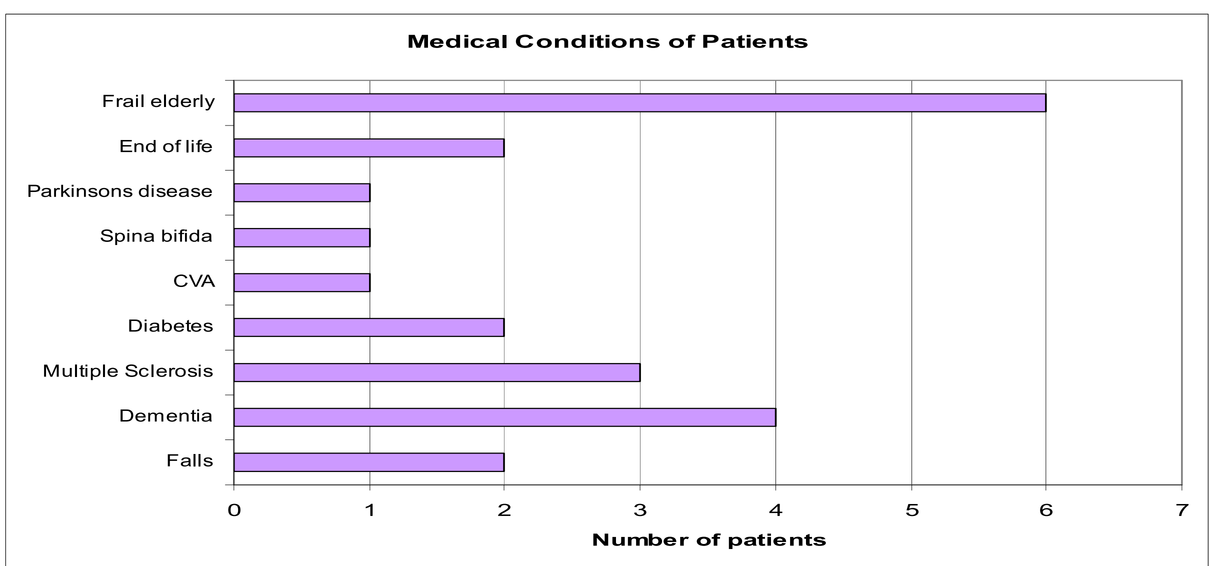
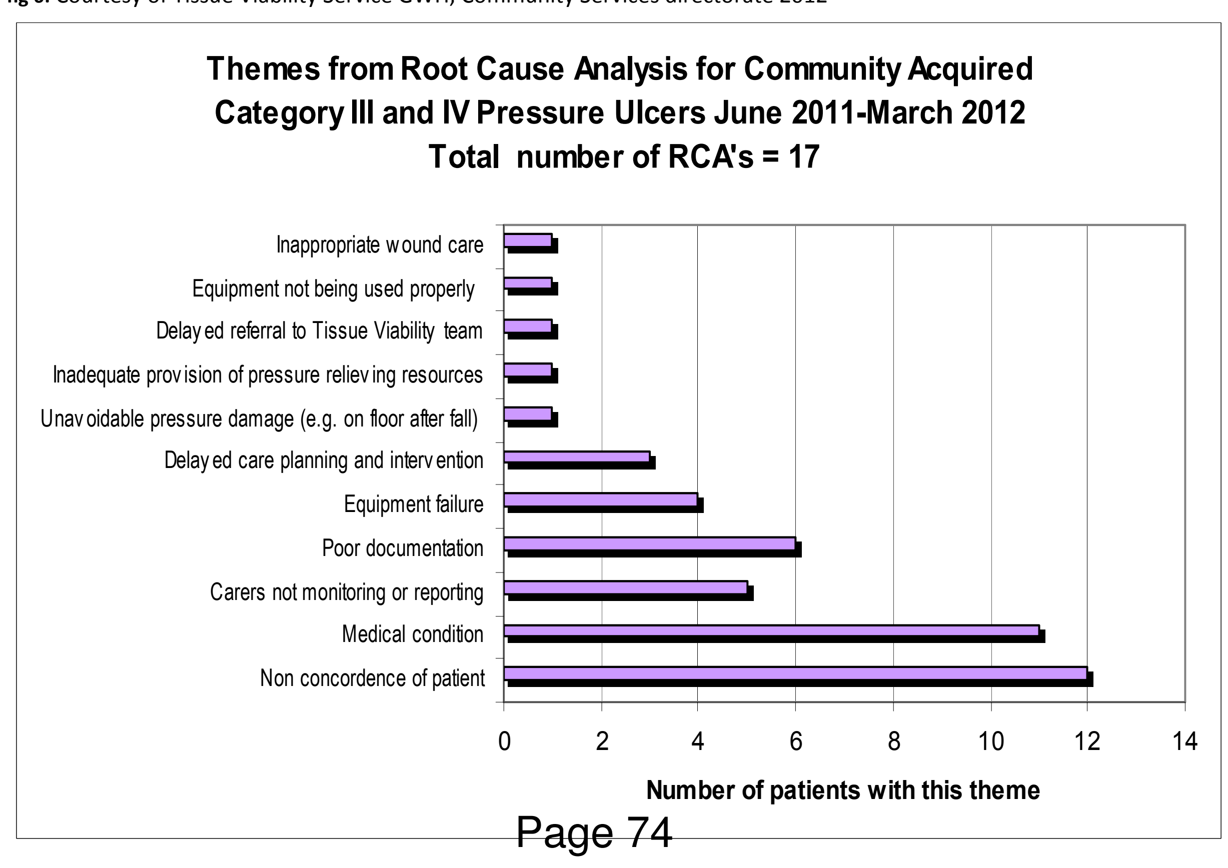


Figure 6 highlights non- concordance of patients as a major issue within this sample with 71% of root cause analysis citing this as a root cause. This theme has been developing over the past twelve months and warrants further work in line with the Mental Capacity Act 2005.

fig 6: Courtesy of Tissue Viability Service GWH, Community Services directorate 2012



Annex 6

Case Studies

1. **The physical and psychological impact of domestic abuse on a victim**
   (from the Community Safety Partnership)

At the point of engagement with the client it was evident to see that she had really low self esteem and confidence. During her abusive relationship her top teeth and most of her bottom teeth had been either been knocked out by her being punched and kicked or had fallen out due to being held tightly around her bottom jaw. Consequently she was very conscious of having no teeth and hid her mouth whilst talking and hardly ever smiled. This impacted on her ability to communicate with anyone outside of her family and led to her becoming even more isolated and affected the way she thought about herself.

With support from Splitz she felt she was able to consider visiting the dentist for the first time in years. Time was spent re-building her confidence and explore ways in which she felt she could go to the dentist with less anxiety. It took her a while to feel able to go and after her first visit she phoned her worker straight away and her excitement was evident 'she'd finally have some teeth and be able to look in the mirror and smile!'

Unfortunately because the damage to her teeth had been so great from the abuse that had been inflicted over the years, the treatment would be lengthy and require a few visits. Her anxiety regarding the dentist was managed through her support worker, looking at how going to the dentist may trigger off feelings from her past relationship and ensure that the emotional support and space was available to heal from her experiences of the physical violence and the longer lasting emotional impact that this had had on her. We discussed how empowering it would be for her to attend the dentist as she would be taking back control of her own life, through the reassurances of her support worker this helped her cope with her fears.

There are mixed feelings for the service user each time she has to go to the dentist including anger and resentment that her ex-partner has caused her to go through all this, but through support she is now able to see that although it is painful emotionally for her she feels she is one step closer to feeling good about herself again, re-gaining confidence and her self esteem feels much more able to face people and talk to others now, helping her feel less isolated. She has started to re-engage with her community.

Provided by the Caseworker from the Paloma Outreach project

2. Example of a Large Scale Investigation

The investigation was of a 60 bedded residential care home. Most residents have complex dementia related conditions, and most lack capacity to make their own decisions about their life and care. The Care Quality Commission inspected the home and raised a number of concerns which also led them to make an alert to the Safeguarding Adults Team. The main issues were:

- There was no visible management
- Lack of care planning
- Low staffing levels
- Few risk assessments and plans to manage risk
- Poor physical environment
- Poor medication management
- Issues about hygiene and infection control.
- No understanding of the Mental Capacity Act.

The specialist Safeguarding Team worked with this home over a period of 6 months.

Initially the Care Home providers would not attend any Safeguarding meetings, and the team's concerns were so great that they started to undertake a series of unannounced visits. This continued for 2 months, until gradually the Care provider began to engage and understand the issues. A new manager and leadership team was appointed. As a result, staff were given additional training and new care planning and risk assessment systems were put in place, and the environment was improved with additional investment.

This home had been at risk of losing its registration and it appeared at one stage that all residents may have to be moved, with the resultant risks to their health and well-being. However, at the end of the 6 month period the home was compliant with all CQC standards and there were no issues of significant harm. This is a good example of how a large scale investigation can improve and sustain services.

Provided by Wiltshire Council Safeguarding Adults and Mental Capacity Act Team

Wiltshire Council

Health Select Committee

15 November 2012

Falls and Bone Health Strategy

Executive summary

To provide an overview of the updated Falls and Bone Health Strategy.

Proposal

The HSC is requested to:

a) Note this update of the strategy
b) Note the results of the public consultation for the strategy
c) Agree the key areas for action

Reason for proposal

The Falls and Bone Health Strategy is crucial to enable a reduction in falls and falls related injuries. This strategy is an update of the two year Wiltshire Falls and Bone Health Strategy which was published in 2009. It is expected that the 2012 strategy will remain valid for two years.

Authors:

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Sponsoring Director:

Maggie Rae
Corporate Director of Public Health and Public Protection
NHS Wiltshire and Wiltshire Council

Wiltshire Council

Health Select Committee

15 November 2012

Falls and Bone Health Strategy 2012-14

1. Purpose of report

The purpose of this paper is to update the HSC on the Wiltshire Falls and Bone Health Strategy and the five key areas for action.

2. Background

National

As people get older they may fall more often for a variety of reasons, including problems with balance, poor vision, and dementia. Up to 1 in 3 people aged 65 or over fall per year. It may not be possible to prevent falls completely, but people who tend to fall frequently may be enabled to fall less often.

Around 40-60% of falls lead to injuries, with 5% causing fractures. There are other serious consequences of falling;

- Fear of falling,
- Loss of confidence,
- Loss of mobility which can lead to social isolation and depression,
- Loss of independence,
- Disability.

These can lead to increased dependency of carers and services.

Nationally the incidence of falls is currently increasing by 2% each year. As England has an ageing population, unless action is taken it is likely that this rate will continue to rise.

Local

In Wiltshire in 2010-11 there were 3,054 admissions as a result of a fall per 100,000 people aged over 65. This means on average every day there were seven emergency admissions for falls in people aged 65 or over. There has been a 34% increase in admissions to hospital as a result of a fall in people aged over 65 between 2003-04 and 2010-11.

541 people aged 65 or over who lived in Wiltshire suffered a hip fracture in 2010-11. Hip fractures in this age group cost around £3.2 million in hospital costs. This does not include costs to the patient or social care.

Older people with osteoporosis are particularly at risk from falling, as osteoporosis is a condition where bones become fragile and break more easily. An estimated 20,000 post-menopausal women in Wiltshire have osteoporosis.

Falls prevention

To reduce falls and fractures it is important that:

- Those who have fallen or may fall are identified.
- An individual person's risk of falling is assessed.
- The treatment plan takes into account all an individual person's falls risks. Those at risk of falling are encouraged to take part in falls prevention programmes.
- Those with osteoporosis should be treated appropriately.

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured. In order to ensure effective provision for falls and bone health services across health and social in Wiltshire the Kaiser Pyramid of Care model is used. This adopts a model of universal, targeted and specialist services for falls, fractures and osteoporosis.

3. Main considerations for the committee

The main aims of the Falls and Bone Health Strategy are to:

- Improve falls and fracture services used by Wiltshire residents and ensure that services respond to the needs of older people.
- Halt the rising number of falls and related injuries experienced by older people each year.
- Meet local and national targets on falls and fracture prevention.
- Support older people to access a wide range of community resources.

The Wiltshire strategy action plan has been developed using national and local information on falls, fractures and osteoporosis. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit. The audit gives detailed information on areas that Wiltshire performed well in and areas that need strengthening in Wiltshire in relation to falls, fractures and bone health.

In addition, consultation with key stakeholders has developed the priority areas for local action. The Wiltshire Falls and Bone Health Strategy 2012-14 was subject to a period of public consultation between the 21st June 2012 and 13th September 2012. The consultation questionnaire contained eight questions to ascertain public opinion and help to shape the strategy. This was available electronically on the NHS Wiltshire website. In addition, paper copies were available from NHS Wiltshire communications and were circulated at a launch event.

Two organised group discussions involved a total of 22 people. The first of these groups was with Wiltshire Involvement Network (WIN) on the 21st June 2012 and involved 4 representatives. The second was with participants from the Age UK 'Fit as a Fiddle' group on 25th July 2012 and involved 18 participants.

A total of 65 people participated in the consultation. The majority (43 people) responded by completing the questionnaire. It appears that these are all individual responses and that none appear to be representing the views of a collective group or

organisation. The consultation response indicated an overall agreement for all of the aims.

<u>There are five priority areas for local action:</u>

a) Update the falls and osteoporosis care pathways for use across Wiltshire.
The aim of updating the pathways is to increase the number of patients screened for falls or increased falls risk, increase the proportion of people who have had a fracture, fall or are at increased risk of falls having multifactorial falls risk assessment and to increase the proportion of patients who have had a fracture or fall being assessed for their need for treatment to prevent osteoporotic fractures.

b) Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.
In studies, multifactorial falls assessment and interventions for known fallers or those with identified risk factors show a significant 14% reduction in the proportion of fallers in the intervention group. Strength and balance training in a targeted population show a significant 20% reduction in the number of people falling and a significant 33% reduction in the number of people sustaining a fall with an injury.

c) Make sure an individual person's risk of osteoporosis is assessed and suitable treatment started.
Appropriate treatment for osteoporosis decreases the number of fragility fractures, including hip fractures, wrist fractures and vertebral fractures.

d) Maintain improvement of hospitals in the management of hip fractures.
Best-practice care for those who have suffered a hip fracture decreases the morbidity and mortality associated with hip fractures, including their need for increased social care.

e) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.
Improved awareness of falls and bone health can assist people to take actions themselves to decrease their risk of falls and fractures. These include simple actions such as having you eye sight checked, staying active and having a healthy diet.

The public consultation indicated clear agreement with each of these key areas. Only one respondent indicated that falls and osteoporosis pathways and raising awareness of the importance of health lifestyles were not viewed as a priority area.

It should also be noted that the consultation showed a strong emphasis on the prevention element. This needs to be fed back to the Wiltshire Falls and Bone Health Strategy Group.

4. Environmental impact of the proposal

An increase in the number of patients being assessed and requiring interventions for falls may lead to additional travel by patients or healthcare professionals. However additional interventions should lead to a reduction in the rising number of falls and fracture hospital attendances. Additional treatment for osteoporosis should also lead a reduction in fractures and hospital attendances.

5. Equality and diversity impact of the proposal

As the risk of falls and fractures increases as people get older, any work to prevent falls and fractures necessarily requires a focus on those aged over 50.

The strategy's key areas for action aim to improve equity of access to falls services.

The consultation questionnaire collated information about the demographics of the respondents. Over half of respondents stated they were over the age of 65 and 42% of respondents stated that they had a disability.

6. Risk assessment

There are no known current risks associated with this strategy.

7. Financial implications

The strategy is delivered within the current financial position. There are no known financial implications.

8. Legal implications

There are no known legal implications.

9. Options considered

Local data and evidence were used to generate the key actions along with consultation with key stakeholders.

10. Conclusion

The HSC is asked to note this update to the strategy and agree the key areas for action.

Background papers

The following unpublished documents have been relied on in the preparation of this report:

Wiltshire Falls and Bone Health Strategy 2012-14. Available online at: http://cms.wiltshire.gov.uk/documents/s46861/Wiltshire%20Falls%20and%20Bone%20Health%20Strategy%202012-2014.pdf

Wiltshire Falls and Bone Health Strategy: Consultation results. Available at request.

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Wiltshire Falls and Bone Health Strategy

2012-2014

❖ Executive Summary

Falls are a common cause of injury and loss of independence in older people. Around 1 in 3 people aged over 65 have one or more falls every year, many of which may have been preventable. One of the most common serious injuries related to falls in older people is hip fracture.

The incidence of falls in England is currently increasing by 2% each year. There has been a 34% increase in falls admissions in the last 8 years. Every day in 2010/11 on average there were 7 non-elective admissions for falls in people aged over 65 living in Wiltshire. An estimated 20,000 women in Wiltshire have osteoporosis, with 25% of women 80 years or older having osteoporosis.

To reduce falls and fractures the National Institute for Health and Clinical Excellence (NICE) recommends; case/risk identification, multifactorial falls risk assessment, multifactorial interventions, encouraging participation in falls prevention programmes, professional education, and primary and secondary prevention of osteoporosis through nutrition, exercise and medication.

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured. In order to ensure effective provision for falls and bone health services across health and social care in Wiltshire the Kaiser Pyramid of Care model is used. This adopts a model of universal, targeted and specialist services for falls, fractures and osteoporosis.

The strategy action plan uses national and local information on falls, fractures and osteoporosis. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit in which Wiltshire participated.

There are five priority areas for local action:

1) Update and implement falls and osteoporosis care pathways for use across Wiltshire which set out clearly what is expected at each stage.
2) Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.
3) Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.
4) Review and maintain improvement of provider performance against the National Hip Fracture Database standards.
5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

Maggie Rae
Corporate Director of Public Health and Public Protection

Cllr Keith Humphries
Cabinet Member for Public Health and Protection Services

❖ Plain language summary

The aim of this strategy is to reduce the number of people who fall in Wiltshire, and improve outcomes for those who do.

As people get older they may fall more often for a variety of reasons, including problems with balance, poor vision, and dementia. Up to 1 in 3 people aged 65 or over fall per year. It may not be possible to prevent falls completely, but people who tend to fall frequently may be enabled to fall less often.

The number of people falling in England and in Wiltshire is increasing. In 2010/11 in Wiltshire on average every day there were seven emergency admissions for falls in people aged 65 or over.

Older people with osteoporosis are particularly at risk from falling, as osteoporosis is a condition where bones become fragile and break more easily. An estimated 20,000 women in Wiltshire have osteoporosis.

To reduce falls and fractures it is important that:

- Those who have fallen or may fall are identified.
- An individual person's risk of falling is assessed.
- The treatment plan takes into account all an individual person's falls risks. Those at risk of falling are encouraged to take part in falls prevention programmes.
- Those with osteoporosis should be treated appropriately.

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or broken a bone.

The Wiltshire strategy action plan has been developed using national and local information on falls, fractures and osteoporosis. There are five priority areas for local action:

1) Update the falls and osteoporosis care pathways for use across Wiltshire.
2) Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.
3) Make sure an individual person's risk of osteoporosis is assessment and suitable treatment started.
4) Maintain improvement of hospitals in the management of hip fractures.
5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

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❖ Glossary

Anti-resorptive therapy: Specific treatment for osteoporosis, which includes a number of different medicines, for example alendronate.

Care bundle: A group of evidence-based practice points that, when combined, define best care and significantly improve patient outcome.

DXA or DEXA: Dual energy X-ray is a type of X-ray that measures the amount of calcium in bones. This measurement is often referred to as bone mineral density (BMD). DXA scans are most commonly used for diagnosing osteoporosis.

Fall: A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

Falls risk assessment: Assessment used to establish how likely it is that someone will fall.

Kaiser pyramid of care: This is a model for care used to identify groups and define the level of management appropriate for each group.

Multi-factorial: Service that covers many different aspects. For example with falls it would cover eye-sight, balance, medication, environment etc.

NICE: National Institute for Health and Clinical Excellence

Osteoporosis: Some of the materials that make up bone are lost as part of normal ageing. This can lead to osteoporosis, a condition in which bones become fragile and break easily. These fractures are most common in bones of the spine, wrists and hips. Women who have gone through the menopause are at increased risk of osteoporosis because their ovaries no longer produce oestrogen, which protects against bone loss.

Postural stability exercise: Exercise to improve balance and strength, and reduce the risk of falling.

QOF: Quality outcome framework. This is an annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

POPPI: Projecting Older People Population Information System

Trip or slip: These are not defined separately within the strategy. If someone has fallen, tripped or slipped a careful history is needed to know whether further assessment or interventions are required.

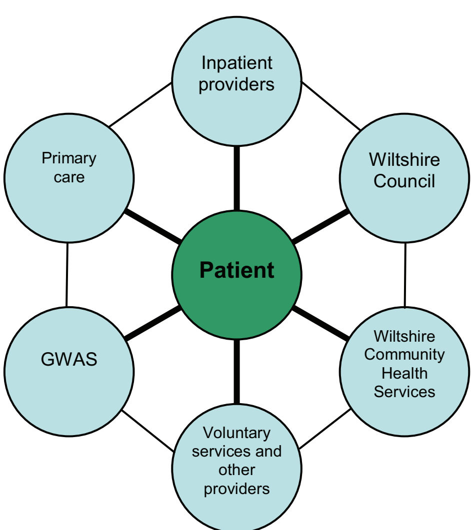
❖ Introduction

"Falls lead to physical injury, loss of function, loss of independence and increased mortality. They are the leading cause of mortality due to injury in older people aged over 75 in the UK. Over 400,000 older people in England attend accident and emergency departments following an accident and up to 14,000 people a year dies in the UK as a result of an osteoporotic hip fracture."[1]

This strategy is an update of the Wiltshire Falls and Bone Health Strategy which was published in 2009. It is expected that the 2012 strategy will remain valid for two years.

The strategy primarily focuses on older people as research provides evidence that this group are more at risk of falls than any other group.

Strategy Development Process
The Public Health team within Wiltshire Council has the strategic lead for Falls and Bone Health and has led on the update of the Wiltshire Strategy in consultation with a wide range of stakeholders.
Service users were consulted during the development of the first strategy and their views along with those heard at a series of workshops with older people run during 2010 by Wiltshire Council have been incorporated into this strategy.



[1] Department of Health. *National service framework for older people, standard 6, Falls,* London: DH, 2001.

Values and principles underlying the strategy

- To provide accessible information and support to enable people to make informed choices about their health and wellbeing.
- To provide services that are sensitive to protected characteristics as set out within the Equality Act 2010.
- To ensure that services are of a high standard and are based on the best available evidence.

NHS Wiltshire and Wiltshire County Council have agreed the following shared outcomes

- To reduce the total number of people entering care homes (this to include people who are self-funding).
- To reduce the numbers of people who are in residential care who then require transfer to care homes with nursing (the escalation rate).
- To, wherever possible and appropriate, avoid emergency admissions through the development and use of alternative care pathways.
- To reduce the average delayed transfers of care over 52 weeks per 100,000 population.
- To reduce length of stay for emergency admissions to acute hospitals and all admissions to community hospitals.

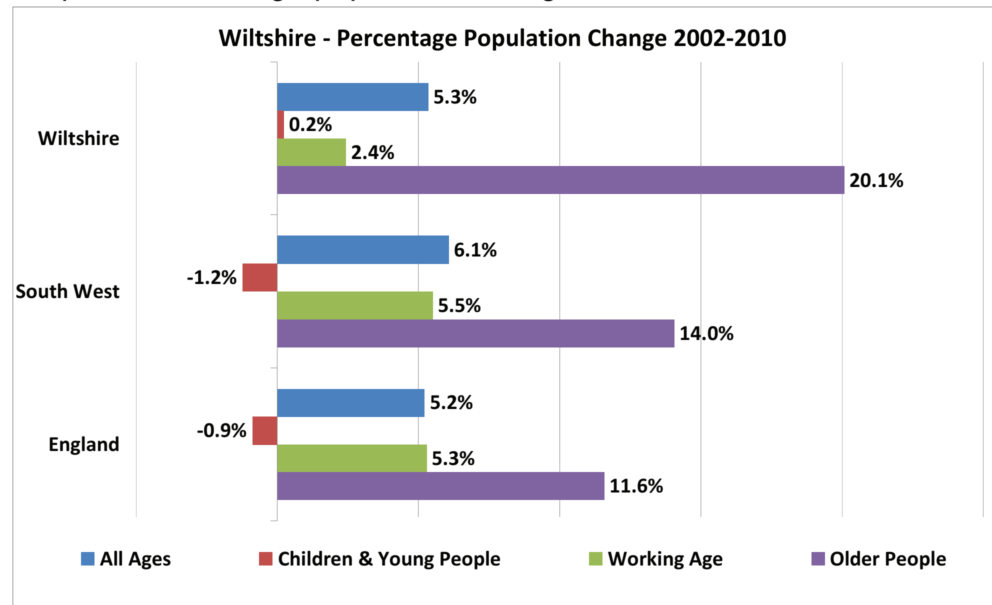
Falls and bone health has the potential to impact on all of these shared outcomes.

❖ Background

Falls are a common cause of injury and loss of independence in older people. Bone health (osteoporosis) is addressed in this strategy as fractures are often the result of a fall.
"The consequences of a fall and associated injuries have an impact on all agencies who work with older people. All local organisations working with older people are part of the solution." [2]

The incidence of falls is currently increasing by 2% each year. As England has an ageing population and unless action is taken it is likely that this rate will continue to rise. By 2025, the number of people aged over 65 in England is due to rise by a third, the number of people over 80 is expected to double and there will be four times as many people aged over 100. (Department of Health, 2009a) The South West region faces a particular challenge as many people choose to retire here. Graph 1 shows a 20.1% increase in older people in Wiltshire's population between 2002 and 2010. Not only does this mean there will be an increasing numbers of falls and fractures, but also more people with dementia and long-term conditions.

Graph 1: Percentage population change 2002-2010.



Older people are defined as males 65 or over and females 60 or over.
Source: JSNA 2011 (ONS Mid-Year Estimates 2002 and 2010)

A national analysis of Hospital Episodes Statistics data showed that "*bed-days following unscheduled admissions for fractures in over 60 year olds account for more than 2 million bed days in England alone. This is substantially more than is associated with stroke.*" [3]

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[2] Department of Health, 2009. Falls and fractures: effective interventions in health and social care.
[3] Royal College of Physicians (2011) Falling standards, broken promises. Report of the national audit of falls and bone health in older people 2010.

Strategic Vision

- Improve patient outcomes and improve efficiency of care after hip fractures.
- Respond to a first fracture and prevent the second.
- Provide early intervention to restore independence.
- Prevent frailty, promote bone health and reduce accidents

Strategic Aims

Within the next two years we are aiming to:

- Improve falls and fracture services used by Wiltshire residents and ensure that services respond to the needs of older people.
- Halt the rising number of falls and related injuries experienced by older people each year.
- Meet local and national targets on falls and fracture prevention.
- Support older people to access a wide range of community resources.

Policy Context

This strategy is based on the following policy and guidance documents:

- NICE Clinical Guidance 21 Clinical practice guideline for the assessment and prevention of falls in older people (2004).
- The Care of Patients with Fragility Fracture (British Orthopaedic Association and British Geriatrics Society, 2007).
- NICE Technology Appraisal Guidance 160: Primary prevention of osteoporotic fragility fractures in postmenopausal women (2008).
- NICE Technology Appraisal Guidance 161 Review of treatments for the on secondary prevention of osteoporotic fragility fractures in post-menopausal women (2008).
- Falls and fractures: effective interventions in health and social care (Department of Health, 2009).
- NHS Operating Framework, 2011-2012.
- Royal College of Physicians' Falls and Bone Health Audit 2010.
- Public Health Outcomes Framework (Department of Health, 2011).
- NICE Clinical Guidance 124: Hip fracture (2011).

❖ Epidemiology of falls

Over 400 potential risk factors have been identified for falling. One way to group these is into five categories; environmental, medication, medical conditions and changes associated with ageing, nutritional, and lack of exercise. [4] It is often a combination of factors that lead to falls and all of these need to be addressed to reduce someone's risk of falling or suffering from a fracture.

Nationally each year 1 in 3 people aged over 65 and almost 50% of people aged over 85 have one or more falls every year. Over half of residents in institutional care have had at least one fall over a one-year period. Two out of three previous fallers will fall in the subsequent year, and approximately 65% of women and 44% of men, who fall, fall inside their usual residence. A further 11% of women and 25% of men fall in their garden. In the community most falls occur during the day. [4 5]

Around 40-60% of falls lead to injuries, with the majority being minor injuries. However 5% of falls cause major injuries and a further 5% cause fractures. Falls are the commonest cause of injury-related death in people over 75 years.

There are other serious consequences of falling:

- Fear of falling.
- Loss of confidence.
- Loss of mobility which can lead to social isolation and depression.
- Loss of independence.
- Disability.

These can lead to increased dependency on carers and services.

[4] Masud, T. and Morris R. Epidemiology of falls. *Age and Ageing* 2001; 30-S4:3-7.
[5] Department of Health (2011) Healthy Lives, Healthy People.

❖ Falls and fracture in Wiltshire

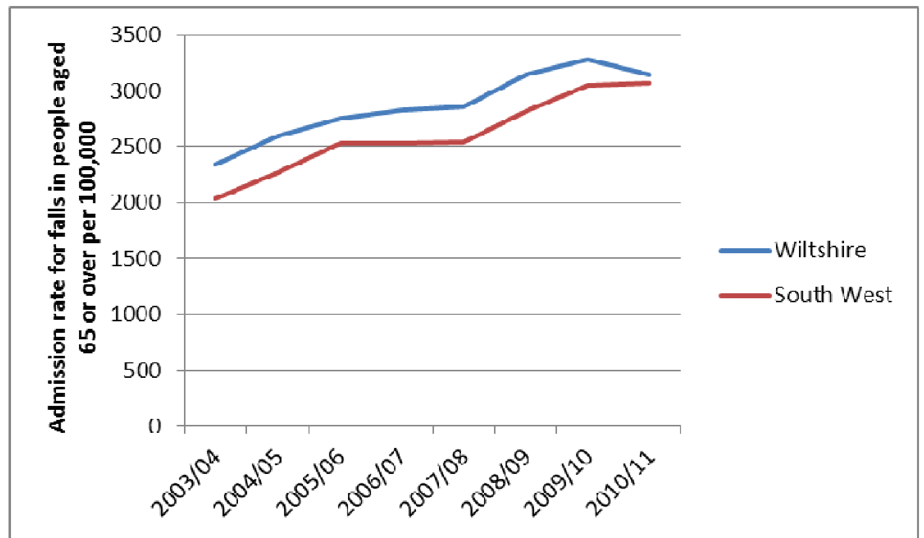
Falls

In 2010/11 there were 3,054 admissions as a result of a fall per 100,000 people aged over 65. That means that on average for every day in 2010/11 there were around 7 non-elective admissions for falls in people aged over 65 living in Wiltshire. With one in 33 people aged 65 or over being admitted to hospital as a result of a fall. 20% of Great Western Ambulance Service callouts in quarter one of 2011/12 were for falls.

As a large number of falls are not admitted to secondary care these numbers are an under-estimate of the true burden of falls in the community. Estimates from Projecting Older People Population Information System (POPPI) show that for every hospital admission for a fall there are two ED attendances for a fall.

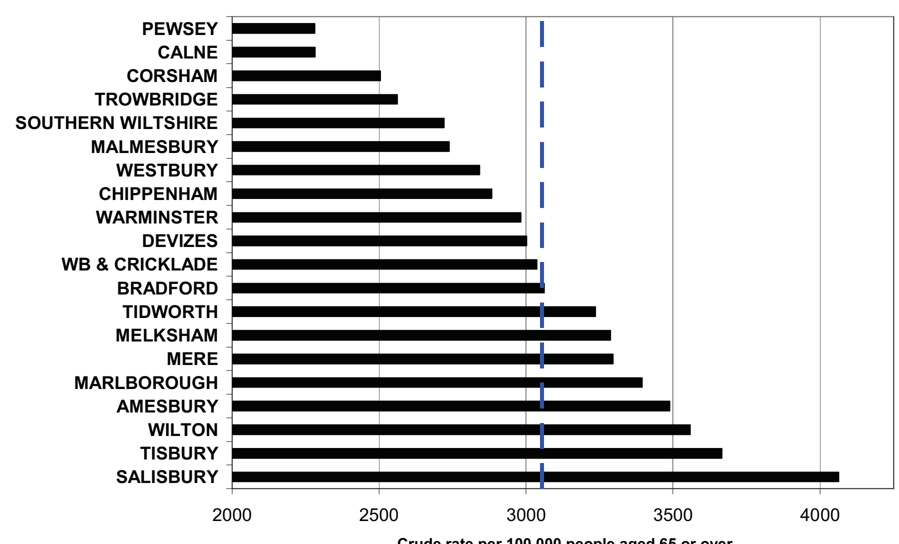
There has been a 34% increase in admissions to hospital as a result of a fall in people aged over 65 between 2003/04 and 2010/11 (graph 2). There is variation in falls admission between community areas (graph 3). The admissions to hospital due to falls per 100,000 people aged 65 or over are statistically significantly higher in Salisbury compared to the Wiltshire average and statistically significantly lower in Pewsey and Calne.

Graph 2: Emergency admission rate to hospital as a result of a fall for people 65 or over.



Data source: Dr Foster Intelligence (Secondary User System hospital statistics).

Graph 3: Falls admission rate per 100,000 people 65 or over by Community Area.



Data source: Community Area JSAs 2011 from Dr Foster Intelligence (Secondary User System hospital statistics).

There are approximately 85,000 people aged 65 or over in Wiltshire. In 2010/11 there were 1,274 people aged 65 or over in Wiltshire living in residential care and 796 in nursing care. This means there are around 2,000 people living in residential or nursing care who are at high risk of falls This is only those people in receipt of services from the Department of Community Services and Wiltshire Mental Health partnership NHS Trust.

There has been a 19.3% increase in alcohol related falls leading to hospital admissions in people aged over 65 in Wiltshire between 2002 and 2007.

Fractures

541 people aged 65 or over who lived in Wiltshire had a hip fracture in 2010/11. Hip fractures in this age group cost around £3.2 million in hospital costs. This does not include costs to the patient or social care. There will also be a large number of other osteoporotic fractures, such as wrist and vertebral fractures

❖ Epidemiology of osteoporosis in Wiltshire

An estimated 2 million women in England and Wales have osteoporosis. 25% of women 80 years or older have osteoporosis. For a woman over 50 her lifetime risk of a vertebral fracture is 1in 3 and for a hip fracture 1 in 5.

Estimates suggest that there are 180,000 osteoporosis related fractures in England and Wales each year. 70,000 of these are hip fractures, 25,000 vertebral fractures and 41,000 wrist fractures. 50-70% of vertebral fractures do not come to clinical attention.[6]

A broken hip can lead to serious disability such as reduced mobility, admission to a nursing home, restricted driving and other difficulty with daily living. Vertebral compression fractures due to osteoporosis can lead to back pain, height loss, spinal curvature and make activities of daily living much more difficult.

The NICE costing template uses national data for osteoporosis to give local estimates for osteoporosis and fragility fractures. This template estimates that there are 86,460 post menopausal women in Wiltshire of whom 10,372 women have osteoporosis without a prior fracture and 9,754 women with osteoporosis with clinically apparent osteoporotic fragility fractures.[7]

[6] NICE TA160: Osteoporosis: Primary prevention guidance. 2011. Available at: http://www.nice.org.uk/nicemedia/live/11746/47176/47176.pdf.

[7] NICE Osteoporosis– secondary prevention including strontium ranelate: costing template. 2008. Osteoporosis – primary prevention: costing template. 2008. Available at: http://www.nice.org.uk/nicemedia/live/11748/42723/42723.xls

❖ What works in falls and fracture prevention and management?

NICE identifies five key priorities for falls and fracture prevention[8]:

- ***Case/risk identification***
  - Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.
  - Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

- ***Multifactorial falls risk assessment***
  - Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by healthcare professionals with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.
  - Multifactorial assessment may include the following:
    - Identification of falls history.
    - Assessment of gait, balance and mobility, and muscle weakness.
    - Assessment of osteoporosis risk.
    - Assessment of the older person's perceived functional ability and fear relating to falling.
    - Assessment of visual impairment.
    - Assessment of cognitive impairment and neurological examination.
    - Assessment of urinary incontinence.
    - Assessment of home hazards.
  - Cardiovascular examination and medication review

Multifactorial interventions

- All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention.
- In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):
  - Strength and balance training.
  - Home hazard assessment and intervention.
  - Vision assessment and referral.
  - Medication review with modification/withdrawal.
- Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk, and individualised intervention aimed at promoting independence and improving physical and psychological function.

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[8] NICE CG 21 - The assessment and prevention of falls in older people. 2004. Available at: http://guidance.nice.org.uk/CG21/Guidance/pdf/English.

- ***Encouraging the participation of older people in falls prevention programmes including education and information***
    - Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

- ***Professional education***
    - All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

Osteoporosis assessment and treatment need to be integrated within primary care and falls services.

Primary and secondary prevention of osteoporosis through nutrition, exercise and medication is crucial. A Cochrane review (2011) shows that for postmenopausal women exercise will improve bone mineral density slightly and exercise will reduce the chances of having a fracture slightly. NICE has published technology appraisals for medications for primary and secondary prevention of osteoporosis (box 1). Another Cochrane review (2008) shows that the best estimate of what happens to women that have already been diagnosed with low bone density or have already had a fracture in the bones of their spine is:
- 12 out of 100 women had a spinal fracture when taking a placebo.
- 6 out of 100 women had a spinal fracture when taking alendronate.

"There is strong evidence about the impact and cost benefit arguments for fracture prevention interventions …" [9]

"Over a 5 year period £290,708 is saved in NHS acute and community services and local authority social case costs, against an additional £234,181 revenue costs. This is for an annual patient cohort of 797 hip, humerus, spine and forearm fractures anticipated from a 320,000 population." [9]

[9] Department of Health (2009b) Fracture prevention services: an economic evaluation.

Box 1: NICE primary and secondary prevention Technology Appraisal Guidelines.[10 11]

For primary prevention of osteoporotic fractures alendronate is recommended in:

- Women aged 70 years or older who have an independent clinical risk factor for fracture (see section 1.5)
  OR an indicator of low BMD (see section 1.6)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
  In women aged 75 years or older who have two or more independent clinical risk factors for fracture or indicators of low BMD, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.
- Women aged 65–69 years who have an independent clinical risk factor for fracture (see section 1.5)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
- Postmenopausal women younger than 65 years who have an independent clinical risk factor for fracture (see section 1.5)
  AND at least one additional indicator of low BMD (see section 1.6)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).

Alternative treatment options are recommended in women who cannot have alendronate and specific risk factors.

For secondary prevention of fragility fractures alendronate is recommended in:

- Osteoporotic fragility fractures in postmenopausal women who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
- In women aged 75 years or older, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.

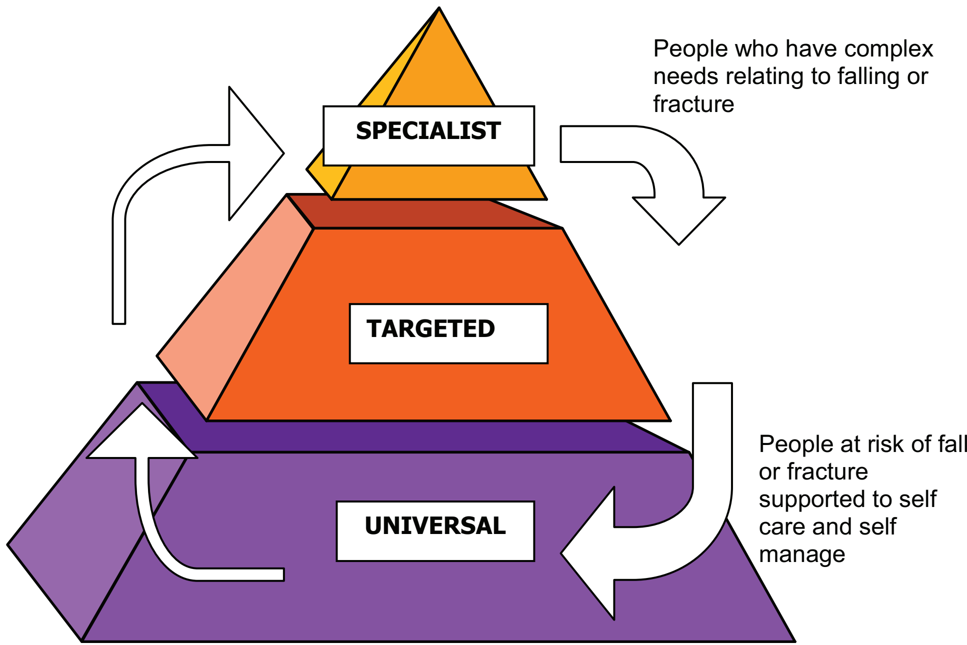
Alternative treatment options are recommended in women who cannot have alendronate and have specific risk factors.

[10]NICE. TA 160 – Osteoporosis primary prevention. 2011. Available at: http://guidance.nice.org.uk/TA160/Guidance/pdf/English.
[11]NICE. TA 161 – Osteoporosis secondary prevention. 2008. Available at: http://guidance.nice.org.uk/TA161/Guidance/pdf/English

❖ Current service provision

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured.

The model of care for falls and fracture services is based on the Kaiser Pyramid of Care. In order to ensure effective provision across health and social care (including primary and secondary (specialist) care), Wiltshire has adopted a model of universal, targeted and specialist services for both falls and osteoporosis as per the illustration below. Within the model falls and fracture risk management are seen as the business of all health and social care providers in Wiltshire.



The model serves various purposes:

- Overall it provides a population based model of care.
- The pyramid shape of the model reflects the numbers of the population who would benefit from assessment and /or intervention at the three levels of care.
- It acts as a guide for service providers as to what level of assessment and intervention an individual requires.
- The 3 levels and the arrows indicate the need for service providers to assist people to move between the levels based on need.
- The stronger downward arrows indicate that the aim of assessment and intervention at levels 2 or 3 is to support people to move to the ‘universal’ level.

Summary of services available in Wiltshire for fallers, people at risk of falling or having a fragility fracture

Organisation	Service provided
Great Western Hospital Community Adult and Children's Service (previously WCHS)	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Multifactorial falls assessment, • Delivery or referral to appropriate multifactorial interventions, including postural stability classes. • Health promotion advice, including encouraging exercise. • MIUs.
Inpatient providers	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Assessment and management of non-elective admission. • Maintaining National Hip Fracture Database standards. • Maintaining National Patient Safety Agency standards. • Discharge planning including appropriate referral to community care.
Primary Care	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Medication monitoring and adjustment. • Osteoporosis treatment. • Health promotion advice, including encouraging exercise. • Referral to appropriate agencies.
Wiltshire Council	• Health promotion advice, including encouraging exercise. • Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Motivate and promote independence. • Postural Stability Classes. • General exercise class provision for older people. • Wiltshire Warm and Well Scheme. • Equipments and adaptations. • Help to Live at Home. • Nutrition. • Emergency alarms which includes a response service for those without family/friends. • Social care including nursing and residential care. • Transport. • Local environment; parks, pavements, lighting. • Good Neighbour service.

Great Western Ambulance Service (GWAS)	• Assessment and management of falls in the community. • Referral to community care where appropriate as per GWAS falls pathway.

Avon and Wiltshire Mental Health Partnership Trust	• Identification of:
	  ○ Potential fallers,
	  ○ Osteoporosis and fracture in vulnerable patients.
	• Health promotion advice, including encouraging exercise.
	• Monitoring medication.

Care homes	• Falls pathway for care home.
	• Identification of:
	  ○ Potential fallers,
	  ○ Osteoporosis and fracture in vulnerable patients.
	• Health promotion advice, including encouraging exercise.
	• Monitoring medication.

Voluntary services including Age UK Wiltshire	• Good Neighbour service. • Exercise classes. • Toenail cutting service. • Befriending. • Osteoporosis support groups.
Opticians, pharmacists, dentists.	• Vision assessment. • Medicine reviews.

❖ Royal College of Physicians audit of falls and bone health in older people 2010: Results

Wiltshire participated in the 2010 Royal College of Physicians falls and bone health audit. The 2010 national audit aimed to:

- Assess the national progress in the implementation of integrated falls services as described in Chapter 6 of the NSF for Older People
- Assess the national progress in the implementation of the NICE Guideline and Health Technology Appraisal relating to falls and osteoporosis.

The Royal College of Physicians published the national audit report in May 2011 and the recommendations have been incorporated into the action plan for this strategy.[12]

Wiltshire performed well in the following areas:

- Multi-factorial falls risk assessment especially the following aspects:
  - Cardiovascular (heart) assessment.
  - Medication review within 12 weeks of a fracture.
  - Home hazard and cognitive assessment.
  - Continence assessments for non-hip fracture patients.
- Exercise interventions for non-hip fracture patients.
- Local multi-professional falls service.
- Falls co-ordinator.
- Consultant geriatrician input and commitment to falls service.
- Inpatient falls prevention.

Some areas need strengthening:

- Osteoporosis assessments and treatment for patients in primary care.
- Falls risk and bone health assessment for older people who have had a fall or fragility fracture.
- Care pathway development.
- Staff training and awareness of falls, fractures and osteoporosis.
- Promotion of a healthy lifestyle including physical activity and nutrition.
- Some aspects of multi-factorial falls risk assessment:
  - Vision, mobility & function assessments.
  - Continence assessments for hip fracture patients.
- Access to falls clinic or similar service.

[12] Royal College of Physicians (2011) Falling standards, broken promises. Report of the national audit of falls and bone health in older people 2010.

❖ National Hip Fracture Database (NHFD) standards

The NHFD audits care against six blue book standards (evidence-based best practice):

- Prompt admission to orthopaedic care,
- Surgery within 48 hours of admission and within normal working hours,
- Nursing care aimed at minimising pressure ulcer incidence,
- Routine access to orthogeriatric medical care,
- Assessment and appropriate treatment to promote bone health,
- Specialist falls assessment.

The 2011 NHFD report, which audited from April 2010 to March 2011, shows that local acute providers (Salisbury Foundation Trust, Royal United Hospital Bath, and Great Western Hospital Swindon) are performing well in the majority of these six main standards (table 1).[13]

Table 1: Percentage of patients who were admitted for a hip fracture in 2010/11meeting certain aspects of the six NHFD blue book standards.

	Royal United Hospital Bath	**Salisbury Foundation Trust**	**Great Western Hospital**	South West	National
Number of hip fractures	469	226	363	6539	61202
Admitted to orthopaedic ward in 4 hours (%)	41	36	79	50	48
Surgery within 48 hours (%)	88	88	94.	89	86
Pressure ulcers (%)	4	4	5	3	3
Assessed by geriatrician (%)*	31	49	74	47	43
Bone protection medication started on this admission (%)#	60	70	75	-	52
Specialist falls assessment or awaiting clinic review (%)#	84	92	98	-	81

*does not include if assessed by physician
#approximate values
Data source: National Hip Fracture Database national report 2011.

[13] NHS information centre. The National Hip Fracture Database national Report 2011. Available at: http://www.nhfd.co.uk/003/hipfractureR.nsf/NHFDNationalReport2011_Final.pdf.

❖ Action plan

Using the national and local information of falls, fractures and osteoporosis the following action plan has been developed. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit.

There are five priority areas for local action:

1) Update and implement falls and osteoporosis care pathways for use across Wiltshire which set out clearly what is expected at each stage.

2) Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.

3) Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.

4) Review and maintain improvement of provider performance against the National Hip Fracture Database standards.

5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

Each action area has several aspects related to it and these are detailed in the implementation plan. Reports of progress against the action plan will be to the Health Improvement Partnership (HIP) and the action plan will be updated as required for 2013/14.

❖ Implementation plan

1. Update and implement falls and osteoporosis care pathways for use across Wiltshire which sets out clearly what is expected at each stage. The aim is to increase the number of patients screened for falls or increased falls risk. And increase the proportion of people who have had a fracture, fall or are at increased risk of falls having multifactorial falls risk assessment. And to increase the proportion of patients who have had a fracture or fall being assessed for their need for anti-resorptive therapy to prevent osteoporotic fractures.

Actions	Target date for completion	Lead	Measurable Outcome
Update and implement a falls care pathway for use across Wiltshire which sets out clearly what is expected at each stage and is accompanied by referral forms.	July 2012	Public Health	Updated pathway, with plan for dissemination and implementation. Audit of compliance with falls care pathway 6 months after implementation.
Develop and implement an osteoporosis care pathway for use across Wiltshire which sets out clearly what treatment/response is required at each stage and is accompanied by referral forms.	July 2012	Public Health	Updated pathway, with plan for dissemination and implementation. Audit of compliance with falls care pathway 6 months after implementation.
Monitor GWAS falls pathway and support further development if required.	December 2012	GWAS Public Health	Conveyance rates for falls. Referrals from GWAS to WCHS.
Engage with primary care to assist closer working with care homes. Introduce a proforma of best practice for care homes pathways, policies and training. Ensure that patient annual review includes questions about falls & bone health, and there is a clear referral route	April 2013	Primary care Public Health	Review of use of proforma and patient annual review.

2. Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Undertake review of falls clinics and falls services available in one area of Wiltshire to identify best practice, and develop recommendations for improvement. Disseminate findings to other areas of Wiltshire.	October 2012	Public Health Primary Care Commissioning	Recommendations for falls clinics and falls services. Annual review of service provision. Community services 6 monthly audit of falls service (scorecard outcomes)
Undertake a review of exercise and postural stability classes provided across Wiltshire and develop recommendations for improvement. Ensure that fallers/fracture patients can access evidence-based therapeutic exercise programmes (Otago and/or FaME) to be used for falls prevention within 12 weeks of the fall.	October 2012	Public Health Wiltshire Council	Recommendations for exercise and postural stability classes. 6 monthly report on the location, type and number of classes, number of people attending and length of time attending for.
Transient loss of consciousness pathway.		Public Health RUH	Prospective study of patients against the pathway and retrospective review of patient notes against the pathway.
Monitor referrals to Help to Live at Home.	April 2013	Wiltshire Council	Annual referrals to HTLAH.

3. Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.

Actions	Target date for completion	Lead	Measurable Outcome
Engage with GPs to develop a plan for the introduction of the osteoporosis QOF in April 2012. This will include reviewing the DXA referral process and ensuring awareness of osteoporosis prescribing guidelines produced by Bath Clinical Area Partnership Prescribing and Therapeutics Committee in conjunction with NHS Wiltshire (BCAP).	April 2013	Public Health Primary Care Medicines Management	Annual osteoporosis QOF achievement. Annual report on number of DXA scans. Annual report on osteoporosis prescribing costs.

4. Review and maintain improvement of provider performance against the National Hip Fracture Database standards.

Actions	Target date for completion	Lead	Measurable Outcome
Monitor performance against National Hip Fracture Database standards and ensure improvement where required.	April 2013	NHS Wiltshire Commissioning Acute providers	Monthly performance meetings (already in place). Data to form part of annual update to HIP.
Ensure recommendations within RCP audit are usual practice for inpatient providers. This includes the use of a care bundle approach to the initial management of hip fracture patients and recording pre-admission functional ability, mobility and social support as routine for all hip fracture patients on admission using standardised documentation.	April 2013	Acute providers	To be developed.

5. Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers, including the promotion of healthy lifestyles.

Actions	Target date for completion	Lead	Measurable Outcome
Staff training and public awareness campaigns to raise awareness of the risk and protective factors for falls and osteoporosis with older people, their carers and staff who work with them. This will include working with local voluntary agencies.	November 2012	Public Health	Training plan for health and social care, and care home staff. Campaign for falls awareness week (June 2012). Communication plan
All older people in contact with primary or social care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s. This should trigger further assessment according to the falls pathway.	July 2012	Primary care Wiltshire council	Referrals to WCHS.
Promote physical activity and a healthy diet amongst older people, including working with local voluntary organisations. Introduce short educational talks into community exercise groups.	April 2013	Wiltshire Council Public Health Primary Care	To be developed.
Record patients' views of the falls and bone health service using questionnaires and/or interviews.	April 2013	GWH community service	To be developed.
Ensure that data relating to action plan are regularly collected, monitored at timely intervals and reported appropriately to enable change to occur where required.	April 2013	Public Health	Annual report to Health and Wellbeing Board on hip and fragility fracture rate, monitoring number of bed days relating to falls admissions amongst people aged over 75 and calculating serious injurious falls rate against activity.

Great Western Ambulance Service

NHS Trust

Wiltshire Health Select Committee

Date: 15 November 2012
Title: Wiltshire Emergency Operations Centre, Devizes
Presented by: Neil Le Chevalier, Executive Officer Performance and Delivery
Report Author: Jo Cogswell, Project Manager

1. Background

1.1 Great Western Ambulance trust board approved the GWAS estates strategy in May 2011. Three key areas of work were advanced as a part of the implementation of that strategy. These were:

- Bristol estate review
- Trust-wide offices review
- Trust-wide operations centre review

1.2 In October 2011 a report setting out the three key areas of work was presented to the Joint Overview and Scrutiny Committee. With respect to a review of operations centres that report highlighted the fact that future options would reviewed taking into consideration the following points:

- Responding to patient needs quickly, equitably and appropriately day or night
- The provision of a new clinical delivery model, following intelligent dispatch of resources and dispatch desk remodelling
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand
- Potential for increased efficiency and reductions in management overhead requirements by reducing the total number of locations
- In order to be considered as a potential provider of the 111 service there will be a need to increase capacity, efficiency and effectiveness of control rooms
- Resilience, through implementation of effective backup and contingency arrangements.

2. Trust-wide operations centre review

2.1 The project to review operations centres across the trust was directly influenced by the number of unknowns associated with the introduction of 111 and the competitive nature of the process to bid for the delivery of the service. In the absence of clarity over the requirements associated with bids for 111 services in the GWAS area a decision was taken to pause the implementation work until the outcomes and therefore the requirements of 111 were known.

2.2 GWAS was unsuccessful in securing a contract for the provision of 111 services. This knowledge has been factored into the current and future requirements for call handling, dispatch and resolution for GWAS.

2.3 The project has reviewed the provision of all operations centres within the trust, managing both emergency and non-emergency calls and dispatch. The project has recommended a model that will support cost-effective delivery of high-quality services to patients and the public, and meet the needs of the trust and the community now and in the future.

2.4 The following key points were taken in to consideration when future options were considered:

- Responding to patient needs quickly, equitably and appropriately day or night
- The provision of a new clinical delivery model, following intelligent dispatch of resources and dispatch desk remodelling
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand
- Resilience, through implementation of effective backup and contingency arrangements
- Potential for increased efficiency and reductions in workforce overhead requirements by reducing the total number of locations.

3. The need for change

3.1 The GWAS Cost Improvement Programme target for 2013/14 is a total of £4.316m. Within that the savings target a saving of £700,000 has been projected in the project initiation document for the implementation of the estates strategy, specifically the review of EOCs. This savings requirement is based on a reduction in both total running and staffing costs across the provision of the EOC service.

4. The national picture

4.1 The table overleaf sets out the numbers of Emergency Operations Centres operated by ambulance trusts in England.

Ambulance Trust	Number of EOCs	Size of population served	Calls received	Incidents with a response	Geographical area covered
East Midlands Ambulance Service NHS Trust	2	4.8 million	723,519	670,000	6,425 sq. miles
East of England Ambulance Service NHS Trust	3	5.83 million	863,474	693,382	7,500 sq. miles
Great Western Ambulance Service NHS Trust	3	2.4 million	320,800	264,000	3,000 sq. miles
London Ambulance Service NHS Trust	1 (2 in 2013)	7.5 million	1,494,207	1,058,132	620 sq. miles
North East Ambulance Service NHS Foundation Trust	2	2.6 million	600,000	363,000	3,200 sq. miles
North West Ambulance Service NHS Trust	3	7 million	1,100,000	900,000	5,400 sq. miles
South Central Ambulance Service NHS Foundation Trust	2	4 million	454,723	385,646	3,500 sq. miles
South East Coast Ambulance Service NHS Foundation Trust	3	4.5 million	688,714	523,422	3,500 sq. miles
South Western Ambulance Service NHS Foundation Trust	2	2.9 million	442,928	397,913	6,600 sq. miles
West Midlands Ambulance Service NHS Trust	2	5.36 million	863,782	805,000	5,000 sq. miles
Yorkshire Ambulance Service NHS Trust	2	5 million	751,910	615,893	6,000 sq. miles

Table One: EOCs by ambulance trust

4.2 The table illustrates that whilst GWAS is the smallest ambulance trust in England it is currently operating the same number of EOCs as much larger trusts both in terms of geography and number of calls.

4.3 Since the 2006 mergers from county ambulance services into the configurations listed in Table One, all trusts have reviewed their provision of EOCs and most have implemented rationalisation programmes.

5. Future of service delivery in the GWAS area

5.1 Services currently operated and managed by Great Western Ambulance Service NHS Trust are currently subject of an acquisition by South Western Ambulance Service NHS Foundation Trust. This does not have an impact on the proposals to close Wiltshire EOC, the strategic direction to reduce the total number of EOCs in the GWAS area is a clear part of the GWAS estates strategy and will yield benefits in terms of efficiencies and performance.

5.2 The acquisition is on target for completion on 1 February 2013. An integrated estates strategy will be prepared based the existing SWASFT and GWAS strategies, reflecting the geography of the larger area and the requirements of SWASFT once they are responsible for the delivery of GWAS services.

6. Current position

6.1 At the formation of the trust in 2006 GWAS took responsibility for three standalone EOCs. There were differences in staffing structures and technology across the three sites.

6.2 The trust continues to operate three emergency operations centres (EOCs), a shared Out of Hours control room and a separate Patient Transport Service (PTS) control room resulting in the operation of four separate locations. Significant advances have been made since the formation of the Trust most notably implementation of the following:

- A single Computer Aided Dispatch system across all three EOCs
- Single telephony platform
- Single radio systems allowing direct communication across the Trust
- Standard working practices driven by the call handling protocols
- Single EOC structure with uniform pay bandings and job descriptions
- Centralised call handling (Acuma House, Bristol)
- Centralised training / audit / development team
- Ability to dispatch any available resource to any incident in the Trust’s operational area from any EOC.

6.3 The Trust has three Emergency Operations Centres as a result of the legacy of the previous Ambulance Services. The outline business case demonstrated that a smaller number of EOCs will yield both efficiency savings and performance gains.

7. Findings of the review

7.1 Members of the Trust Board gave consideration to an outline business case on 27 July 2012. The report presented to the Board reviewed five possible future options. The outline business case demonstrated that a smaller number of EOCs will yield both efficiency savings and performance gains.

7.2 The project work concluded that in the long term a model of a single site EOC, with appropriate resilience and disaster recovery would be the most efficient and appropriate model for the GWAS area. The Trust Board considered all five options and agreed that the EOCs should be reduced from three to two.

7.3 A full business case setting out the rationale and supporting information for the implementation of a reduction from three to two EOCs in the GWAS area was approved by trust Board on 28 September 2012. The reduction from three to two will be achieved through the closure of Wiltshire EOC in Devizes. Wiltshire dispatch services will be run from Acuma House, in Bristol

7.4 Members of the public will not experience any change to the current 999 service that is provided by GWAS. Calls will be answered in the normal way and the most appropriate vehicle and clinician dispatched to respond to the call.

8. Reducing from three to two EOCs

8.1 The current arrangement for the delivery of EOC services can be described as a hub and spoke model. Acuma House as the primary facility is the hub with Wiltshire EOC in Devizes and Gloucestershire EOC at Gloucester Tri Emergency Centre (GTEC) in Quedgeley as the spokes. The business case development work included analysis to determine which of the two spokes could be closed.

8.2 Consideration was given to the operational requirements for the provision of emergency operations centre functions to serve the GWAS area. This was undertaken in terms of assured delivery of service and patient care, functionality, technical infrastructure, ability to sustain performance, capacity, resilience and business continuity and location in terms of sustainable employment base.

8.3 Wiltshire EOC was determined to be the more appropriate site to close the main reasons for this were as follows:

- Capacity in regard to disaster recovery and fall back arrangements – GTEC houses 14 dedicated fall back desks to be used in the event of a failure at Acuma House
- GTEC is in closer geographical proximity to Acuma House in the event of failure at the hub this fall back can be operational quickly
- The EOC fall back critical systems are located at GTEC
- The recurrent savings as a result of exiting Wiltshire EOC are higher than those associated with exiting Gloucestershire EOC.

8.4 There is sufficient space at Acuma House to accommodate the required numbers of desks to operate the Wiltshire dispatch service. Some alterations will need to be made. These costs were factored into the considerations.

9. Implications of full business case

9.1 The full business case focuses on the reduction of three EOCs to two through closure of the Wiltshire EOC in Devizes. Services currently provided at Devizes are proposed to move to the EOC at Acuma House north Bristol.

9.2 The decision to close Wiltshire EOC and deliver dispatch services for Wiltshire from Devizes to Avon EOC will result in recurrent savings in excess of £700k as set out in the Cost Improvement Programme.

9.3 These savings are achieved through a combination of estates and running costs and a reduction in the total numbers of staff required to deliver the service. This reduction is due in part to some economies of scale.

9.4 The Head of EOCs is keen to retain staff from Wiltshire EOC in support of the proposed working model to reduce the total number of EOCs there has been a programme of vacancy management across the EOCs. Although the total number of FTE positions in the EOC will reduce when Wiltshire dispatch services are transferred away from Devizes there are a number of positions that have been filled with fixed term contracts or agency staff. This means that there are sufficient operational positions for all substantive staff currently based at Devizes should they wish to transfer to Acuma House.

9.5 There is a reduction in required management capacity that is achieved by reducing the number of EOCs. Whilst there will be some management positions at Acuma House some managers with experience and expertise may require the trust's support to secure suitable alternative employment.

9.6 The closure of Wiltshire EOC and the trust's decision to leave the tri service agreement at Devizes Joint Emergency Communication Centre represents a change to the way in which GWAS manages the dispatch service in the Wiltshire area. The four dispatch desks will be relocated to Acuma House.

9.7 999 call handling has been managed centrally at Acuma House since 2008. Acuma House is an accredited international centre of excellence and the only such emergency services facility in Europe to receive that accreditation four times in a row.

9.8 Alongside all 999 call handling Acuma House is the current location for dispatch services for the Avon area, for the clinical support desk, the special operations desk and the trust's EOC audit and training functions. By locating dispatch operation alongside our Clinical Support Desk, we will be able to provide better clinical assessment of patients in advance to ensure the right response is dispatched first time.

9.9 Members of the public will see no difference in the way in which they access or receive ambulance services. High standards of ambulance response and patient care will be sustained across Wiltshire and the entire GWAS area.

10. Stakeholder & community involvement

10.1 Work to advance the review of EOCs has included staff engagement workshops where staff from each of the EOCs and PTS Control including union representatives have had the opportunity to understand the challenges facing both the trust and the future delivery of EOC services and the possible options for the future.

10.2 Staff have participated in a number of workshops and given the opportunity to consider each of the possible options, the relative costs of those options and to give their views with respect to the pros and cons of each option. This information was developed further including the first possible steps towards rationalising the number of EOCs without compromising service delivery, performance and patient care.

10.3 The project team intends to continue to work with a staff engagement group through the implementation of the full business case.

11. Implementation & deliverability

11.1 A proposed move of services from Wiltshire EOCs to Acuma House will need to be implemented outside the winter pressures period. It is possible, subject to all required staff consultation and completion of required changes at Acuma House that this can be achieved in March 2013.

12. Conclusions

12.1 Dispatch services currently provided at Wiltshire EOC can be provided from Acuma House. The closure of Wiltshire EOC located at the Joint Emergency Communications Centre in Devizes will facilitate achievement of the 2013/14 CIP target for EOCs. This can be met without detriment to the delivery of the EOC service across the GWAS area. High standards of ambulance response and patient care will be sustained across Wiltshire and the entire GWAS area.

12.2 Staff currently based at Devizes will be supported to transfer employment to Acuma House or to seek suitable alternative employment within the trust.

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