Wiltshire Council
Where everybody matters

NHS
Wiltshire
Clinical Commissioning Group

AGENDA

Meeting:	**WILTSHIRE HEALTH & WELLBEING BOARD**
Place:	Boardroom, Trust Headquarters, Salisbury Hospital, Odstock Road, Salisbury, Wiltshire SP2 8BJ
Date:	Thursday 12 September 2013
Time:	**3.00 pm**

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic and Members' 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

Membership:

Voting:

Dr Simon Burrell (CCG – Chair of NEW Group)
Dr Toby Davies (CCG – Chair of SARUM Group)
Debra Elliott (NHS England)
Christine Graves (Healthwatch)
Cllr Keith Humphries (Cabinet Member Public Health, Protection Services, Adult Care and Housing)
Angus Macpherson (Police & Crime Commissioner)
Cllr Laura Mayes (Cabinet Member for Childrens Services)
Cllr Jemima Milton (Portfolio Holder for Adult Care and Public Health)
Dr Helen Osborn (CCG – Chair of WWYKD Group)
Dr Stephen Rowlands (CCG Chairman)
Cllr Jane Scott - Chairman (Leader of the Council)

Non-Voting:

Gareth Bryant (Wessex Local Medical Committee)
Patrick Geenty (Wiltshire Police Chief Constable)
Carolyn Godfrey (Wiltshire Council Corporate Director with statutory responsibility for Children's Services)
Chief Executive or Chairman representative Salisbury Hospital FT (Peter Hill)
Maggie Rae (Wiltshire Council Corporate Director with statutory responsibility for Adult and Public Health Services)
Chief Executive or Chairman representative Bath RUH (James Scott)
Cllr Ian Thorn (Opposition Group representative)
Deborah Fielding or Simon Truelove (Chief Officer or Chief Accountable Officer)
Iain Tully (Avon and Wiltshire Mental Health Partnership (AWP))
Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)
Ken Wenman (South West Ambulance Service Trust)

PART I

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

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

The membership of the Health and Wellbeing Board was agreed at Full Council at its meeting held on 14 May 2013. In agreeing the membership it was resolved that the Leader of the Council be appointed as Chairman to the Board.

The Chairman, Cllr Jane Scott OBE, will welcome the newly appointed members to the Board and provide an introduction on how it is proposed the Board operate to ensure strong partnership working in the future.

2 **Confirmation of Vice Chairman**

To confirm Steve Rowlands (Chair of Wiltshire Clinical Commissioning Group (CCG) as Vice Chairman of the Health and Wellbeing Board.

3 **Apologies for Absence**

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

5 **Joint Health & Wellbeing Strategy** *(Pages 3 - 42)*

To consider the Joint Health & Wellbeing Strategy which outlines the findings of the consultation undertaken by the Shadow Health and Wellbeing Board on Wiltshire's draft Health and Wellbeing Strategy.

6 **OFSTED report on Wiltshire Children's Services**

Cllr Laura Mayes, Cabinet member for Children's Services, to provide an update on the findings of the recent unannounced OFSTED inspection.

7 **Winterbourne View Action Plan** *(Pages 43 - 70)*

To consider the attached joint report between Wiltshire Council and CCG which provides an update on the actions being undertaken to ensure safeguarding.

8 **Trowbridge Birthing Centre** *(Pages 71 - 76)*

To consider the attached report on the temporary transfer of maternity services from Trowbridge Birthing Centre.

9 **Community Services Transformation** *(Pages 77 - 90)*

To consider the report on community services provision, inclusive of tendering and integration of service plans.

10 **Pharmaceutical Needs Assessment (PNA)** *(Pages 91 - 96)*

To consider the attached PNA report, noting that the Board has a statutory function to publish its first PNA no later than 1 April 2015.

11 **Funding for Serious Case Reviews** *(Pages 97 - 104)*

To consider the attached report on future funding of serious case reviews.

12 **Vision Ahead** *(Pages 105 - 156)*

To consider the Vision Ahead report which includes proposed improvements to services supporting the visually impaired.

13 **Disabled Children and Adults Pathfinder project** *(Pages 157 - 160)*

To note the attached update report on the Disabled Children and Adults Pathfinder project and ongoing consultation.

14 **Disabled Children Charter** *(Pages 161 - 170)*

To consider the attached report which outlines the Charter and the commitments placed on the Health & Wellbeing Board should it be adopted.

15 **Countywide Health Prospectus** *(Pages 171 - 186)*

To consider the attached Health Prospectus which is intended to provide an introductory document to the CCG, its functions and purpose.

16 **Date of Next Meeting**

21 November 2013.

17 **Urgent Items**

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

PART II

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

NONE

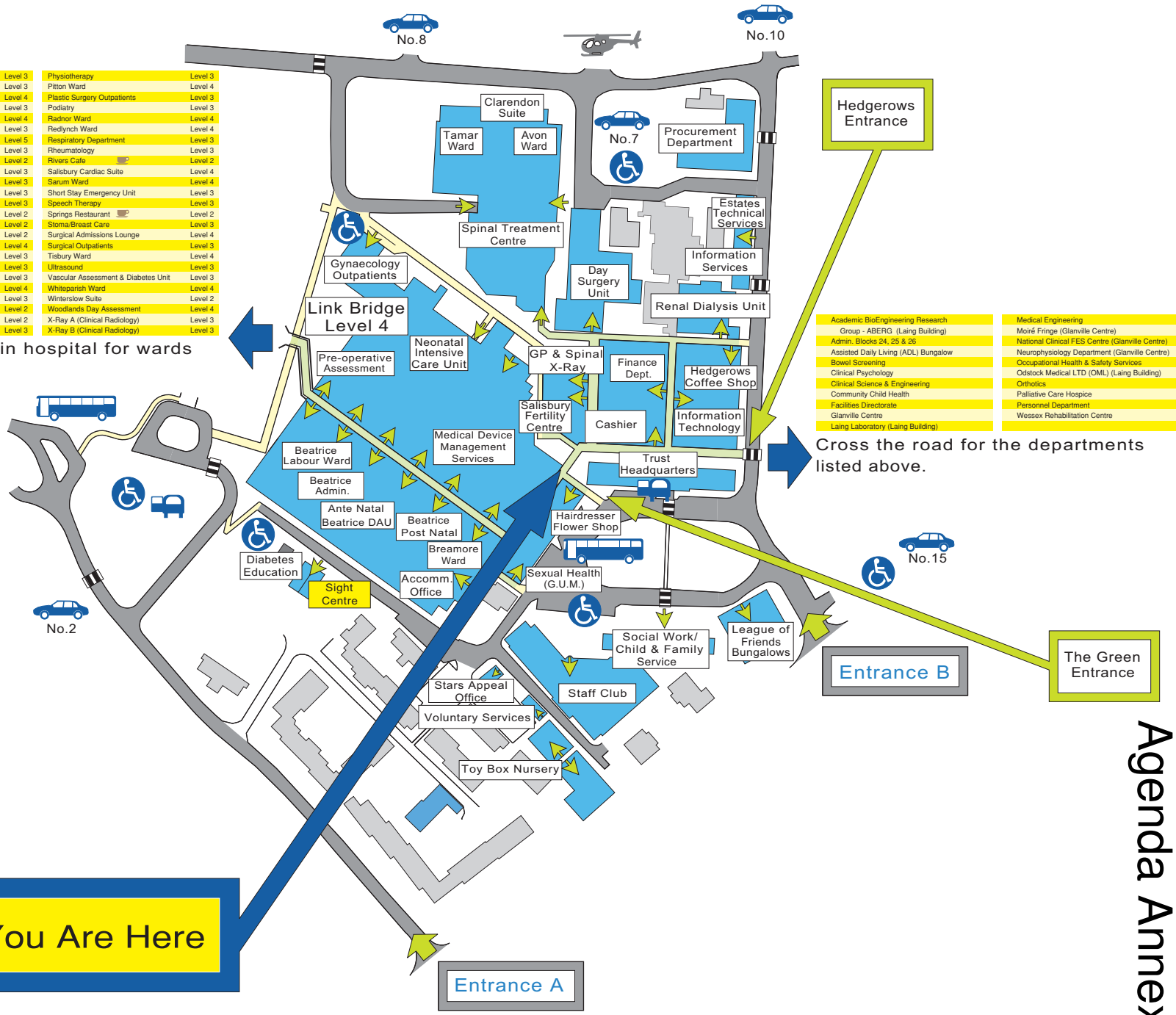
This page is intentionally left blank

Salisbury District Hospital

Central

Amesbury Suite	Level 4
Aneasthetics Department	Level 4
Bereavement Suite	Level 3
Blood Tests	Level 3
Breast Care	Level 3
Britford Ward	Level 4
Burns Unit	Level 4
Cardiac Assessment Clinic	Level 3
Cardiac Investigation Unit	Level 3
Chapel	Level 3
Childrens Outpatients	Level 3
Chilmark Suite	Level 4
Coronary Care Unit	Level 4
Customer Care	Level 2
Dermatology Treatment Centre	Level 2
Discharge Lounge	Level 2
Downton Ward	Level 4
Durrington Ward	Level 2
Ear, Nose and Throat Outpatients	Level 3
Education Centre	Level 5
Electrocardiograph (ECG)	Level 3
Endoscopy	Level 3
Eye Clinic	Level 3
Farley Stroke Unit	Level 2
Foot Clinic	Level 3
Fracture Clinic	Level 3
Hydrotherapy	Level 3
Intensive Care Unit	Level 4
Laser Centre	Level 3
Laverstock Ward	Level 4
League of Friends Shop	Level 3
Lecture Theatre	Level 5
Leg Ulcer Clinic	Level 3
Lost Property	Level 2
MRI & CT Scanning	Level 3
Maxillo-Facial Laboratory	Level 3
Medical Outpatients	Level 3
Medical Photography	Level 3
Medical Records	Level 2
Nunton Unit	Level 2
Oncology Outpatients	Level 2
Operating Theatres	Level 4
Oral Surgery	Level 3
Orthodontics	Level 3
Orthopaedic Outpatients	Level 3
Pathology & Genetics Department	Level 4
Pathology Outpatients	Level 3
Pembroke Suite (Day Unit)	Level 2
Pembroke Ward	Level 2
Pharmacy	Level 3
Physiotherapy	Level 3
Pitton Ward	Level 4
Plastic Surgery Outpatients	Level 3
Podiatry	Level 3
Radnor Ward	Level 4
Redlynch Ward	Level 4
Respiratory Department	Level 3
Rheumatology	Level 3
Rivers Cafe	Level 2
Salisbury Cardiac Suite	Level 4
Sarum Ward	Level 4
Short Stay Emergency Unit	Level 3
Speech Therapy	Level 3
Springs Restaurant	Level 2
Stoma/Breast Care	Level 3
Surgical Admissions Lounge	Level 4
Surgical Outpatients	Level 3
Tisbury Ward	Level 4
Ultrasound	Level 3
Vascular Assessment & Diabetes Unit	Level 3
Whiteparish Ward	Level 4
Winterslow Suite	Level 2
Woodlands Day Assessment	Level 4
X-Ray A (Clinical Radiology)	Level 3
X-Ray B (Clinical Radiology)	Level 3

Cross the link bridge to the main hospital for wards and departments listed above.



Academic BioEngineering Research Group - ABERG (Laing Building)	Medical Engineering
Admin. Blocks 24, 25 & 26	Moiré Fringe (Glanville Centre)
Assisted Daily Living (ADL) Bungalow	National Clinical FES Centre (Glanville Centre)
Bowel Screening	Neurophysiology Department (Glanville Centre)
Clinical Psychology	Occupational Health & Safety Services
Clinical Science & Engineering	Odstock Medical LTD (OML) (Laing Building)
Community Child Health	Orthotics
Facilities Directorate	Palliative Care Hospice
Glanville Centre	Personnel Department
Laing Laboratory (Laing Building)	Wessex Rehabilitation Centre

Cross the road for the departments listed above.

Page 1

Agenda Annex

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Joint Health and Wellbeing Strategy**

Executive Summary

The report outlines the findings of the consultation undertaken by the shadow Health and Wellbeing Board on Wiltshire's draft Health and Wellbeing Strategy. The preparation and approval of the strategy is a statutory function of the Health and Wellbeing Board.

Proposal(s)

It is recommended that the Board:

i. notes the findings of the consultation on the draft Joint Health and Wellbeing Strategy (Appendix 1);
ii. adopts a revised version of the Joint Health and Wellbeing Strategy as the final version (Appendix 2);
iii. reaffirms its commitment to reviewing the strategy again in 2014.

Reason for Proposal

The Council and the CCG (acting through the Board) must prepare a Joint Health and Wellbeing Strategy (section 196 of the Health and Social Care Act and section 116A of the Local Government and Public Involvement in Health Act 2007).

Carolyn Godfrey	Debbie Fielding	Maggie Rae
Corporate Director	Chief Officer	Corporate Director
Wiltshire Council	Wiltshire CCG	Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Joint Health and Wellbeing Strategy**

Purpose of Report

1. To outline the findings of the recent consultation on Wiltshire's draft Health and Wellbeing Strategy.

Background

2. The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The aim of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. These will be used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

3. Local authorities and clinical commissioning groups (CCGs) have an equal and joint duty to prepare JSNAs and JHWSs, through the health and wellbeing board. The JSNA should consider the health and social care needs for the area, as well as the assets that the local communities can offer to meet identified needs. The JHWS is a strategy for meeting the needs identified in the JSNA.

4. The JHWS should explain what health and wellbeing priorities the health and wellbeing board has set in order to tackle the needs identified in the JSNA. This is not about taking action on everything at once, but about setting priorities for joint action.

5. CCGs, NHS England, and Wiltshire Council's plans for commissioning services must be informed by the JSNA and the JHWS. Where plans are not in line with the JSNA and JHWS, CCGs, NHS England and Wiltshire Council must be able to explain why.

6. As a local authority committee, a health and wellbeing board must meet the Public Sector Equality Duty under the Equality Act 2010 throughout the JSNA and JHWS process. This is not just about how the community is involved, but about considering the effects decisions have or are likely to have on people with protected equality characteristics.

Main Considerations

7. Wiltshire's first draft of the JHWS was drawn up in line with the guidance from government and, as agreed by the shadow HWB, through a steering group comprising representatives from Adults' and Children's Social Care, Public Health and the Clinical Commissioning Group.

8. The Steering Group agreed a number of principles for the development of the JHWS, namely that it should:
    - Cover the whole local population across the life course
    - Prioritise issues that have the biggest impact
    - Focus on joint working
    - Be framed as a continuous/ iterative process – not a 'one-off'
    - Consult and involve local HealthWatch and people who live and work in Wiltshire
    - Provide continuity with existing priorities where appropriate
    - Reflect the outcomes as set out in the national outcomes frameworks
    - Focus on improving health and wellbeing overall but making improvements faster for groups and communities that experience poorer health and quality of life

9. As part of the development of the draft JHWS, the group considered the relevant national drivers, identified the relevant local strategies and plans and summarised the existing priorities from those strategies and plans. These have in turn informed the identification of priorities for joint action and drawn on examples where this is already, or potentially could be in place, through s75 and s256 agreements. These are all referenced in the strategy as areas for joint working.

    S75 and s256 arrangements (in place/ ready for signature/ under discussion)
    - *Delayed Transfers of Care (in place)*
    - *Advocacy*
    - *Housing*
    - *Deprivation of Liberty Safeguards*
    - *National Treatment Agency*
    - *Vocational services*
    - *Grow/ Develop*
    - *Equal Chances Better Lives*
    - *Continuing Health Care Brokerage*
    - *Integrated Community Equipment Services*
    - *Health Gain*
    - *Alzheimers*
    - *Carer support worker services*
    - *Community Link Scheme*
    - *Mental Health Recovery*
    - *Mental Health*

- *Learning Disabilities, full pathway*
- *Frail and elderly support*

10. Consultation on the draft Joint Health and Wellbeing Strategy took place between 14 November and 14 February. A total of 58 responses were received via the survey on the online consultation portal; plus 14 responses via email. The consultation was publicised widely, including at meetings of Area Boards. The document was also circulated to various partnership meetings such as the Health Improvement Partnership, Clinical Commissioning Group executives and the Children's Trust. An Easy Read version of the strategy was also produced in response to requests.

11. In addition to the responses received, the Wiltshire and Swindon User Network / Wiltshire Involvement Network held a well attended workshop on 14 January on the draft strategy, which included a cross-section of users with a wide range of differing perspectives to contribute.

12. Key themes which emerged from that event included requests for more emphasis on:
    - Engagement of service users and support for advocacy
    - Active ageing and putting support in place to overcome isolation
    - Living at Home, Extra Care facilities and Accommodation
    - GP Services (the responsibility of NHS England)
    - Workforce Strategy

13. The responses also made some suggestions on layout, including ways to avoid unnecessary compartmentalisation of people into particular groups; and the opportunity to include specific actions under more generic headings, for example, by putting actions supporting 'warm' and 'safe' homes together. Many attendees expressed an interest in continuing to be involved and support monitoring and evaluation of the strategy in the future.

14. Included at Appendix 1 is a summary of the other comments received during the consultation period, a synopsis of longer comments submitted by email, together with analysis on the findings around relative priorities for limited resources. Thanks are due to colleagues in the research team for developing the questions.

15. Taken together, the consultation responses received highlighted that:
    - A glossary and signposting to this in the document may help for some of the terms (e.g. define what is meant by independence, spell out all the acronyms);
    - Some people felt that a life stage approach might wrongly compartmentalise people or lead to duplication of joint activities;
    - There were mixed views on the use of the personal pronoun e.g. 'I will';
    - People were pleased with progress made in areas such as help to live at home / provision of step up and step down support;

- Most of the important areas for joint action are covered; people did not uniformly highlight any particularly area of joint working as an urgent priority over other areas;
- There was, however, strong overall support for a shift in resources towards preventative activity such as healthy eating programmes, active travel and screening programmes to spot problems early.
- Numerous responses were also received by email on the implementation of NICE Guidance 41 and the opportunity for Local Transport Plan 3 to take this into account. The public health team will be ensuring that a senior member continues to take responsibility for the promotion of measures to encourage active travel such as walking and cycling.

16. The strategy has been changed from its consultation draft to take account of these comments (Appendix 2). An exception to this is the use of the personal pro-noun; this is intended to signal a shift from the population being passive recipients of top-down state delivered healthcare to being an active participant in their community with a stake in their own health and wellbeing. However, should the Board have a different view this is easily remedied.

17. A commitment to review the strategy in 12 months time is also retained. This is seen as important given the widespread changes in the health and social care that took place in April. It also recognises that, while the strategy has made considerable progress in highlighting what the main priorities for joint activity will be, there will be opportunities to take a dynamic view of the needs of the local population and to further develop the framework for commissioners. In particular, this will be informed through the work of Joint Commissioning Boards, whose job it will be will to produce a work programme focusing on a smaller number of relatively high-impact changes (informed by the strategy and consultation priorities), rather than uncosted aspirations by themselves – important though these may be for highlight other areas of joint working. Building a complete picture of the resources under the aegis of the Health and Wellbeing Board and the work programme of the sub group will mean that the next revision of the strategy in 12 months time will be from quite a different starting point.

18. The emergence of Healthwatch Wiltshire and intensive engagement with patients and users to inform commissioning and drive integration will also be an important factor to consider. Similarly, the Board's strategic role of creating a framework for commissioning and the duty to promote integration will require imaginative thinking about how providers are engaged over the next 12 months. This enhanced engagement can inform subsequent revisions of the strategy. A further publication of the JSA Health and Wellbeing Chapter will also take place at the end of 2014. In addition to this, it has been agreed that the HWB would report to Full Council on its business, including presenting its minutes and consulting formally on the JSNA and JHWS.

    As the publication of the last JSA and the development of the JHWS and consultation on this took place largely during the time the shadow HWB

was in place, an update on the outcomes of today's meeting together with an early review will enable the involvement of full council on these important documents.

Safeguarding Considerations

19. The draft strategy outlines a range of areas for joint working on ensuring people are kept safe from avoidable harm.

Public Health Implications

20. The draft strategy outlines a range of areas for joint working on ensuring people are supported to live healthily.

Environmental and Climate Change Considerations

21. Carbon emissions will be reduced as a result of measures to tackle fuel poverty and encourage active travel. The strategy identifies work supporting adaptations in light of climate change will be necessary.

Equalities Impact of the Proposal

22. One of the key aims of the strategy is to ensure the higher levels of ill health faced by some less well-off communities are reduced.

23. The strategy ensures compliance with the Public Sector Equality Duty by committing partners to consider how the delivery of the priorities for joint actions will affect groups with 'protected characteristics' under the Equality Act.

Risk Assessment

Risks that may arise if the proposed decision and related work is not taken

1. Not adopting a strategy will mean that the Board is in breach of its statutory duty.
2. A radically different strategy will require further consultation and may not enjoy the same level of support indicated by the initial consultation.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

	Risk	Action to mitigate the risk
1.	The strategy may not provide the required level of detail to inform immediate priorities for joint commissioning.	The joint commissioning board will continue working on the immediate priorities for joint commissioning and report to the Health and Wellbeing Board on its work on an ongoing basis.
2.	The strategy may become out	The strategy will be updated in 12

of date and irrelevant in the light of new legislation or priorities.

months time.

Financial Implications

24. The strategy sets out the main areas for joint working between health, public health and social care. Demographics and budgetary constraints provide a clear imperative for further joint working. The detailed financial implications of joint working or joint commissioning will be considered as detailed proposals are put to the Board.

Legal Implications

25. Legislation and government guidance sets out various requirements relating to the Joint Strategy. Namely Section 116A and 116B of the Local Government and Public Involvement in Health Act 2007 which deal with the Joint Strategy; and section 196 of the Health and Social Care Act 2012 which deals with the Board's involvement in the Joint Strategy, together with statutory guidance on preparing JSNAs and JHWS.

26. The Council and the CCG (acting through the Board) must prepare the Joint Strategy. The Shadow Board delegated preparation of the first draft Joint Strategy to the Steering Group (referred to at paragraph 7 above). The Steering Group has completed the consultation exercise outlined above and has made the resulting amendments to the first draft which are the subject of this report.

27. In preparing the Joint Strategy, the Board must:

- consider how needs can be met more effectively using "Section 75" partnership arrangements. Many of the joint activities described in the Joint Strategy are under active consideration for section 75 agreements and could form the basis for these. Detailed proposals for s75 agreements will be developed for sign off on the basis of the areas for joint working in the strategy.

- have regard to (i) the Secretary of State's annual "Mandate" to NHS England. The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements:

    1. preventing people from dying prematurely
    2. enhancing quality of life for people with long-term conditions
    3. helping people to recover from episodes of ill health or following injury
    4. ensuring that people have a positive experience of care
    5. treating and caring for people in a safe environment and protecting them from avoidable harm.

    Each of these is considered explicitly in the Strategy. The success of the mandate is being measured through the NHS Outcomes

Framework which is also the basis of performance measures in the strategy.

- involve Local Healthwatch on a continuous basis. Wiltshire Involvement Network (the predecessor body) helped with the consultation event and Healthwatch Wiltshire Board had the opportunity to comment on early drafts of the document together with consultation results. Healthwatch will also be involved with the revision to the JSNA and the next draft of the strategy

- involve the local community: as detailed above the strategy has been subject to wide-ranging consultation.

28. The Council must publish the Joint Strategy. The Joint Strategy will be published on the Council's website once it has been formally adopted.

29. The Council and the CCG (acting through the Board) must have regard to the Joint Strategy in exercising any functions. The Strategy will form the basis of future joint working and joint commissioning.

Options Considered

30. Options considered including not undertaking the work but this would mean the Board would not have in place a joint strategy as required.

Conclusions

31. The Board is asked to note the consultation findings (Appendix 1); adopt the updated strategy (Appendix 2) and agree to review the strategy in 2014.

Carolyn Godfrey	**Debbie Fielding**	**Maggie Rae**
Corporate Director	**Chief Officer**	**Corporate Director**
(Children's Services)		**(Adults and Public Health)**
Wiltshire Council	**Wiltshire CCG**	**Wiltshire Council**

Report Author: David Bowater, Senior Corporate Support Officer, 01225 713978
2 August 2013

Background Papers

Statutory guidance on JSNAs and JHWSs:
http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

No unpublished documents have been relied on in the preparation of this report.

Appendices

Appendix 1 Consultation Findings
Appendix 2 Post-Consultation Draft of the JHWS

Comments received: Appendix 1

Organisation (if applicable)	What do you think you or your organisation could do to make the strategy a success?
Wiltshire Health Improvement Partnership	The Health Improvement Partnership believes it has a critical role to play in supporting implementation of the Health and Wellbeing Strategy, especially when it comes to those ambitions and activities relating to prevention. It has a leadership role in relation to prevention - and a number of sub groups link in to the partnership with strategies that support such activity. Other comments: The Health Improvement Partnership wasn't entirely comfortable with the style of the ambitions, particularly the use of the personal 'I' and felt a more generic approach to writing these ambitions would be a more appropriate approach Recognised there was overlap between some of the priorities for action
Member of the Public	Engage fully in the development and not be apathetic
Great Western Hospital	Continue to strive to provide Wiltshire Cardiac Patients with a high quality, evidence based Cardiac Rehabilitation service. To encourage patients to make healthy lifestyle choices and lead healthy longer lives.
SW Seniors Network	Work in close partnership with all service providers, help to monitor services. Support Older People in having a stronger voice in the decision making processes that affects their quality of life. Engage and improve lines of communications including desirable consultations processes with older people,such as the Council, NHS/PHE, the Health and Wellbeing Board and also with Health Watch
Wiltshire Police	I work for Wiltshire Police in the area of strategic planning. From this strategy, which is really comprehensive, it is drug and alcohol awareness and Domestic Abuse that are the main areas where close working to tackle the various aspects of these will produce enhanced outcomes.
Salisbury Healthcare Trust Governor	Change from the first person "I" in the 'Healthy Ambition' column to a less patronising 'To' goal.
MS Indivdual	Personally as a direct self funder aged over 75, living alone and independantly with secondary MS I would like more infomation about the availabilty of PAs and private carers.
Provider	Encourage independance and involvement in the decision making
Member of the Public	I am already involved in providing a programme to give information to help families live healthier lives. extend this programme to other organisations/employers etc. I also work as a volunteer bereavement counsellor.
Care	Being incolved in a structural, long-term service provision for people with mental health needs that is offered throughout the county and which becomes firmly established over time; this for those people who are both in employment and struggling as well as those who are not in employment.

Headway Salisbury and South Wiltshire	Headway Salisbury and South Wiltshire can help with support programmes with drop in and advice services for people with acquired brain injury, their families and carers. As a specialist Group and the only one that provides support for people with a brain injury in South Wiltshire we should be considered as 'best value'. We help clients with spotting health problems which leads to reduced hospital visits etc
Member of the Public	Be honest.
West Wiltshire Multi Faith Forum	those involved in delivery can come to meetings/events to make people aware of Health and Wellbeing. WE would be happy to discuss how the group can help depending on resources/capacity
multi organisations	To have opportunities for all people whether young, poor, disabled, uneducated, old or with mental health can participate, valued and be respected in our community. with us all helping each other in terms of work, social, emotional, physical and spiritual ...so really we need to form a working village or community.
Housing	Strengthen the understanding and contribution of the role that regulated housing providers (especially housing associations) can make to the delivery of the strategy. Good quality , warm , safe and scure well managed housing should be a cornerstone of the health and well being strategy.
Devizes Community Area Partnership, Transport Group	Help with accessibility and personal travel planning.
	I believe the strategy is too focused on cancer with little or no consideration to other high impact disease groups such as diabetes and in particular renal where there is very limited local access to secondary care resources and thus more local and primary care needs to be considered. These are long term high costs areas which have big impact on health and wealth being of patients and their carers.
Officer	Ensure joint working is productive for the benefit of the customer.
arts together	isolation and lack of mental stimulation are highly detrimental to health and wellbeing. Arts together offers both meaningful stimulation and the opportunity to make lasting friendships. Our service has been proved to work.
multi sensory art project	Following and working with the community nursing teams, I could make this strategy a success by being commissioned to bring art ,creativity and complementary therapies into homes to introduce all the information needed, reducing isolation in a fun ,caring and supportive way.

British Red Cross	British Red Cross are committed to developing services which provide short term practical and emotional support to people in, or at risk of crisis, in order to prevent unnecessary hospital admissions. Examples of their work include; Hospital discharge Hospital prevention - both in the community and operating from A&E departments Carers support services Emergency Response First Aid learning and community resilience Dementia support services Short term medical equipment loan Therapeutic Care Home risk assessment - for factors such as fire, falls, warmth, isolation services can be publically or privately funded
Individual	There is nothing in the strategy to encourage people of all ages to cycle and walking instead of using cars. This is particularly important for those who live within 3 miles of where they work. Fewer cars means better air quality, more people cycling and walking to work or for recreation means less demand on NHS services. All school children should recieve Bikeability training for 3 consecutive years.
Member of the Public	Link up with people carers charity helpers who know the issues and problems and how to get actions done rather than always words and surveys being created
GP Surgery	Greater access and input to district nurse and social services for our patients
GWH NHS FT	Work in partnership with other agencies and professionals to support intergrated working and to meet the priorites of the health and wellbeing strategy.
Community First	Community First are very interesed in supporting the strategy and action plan - especially where there is a rural context, children and young people and military families. We are currently writing our 3year Community Health and Wellbeing strategy in terms of priorities from a rural context which will hugely compliment the health and Wellbeing strategy.
	Take part in planning and delivering this ambition. I work in 2 healthcare environments seeing people from across Wiltshire, encouraging safe mobility and helping to maximise participation.
Age UK Wiltshire	Support older people to live healthily (prevention) by offering tailored physical activity programmes for older people and provide key health messages such as falls prevention.
Children and Young People	Having staff who are well trained and able to offer a high quality of help and advice to parents/carers and young people to ensure early intervention to support health needs and encourage healthy choices.
Splitz Support Service	We can be actively involved at a practical or strategic level in support of reducing domestic abuse
Member of the Public	I will go to various club to keep fit and healthy as a drop in. I go to church sometimes

Salisbury Walking for Health	The emphasis is on the right care and support and little on basic overarching aims thoughout life such as the right to a warm home, clean air and access to greenspace. Any reference to active travel in the form of walking and cycling is missing. Little is said about the improtance of access to greensoace. Green gyms and conservation work is mentioned but Walking for Health, recognised as one of the best forms of exercise and also free, is not. One target would be to acheive NE greenspace standards of access to local greenspace and high quality, well maintained footpaths close to where people live. A high quality natural environment leads to healthier lives.
SW Veterans Advisory & Pensions Committee	The strategy appears to be quite comprhensive and seems to cover the relevant issues. Given the large Armed Forces and Veteran Community in Wiltshire, we would like to see something along the AF element on page 8 repeated in some way in the "Pre-natal, pre-school and school" section starting on page 6 and in the "Retirement and Old Age" section starting on Page 12. The VAPC would like to be able to help in any way possible in relation to the Armed Forces and Veteran Community. Please do feel free to contact us. With best wishes Stephen Coltman Chairman
Sustrans	Sustrans is already working with public health delivering a project to tackle obesity by encouraging people to walk or cycle, especially focusing on the school journey. Working with schools- the target groups are pupils, parents and teachers. We aim to make the school commute safer by reducing the number of cars outside the school gate and promoting active travel, car share and park and walk sites. There is a range of evidence and support in NICE guidance as well as local Wiltshire figures from the project.
Member of the Public	Take responsibility for keeping ourselves fit. Make GPs focus on preventing ill health ie by early intervention with arthritis so people remain mobile and fit. Help push for a national Health service not a national illness service. Have national not local standards
Sustrans	The SUSTRANS Volunteer Rangers maintain the marked long-distance cycle routes that criss-cross Wiltshire. In addition, my local group based on Salisbury also maintain the Golden Way, a 7.5 mile circular route that is ideal for commuting to schools, work and recreational use. This voluntary work encourages people to get cycling as part of their daily lives. We also publicise through marketing material and talks the work of SUSTRANS and we complement the Bikeability scheme which gets children cycling proficiently.
Salisbury NHS Foundation Trust	Salisbury NHS Foundation Trust would like to endorse and support this strategy which is clear, focused on promoting good health in its widest sense and based on clear outcomes. SFT is keen to work with commissioners and providers to develop innovative services across health and social care which will promote independence and ensure patients are cared for in the most appropriate setting. As an organisation we would like to see greater emphasis on reducing harmful drinking in adults and would like to contribute to the general health promotion agenda whereever and whenever appropriate.

Great Western Hospitals NHS Foundation Trust	Support the implementation of the Child Obesity Pathway and the Adult Obesity Pathway (the latter missing from this document). The activities listed to tackle excess weight in adults (PH OF 2.12) are those which aim to increase activity only - there is no mention of any that involve changing diet and eating behaviour. NICE guidance (2006) makes it clear that multicomponent programmes are the most effective in addressing existing overweight and obesity - increasing activity/exercise or reducing sedentary behaviour alone is not sufficient.
Trowbridge Town Council	Support charities and other organisations who are contributing to making this strategy work
WSTP	As a Wiltshire wide tenant group we are the voice of tenants across Wiltshire. We also have many local tenant's panels across Wiltshire that residents or tenants are able to access and have a voice. Housing needs more mention. Concerned that housing does not seem to be a key partner agency on the health and wellbeing board
Sustrans	In 2 specific areas: Page 6 "I eat well and get enough exercise"; page 8 "I have access to a range of opportunities for physical activity, including outdoors" The Bike It Plus project works with schools, parents and teachers to increase the number of people walking and cycling as part of the obesity reduction program. We focus on the school journey but also encourage walking, cycling and scooting out of school and are giving pupils a skill for life in being able to choose to walk, cycle or use public transport with the skills they have gained.
Officer	In this draft strategy there is no mention of the impact on, and risks to health and wellbeing, of being a victim, or a perpetrator of crime or anti-social behaviour. I would very much like to see inclusion of a reference to this in all stages of life. Involvement in crime or ASB often runs parallel to other disadvantage and equalities - for example a high % of males in prison have additional learning needs, consequently low literacy, and frequently dependencies in substances/alcohol. It would be good to see some reference therefroe to the interconnection of crime and asb factors in health and wellbeing of the Wiltshire population.
Transport Group, Devizes CAP	If walking and cycling are to contribute to a town (or village's) health and well-being the total walking and cycling environment needs to be properly considered. You have already mentioned marketing and promotion. In addition to these we would like to see you include: • 20mph speed restrictions for town centres and all residential areas • 30mph for all village roads and lanes • Confidence building separated cycle lanes, clearly sign posted quiet roads • Access to the countryside along bridleways adapted for cycling • Travel plans with targets and timetable for traffic reduction • Buses and lorries using alternative fuel • Pavements that are wide enough for prams/buggies/trollies to pass • Ease of crossing the road to a bus stop, shops, leisure centres etc • High quality maps for best routes and signage for wayfinding

	Legal exceedences in air pollutants which mainly come from local traffic fumes are a worrying cause of ill-health. The pollutants are known to be particularly damaging to young children as well as those with asthma, heart and lung disease. Therefore the right to clean air should be clearly stated. It is well known, but needs re-iterating, that the traffic problems we currently face are symptoms of transport policy failure over many years. The main weakness we see is that Wiltshire Council no longer has officers dedicated to walking, cycling and encouraging smarter choices. However we are aware of NICE's recent public health guidelines on walking and cycling and would like to draw your attention to their advice about nominating a senior member of the public health team to promote and oversee walking and cycling.

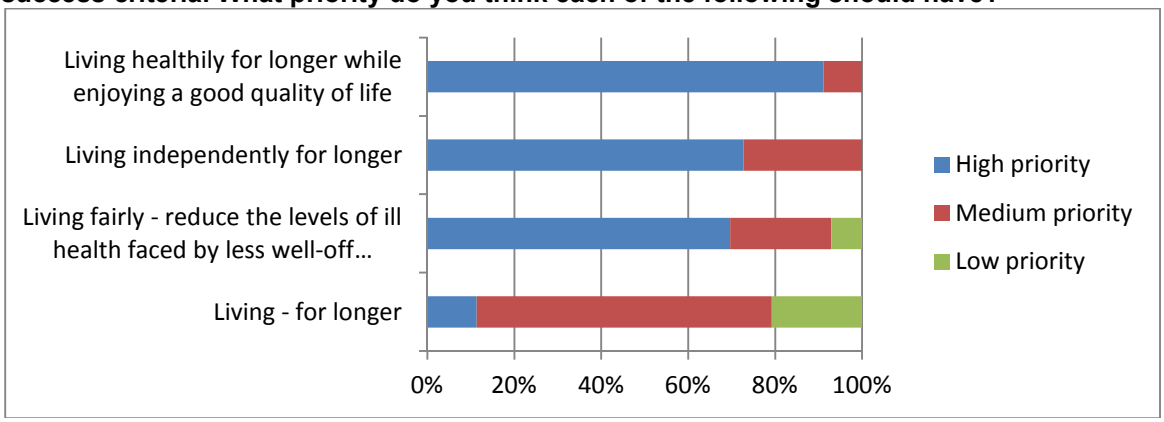
Longer submissions (available on request) were also received from:
Wiltshire and Swindon Local Nature Partnership: Asking for emphasis on - air quality; walking, cycling and access to green space; adapting to climate change; production of Green Infrastructure Strategy to improve access to green space in deprived areas which is needed to deliver the benefits outlined in the JSA topic report; the scope for expanding structured service provision such as organised walking and running groups.

Transport Theme Lead, Salisbury City Community Area Partnership: Mainly focused on NICE public health guidance 41 "Walking and cycling: local measures to promote walking and cycling as forms of travel and recreation"

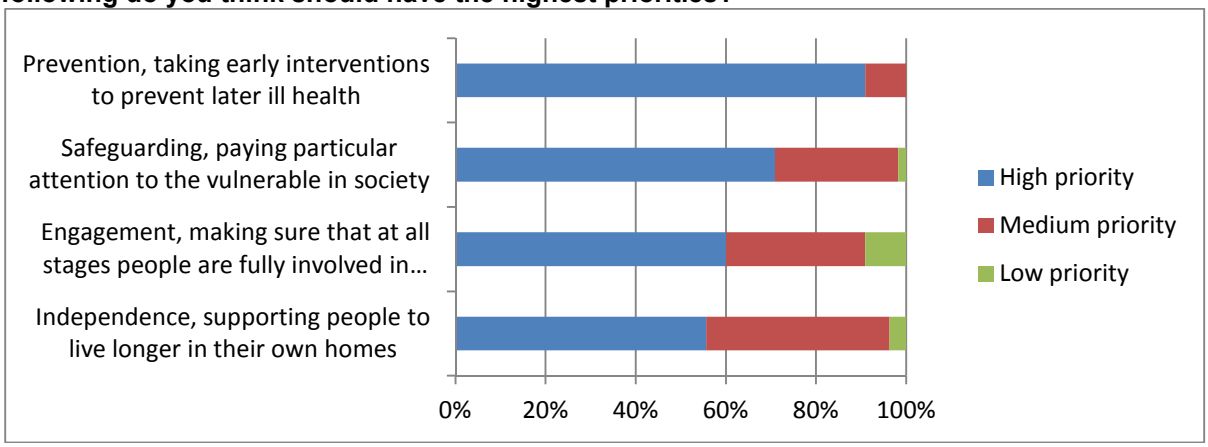
Cycling Opportunities Group for Salisbury: Mainly focused on NICE public health guidance 41 and the need for a senior member of the public health team to promote walking and cycling. Emphasis on active travel and offering involvement in implementing any strategy promoting active travel by helping to provide information on cycling, cycle routes and by leading cycle rides on the routes around Salisbury.

Wiltshire Money: There are substantial links between the financial situation of an individual and his or her mental and physical health and wellbeing. One in four people has a mental health problem; one in four people with a mental health problem is in debt; One in two people in debt has a mental health problem. Taking preventative action to support people to live healthily can include support to develop financial capability.

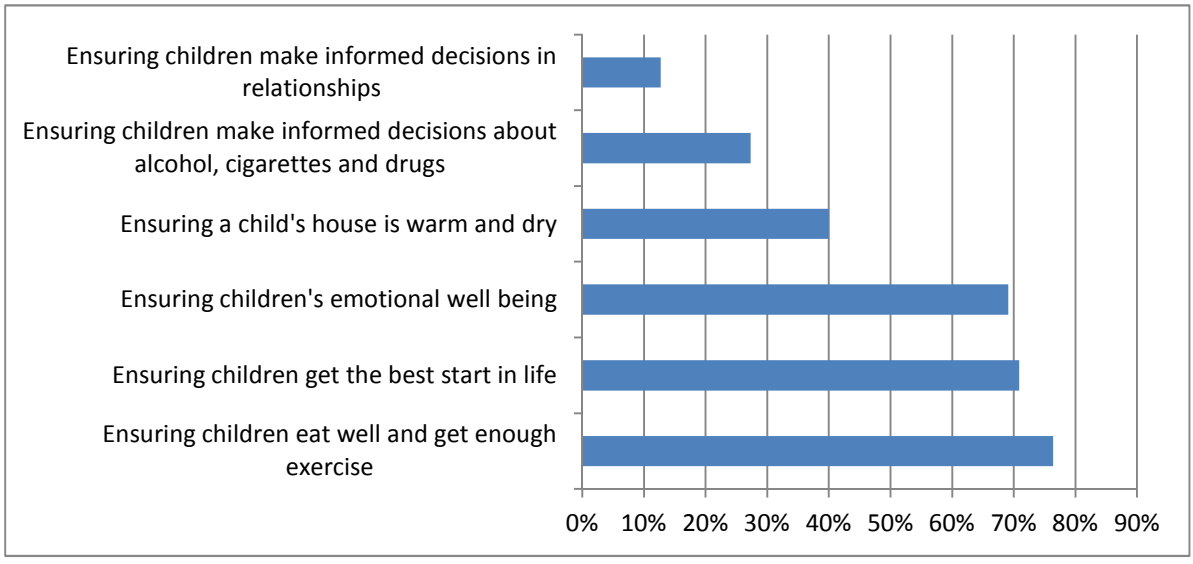
Q1. Wiltshire's draft Joint Health and Wellbeing Strategy sets out four overarching success criteria. What priority do you think each of the following should have?



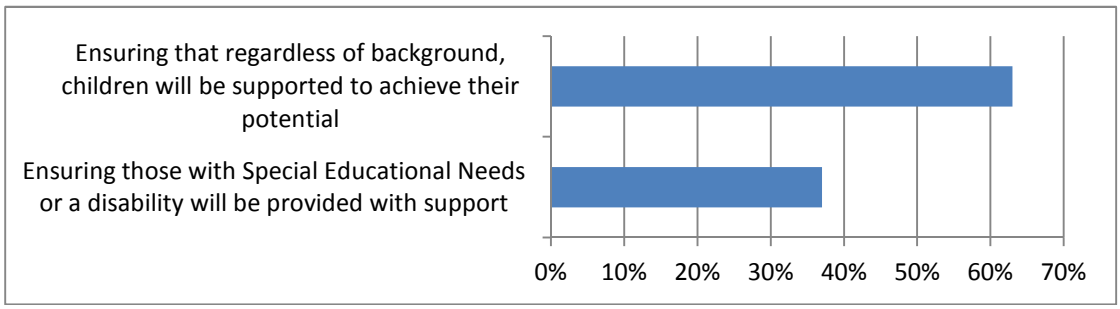
Q2. The strategy embraces a number of cross cutting themes that underpin all the activities. Are the cross-cutting themes in the strategy the right ones? Which of the following do you think should have the highest priorities?



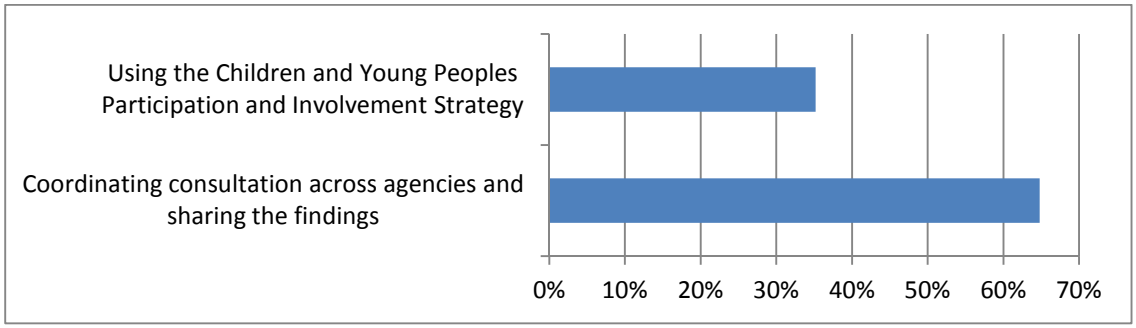
Q3. Considering the ambitions and activities set out in the <u>pre-natal, pre-school and school life-stage</u>, which area under the prevention theme do you consider the priority for more resources? (Please tick three boxes only)



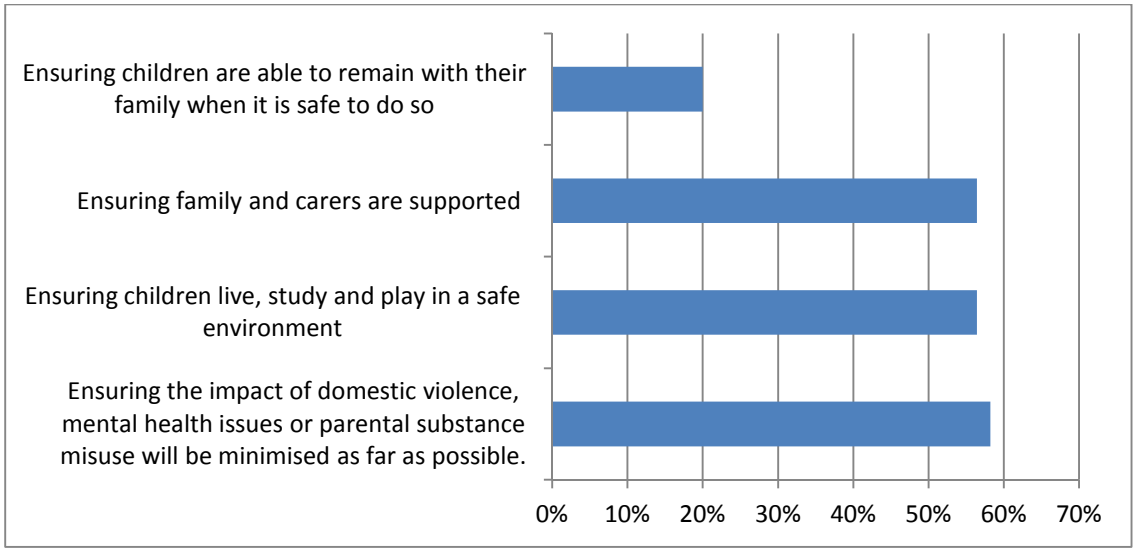
Q4. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the independence theme do you consider the priority for more resources? (please tick one box only)



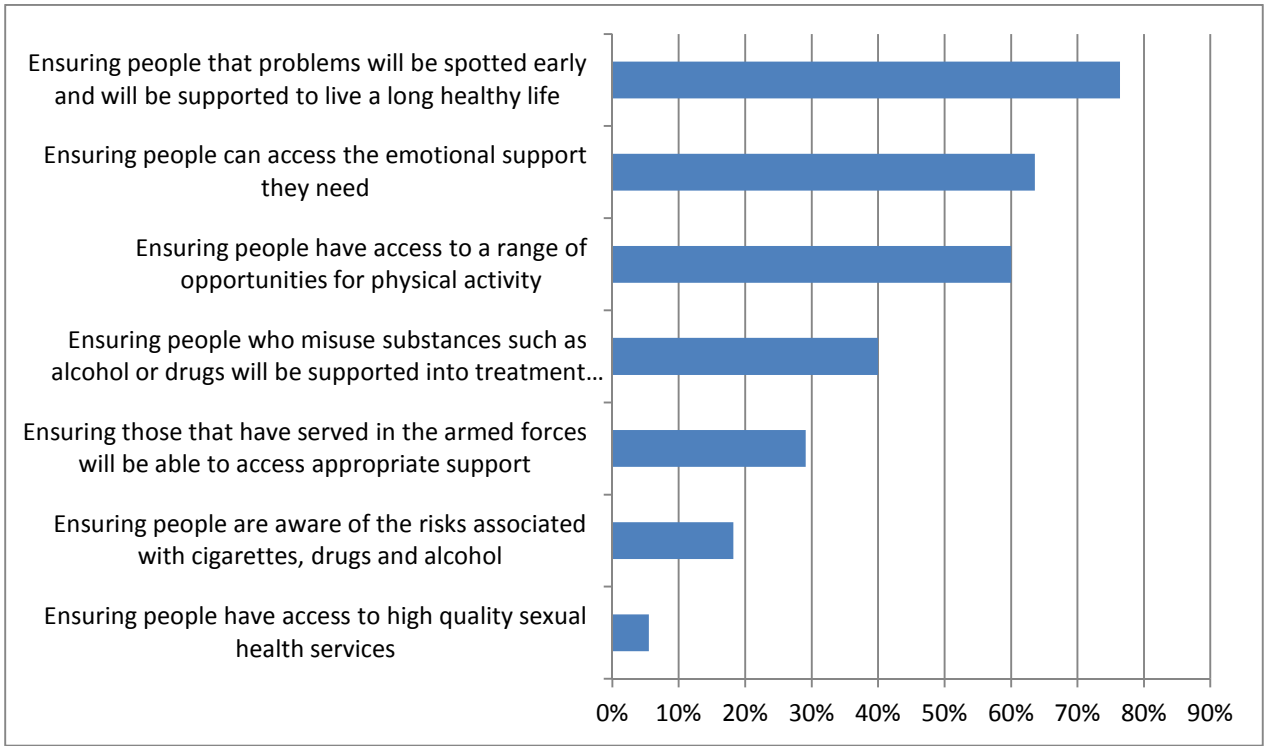
Q5. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the engagement theme do you consider the best way of offering opportunities to participate in the development of services? (Please tick one box only)



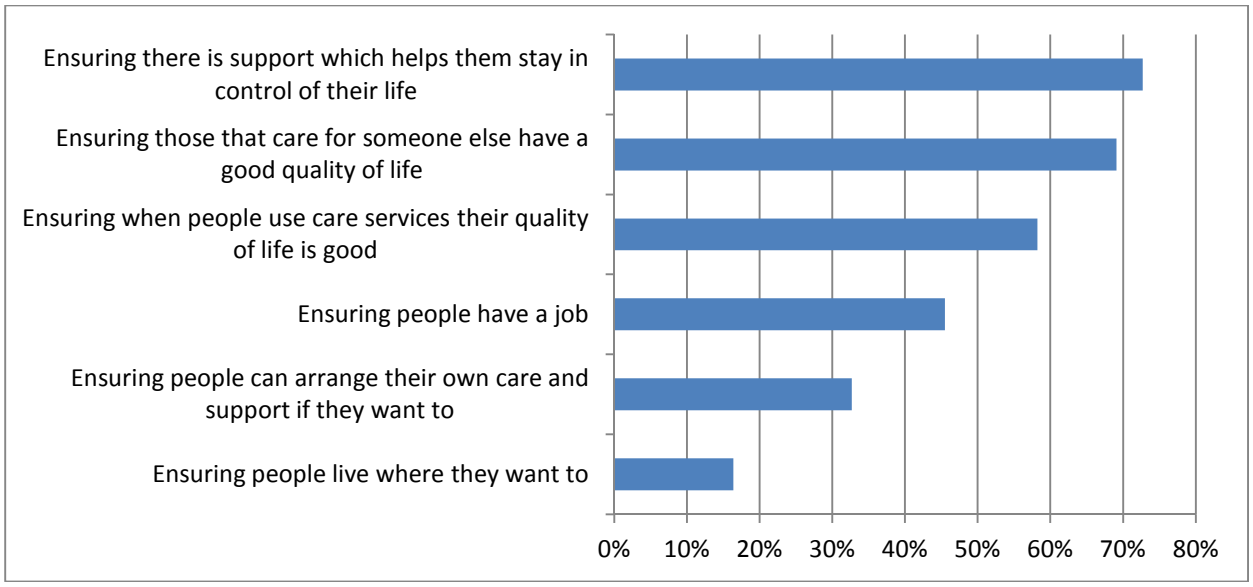
Q6. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick no more than two boxes)



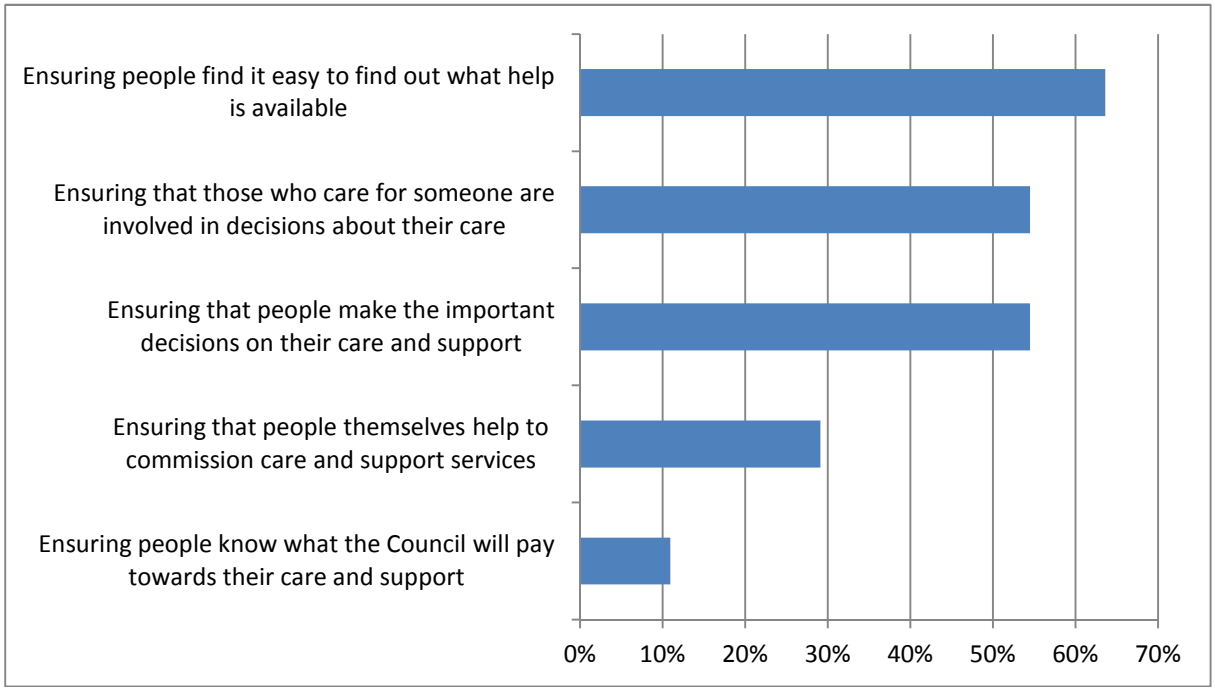
Q7. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)



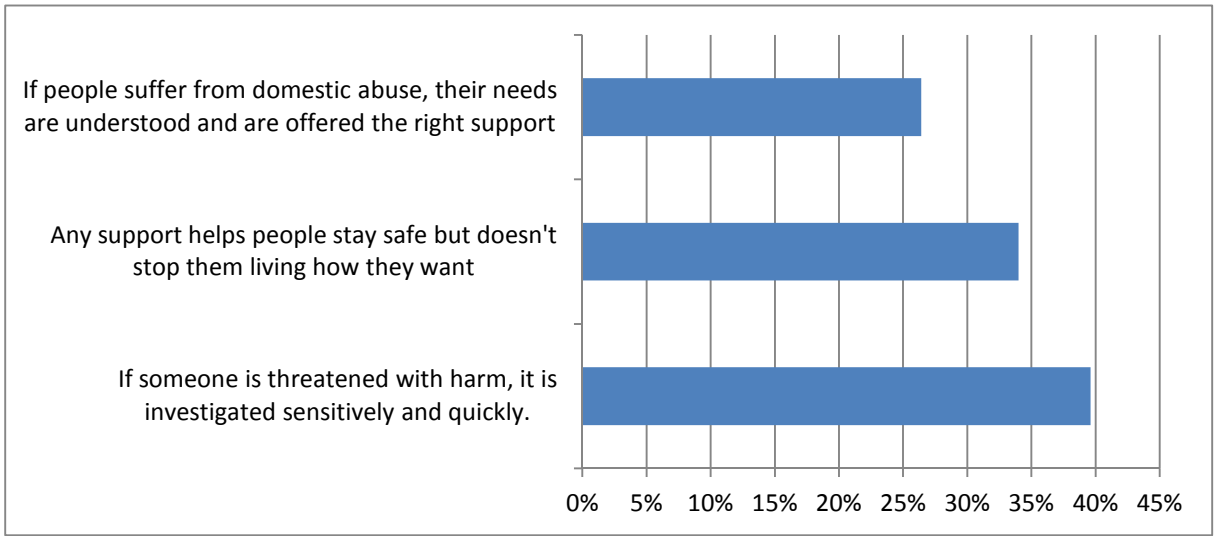
Q8. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the independence theme do you consider the priority for more resources? (Please tick no more than three boxes)



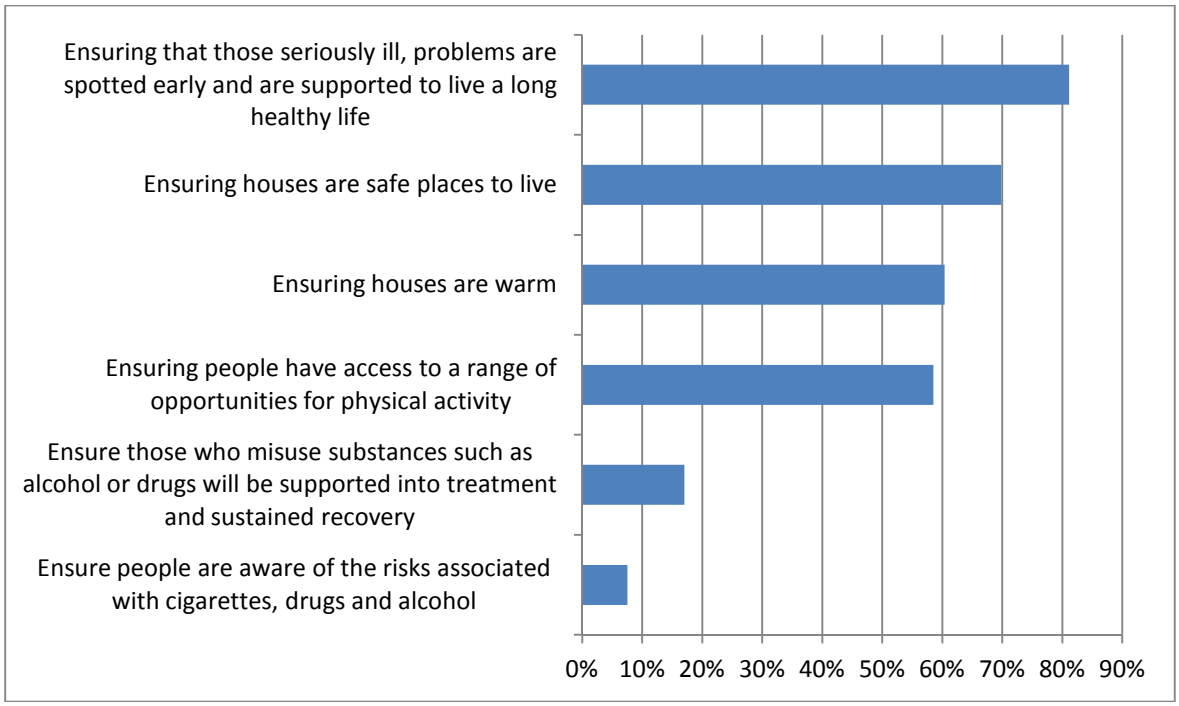
Q9. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the engagement theme do you consider the priority for more resources? (Please tick no more than two boxes only)



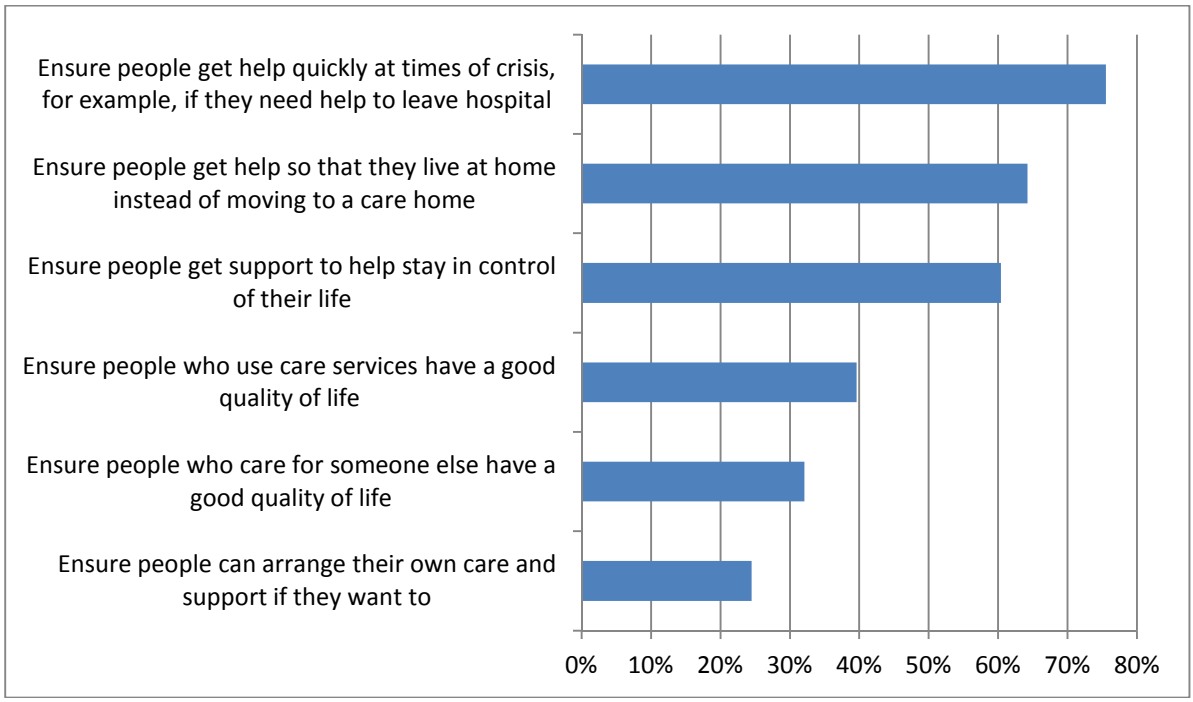
Q10. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick one box only)



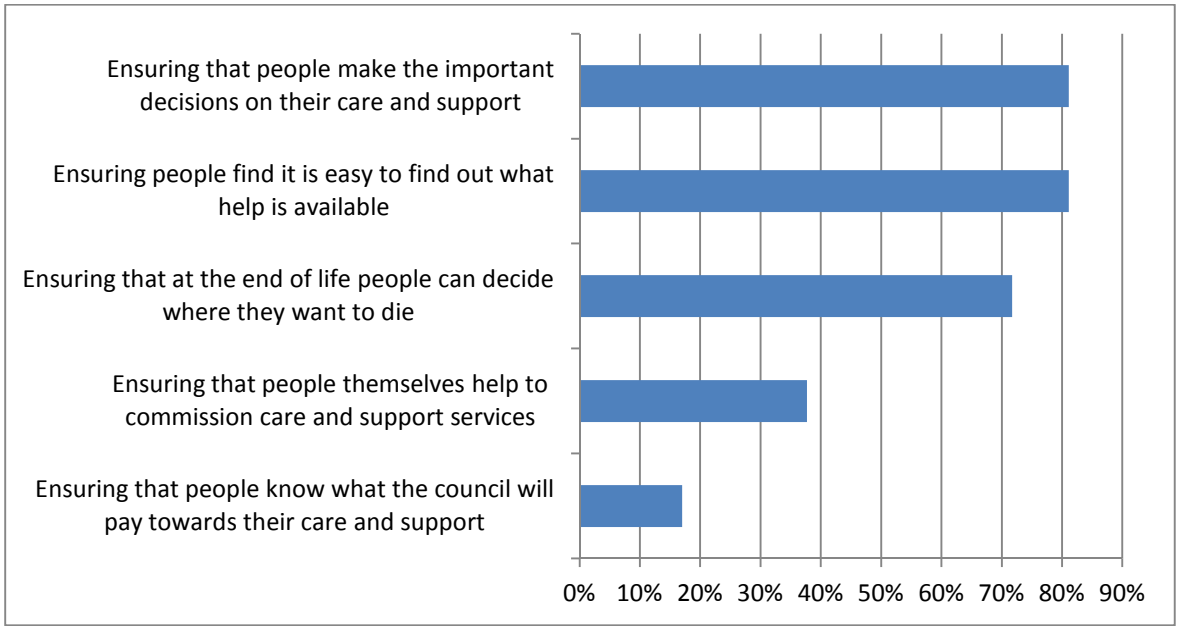
Q11. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)



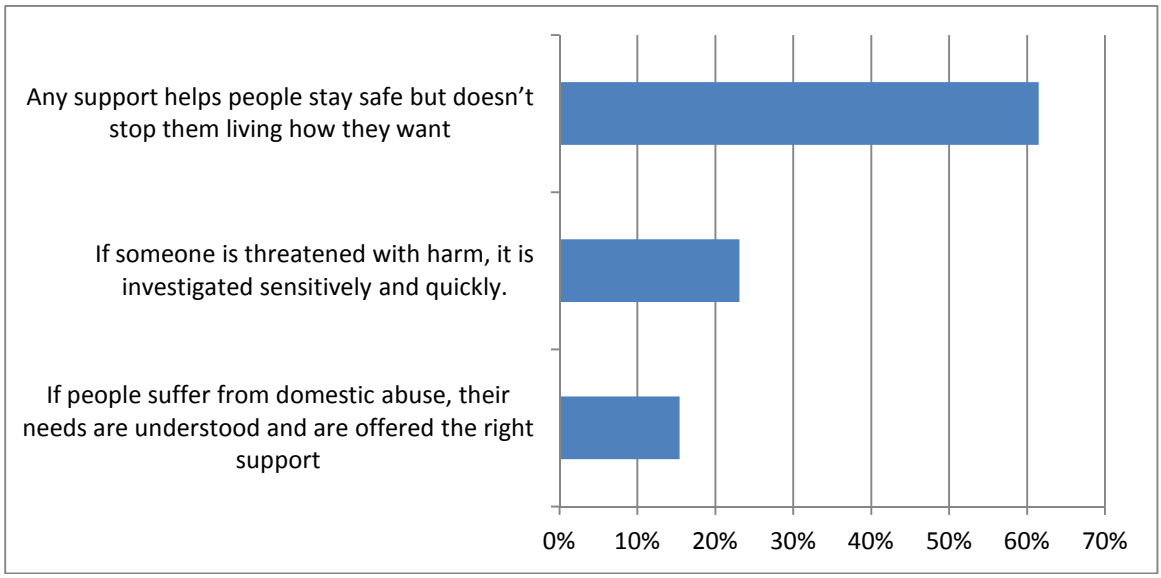
Q12. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the independence theme do you consider the priority for more resources? (Please tick no more than three boxes only)



Q13. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the engagement theme do you consider the priority for more resources? (Please tick no more than three boxes only)



Q14. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick one box only)



Wiltshire's

Joint Health and Wellbeing Strategy

Post consultation draft for approval by the Health and Wellbeing Board

Wiltshire Council
Where everybody matters

NHS
Wiltshire
Clinical Commissioning Group

Contents

What is the Joint Health and Wellbeing Strategy for Wiltshire?

It is about working together in Wiltshire so that people have the support they need to live longer, healthier lives. Working together means collaboration between organisations but it also involves the population of Wiltshire playing an active part in its own wellbeing.

Throughout our lives all of us want to live healthily and independently; to have our needs listened to and to be kept safe from avoidable harm. We think that these are healthy ambitions and that services in Wiltshire should be set up to support this. This applies whether we are young or old.

We have looked long and hard at the evidence on health and wellbeing in Wiltshire[1]. By and large this is a cause for celebration; most people in Wiltshire are living longer lives than ever before. However, the same evidence also shows us a number of issues which individuals and agencies cannot always tackle alone – such as unhealthy lifestyles; a rise in illnesses, such as dementia, as people live longer; and the need to give help to those that are at particular risk of ill health.

Working together, all of us can offer something important to deal with these challenges.

Organisations already have their own business plans[2] which set out the services that they are providing and how they aim to make things fairer. Families, friends and neighbours also provide help in local communities across Wiltshire, alongside the wider voluntary and community sector, which is invaluable. We want to see more of this and will support people to do more for themselves, and each other, and to take responsibility for their health and wellbeing whether they are young or old.

So this strategy is not about taking action on everything at once. Instead, it sets out the main areas where working together will be vital for making a real difference in people's lives. This includes important issues such as making sure the right help is on hand when leaving hospital and offering support to allow people to live in their own homes for longer.

The Wiltshire-wide response (including that of Wiltshire Council) on improving the health of the public and providing care to children and adults will be in line with the themes and actions shown in this document. As will the work of the Clinical Commissioning Group (the organisation led by a group of GPs, responsible for buying the healthcare we need) and NHS England (the national body responsible for sourcing specialist healthcare, including the services provided to patients by GPs). Joint commissioning plans will be developed to provide more detail on how the outcomes will be delivered.

What will success look like?

The four main things we want to achieve for the people of Wiltshire are:

1. Living for longer;
2. Living healthily for longer, and enjoying a good quality of life;
3. Living independently for longer;
4. Living fairly, reducing the higher levels of ill health faced by some less well-off communities.

[1] Set out in the Health and Wellbeing Chapter of Wiltshire's Joint Strategic Assessment
[2] A list of some of the key documents here is included in Appendix 1.

To deliver this, GPs, social workers, health visitors, nurses and other frontline professionals will be working more closely together to provide a seamless service to carers, families and individuals. This aim will also be considered in workforce development strategies.

Better ways of getting help, such as over the phone (telecare) or by putting different services in the same place will also be looked at.

And the different organisations will plan and buy more of their services together to make sure people get the joined-up support they need.

Wiltshire's Health and Wellbeing Board* will be responsible for making this happen. The members of the Board will work with other local partners such as the Local Nature Partnership, housing providers, Wiltshire Probation Trust, schools, the Voluntary and Community Sector and Area Boards to influence other key services that affect health. The link between housing, planning and development and the health of the community is also recognised; given that physical and mental wellbeing depend on a broad range of characteristics including facilities for active travel, public transport and green spaces.

When making decisions, the Board will bear in mind the potential effects on vulnerable groups. The Board will also receive regular reports on the progress that is being made using measures developed nationally[3] as well as some local measures where these are appropriate. These are shown against each of the ambitions in this document.

How long does the strategy last?

This strategy begins in September 2013 and sets out the ambitions which agencies will be working together to meet over the next few years and the actions needed to achieve these.

We will look at it again in 12 months time (and as and when needed) to make sure the right areas are still covered. We will also be listening to communities and service users across Wiltshire (working with the new Healthwatch Wiltshire) to make certain your views and experiences on joint working are used to change things for the better.

Signed: The Members of Wiltshire's Health and Wellbeing Board*

*Wiltshire's Health and Wellbeing Board members work together to understand Wiltshire's needs, agree local priorities and encourage commissioners (those responsible for designing and paying for services) to work in a more joined up way. The Board is chaired by the Leader of Wiltshire Council, Cllr Jane Scott OBE. The Board also involves patient representatives (through Healthwatch Wiltshire) and brings these together with local commissioners from health, public health, the police and children and adults' social care sectors. By working in this way the Board aims to significantly strengthen the democratic basis of decisions, as well as offering a way of involving local people.

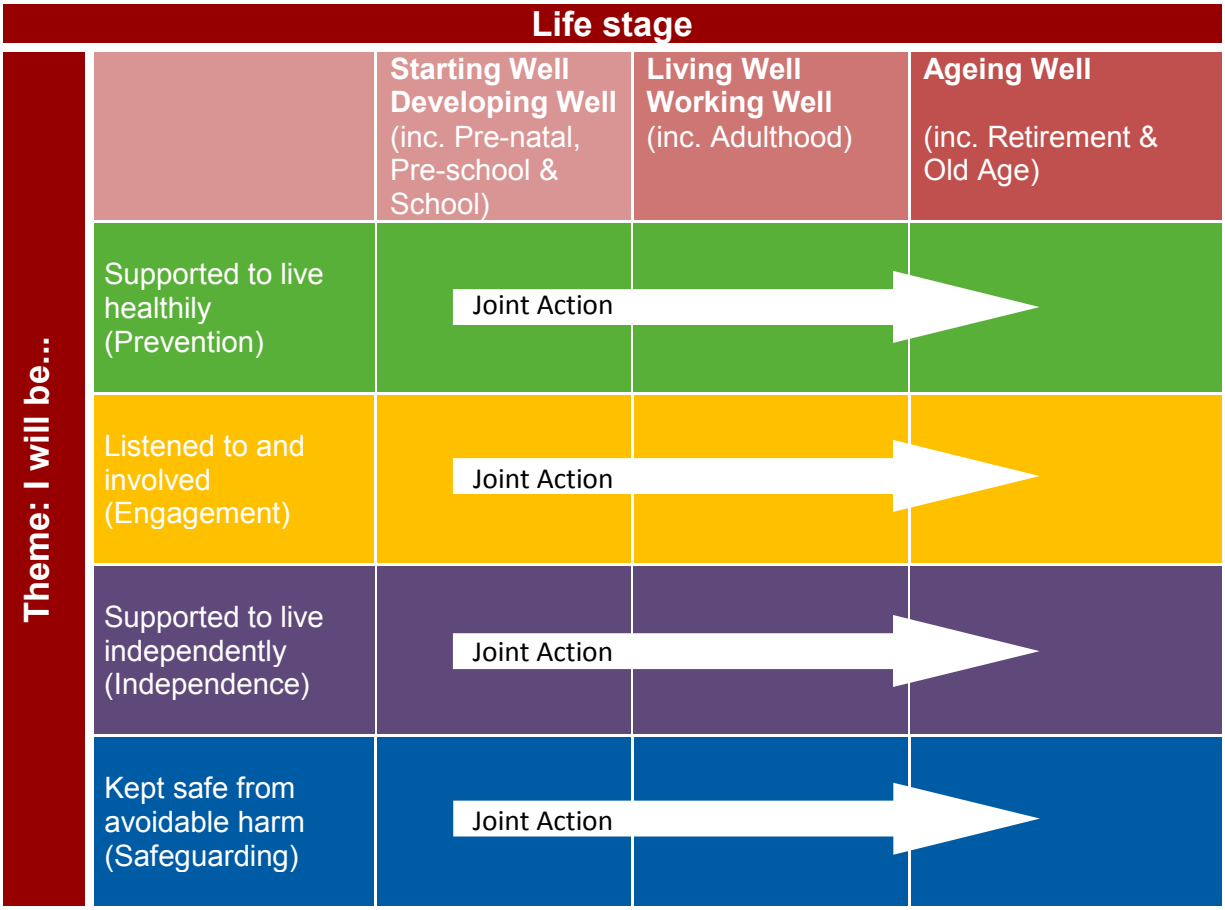
[3] These include the NHS Outcome Framework (NHSOF), Adult Social Care Outcome Framework (ASCOF) and Public Health Outcome Frameworks (PHOF) and the views of the Children and Young People's Health Outcomes Forum. These are summarised in Appendix 2.

Reading this document

The diagram below illustrates how the key **themes** (Prevention, Independence, Engagement and Safeguarding) in Wiltshire's Joint Health and Wellbeing Strategy are looked at for each stage of our lives.

For each of these themes, **'Healthy Ambitions'** are provided. These are what we want the people of Wiltshire to experience. Alongside the Healthy Ambitions are shown the joint actions that will be taking place to help achieve them.

Although not a hard and fast rule, the joint actions at the start of each theme tend to be those most relevant to early life and those later on more relevant to other stages of life. Some of the actions will be relevant across all life stages.



Taken together, the actions will provide the right healthcare for you, with you and near you.

As explained above, the outcomes of the actions will be measured using indicators from the Public Health Outcomes Framework (**PHOF**); the Adult Social Care Outcomes Framework (**ASCOF**) and the NHS Outcomes Framework (**NHSOF**).

Appendix

Theme: I will be supported to live healthily (Prevention)		
Healthy ambition	**Joint activity**	**Outcome measure**
I will get the best start in life	Further development of integrated working between children's centres, health visitors and midwives (to support mother and child) National Healthy Child programme Air Quality Strategy	• Infant mortality (NHSOF 1.6i) • Children in poverty (PHOF 1.1) • Low birth weight of term babies (PHOF 2.1) • Breastfeeding (PHOF 2.2) • Smoking status of mother (PHOF 2.3) • Child development at 2 years (PHOF 2.5)
I eat well and get enough exercise; and have access to a range of opportunities for physical activity, including outdoors	Early Years Healthy Eating programme and Healthy Schools programme (inc. Forest Schools) Child Obesity and Adult Obesity Pathways implementation; Free child swimming in school holidays and leisure services promotion Local measures to promote walking and cycling and active travel (e.g. Bike It Plus and Walking Challenge; sustainable transport planning and school/ workplace travel plans) Provision of green space close to where people live Active health programme providing referrals for particular groups Green Gym scheme Support conservation volunteering Support communities to develop healthy lifestyle initiatives Air Quality Strategy	• Excess weight in 4-5 and 10-11 year olds (PHOF 2.6) • Tooth decay in children aged 5 (PHOF 4.2) • Use of green space for exercise/ health reasons (PHOF 1.16) • Excess weight in adults (PHOF 2.12) • Proportion of physically active and inactive adults (PHOF 2.13)
I make informed decisions about alcohol, cigarettes and drugs	Risky behaviour training Healthy Schools Programme ASSIST (A Stop Smoking In School Trial) intervention with schools Information provision Stop smoking service Stop smoking service to specifically target people with long term conditions and who are on surgical lists with stop smoking support	• Alcohol related admissions to hospital (PHOF 2.18) • Smoking prevalence of 15yr olds (PHOF 2.9) • Adult smoking prevalence (PHOF 2.14) • Alcohol related admissions (PHOF 2.18)
I make informed decisions in relationships	Risky behaviour training Healthy Schools Programme Multiagency drop in centres Sexual health clinics Screening programmes	• Under 18 conceptions (PHOF 2.4) • Chlamydia diagnoses of 15-24yr olds (PHOF 3.2)

Theme: I will be supported to live healthily (Prevention)		
Healthy ambition	**Joint activity**	**Outcome measure**
I can access the emotional support I need	Anti-bullying and counselling services Peer mentoring groups Sharing information on case referrals Suicide and self harm prevention strategy including: • Appropriate and timely crisis intervention teams • Proactive primary care based mental health liaison services • Recovery services Promote positive mental health – five ways to mental health: Connect; Be active; Take notice; Keep learning; Give. Wiltshire Wildlife Trust wellbeing project or similar opportunities with the Local Nature Partnership. Debt/ financial capability advice. Information sharing protocol (including with police on Anti-Social Behaviour and vulnerable people)	• Number of reported instances of bullying by children • Children feel safe • Pupil absence (PHOF 1.3) • Emotional wellbeing of looked after children (PHOF 2.8) • Suicide (PHOF 4.10) • Hospital admissions as a result of self harm (PHOF 2.10) • Excess under 75 mortality in adults with mental illness (PHOF 4.9 and NHSOF 1.5)
If I have served my country in the armed forces, my family and I will be able to access appropriate support	Military Civilian Integration Partnership ensures appropriate contractual arrangements with service providers for military personnel to access services Wiltshire Veterans' Action Plan	• Health outcomes for service and ex-service personnel based in Wiltshire
My house is a warm and safe place for me to live	Promotion of Warm and Well initiative Affordable warmth strategy Adaptations to climate change Falls and bone health strategy, including care pathways and integrated community teams Improved awareness of falls prevention and osteoporosis management. Integrated community equipment service (including home adaptations)	• Fuel poverty (PHOF 1.17) • Excess winter deaths (PHOF 4.15) • Falls and injuries in the over 65s (PHOF 2.24) • The proportion of patients recovering to their previous level of mobility at 30 and 120 days (NHSOF 3.5)

Appendix

Theme: I will be supported to live healthily (Prevention)		
Healthy ambition	**Joint activity**	**Outcome measure**
If I get seriously ill, problems will be spotted early and I will be supported to live a long healthy life	Increase early diagnosis and delivery of health checks programme Improve cancer screening coverage Improve access to chemotherapy in the community Improve quality of life for cancer survivors Improve timely and early diagnosis of dementia and post diagnostic support Improve timely and early diagnosis of diabetes, renal and other high impact diseases Step up beds to provide short term support when needed Community based transport and seamless health and social care services Care coordination plans for those with any or a combination of long term conditions. Risk stratification approach.	• Cancer diagnosed at stage 1 and 2 (PHOF 2.19) • Mortality from causes considered preventable (PHOF 4.3) • Mortality from all cardiovascular diseases (PHOF 4.4) • Mortality from cancer (PHOF 4.5) • Reduced time spent in hospital by people with long term conditions (NHSOF 2.3) • Proportion of people feeling supported to manage their condition (NHSOF 2.1)

Theme: I will be listened to and involved (Engagement)		
Healthy ambition	**Joint activity**	**Outcome measures**
As a child I will be offered opportunities, with my parents and carers, to participate in the development of services	Use of Children and Young Peoples Services Participation and Involvement Strategy Coordinated multiagency consultation and sharing of findings	• Local evaluation from users
I can help commission care and support services for adults of working age	Co-production of care and support services, e.g. with Wiltshire's user led organisations, strategic action groups or tenants groups. Use of Wiltshire Voices, engagement with advocacy and user networks, and support for community-led activities such as stroke clubs.	• ?Healthwatch Wiltshire? satisfaction measure?
It is easy to find out what help is available	Communication and signposting services Improved information and advice about self care.	• The proportion of people who use services and carers, who find it easy to find information about services (ASCOF 3D)
I make the important decisions on my care and support	Person-centred assessments, support plans and reviews Timely future planning for people with dementia	• The proportion of people who use services who have control over their daily life (ASCOF 1B) • The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C) • H2LAH Survey questions
I care for someone and I am involved in decisions about their care	Support for advocacy through Carers Voice, Wiltshire Carers Action Group, Carer involvement networks and other organisations	• The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)
I know what the Council will pay towards my care and support	Personal budgets and direct payments	• Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)
At the end of my life I can decide where I want to die	End of life planning and coordination Appropriate support to care homes to improve end of life care.	• Numbers dying in setting of choice • Numbers with end of life plans (NHSOF 4.6)

Appendix

Theme: I will be supported to live independently (Independence)		
Healthy ambition	**Joint activity**	**Outcome measures**
Regardless of my background, I will be supported to achieve my potential	Joined up work between children's centres and community health services and schools. Early identification of difficulties that could make children and young people vulnerable to underachievement and then providing signposting or direct support. Financial education. Joined up services for special educational needs and disabled children and young people (0-25 yrs old); and transition into adulthood. Integrated commissioning across health, social care and education, together with development of personal budgets	• School readiness (PHOF 1.2) • % of all children achieving at Foundation Stage Profile, Key Stage 2 and 4 results compared to % children from vulnerable groups achieving at Foundation Stage Profile, Key Stage 2 and 4 results. • 16-18yr olds not in education, employment or training (PHOF 1.5) • Health related quality of life for carers (NHSOF 2.4) • Reported experience of parents and carers
I can arrange my own care and support if I want to	Direct payments Pilot personal health budgets Improved information and advice about self care	• Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)
I have the opportunity and support needed to work or volunteer my time	Employment support services, including for those with a long term condition Promote healthy workplaces for those with mental health issues Support for voluntary service	• Proportion of adults with learning disabilities in paid employment Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1E, 1F) • Employment for those with a long term health condition including those with a learning difficulty or mental illness. Sickness absence rate. (PHOF 1.8 and 1.9, NHSOF 2.5 and 2.2)
My support helps me stay in control of my life	Rehabilitation, education, advocacy and support programmes for those with long term conditions (including dementia) Active health and health trainer programmes. Wiltshire Wildlife Trust wellbeing project and/ or similar opportunities. Learning disabilities services Increasing access to services in the community (GPs, NHS Dentistry) and exploring co-location of services in community campuses	• The proportion of people who use services who have control over their daily life (ASCOF 1B) • Proportion of people who feel supported to manage their condition (NHSOF 2.1) • Reduced time spent in hospital by people with long term conditions (NHSOF 2.3) • Improving access to primary care (GP and dental) services (NHSOF 4.4)

Theme: I will be supported to live independently (Independence)		
Healthy ambition	**Joint activity**	**Outcome measures**
I use care services and my quality of life is good	Quality assurance on safeguarding policies and procedures Good neighbour scheme Bridging the gap initiative Multi sensory arts projects	• Social care-related quality of life (ASCOF 1A) • Self-reported wellbeing (PHOF 2.23) • Health related quality of life for older people(PHOF 4.13) • Social isolation (PHOF 1.18/ ASCOF 1I)
I care for someone else and my quality of life is good	Active support network for carers (including young carers) Employment, volunteering and training opportunities for carers GP "Investors in carers" scheme Information and guidance for carers provided within a single handbook Financial & benefits advice for carers Carer personalised breaks Advocacy for Carers Emergency and crisis support for carers (Emergency Card Service)	• Carer-reported quality of life (ASCOF 1D and NHSOF 2.4)
I get help so that I can live in my own home instead of moving to a care home.	"Moving Out" initiative Mental health awareness training for housing professionals. Early identification of people with mental health issues at risk of losing their tenancy. Dementia friendly communities Delayed transfer of care measures including extra care facilities Integrated community equipment service (including home adaptations). Telehealth and telecare. Access to financial advice and support Help to live at home ongoing support and active ageing support	• Proportion of adults with learning disabilities who live in their own home or with their family • Proportion of adults in contact with secondary mental health services living independently, with or without support (ASCOF 1G, 1H, 2A) • People with mental illness or disability in settled accommodation (PHOF 1.6) • Permanent admissions to residential and nursing care homes, per 1,000 population • Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital, into reablement/ rehabilitation services (ASCOF 2A, 2B and NHSOF 3.6) • Help to live at home O24
I get help quickly at times of crisis, for example, if I need help to leave hospital	Help to live at home initial support plans; Starr beds – scheme for step up and step down care Seamless working between NHS, social care and mental health services to reduce delayed transfers of care. Health gain agreement.	• Help to live at home performance reports

Appendix

Theme: I will be kept safe from avoidable harm (Keeping Safe)		
Healthy ambition	**Joint activity**	**Outcome measures**
As a child, I live, study and play in a safe environment	Child injury prevention initiatives Road danger reduction initiatives	• Hospital admissions caused by deliberate and unintentional injuries in under 18s (PHOF 2.7)
As a child, my family and carers will be offered support to look after me	Carer, family and parenting support services Use of the child assessment framework and taking on the "lead professional role" Engage in "team around the child" activity	• Number of active Common Assessment Frameworks (CAFs) for children and young people • Children and young people and their families, reports on the outcomes of interventions
As a child, when domestic violence, mental health issues or parental substance misuse occurs, the impact on my family will be minimised as far as possible.	Hidden Harm initiative Joined up working between children and adult services to deliver a "think family" (early intervention) approach	• Reduced number of domestic violence incidents reported where children and young people are present • Pupil absence (PHOF 1.3)
As a child, I am able to remain with my family when it is safe to do so and protected from abuse and exploitation	Implementation of "Working Together" guidance, including engagement with Local Safeguarding Children Board, and relevant safeguarding meetings	• Rate per 10,000 CYP on child protection plans or in care
If I suffer from domestic abuse, my needs are understood and I am offered the right support	Staff are trained and appropriate domestic abuse policies are in place for all agencies	• Domestic abuse (PHOF 1.11)
If I have misused substances such as alcohol or drugs I will be supported into treatment and sustained recovery	Early intervention and support for employment, training and housing services	• Successful completion of drug treatment and detection of drug use in offenders (PHOF 2.15 and 2.16)
My support helps me stay safe but doesn't stop me living how I want to	Health and social care services work	• The proportion of people who use services, who say that those services have made them feel safe and secure (ASCOF 4B)
If someone tries to harm me, it is investigated sensitively and quickly	Safe guarding policies, procedures and training Proportionate investigation of abuse-allegations	• The proportion of people who use services who feel safe (ASCOF 4A)
I feel safe	Victim support and other emotional wellbeing support	• Older people's perceptions of community safety (PHOF 1.19)

Glossary

Joint Strategic Assessment / Joint Strategic Needs Assessment (JSA/ JSNA)

Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services and informs future service planning taking into account evidence of effectiveness. Joint Strategic Needs Assessment identifies 'the big picture', in terms of the health and wellbeing needs and inequalities of a local population. In Wiltshire, this information is set out in the Health and Wellbeing Chapter of the Joint Strategic Assessment – a document which looks wider than Health and Wellbeing issues.

Clinical Commissioning Group (CCG)

Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing local health services In England. They will do this be commissioning or buying health and care services including: Elective hospital care; Rehabilitation care; Urgent and emergency care; Most community health services; Mental health and learning disability services.

National Health Service Commissioning Board (NHS CB)

The NHS CB's overarching role is to ensure that the NHS delivers better outcomes for patients within its available resources. The NHS CB will play a vital role in providing national leadership for improving outcomes and driving up the quality of care. It will fulfil this role through its leadership on delivering the NHS Outcomes Framework, supported by its accountability framework for clinical commissioning groups, its framework for choice and competition and its framework for emergency planning and resilience.

Health and Wellbeing Board (Wiltshire)

Wiltshire's Health and Wellbeing Board members work together to understand Wiltshire's needs, agree local priorities and encourage commissioners (those responsible for designing and paying for health and social care services) to work in a more joined up way.

Outcome Framework

Broadly speaking, 'outcomes' means 'results'. The NHS Outcomes Framework (NHS OF) sets out the results that the work of the NHS will be measured on. The Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF) measure the results of work in those areas.

Healthwatch Wiltshire

Healthwatch Wiltshire is the consumer champion for users of health and social care services in Wiltshire. It builds on existing responsibilities to promote patient and public involvement, and to seek views on services which can be fed back into local commissioning; it will have rights to enter and view provider services, and be able to comment on changes to local services. It also has functions and funding for advocacy and supporting individuals to exercise choice. It can report concerns about the quality of local health and social care services to HealthWatch England who will be able recommend that the Care Quality Commission takes action.

Joint Health and Wellbeing Strategy

This document, which outlines the priorities for joint working between health and social care organisations in Wiltshire.

Healthy Ambition

In this document, the 'healthy ambitions' are what we want the people of Wiltshire to experience. Joint activity to deliver these healthy ambitions is set out alongside these.

Prevention

Activities to prevent illness such as routine check-ups, immunizations, patient counseling, and screenings.

Independence

Managing everyday living skills to maximise ability, taking account of the support available and needed.

Engagement

A general term that may be translated as "involvement" or "participation".

Safeguarding

The process of protecting people from abuse or neglect, preventing impairment of their health and development, and ensuring they are living in circumstances consistent with the provision of safe and effective care.

Local Nature Partnership

The partnership in Wiltshire and Swindon that brings together a diverse range of individuals, businesses and organisations to create a vision and plan of action of how the natural environment can be taken into account in decision-making.

Help to Live at Home

The Help to Live at Home is a range of services that have been developed in Wiltshire to support independent living and pay providers on enabling people to live independently.

Appendix 1

Key documents and organisational plans

JSA Health and Wellbeing Priorities (this includes reference to the full range of documents relied upon and links to the resources available):
www.intelligencenetwork.org.uk/health/jsa-hwb/

Wiltshire Public Health Business Plan 2012/13:
http://www.wiltshire.nhs.uk

NHS Wiltshire Strategic Framework 2009-14:
http://www.wiltshire.nhs.uk/Corporate/About-Us/Our-plans-and-priorities.htm

Local Account for Wiltshire (Adult Social Care):
www.wiltshire.gov.uk

Wiltshire Children and Young People's Plan:
http://www.wiltshirepathways.org/

Wiltshire's Clinical Commissioning Group 'clear and credible plan':
http://www.wiltshire.nhs.uk/Corporate/ccg.htm

Help to Live at Home in Wiltshire
http://www.wiltshire.gov.uk/healthandsocialcare/adultcare/helptoliveathome.htm

Community-led planning events – discussion and actions on health and wellbeing issues: Community Area Managers

Wiltshire Council Housing Strategy

Wiltshire Council Volunteering Strategy and Action Plan

Wiltshire Council VCS Strategy

Wiltshire Council Safer Communities and Safeguarding Strategy

Lives not services - from the Local Agreement for Wiltshire (old):
http://www.wiltshire.gov.uk/council/wiltshirefamilyofpartnershipsworkingtogether/localagreementforwiltshire.htm

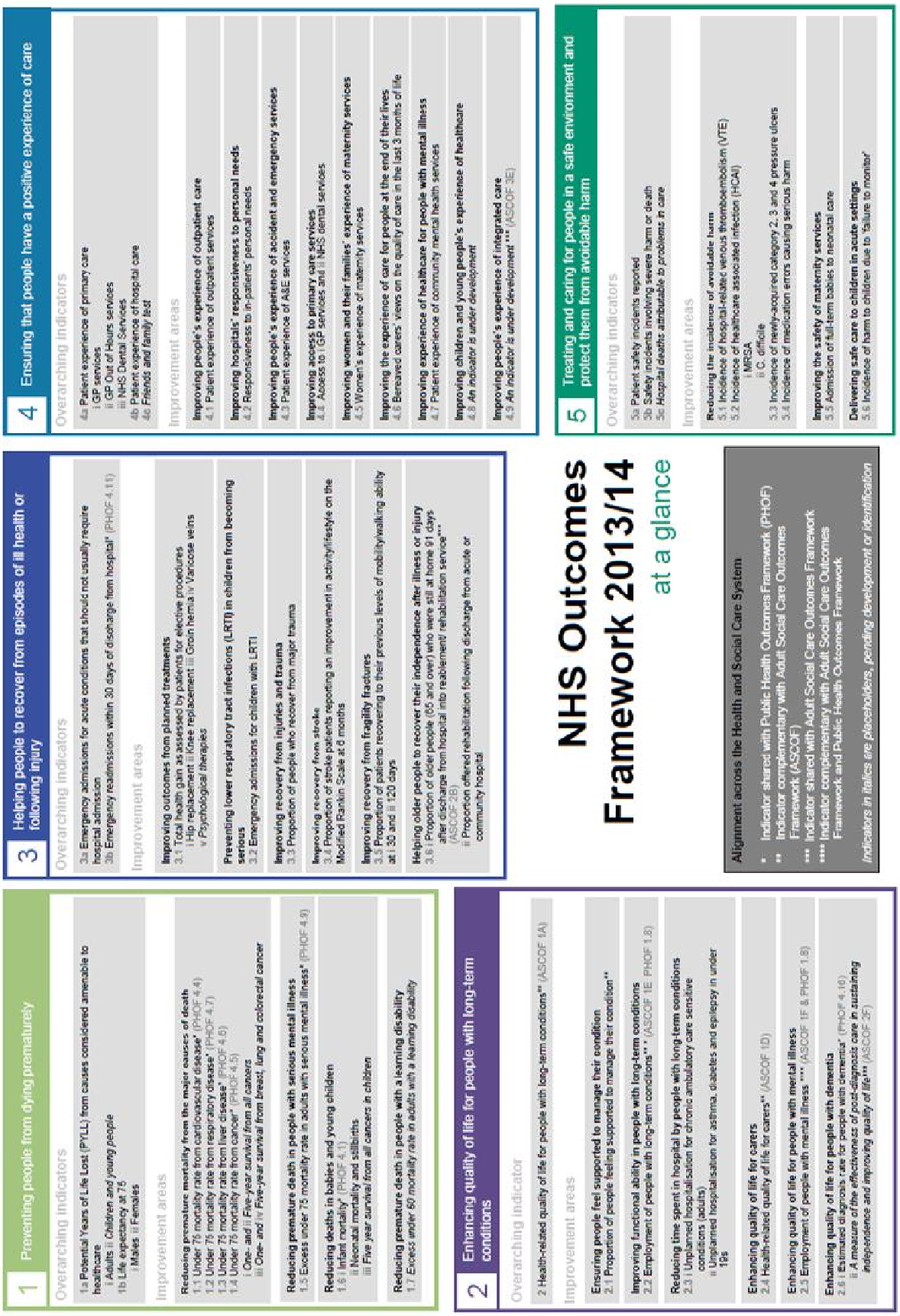
Local Transport Plan 3
http://www.wiltshire.gov.uk/council/howthecouncilworks/plansstrategiespolicies/transportpoliciesandstrategies/localtransportplan3.htm

Wiltshire Cycling Strategy; Wiltshire Walking Strategy; Wiltshire Green Infrastructure Strategy/policy; Wiltshire Obesity Strategy – update, Wiltshire Alcohol Strategy, Countryside Access Improvement Plan: www.wiltshire.gov.uk.

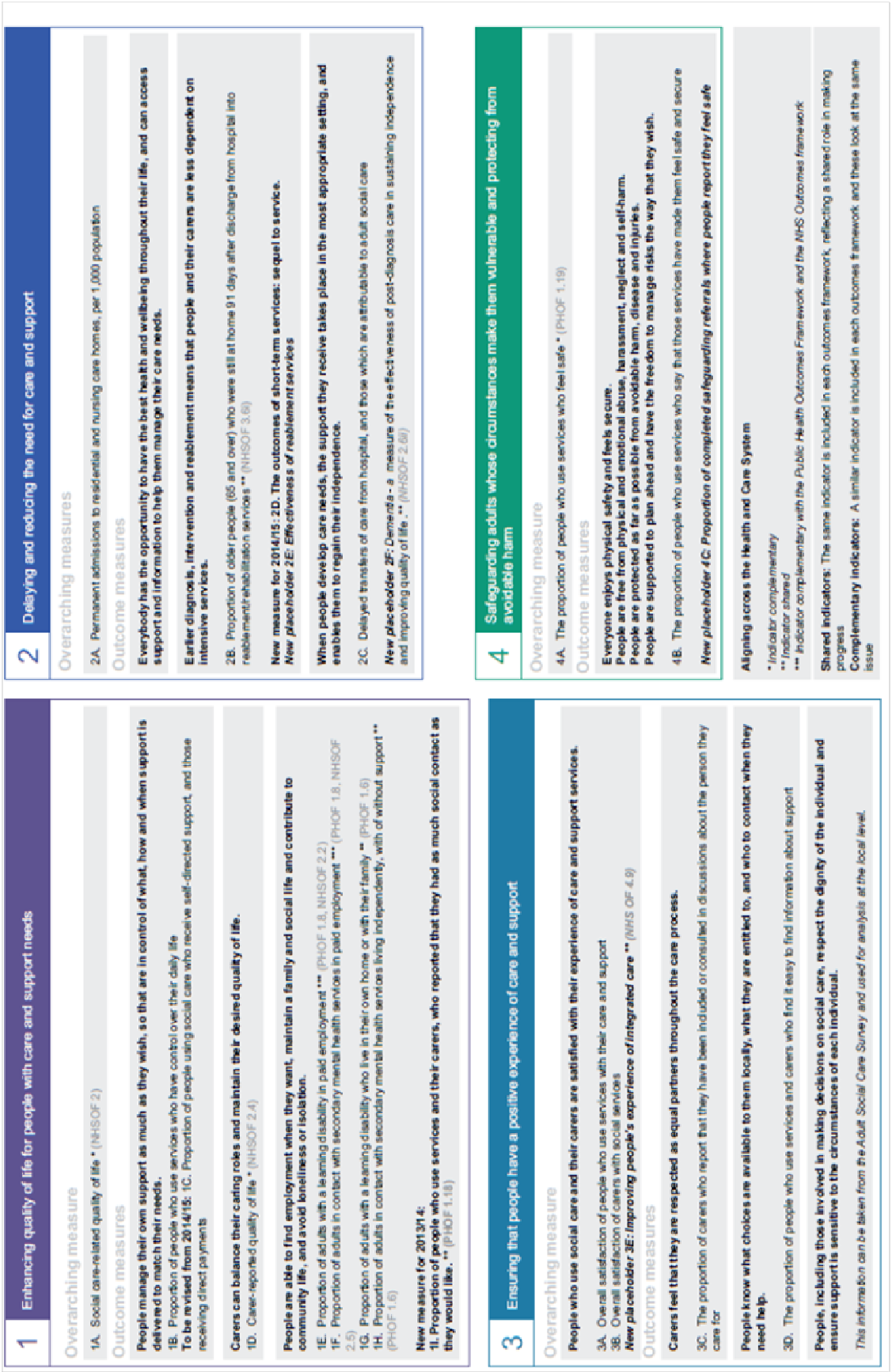
NICE guidance on physical activity via JSA chapter: http://tinyurl.com/hwjsa160

Appendix 2

Summary of UK national outcomes frameworks



Adult Social Care Outcomes Framework 2013/14 at a glance



Public Health Outcomes Framework 2013–2016

At a glance (Autumn 2012)

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 *School readiness (Placeholder)*
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 *People in prison who have a mental illness or a significant mental illness (Placeholder)*
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * *(I-NHSOF 2.2)* †† *(II-ASCOF 1E)* ** *(III-NHSOF 2.5)* †† *(III-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 *Domestic abuse (Placeholder)*
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise/health reasons
1.17 *Fuel poverty (Placeholder)*
1.18 *Social isolation (Placeholder)* † *(ASCOF 1I)*
1.19 *Older people's perception of community safety (Placeholder)* †† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 *Child development at 2-2½ years (Placeholder)*
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
2.8 Emotional well-being of looked after children
2.9 *Smoking prevalence – 15 year olds (Placeholder)*
2.10 *Self-harm (Placeholder)*
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 *Alcohol-related admissions to hospital (Placeholder)*
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for Tuberculosis (TB)
3.6 Public sector organisations with a board approved sustainable development management plan
3.7 *Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
4.8 Mortality rate from infectious and parasitic diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 *Health-related quality of life for older people (Placeholder)*
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia* *(NHSOF 2.6i)*

Information about Wiltshire Council services can be made available on request in other languages including BSL and formats such as large print and audio.

Please contact the council by telephone 0300 456 0100,
by textphone 01225 712500,
or email customerservices@wiltshire.gov.uk

Wiltshire Clinical Commissioning Group can be contacted by telephone on 01380 728899 or email communications.wiltshireccg@nhs.net

This page is intentionally left blank

Wiltshire Council

Health & Wellbeing Board

12th September 2013

Subject: **Winterbourne View Update**

Executive Summary

Following the publication of the Department of Health report in December 2012 "*transforming Care: a National Response to Winterbourne View Hospital"*, a Winterbourne View Joint Improvement Programme was established. This is led at ministerial level. The Winterbourne View Joint Improvement Programme asked local areas to complete a stock-take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

This report outlines where Wiltshire Council, Wiltshire Clinical Commissioning Group (CCG) and its partners have made improvements in its delivery of the Department of Health's recommendations and identifies areas where progress is still at an early stage.

Proposal(s)

That the Health and Wellbeing Board note the report and progress made in relation to the Department of Health report "*Transforming Care: a National Response to Winterbourne View Hospital"* and request a follow up progress report in 6 months time.

Reason for Proposal

To ensure the Health and Wellbeing Board is aware of the key issues that need to be progressed with Wiltshire Council and Wiltshire CCG around The Deparment of Health report "*Transforming Care: a National Response to Winterbourne View Hospital"*

James Cawley	**Debbie Fielding**
Service Director	**Chief Officer**
Wiltshire Council	**Wiltshire Clinical Commissioning Group**

Wiltshire Council

Health & Well Being Board

12th September 2013

Subject: **Winterbourne View Update**

Purpose of Report

1. The purpose of this report is to assure the Health and Wellbeing Board of the progress that has been made since the Department of Health issued its report ("*Transforming Care: a National Response to Winterbourne View Hospital"* in December 2012 and the associated recommendations. The report will also highlight areas requiring development.

Background

2. Following the Department of Health report in December 2012 a Winterbourne View Joint Improvement Programme was established. This is led at ministerial level. The Winterbourne View Joint Improvement Programme asked local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

3. The purpose of the stocktake was to enable local areas to assess their progress and for that to be shared nationally. The stocktake was also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. The stocktake has to been sent to the Department of Health.

Main Considerations for the Health & Well Being Board

4. The stocktake evidenced that Wiltshire Council and Wiltshire CCG have implemented or are in the process of implementing all of the Department of Health recommendations. For the purposes of this report key areas of improvement are highlighted, followed by a description of areas where the Council and its partners are still at an early stage of delivery.

Areas of Improvement

- A Joint NHS and Local Authority Action plan (Appendix Two) was developed in response to the Winterbourne View Recommendations. Its implementation is overseen by a multi-agency steering group chaired jointly by officers from NHS Wiltshire and Wiltshire Council.

- The Local Safeguarding Adults Board has produced an action plan which incorporates the joint CCG/ Wiltshire Council plan, but focuses on assurance that plans are being delivered.

- The Council has established a 0-25 (stability service) for people with disabilities. This will be key in working with individuals and their families at an early stage.

- The Council and CCG have established a Joint Commissioning Board to oversee proposals for joint commissioning for people with learning disabilities. The Department of Health recommendations following Winterbourne View make it clear that there is an expectation on Councils and NHS bodies to have joint commissioning arrangements in place and suggest that pooled budgets should also be in place.

- There was a requirement to review all people who had been in-patients at Winterbourne View. Wiltshire had 9 people who had been placed there over a period of years. All have been reviewed and returned to living within Wiltshire with the exception of one person who is placed in a secure inpatient environment. Plans are in place for that person to return to Wiltshire when it is in her best interests.

- The Council and CCG commission a range of high quality advocacy services for people with complex needs .This is also an expectation set out in the Department of Health report of December 2012.

- The Council and CCG has recently completed a position statement which outlines all resources currently being spent on people with learning disabilities in order to assist the option appraisal process for joint Commissioning.

- There is a comprehensive local register of people with complex needs held by the CCG.

Areas requiring further work

- **Governance**

  The service specification for the integrated community team for people with learning disabilities (CTPLD) requires updating to reflect the recommendations made in the Winterbourne View report. Specifically the need to have clarity about governance arrangements and the roles and responsibilities within the team.
  Progress is being made and there are regular discussions between CCG, Great Western Community Services and the Council to agree the governance arrangements.

- **Joint Commissioning**

  The Department of Health have made clear that there is an expectation that we develop joint commissioning arrangements.

This is still at an early stage in Wiltshire with the first Board meeting on 11th July 2013. The following standards are expected as part of the current Department of Health stocktake and are still at an early stage in Wiltshire:

Commissioning intentions include an assessment of capacity to deliver crisis response services locally.

The Council and CCG are working on developing emergency responses that would avoid hospital admission (including under section of MHA).

Commissioning intentions include a workforce and skills assessment development.

The potential costs and source(s) of funds of future commissioning arrangements are clear.

Joint reviewing and (de)commissioning arrangements have been agreed with specialist commissioning teams.

There is a pooled budget and / or clear arrangements to share financial risk.

Between the partners there is an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.

The JCB for Adults at its meeting on 11th July 2013 agreed that firm proposals around options for joint commissioning arrangements should be developed by the October 2013 JCB meeting for discussion between the Council and the CCG

5. Attached as appendix (1) is the stock take response to the Dept of Health report "T*ransforming Care: a National Response to Winterbourne View Hospital"*

Environmental and climate change considerations

6. There are no environmental and climate change considerations.

Equalities Impact of the Proposal

7. The implementation of the Wiltshire Council/ Wiltshire CCG joint action plan in response to the Department of Health recommendations is an important way of ensuring that Wiltshire citizens, no matter what disability they may have, are able to live locally, near their families and communities. It is key in helping to establish cohesive, non-stigmatising, communities.

Risk Assessment

8. The Government have made it clear that implementation of their recommendations will be scrutinised. They have said that they will name and shame Councils and CCGs who are not progressing this work. It is high profile in terms of media interest, nationally and locally.

Risks that may arise if the proposed decision and related work is not taken

9.1. Reputation of the Council and CCG will be damaged.
9.2. People with learning disabilities and their families may not receive as coordinated and comprehensive service that they require.

Financial Implications

10. There are currently no direct financial implications.

Legal Implications

11. There are currently no legal implications.

Conclusions

12. The abuse which took place at Winterbourne View was a national scandal. This paper has provided an update on areas where the Council and CCG are reporting that they have improved and other areas where there is the need for improvement. However, it should be noted that plans are in place to improve all areas required.

James Cawley	**Debbie Fielding**
Service Director	**Chief Officer**
Wiltshire Council	**Wiltshire Clinical Commissioning Group**

Report Author: George O' Neill, Head of Specialist Commissioning & Safeguarding Adults
Date of report: 9th August 2013.

Background Papers: None

Appendices:
Appendix 1: Stocktake – Winterbourne View Joint Improvement programme
Appendix 2: Winterbourne View Action Plan

This page is intentionally left blank

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s)?	Yes – a Joint Working Group has been established with key CCG and LA representatives. This group is called the Working Group for Joint Commissioning, Winterbourne View and Learning Disabilities.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	The Working Group mainly comprises NHS and Local authority commissioning and operational representatives. However, it is supported by Housing and other provider input. It reports to teh Joint Commmissioning Board, which has NHS, Local Authority (including Housing) representatives. Children's Services Commissioning Team have recently produced for consultation on the 'Commissioning Strategy for 16-25 SEN and Disability Support' which is all about providing services locally, services that are holistic and person-centred and references Winterbourne View report.	Draft Commissioning Strategy for 16 – 25 SEN and Disability Support	
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs?	Yes within Children's Services for 0-25 (strategy mentioned above). Within Adult Services there is the Joint Commissioning Board which is overseeing the establishment of Joint Commissioning arrangements. There is also a working group focusing on the needs of people with the most complex needs .		

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The LD Partnership Board is monitoring the progress as is the Local safeguarding Adults Board who have produced and action plan and monitoring regime. Wiltshire Safeguarding Children Board will also be discussing Winterbourne View at its August meeting to check that it is assured that we have robust arrangements in place to check safety of young people with learning disabilities in residential and independent special school placements.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress?	A progress report is going to the Joint Commissioning Board on 11th July and will then be reported to the Health & Well Being Board.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The Joint Commissioning Board is the forum for resolving any differences should they arise.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards?	The WBV Working Group reports to the Joint Commissioning Board, as well as members of the group reporting into their own agencies. The Joint Commissioning Board reports to the Health & Well Being Board and also the governance arrangements within members own agencies i.e Council cabinet and CCG Governing Body. The Safeguarding Adults Board seeks assurance that the actions resulting from WBV are being actioned and monitor this with reports at each Board. It reports to the Health & Well Being Board. Key members of the Board are also members of the Joint Commissioning Board and Health & Well Being Board. Regular monitoring in relation to placements for children and young people will take place at the		

	Safeguarding Children Board and links will be made with Safeguarding Adults Board to provide joint reports to the Health and Well Being Board.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?	No increases in the numbers of Ordinary Residence as a result of WBV have been seen or recorded.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan?	Regional sharing of redesign plans to identify opportunities for resource sharing/ideas, for example, to share approaches to the issue that availability of inpatient services are reduced but appropriate alternatives are not yet in place..		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership? 2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Wiltshire Council and Wiltshire CCG have a Joint Commissioning Board for Learning Disability services. As part of this process, costs of current services have been collated and shared, confirming sources of funding. In Children's Services, we have a monthly Joint Complex Needs Panel which brings together Social Care, SEN and Health Commissioners to agree any residential or independent special school placements for children and young people with complex needs.		
2.3 Do you currently use S75 arrangements that are sufficient & robust?	There is a Section 75 agreement for the integrated management function of the Community Team for People with Learning Disabilities.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk? 2.5 Have you agreed individual contributions to any pool?	There is no pooled budget as yet, however options for joint commissioning arrangements are currently being considered by the Joint Commissioning Board.		

2.6 Does it include potential costs of young people in transition and of children's services?	The 0-25 service in Wiltshire Council will be key in identifying the potential costs of young people in transition and childrens services. We have a 'transitions tracker' that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	The work currently being undertaken in relation to joint commissioning will create a joint financial strategy.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team?	Yes. We have a joint specialist Community Team for People with Learning Disabilities (CTPLD Team) within Adult Care. In Children's Services we have in place a 0-25 Disability Service (this is based in social care),		
3.2 Is there clarity about the role and function of the local community team.	There is clarity about the CTPLD team although there are some gaps that need addressing. A review of the service specification for the CTPLD will be completed by Jan 2014. Re Children's Services 0-25 team - WC Cabinet has recently asked that consideration be given to finding ways of including Special Educational Needs in this – by way of a response to the emerging legislation in the Children and Families Bill. As this goes ahead there will follow a detailed service specification which will detail the role and function of the 0-25 (stability) service. We are also working as a pathfinder to explore and develop ways of working more closely with relevant children's health care providers. Have developed a single assessment and		

	planning process (in legislation called an Education, Health and Care Plan/ EHCP) which is being intensively tested.		
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes - currently the review programme is being prioritised to ensure capacity to deliver this.		
3.4 Is there clarity about overall professional leadership of the review programme?	Yes – there is an integrated operational management structure – there is monthly reporting about progress to Senior Managers in Wiltshire Council and reporting to the CCG Placements Team.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates?	Yes through the usual review/care management processes and advocacy support – initially additional advocacy capacity was commissioned, however now advocacy needs are being met through the usual arrangements		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes – all individuals have been identified and reviews are all completed. Support for those people who were in Winterbourne View has been re-provisioned, though not all of those individuals are back in Wiltshire – this work is ongoing. For other individuals who are part of the wider review programme, all reviews are completed and re-provision of services is ongoing. (The review programme includes individuals who are funded by either Wiltshire Council or Wiltshire CCG, joint funded or funded through Section 117 arrangements)		
4.2 Are arrangements for review of people funded through specialist commissioning clear?	Yes – the Area Team update the CCG when reviews are completed.		

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.	The Wiltshire Learning Disability Partnership Board has commenced forming connections with Health Watch – the Board includes people with a learning disbaility, carers and advocacy organisations – no formal report has been submitted to this Board yet. In Children's Services, we have a Disability/SEN Commissioning Group which brings key people together including representatives of Wiltshire Parent Carers Council (parents of disabled children and young people/those with SEN). WPCC work closely with Health Watch.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used?	Yes. The register will also aid future planning.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	There is clarity about ownership but individual case details need to be built up.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Adult Services – Yes advocates are involved routinely where appropriate. Children's Services – new processes designed by customers to be person-focussed and centre on needs of child/ young person. All workers encouraged to work with individuals and to refer on to advocacy services as required. We also have an excellent Voice and Influence team who work with young people at a strategic level to ensure their voice is heard.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed?	There is an operational Working Group involved in the Review programme which is further developing joint consistent recording standards, quality assurance systems and sharing good practice/peer learning.		

4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations?	Yes – LD Nurses are involved in developing Behaviour Support Plans where appropriate.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed?	Yes - all required reviews have been completed		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes. Our updated policies and procedures include the ADASS guidance/protocol.	LSAB Action Plan	
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?	Care providers , including housing are represented on the Safeguarding Board, as well as its sub groups.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	CQC send weekly updates of reports which have been published . These are scrutinised on a weekly basis and commissioning teams follow up where appropriate. There are bi-monthly meeting with CQC , commissioners from NHS and Local Authority where services of concern are discussed. Within the Council there is a database of services of concern which is shared between commissioning and operational teams. Commissioning teams also undertake twice yearly reviews of all establishments. In Children's Services, Form B monitoring visits to residential care providers and independent special schools are undertaken in collaboration with other authorities. Ofsted gradings are checked.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme?	The Safeguarding Adults Board has produced its own action plan in response to WBV. It requires updates from partners on progress and has an active assurance function. The WSCB will be discussing the findings of the Winterbourne View Review at its August meeting.		

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint?	This is part of the action plan and assurance programme.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	The integrated CTPLD Team through their practise fora have regular sessions in order to share best practise. They do not, however, specifically focus on people within inpatient settings.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments?	The Community safety Partnership is piloting "Safe places " pilots in Devizes and Salisbury. The CSP Manager also sits on the Wiltshire Autism Partnership Board. Chairs of the CSP, LSAB, LSCB and Children's Trust also meet on a 6 monthly basis to ensure there is coordination between the different Boards.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns?	Yes- through Board membership and sub group membership as well as organisational structures and processes. Key members are the Board links with CQC . They also are part of the same group who manage contracts and safe guarding staff. There is a central point for all safeguarding referrals which are triaged. This allows early detection of any patterns of possible abuse. In Children's Services, the Service Director for Commissioning and Performance (a joint post with the CCG) works with Social Care and SEN Case Officers in Schools and Learning to ensure that we have a process to maintain alertness to any concerns (involving case managers, Buyers of placements, and the Head of Safeguarding Quality Assurance).		

6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes-WBV Working Group has developed action plan to ensure there is enough capacity to undertake the work needed. There are also specific multi-agency meetings to developed commissioning plans for any individuals who are still in assessment/treatment/ in patient settings.		
6.2 Are these being jointly reviewed, developed and delivered.	These are being jointly reviewed, developed and delivered. We recognise the need for joint work with these people who have the most complex needs and are developing joint commissioning arrangements. We also have an integrated CTPLD.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services?	Yes, this information is shared and forms part of the work being undertaken by the Joint Commissioning Board. In Children's Services, the Buyers maintain a list of children and young people placed out of area in residential and fostering care, and there is also a list of children and young people who are outside Wiltshire in independent special schools.		
6.4 Do commissioning intentions reflect both the need to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people?	Yes but this needs updating as we develop joint commissioning arrangements.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Not yet. This will form part of the Joint Commissioning arrangements.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Not yet. This will form part of the Joint Commissioning arrangements.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Current contracts are viewed to be sufficient and of good quality. However, as there is likely to be a retendering process for the current contract in		

	2014, there will be a reassessment of demand.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed?	Yes, in the process of being developed by the WBV Working Group		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Yes, our plans are in line with this timetable		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).			
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Individual discharge planning is well underway with 3 clients having been discharged into local residential care. The remaining 3 have been reviewed and once treatment is complete discharge will take place. There is determined approach to reduce future admissions to A/T. By 2014 the CCG and Council, together with key stakeholders, will have jointly redesigned local services for people who challenge & new services procured during 2014.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements?	Yes - through usual operational and contract review processes. They are assessed and viewed as being of high quality.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning?	Through usual Best Interest processes and training. We have a large group of operational staff who are trained as Best Interest assessors who are routinely involved in care planning. Our Mental Capacity Act/DOLS Professional Lead also provides regular training and has bi-monthly practise forum for staff.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			

8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally? 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development?	To be completed by Jan 2014 as part of our Joint Commissioning arrangements To be completed by Jan 2014 as part of our joint commissioning arrangements. To be completed by Jan 2014 as part of our joint commissioning arrangements.		Appendix 1
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges? 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	This is work that will be completed during 2013. The LA is also currently developing a Market Position Statement for Learning Disability services. Yes, the review is comprehensive		
10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services?	In terms of transitioning between children's and adult's social care – yes this is taken care of by the creation of a 0-25 (stability) service. There are other transitions in children's lives – nursery to school/ primary to secondary/ secondary to college etc and the new service has been designed to enable it to focus on these key points in a person's life. Currently Wilshire Council has Pathfinder status to develop a 0-25 service and commissioning arrangements are still being finalised Yes we have a 'transitions tracker' that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services. In terms of demand – we are getting better at it, but it is always volatile in children's services – simply because of diagnosis time frames, needs which only emerge as children grow, large numbers of children		

	moving in and out of the county with the military etc.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress? 11.2 Does this include an updated gap analysis? 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	This will be looked at as part of the Market Position Statement the LA is developing It is currently in progress. This will be looked at as part of the Market Position statement the LA is developoing. Our 0-25 (stability service) is an example of innovative practice. It is a Pathfinder service. 'Commissioning Strategy for 16-25 SEN and Disability Support' which focuses on providing services locally, services that are holistic and person-centred .		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name……

Organisation…….

Contact……

Signed by:

Chair HWB ……

LA Chief Executive ……..

CCG rep…….

APPENDIX TWO WBV Action Plan

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	1	Single commissioning strategy in place **- pooled budget established**	Review current commissioning and intentions of CCG/LA and the principle of pooled budgets	GO'N/JCC	MN/VH/DL/ ET/HM	Oct-13	Split of work will be agreed when project manager is in post. Stakeholder workshops in Autumn- specs by Jan 14 CCG have project brief for redesign of health services for LD
			Review current JSNA : identify development priorities from JNSA to support commissioning	GO'N/JCC	MN/VH/DL/ HM	Oct-13	In terms of health input this will be led by Mike Naji In terms of social care Hazel Mathews and Emma Townsend are leading
			Use audit tool to review current service provision and outcomes	GO'N/JCC	MN/VH/DL/ New CCL	Jan-14	
			Use outcomes of audit to agree priorities for service development with LA/CCG commissioners Priorities to include - ensuring pathway for use of A and T units agreed -Idntify how increasing capacity within County to meet needs of people whose behaviour challenges	GO'N/JCC	MN/VH/DL/ New CCL	Jan-14	
			Draft single commissioning Strategy	GO'N/JCC		Apr-14	
			Agree single commissioning strategy	Joint Commissioning Board		Apr-14	as above
			Establish review process for current advocacy services : use outcome of review - to identity development requirements for advocacy provision - establish implementation plan for developing advocacy provision, including on-going review processes	New CCL/Mike/Victoria		Oct-13	Currently there is a review of performance /activity being completed by Miriam Turner (CCG) and Annie Paddock (LA) - roles and responsibilities are being agreed

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	2a	Roles and responsibilities of Case Managers and Care Coordinators clearly defined	Draw up draft roles and responsibilities for case managers that - specify roles and responsibilities of clinical expertise to support case management process - ensures meets requirements around robust care planning - ensures appropriate mental health practice - supports monitoring processes - ensure robust communication with families - ensures local safeguarding processes and procedures include b) processes for care coordinators to inform commissioners of relevant safeguarding concerns (see requirement 18) c) processes for care coordinators, commissioners and CQC inspectors to work together in regard to safeguarding alerts	ME/DL	MN/MB/RW	Jan-March 14	Mark Edwards will cover this work until the new CCL is in place. Mike Naji will cover the health aspect. ME to meet with RW and CTPLD management team to establish current work . VH replaced with DL as CCG lead
			Agree roles and responsibilities with a) CCG b) LA commissioners	ME/DL	MN/MB	Jan-March 14	VH replaced with DL as CCG lead
			Review roles and responsibilities with case management service providers : draw up change programme to meet requirements	ME/DL	MN/MB/RW	Jan-March 14	VH replaced with DL as CCG lead. RE added as LA group member
			Oversee future contract requirements around MHA applications	ME/DR	MB/ET	Jan-14	
			Draw up draft process for commissioners to periodically review case management processes : agree implementation plan	ME/DL	MB/ET	Jan-14	

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	2b	Effective placement process in place - assurance of aspects around the workforce and the skill mix.	Establish review process for evaluating how - outcomes are currently incorporated into care planning process for placements - what criteria are used to agree the use of providers	DL/RW/ME	MB/ET	Jan-14	Wiltshire CCG Specialist Placement Coordinators to input for health has already started this piece of work and it will be reflected in DOH Contract. DL added as CCG lead
			Use outcomes of review process to - support the development of case management process : link to Objective 3 *Roles and responsibilities of case managers clearly defined* - establish criteria for agreeing use of providers and implement process for using criteria - develop value-for-money methodology to support the process for agreeing providers	DL/RW/ME	MB/ET	Jan-14	This needs to run in parallel with the service specification development. DL added as CCG lead
	2c	Effective monitoring process in place for placements	Review current process for monitoring placements across - CCG (part of the review process for CHC & SPP) - LA to see what is happening and whether it is what we want it to look like.	ET/RW/DL	MB/JB	Jan-14	JB, Senior Contracts Officer in LA will link with health ie contracts ?
			Risk stratify services to determine priorities for monitoring	ET/RW		Jan-14	linked with spec development re roles/responsibilities.
			Use outcomes of monitoring review to - agree effective monitoring processes, including using risk stratification - maintain local register of all people with challenging behaviour in NHS-funded care - agree roles and responsibilities for undertaking monitoring : link to Objective 2 *Roles and responsibilities of commissioners clearly defined* and Objective 3 *Roles and responsibilities of case managers clearly defined* - ensure effective feedback processes are in place, including use of safeguarding information and feedback - ensure there is capacity for pharmacy led reviews where required	ME/DL	LF/MB/MN/JB	Jan-14	Linked to spec and contract
			Review the competencies and capacity requirements for staff involved in monitoring : implement development plan to ensure required levels of competency and capacity are met by identifying levels of training	ET/DL	MB/DR/RW	Jan-14	as above
			Review current practice for working with providers who are not meeting contractual requirements	ET/DL	MB/DR/JB/HM	Jan-14	as above
			Use review to agreed structured process for working with providers who are not meeting requirements, including processes for ending contracts and decommissioning services	ET/DL	MB/DR/HM/JB	Jan-14	as above

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
			Draw up draft process for commissioners to periodically review inspection and monitoring processes : agree implementation plan	ET/DL	MB/DR/JB/HM	Jan-14	as above

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	3	Information sharing protocols in place to support best practice	Establish review of current protocols and practice	David Noyes/CSU		Oct-13	Awaiting outcome of Caldicott 2
			Use outcome of review to develop change programme to - establish robust information protocols between all agencies - develop good practice	Contract meetings		On- going	

Delivering revised service model	4	Agreed service model in place	Establish audit tool based on - Mansell Report requirements - requirement for generic mental health services to support people with LD and autism - requirement to reduce use of A and T units(links to 7)	New CCL	New CCL	Apr-14	When new CCL is in post - deadline may be extended if a procurement process is required.
			Implement change programme to operationalise commissioning strategy - commissioning strategy including new service model and specifications (to include engagement/consultation) - New service procurement/tendering /contract variation **Implement NICE quality standards and clinical guidelines on challenging behaviour and LD (issued summer 2015)** **Implement NICE quality standards and clinical guidelines on mental health and LD (issued summer 2016)**	New CCL	New CCL	Apr-14	Commencing from April 14 (6-9 months procurement potentially)

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	5	Effective contracting process in place	Establish audit tool based on Winterbourne requirements and to be included as part of standard Quality Schedule in all contracts	DL/ ET	ET/DR/LF/EH	Apr-14	
			Audit current contract arrangements for - CCG - LA	DL/JB	ET/DR/LF/EH	Apr 14-ongoing	
			Review implications of bringing in changes to contracting process to meet requirements : link to - Objective 6 *Effective monitoring process* - Objective 3 *Roles and responsibilities of case managers clearly defined*	MN/JB	ET/DR/LF/EH	Apr-14	
			Agree priorities for changes to contracting process - agree standards for specific requirements within contracts	MN/JB/New CCL	DR/LF/EH/ET	Apr-14	
			Consult with service providers of proposed contract requirements	MN/JB/New CCL	ET/DR/EH	Apr-14	
			Implement change programme for contract process	MN/JB/New CCL	ET/DR/EH	Apr-14	

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
Other requirements	6	All Winterbourne residents and current A and T placements are followed-up to ensure appropriate arrangements are in place	Undertake specific exercise to follow-up all previous Winterbourne patients a) to ensure the impact of any abuse experienced or witnessed is minimised b) who remain in hospital with a view to return them to their own communities	DL	MB	This is ongoing for others but complete for Winterbourne.	DL has just appointed 2 people to help with this. We have 2 assessment and treatment patients at present. RW to send MB information monthly and commissioners will meet regularly
			Undertake specific review of current placements within A and T units to ensure there are clear plans for discharge	DL	MB	This is ongoing for others but complete for Winterbourne.	
	7	All people in learning disability or autism inpatient beds to have personal care plan based around their and their families' needs and agreed outcomes by June 2013	Review all in-patient placements and develop personal care plans as required : link to *Objective 9Effective placement process in place (including effective assessment and treatment faciltiies in Wiltshire (with effective care pathways)*	DL/DR	MB	On- going	All have the same quality schedule as for the contracts. They will be monitored though the monthly quality review meetings.
	8	All individuals should be receiving personalised care and support in the appropriate community settings no later than 1 June 2014.	Collate outcomes of reviews and identify commissioning needs to meet requirement to have all people in appropriate community setting by June 2014 : link to Objective 7 *Single commissioning strategy in place* Establish monitoring process to ensure target is met	DL/ME	MB/New CCL	Jun-14	
	9	Medicines Management	Establish review process for current use of anti-psychotic medication use : use outcomes of review to - agree if targets needs to be agreed to reduce usage - establish action plan to meet targets	Nadine Fox	?	TBC	DL to follow up

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: Temporary Transfer of Deliveries at Trowbridge Birthing Centre

---

Executive Summary

The report provides an update on the Temporary Transfer of Deliveries at Trowbridge Birthing Centre.

Proposal(s)

It is recommended that the Board:

i. Considers the Briefing Paper (Appendix 1) and addresses any questions arising to the Chief Executive of Great Western Hospitals.

Reason for Proposal

The briefing on the temporary transfer of deliveries at Trowbridge Birthing Centre has been provided as an opportunity to update the Board on developments and address any outstanding concerns. It follows a meeting between the Leader of Wiltshire Council and Great Western Hospitals Foundation Trust.

Nerissa Vaughan
Great Western Hospitals
NHS Foundation Trust

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: Temporary Transfer of Deliveries at Trowbridge Birthing Centre

---

Purpose of Report

1. To provide a briefing on the temporary transfer of deliveries at Trowbridge Birthing Centre.

Background

2. On 5th July 2013 Great Western Hospital, the provider of community maternity services in Wiltshire notified the Council and other partners of its decision to temporarily close Trowbridge Birthing Centre.

3. The Leader of Wiltshire Council, Cllr Scott, recently met with both Stephen Rowlands, Chair of Wiltshire Clinical Commissioning Group and Nerissa Vaughan, Chief Executive of Great Western Hospitals (GWH) to discuss the situation.

4. Cllr Scott received confirmation from GWH that this closure is temporary - with the services at Trowbridge to reopen on 30th September – and was further assured that robust plans are in place to ensure this happens.

5. Great Western Hospitals were asked to provide an update on their progress towards reopening at the next Health and Wellbeing Board scheduled for 12th September. Accordingly, a full briefing from Great Western Hospitals is attached at Appendix 1.

Nerissa Vaughan
Great Western Hospitals

Covering Report Author:
David Bowater, Senior Corporate Support Officer
01225 713978

30 August 2013

Appendices
Appendix 1 Briefing on the Temporary transfer of deliveries at Trowbridge Birthing Centre.

Great Western Hospitals NHS
NHS Foundation Trust

Briefing paper for Wiltshire Health & Wellbeing Board

Temporary transfer of deliveries at Trowbridge Birthing Centre to Chippenham Birthing Centre

Maternity services in Wiltshire - background

The Trust's Maternity Service includes two acute maternity units located at the Princess Anne Wing (PAW) at the Royal United Hospital (RUH) in Bath and at the Great Western Hospital (GWH) in Swindon. In addition to this, the Trust operates five stand-alone birth centres across Wiltshire, Somerset and BANES; located in Frome, Shepton Mallet, Trowbridge, Chippenham and Paulton (which together with PAW these services comprise the Bath Clinical Area). The Trust also operates the co-located White Horse Birth Centre located at the GWH.

The Trust has provided the Bath Clinical Area maternity services since June 2011 following a tendering exercise led by Wiltshire PCT. The Trust is one of the largest maternity providers in the country with 269.8 Whole Time Equivalent (WTE) Midwives working across the Trust to provide 24/7 maternity services delivering over 9,000 babies each year.

For the Bath Clinical Area specifically, the numbers of births in each location are as follows:

	2011/12	2012/13	2013/14
Chippenham B	311	308	236
Trowbridge	352	344	292
Bath Community	71	73	60
Frome	204	188	204
Paulton	218	197	164
Shepton Mallet	0	1	0
PAW	4004	3919	3644
Total	5160	5030	4600

Background to the temporary transfer of deliveries from Trowbridge Birth Centre

In December 2012, the Care Quality Commission (CQC) as part of their unannounced inspection programme, visited three maternity sites within the Trust - Princess Anne Wing, Trowbridge Birthing Centre and the Great Western Hospital (GWH). The CQC report following this inspection identified that the Trust's staffing ratios for midwives did not meet Birthrate Plus national guidelines.

In response to these findings the Trust carried out a maternity staffing and skill mix review across all locations to ensure appropriate staffing levels. It became clear through this review that there was a clear shortfall of midwives and as a result an action plan was developed with the aim of improving the Midwife to Birth Ratio to around 1:32 – 1:34.

£250,000 investment was agreed by the Trust to recruit additional Midwives to increase staffing levels across the service. Despite the extra investment in additional staffing, it became clear that the additional midwifery posts would not be filled as quickly as required due to shortages of Midwives nationally and the time it takes to recruit to these posts.

The work taking place to recruit additional Midwives has since been overseen by a project board meeting on a monthly basis to coordinate efforts.

At the same time, between February and March 2013 the overall rate of staff sickness at the Princess Anne Wing increased significantly from 2.04% to 19.02% creating significant pressure on the service. In developing plans to respond to this issue, the staffing forecasts highlighted that the problem would continue into the summer leaving the service short staffed by between two and four Midwives on most shifts

As a result, business continuity plans for the service identified ways the safety of services could be maintained. The plans concluded that if staffing issues persisted, a temporary redesign of the service would be needed so that staff could be released and reallocated to the maternity unit at the Princess Anne Wing (in accordance with the Trust's Maternity Escalation Policy).

The temporary transfer of intra-partum care (deliveries) from Trowbridge to Chippenham Birth Centre was identified as the most viable option as it would release the highest number of midwives to work in the maternity unit at the Princess Anne Wing, whilst maintaining and providing a safe service for mothers and babies.

However, the Trust was keen to explore all alternative options before making a decision such as this. During May and June further work was carried out to explore the potential to use agency staff; however it was agreed that the use of agency Midwives posed an unacceptable risk to patient safety and that all other staffing options had been considered.

During May 2013, despite staffing levels often running at -3 or -4, the PAW maternity service was safely maintained, primarily by relying on the goodwill of staff doing additional shifts and staff transferring from birth centres on an ad hoc basis when there was the potential to do so. This was clearly not sustainable over the medium term and towards the end of June a decision was taken by the Trust to temporarily transfer intra-partum care from Trowbridge to other neighbouring units between 14th July and 30th September to address the temporary staffing issue affecting the Bath Clinical Area.

Current position

Trowbridge Birthing Centre continues to offer a daytime service from 9am – 5pm for antenatal and postnatal appointments, drop-in service, infant feeding classes and parent education and advice. From 5pm the telephone number usually used by mothers is transferred to Chippenham Birthing Centre where they will be able to speak to a midwife for advice anytime between 5pm and 8am.

Approximately 100 women were notified that they would not be able to give birth at Trowbridge Birth Centre and were offered alternatives. Not all of these women were due to deliver during this time period, some had due dates a little outside of this timeframe, but we wanted to ensure communication as wide with the women who were primarily impacted by the decision. Due to the anxiety this decision may have caused, maternity staff at

neighbouring Birth Centres were made available to offer tours of the facilities to reassure women of the standard of care that would be provided.

Up to mid-August, of the 26 women scheduled to give birth in Trowbridge Birth Centre, 22 gave birth in Frome Birth Centre and four in Chippenham Birth Centre.

A daily review of staffing levels takes place to ensure that the right numbers of staff are allocated to meet demand.

Recruitment and the continuation of births at Trowbridge

The Trust remains on schedule to start births at Trowbridge Birthing Centre again at the end of September following successful efforts to recruit additional Midwives into the service

In August a further £430,000 investment has been made in additional Midwifery staff (for Midwives and Maternity Support Workers) which is in addition to the £250,000 investment made earlier this year. This demonstrates a significant commitment by the Trust to ensure the right staffing levels for the service.

To date seven Midwives have been recruited to the Bath Clinical Area with three due to start at the beginning of September and a further four at the end of September. A further two Midwives have been appointed to the Bath Community Maternity Team with start dates to be confirmed.

In addition a Recruitment Assessment Day was held in August with the aim of recruiting more Midwives into the Trust and 13 newly qualified Midwives were offered posts to fill remaining vacancies in the service. The Trust also plans further international recruitment in Ireland at the end of August.

The Trust acknowledges that the announcement of the temporary transfer could have been handled better with specific engagement of the Health Select Committee, the Health and Well Being Board and the Local Area Board. The Trust has learned lessons from this for the future. The committee should be assured that the decision was not taken lightly but in response to significant staffing pressures facing the service which showed no short term prospect of being resolved.

The rationale for the transfer outlined above demonstrates the considerable efforts that have been taken within the Trust to look at every alternative option to maintain the safety and quality of the service prior to the decision to temporarily transfer births was taken.

Prior to the resumption of ‘normal service’ at Trowbridge, local stakeholders and the local community will be informed.

Nerissa Vaughan
Chief Executive

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: Community Transformation Update

Executive Summary

This paper provides information on the progress made so far by the Community Transformation programme.

It sets out the phases of the programme and the initial thinking on a service model. It also describes areas of joint working between health and social care which aim to improve outcomes over the next year, and which will also provide evidence for the service model.

The timeline shows the critical path and milestones for the programme.

Proposal(s)

It is recommended that the Health and Wellbeing Board

- Note the progress to date
- Request that the work on the model of care is reported back to the Health and Wellbeing Board at its next meeting
- Request that an update on the vision for integration is signed off by the Health and Wellbeing Board at its next meeting

Reason for Proposal

To provide a regular update to the Health and Wellbeing Board on progress towards developing services to support frail elderly people closer to home, with more joined up provision across health and social care

Debbie Fielding
Chief Officer
Wiltshire CCG

Maggie Rae
Corporate Director
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: Community Transformation Update

Purpose of Report

1. This paper provides information on the progress made so far by the Community Transformation programme.

2. It sets out the phases of the programme and the initial thinking on a service model. It also describes areas of joint working between health and social care which aim to improve outcomes for people who use services over the next year, and which will also provide evidence to inform the model of care for the future.

Background

3. In November 2012, Wiltshire Council and Wiltshire CCG, working with Great Western Hospital as the current community healthcare provider, agreed to a shared programme of work entitled Community Transformation - the aim of which was to create an appropriate model for care closer to home, moving people away from hospitals, community hospital and other support beds to a system that is built around individuals and local communities. The scope of the programme is summarised as follows:

   - The focus on elderly, most vulnerable, patients, supporting them appropriately to reduce or avert crises.

   - Multi-disciplinary working across community healthcare, social care, mental health primary care liaison service and other community resources (third sector care/voluntary organisations) to provide integrated, accessible care.

4. The programme of work has two delivery phases. These are set out in the first timeline (Appendix A):

   Phase 1 (November – April 2016) – concentrates on people and services and will include:
   - Extending Primary Care
   - Specialist Care

- Social Care
- Voluntary and Community Sector
- Simple point of access to services
- Rapid response services

Phase 2 (January 2014 – December 2017) – will concentrate on buildings and other resources and take forward the opportunity to link with the Council's Community Campus programme. It will include:

- Community diagnostics, including ambulatory care
- Bed-based care in the community

Main Considerations

Developing a model of care that is evidence-based.

5. The model of care is emerging from an analysis of the evidence of what works, data from current demand and capacity and requirements being gathered from stakeholders. A detailed description of the model is being developed, to include data on needs, demands, capacity and costs. This will be available later in the autumn. As it develops, the model is making use of evidence of best practice and is based upon analyses of demand and capacity across the health and care system.

6. There are different elements of work involved in the creation of a demand and capacity system.

- Demand and provision data is being collected and defined in order to quantify the activity levels in community services.
- An "Appropriate Place of Care" audit has been carried out in each acute hospital, community hospital and STARR beds. There have been some delays with GWH, but the audit is due to report in detail shortly.
- Data about capacity (budgets, workforce, equipment/prescriptions, estates and infrastructure) is being gathered, focussing initially on budgets and workforce. This data will help us understand the number, competencies, place and hours of work of the staff that may be affected by the Community Transformation Programme.
- Data about demand (people who ask for help) and provision of services is being defined and this combined data will help us answer questions about the use of resource in Wiltshire's health and care system. It will allow us to identify who are the most active and consume most resource and to compare the real movement of patients through different parts of the health and care system with the movements defined by ideal pathways.
- Two information sharing protocols are being produced, that define the rules and conditions on which the partners will share patient data.

Communications and engagement

7. As the model of care begins to take shape, it is important that the public and all stakeholders are involved and that the programme can demonstrate where feedback has been incorporated.

8. A multi-agency communications group has been established, to include the CCG, the Council, the 3 acute hospitals and the mental health trust. By the end of December 2013, feedback will have been gathered to shape the developing service model and the Community Transformation Plan.

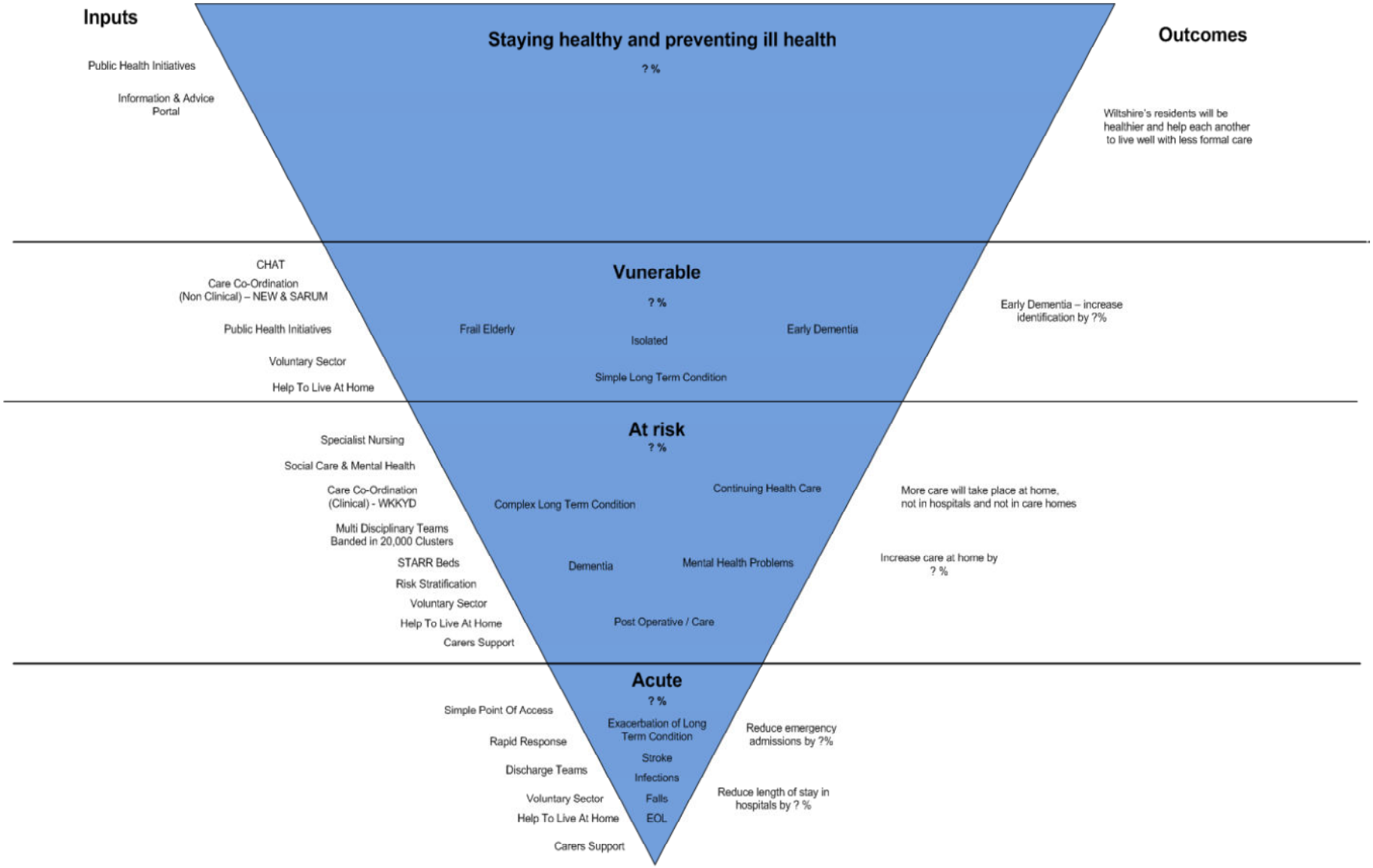
A model of care that supports people at different stages in their lives

9. Services will be designed to meet the needs of people at different stages in their lives, with the aim of maintaining people independently at home for as long as possible.

10. The model of care is based upon populations of 20,000 people, with GP practices as the hub of primary care. Services will be 'wrapped around' GP practices and will be coordinated by multidisciplinary teams that include health, social care, mental health and voluntary agencies as needed. There will be specialist support at a locality level. Primary care services will be designed around 23 clusters of 20,000 population. Each cluster will have a Care Coordinator employed by community health services. Social care services will align services to the 23 clusters. This will include locality team social work and therapy services and also Help to Live at Home services.

11. The inverted triangle in the diagram below describes the stages at which people may need support. The diagram is currently being expanded and developed, with support and guidance from the Public Health Team, to reflect the JSA, include the general older people population need and activity data.

12. This diagram will be accompanied by a series of pathway diagrams, case studies and a geographic representation of resources, will form the first draft of a new model of care, and will be available in October.


Inputs
Staying healthy and preventing ill health
? %
Outcomes
Public Health Initiatives
Information & Advice Portal
Wiltshire's residents will be healthier and help each another to live well with less formal care
Vunerable
? %
CHAT
Care Co-Ordination (Non Clinical) – NEW & SARUM
Public Health Initiatives
Voluntary Sector
Help To Live At Home
Frail Elderly
Isolated
Simple Long Term Condition
Early Dementia
Early Dementia – increase identification by ?%
At risk
? %
Specialist Nursing
Social Care & Mental Health
Care Co-Ordination (Clinical) - WKKYD
Multi Disciplinary Teams Banded in 20,000 Clusters
STARR Beds
Risk Stratification
Voluntary Sector
Help To Live At Home
Carers Support
Complex Long Term Condition
Continuing Health Care
Dementia
Mental Health Problems
Post Operative / Care
More care will take place at home, not in hospitals and not in care homes
Increase care at home by ? %
Acute
? %
Simple Point Of Access
Rapid Response
Discharge Teams
Voluntary Sector
Help To Live At Home
Carers Support
Exacerbation of Long Term Condition
Stroke
Infections
Falls
EOL
Reduce emergency admissions by ?%
Reduce length of stay in hospitals by ? %

13. At the very top of the triangle are the population of older people who are fit and well, who are able to self-care any minor ailments, and who can access a range of community-based services – leisure services, libraries, and voluntary sector groups to maintain their wellbeing. They may participate in public health screening initiatives and use a range of voluntary sector services.

14. People in the next section of the inverted triangle below will be more vulnerable and need additional support from their local community, for example, to prevent them becoming isolated and enjoy a good quality of life. There are a range of services available, should people need them, to stay healthy, including:

    - Help to Live at Home support from one of the 4 providers commissioned by Wiltshire Council, including practical care, equipment and telecare response services;
    - Care coordinators in GP practices – a new role designed to support people who may need to access community services.

15. As we move down towards the tip of the inverted triangle, there will be people who are at risk of hospital admission. They may have several long term conditions, mild to moderate mental health problems, mobility issues or have been recently discharged from hospital. This group may need more professional support from both health and social care, and there will be multi-disciplinary teams to support their needs, coordinated around the GP practice. Clinically trained care coordinators in some GP practices will offer specific support to people in this group.

16. People at the tip of the triangle include those who are in crisis and require urgent care. This may be because of an exacerbation of a long term condition, their carer has been hospitalised or the person has had a fall. A Rapid Response Service will support people in this group to avoid unnecessary admissions to hospital or to reduce the length of stay in hospital. A Simple Point of Access will support professionals to coordinate a rapid response.

<u>Priorities for joint health and social care developments</u>

17. A number of more immediate priorities are being taken forward across health and social care, and these are set out below. Some of these initiatives are already underway, and their evaluation will inform the model of care. Others are at an earlier stage of development. All will be overseen by the Joint Commissioning Board for Adults Services.

    - **STARR**. The STARR scheme for step-up beds (supporting people who would otherwise be admitted to hospital) and step-down beds (supporting people when they need additional help when leaving

hospital) has been running for 18 months, jointly commissioned by the Council and the CCG. STARR beds are commissioned from independent nursing homes, and people within these beds are supported for a maximum of 6 weeks by a multi-disciplinary team comprising of occupational therapists, physiotherapists, nurses and social workers. The scheme has access to specific mental health expertise from AWP. At any one time there are approximately 60 people in Wiltshire within the STARR Scheme. The scheme is being evaluated, including the ability to achieve similar outcomes through non-bed based care.

- **Multi-disciplinary working with primary care**. Care coordinators have been commissioned by the CCG to work with primary care teams and multi-disciplinary team meetings will be held to coordinate work for people who are at risk of hospital admission or who need help accessing other services. New posts are being filled from September 2013 and care coordination will be evaluated in January 2013. Social care staff will align staff to support the 23 primary care localities, including social workers and Help to Live at Home providers who will be integral to multi-disciplinary team working.

- **Transfer of care.** A pilot project has been running since May at the Royal United Hospital, involving adult social care, community health services and the Acute Liaison Service (run by Medvivo – previously known as Wiltshire Medical Services). The intention is to track patients with potential complex discharge plans through the hospital and enable them to be discharged more quickly and effectively. Similar developments are underway within Great Western and Salisbury District Hospitals. Evaluation is planned for December 2013**.**

- **Rapid response.** Evidence suggests that a rapid (1 hour) health and social care response to support people at home at a time of crisis will prevent unnecessary hospital admissions, reduce the need for STARR beds and long-term care placements. Scoping work is underway to identify the demand and costs of a rapid response nursing and Help to Live at Home service.

- **Simple point of access**. A simple point of access would coordinate care delivery, initially for professionals, but potentially to include access by the public. It would include access to:

    - Assessments within one hour for patients needing urgent interventions and care who can remain at home
    - Rapid response services and urgent equipment to avoid hospital admission

- Community bed-based services, where appropriate, including STARR beds
- Intravenous antibiotics
- Community-based therapy services
- Liaison with the patient's GP to manage clinical care at home

Scoping is underway for a simple point of access, and an implementation plan will be put in place once requirements are agreed.

- **Multi-skilled workers.** As more seamless services are being designed, we are scoping new roles for multi-skilled workers who can deliver both health and social care tasks. Such a role will fit well with the ethos of Help to Live at Home services, increasing the continuity and consistency of carers visiting a person at home, also expanding the career path for care workers. The resulting options will be included within the Workforce Strategy and presented to the Joint Commissioning Board in early 2014.

- **Therapists.** Physiotherapists, occupational therapists and other specialist therapy services. Therapists are generally a scarce resource and are currently employed by each acute trust, community health services, adult social care and independent providers. They often work to different rules and each use their own assessment tools. They each have access to different funds for equipment, aids and adaptations. Health and social care therapists work to different terms and conditions, with different pay rates. Options are being considered for improving access to therapists, and will be included within the Workforce Strategy.

- **Voluntary and community sector.** Some joint commissioning of voluntary and community sector services has already proved successful, with a pooled budget for commissioning carers' services, and other examples of joint work such as that with Alzheimer Support. The Community Transformation Programme is exploring other opportunities for maximising the investment in and potential of the VCS in supporting the frail elderly. As projects are identified, they will be presented to the Joint Commissioning Board.

Re-tendering the Community Services contract

18. Wiltshire Clinical Commissioning Group is currently planning to retender its contract for community health services in March 2014. A timeline is set out in Appendix B. The specification for community health services, which is due for completion by January 2014, will take account of the demand and capacity analyses and the emerging model of services. The timescales for the tendering exercise are set out in the timeline below.

Strategy for future integrated working

19. Alongside the work on developing the model of care, work is underway to develop a shared vision for integration into the future. In May 2013, the Government issued *Integrated Care and Support: Our Shared Commitment*, which effectively provides a national mandate for integration of health and social care services by 2018. From 2015, there will be a substantial transfer of resources between the NHS and social care (£3.8bn nationally), aimed at progressing integrated working.

20. The Council and CCG are already well-placed to take this broader integration agenda forward and to transform health and care services together. An initial timeline is set out in Appendix C.

21. Partners began to develop a written vision through the submission of a 'Pioneer' bid to the Department of Health in June this year. Although the bid was not one of the 10 chosen to be supported nationally, it was a valuable exercise in setting out joint thinking in relation to integration.

22. The Council and CCG have, however, been approached to develop one of 20 national "Value Cases" setting out the costs, benefits and next steps towards integrated working. We have also been successful in another similar bid, for systems leadership support in respect of urgent care, and will be working over the next month to select a suitable consultancy organisation to support this work, funded by the national programme, to assist us in developing our 5-year strategy towards integration.

23. The Joint Commissioning Board for Adult Services (JCB), established from July this year, has already made a commitment to explore options for joint commissioning of mental health and learning disability services, and will appraise the options at its October meeting. The JCB also agreed at its meeting in August this year to run a workshop for JCB members, GPs and elected members later this autumn focussed on the opportunities of integrated working.

Safeguarding Considerations

24. There are no safeguarding implications at this stage.

Public Health Implications

25. Public Health is integral to the emerging model of care at all stages in a person's care. The move towards supporting people to maintain their health and wellbeing, and re- focussing away from acute towards more preventative services, including those provided by the voluntary and community sector, will require an ongoing involvement of the Public Health services.

Environmental and Climate Change Considerations

26. There are no immediate environmental or climate change considerations.

Equalities Impact of the Proposal

27. There are no immediate equalities issues. An equalities impact assessment will be required at a later date.

Risk Assessment

28. A detailed risk analysis is incorporated into the programme management of Community Transformation. There are no specific risks to be highlighted at this stage.

Financial Implications

29. There are no financial implications at this stage. Each element of the model of care will be fully costed. Plans for resourcing of any joint health and social care developments will be fully costed and signed off by the Joint Commissioning Board. Written business agreements will be put in place for each joint development.

Legal Implications

30. There are no legal implications at this stage.

Conclusions

31. The Health and Wellbeing Board is asked to

- Note the progress to date
- Request that the work on the model of care is reported back to the Health and Wellbeing Board at its next meeting
- Request that an update on the vision for integration is signed off by the Health and Wellbeing Board at its next meeting

Debbie Fielding
Chief Officer
Wiltshire CCG

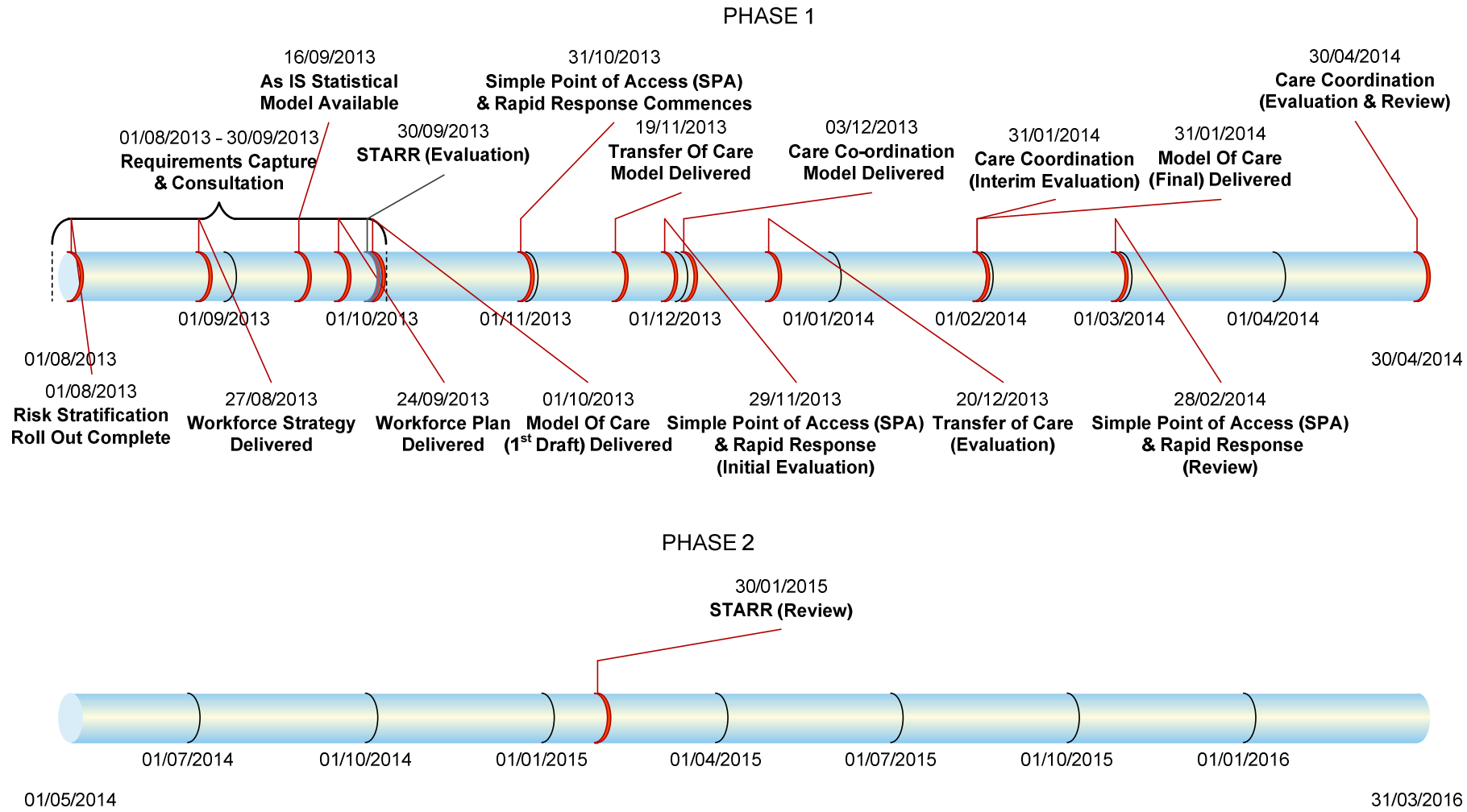
Maggie Rae
Corporate Director
Wiltshire Council

Report Author:
Lynne Talbot, Director of Community Services, Wiltshire CCG
Sue Geary, Head of Performance, Health and Workforce, Wiltshire Council

Date: 4th September 2013

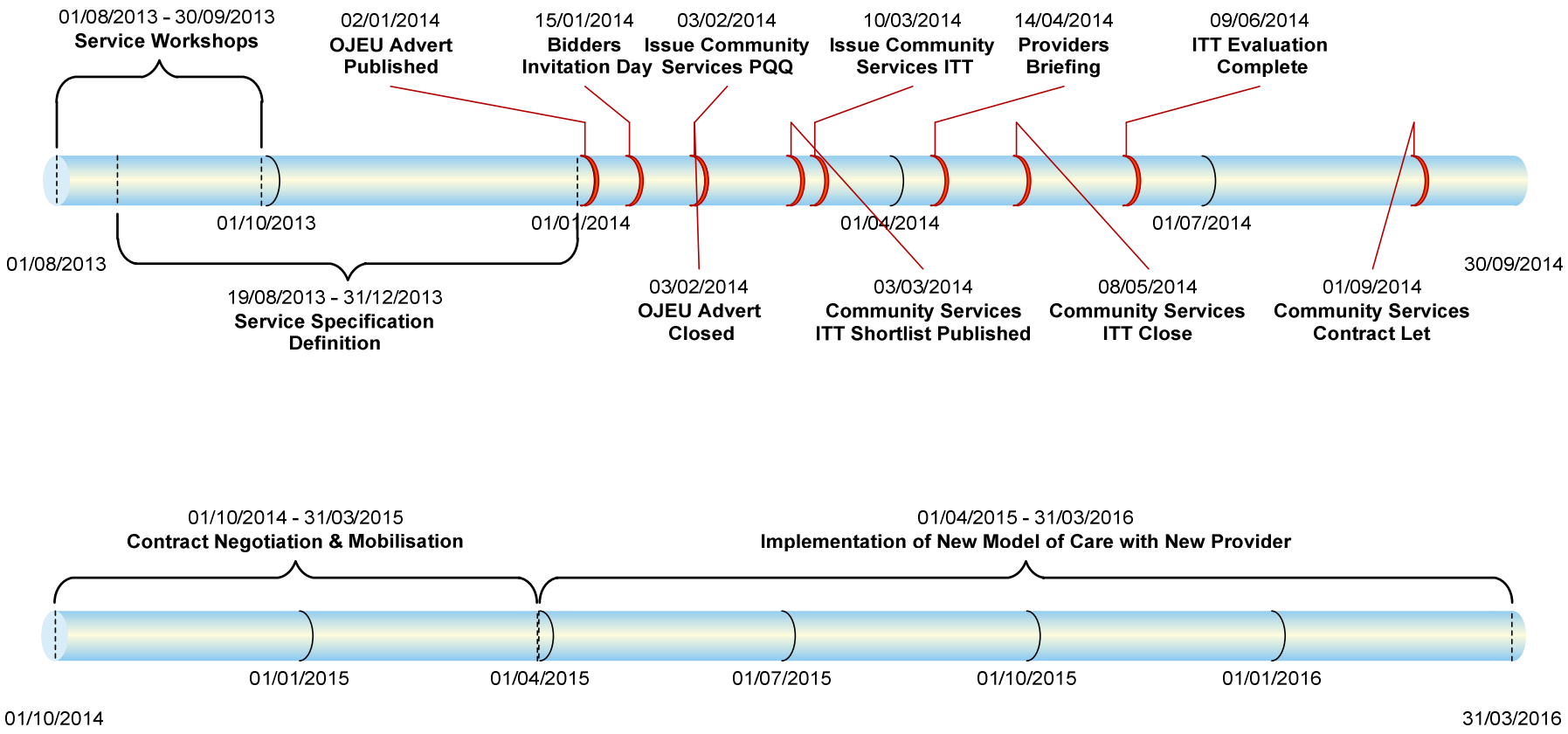
Appendix A

Community Transformation Programme Timeline



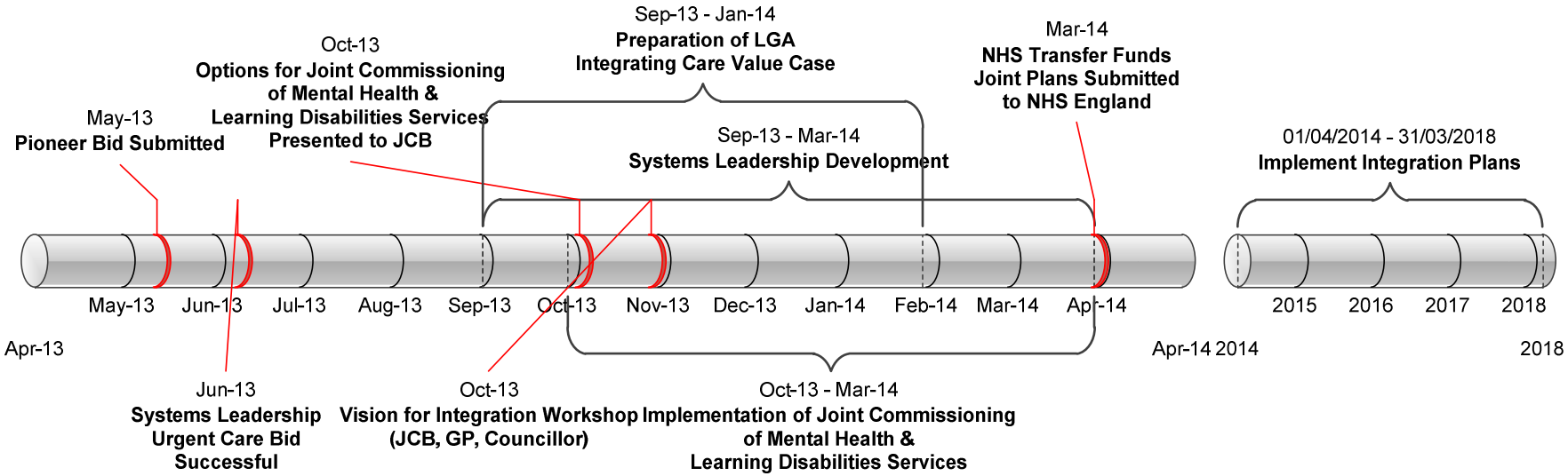
Appendix B

Community Services Specification



Appendix C

Developing A Vision For Integrated Working



This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Pharmaceutical Needs Assessments : right service in the right place

---

Executive Summary

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013 sets out that all Health and Wellbeing Boards have a statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA) by 1 April 205.

The report sets out proposals on the approach the Board should undertake in this respect.

Proposal(s)

The Board is asked to consider the recommendations as outlined in paragraph 24.

Reason for Proposal

To ensure the obligations of the Health and Wellbeing Board are met.

Maggie Rae
Corporate Director
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Pharmaceutical Needs Assessments : right service in the right place

---

Introduction

1. All Health and Wellbeing Board have a statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. This requirement is set out by the *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013*

2. Formerly published by primary care trusts (PCTs) the PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. It will enable appropriate commissioning and regulatory functions in relation to the provision of high quality pharmaceutical services for its population. The PNA maps current provision, assesses local need and identifies any gaps in provision.

Purpose of PNAs

3. PNAs will be key documents for the NHS England, and commissioners including the CCG and Public Health. The PNA will inform NHS Englands decisions on applications to open new pharmacies and dispensing appliance contractor premises.

4. PNAs will also inform the commissioning of enhanced services from pharmacies by the NHS England. Enhanced services are services such as anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

Who uses PNAs

5. The NHS England will rely on the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

6. The PNA will also be used by commissioners of Health Services including local authority public health teams and CCGs.

7. Robust, up-to-date evidence is important to ensure that community pharmacy services are provided in the right place and that the public health services commissioned by the local authority meet the needs of the communities they serve.

Implications of the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

8. The new regulations require each HWB to:

- HWB need to satisfy themselves the that inherited PNA is fit for purpose.
- If necessary make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent and
- The HWB should also be aware of the long planning cycle for PNAs, which might take 12 months and the statutory requirement for a 60-day stakeholder consultation and must publish its first PNA by 1 April 2015.
- Failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal by the NHS England of their application to open new premises. Nationally the risk of challenge is considered significant, HWBs are advised to add the PNA to the risk register.

9. Section 5 of this report considers these requirements in more detail

The Duties on the Health & Wellbeing Board

10. A small PNA working group has met to discuss the PNA requirements. This group comprises of the following members.

Cllr Keith Humphries, Cabinet Member, Wiltshire Council and HWB member
Steve Rowlands, Chairman NHS Wiltshire CCG and HWB member
Maggie Rae, Corporate Director, Wiltshire Council
Aimee Stimpson, Associate Director of Public Health, Wiltshire Council
Julie McCann, NHS England Area Team Pharmacist
Fiona Castle, Chief Officer, Wiltshire and Swindon LPC
Henryk Kwiatkowski, Prescribing Adviser, Medicines Management Team, NHS Wiltshire CCG
Tom Frost, Public Health Scientist, Wiltshire Council

11. In addition the PNA working group have agreed to contact Healthwatch and also include a contracts officer from NHS England.

12. This group met on the 1 August to consider the new regulations and requirements of HWB.

Current PNA

13. HWBs are now required by the regulations to publish a revised assessment where it identifies changes to the need for pharmaceutical services "which are of a significant extent". The only exception is where the HWB is satisfied that making a revised assessment would be a disproportionate response.

14. The recommendation of the PNA working group is that the inherited PNA is fit for purpose and producing a new PNA would be disproportionate response to the new regulations, consequently no revised assessment is required.

15. The inherited PNA is available via the Wiltshire Intelligence Network site at the following link, http://www.intelligencenetwork.org.uk/health/

First HWB PNA planning cycle

16. The regulations place a further statutory duty on each HWB to develop and publish their first PNA by 1 April 2015. The regulations set out the minimum requirements for the first PNA produced under this duty, and these include such things as data on the health needs of the HWB's population, current provision of pharmaceutical services, and gaps in current provision.

17. The time line below has been agreed by the PNA working group:

- Commence the process in January 2014
- Complete patient and contractor surveys in March 2014.
- First draft for the HWB in July 2014
- 60 days public consultation period between October and November 2014
- Review consultation responses December and January 2015
- Present PNA to HWB in February or March 2015 (dependent on meeting date)
- Publish March 2015

18. HWBs will be required to undertake a consultation on their first PNA for a minimum of 60 days and the regulations list those persons and organisations that must be consulted e.g. the NHS England, the relevant local pharmaceutical committee and local medical committee, the local healthwatch and other patient and public groups. The PNA working group has identified a requirement to ensure effective consultation with hard to reach groups and younger population groups through social media and surveys. The group also hope to promote the consultation process through the JSA community events in early 2014.

19. The PNA will also consider the future provision of pharmaceutical services. The PNA will draw on information published in the JSA Wiltshire 2012-13 and community area JSAs 2013-15 (due to be published in early 2014).

Risks to HWBs

20. Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and may also be challenged via the courts.

21. The use of PNAs for the purpose of determining applications for new premises is relatively new. It is therefore expected that many decisions made by the NHS England will be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore vitally important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

22. Where a party believes that the HWB has not complied with the requirements of the regulations and that they have been unfairly disadvantaged as a result their only recourse will be via the courts.

23. The risk has been assessed by the Director of Public Health and added as a service risk.

Conclusion and Recommendations

24. The Board is asked to:

    a. Accept the recommendation from the PNA group that the inherited PNA is fit for purpose
    b. Agree the proposed timeline above for publishing the first HWB PNA and inclusion of the PNA on the forward plan for July 2014 and February / March 2015.
    c. Delegate the PNA process and decisions to the PNA working group which includes 2 Health and Wellbeing Board members, Cllr Humphries and Steve Rowlands, Chairman of NHS Wiltshire CCG
    d. Delegate the updating of PNA to the Director of Public Health and the Public Health lead

Maggie Rae
Corporate Director
Wiltshire Council

Report Author:

Aimee Stimpson
Associate Director of Public Health

Documents relied on in preparing this report:-

National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/349/contents/made

Pharmaceutical needs assessment, information packs for local authority Health and Wellbeing Boards, Department of Health, May 2013
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

Current Wiltshire PNA
http://www.intelligencenetwork.org.uk/health/

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Funding for Serious Case Reviews**

Executive Summary

This report proposes a partnership approach to the funding of Serious Case Reviews in Adults Services.

Proposal(s)

It is recommended that the Board adopts the approach to funding set out in paragraph 6.

Reason for Proposal

A wide range of agencies are required to participate in Serious Case Reviews, including Wiltshire Council. However, currently Wiltshire Council shoulders the whole cost for Adult Serious Case Reviews. This paper sets out a full-partnership approach to these reviews in future, including financial contributions from each of the participating bodies.

James Cawley
Service Director

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Funding for Serious Case Reviews**

Purpose of Report

1. To agree a partnership approach to funding Serious Case Reviews.

Background

2. Serious Case Reviews are part of the approach to safeguarding vulnerable adults and children and are the responsibilities of the Wiltshire Local Safeguarding Adults Board (WLSAB) and Wiltshire Safeguarding Children Boards (WSCB) respectively. Their purpose is to ensure that where serious incidents occur, lessons are learnt and incorporated into the safeguarding arrangements of the various organisations.

3. The functions of the WSCB are funded through contributions by all partners. The Board has a standing sub-group dedicated to Serious Case Reviews (SCR) and convening SCR Panels when necessary. The membership of the sub-group is set out in Appendix 1. If the money set aside for Child SCRs is exhausted, further contributions are sought from partners on the same basis.

4. The membership of the WLSAB is included at Appendix 2, together with the process for convening an SCR Panel when required. Key partners in any SCR are Wiltshire Council, the Police and the CCG together with other partners where necessary.

5. The WSCB for 13/14 have allocated £21,000 for Serious Case Reviews.

Main Considerations for Partners

6. Local Safeguarding Adult Boards in other parts of the country have committed to fund SCRs either as: funded on equal basis between involved partners; negotiated on an ad-hoc basis for each SCR; or funded in line with the formula used for determining contributions to the LASB itself.

7. It is proposed that in Wiltshire, involved partners contribute on an equal basis. In most cases this is likely to lead to contributions of around £15k from each commissioning partner for each Safeguarding board on an annual basis.

8. The LSCB partners will need to consider how existing funding for SCRs will be managed as a consequence of this reports' recommendations.

Public Health Implications

9. None

Environmental and Climate Change Considerations

10. None

Equalities Impact of the Proposal

11. The purpose of the proposed approach is to ensure all partners are fully committed to protecting the most vulnerable people in the county.

Risk Assessment

Risks that may arise if the proposed decision and related work is not taken

12.1. Partners may not feel full ownership of Serious Case Reviews and implementation of their outcomes

12.2. Resource may be constrained within Wiltshire Council for work which all partners and members of the public benefit from

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

	Risk	**Action to mitigate the risk**
12.3.	Funding Partners may be reluctant to undertake SCRs for borderline cases	Ensure all partners are aware of legal duties and opportunity to learn from the findings of SCRs

Legal Implications

13. The Care Bill currently in Parliament seeks to reinforce existing laws and is likely to legislate that "Each member of the Safeguarding Adults Board must co-operate in and *contribute* to the carrying out of a review with a view to (a) identifying the lessons to be learnt from the adult's case, and (b) applying those lessons to future cases" (s44 (5), emphasis added).

Options Considered

14. Other options to funding on an equal basis between the involved partners were considered. These include negotiating contributions on an ad-hoc basis for each SCR, which was discounted due to the possible delays this may lead to; or funding SCRs through a formula used for determining contributions to the LASB itself, which was discounted given the unpredictable nature of the numbers of SCRs and the fact Adult SCRs are not likely to involve all Board contributors each time.

Conclusions

15. Funding Adult SCRs through equal contributions from the involved partners appears to be the fairest and most efficient option.

James Cawley
Service Director

Report Author:
David Bowater, Senior Corporate Support Officer
01225 713978

30 August 2013

Background Papers

None

Appendices

Appendix 1: Wiltshire Safeguarding Children Board Serious Case Review sub-group.
Appendix 2: Wiltshire Local Safeguarding Adults Board and process for convening Serious Case Review.

Appendix 1

Wiltshire Safeguarding Children Board
Serious Case Review sub-group

Purpose:

- To ensure cases where children or young people are involved in serious incidents are reviewed and any lessons learned are incorporated into organisations safeguarding arrangements to improve the safety and wellbeing of children.
- To undertake reviews of individual cases where the panel believe there are valuable lessons for multi-agency safeguarding practice.
- On behalf of the WSCB lead on any actions and/or learning arising from completed reviews; and to ensure that all contributing agency action plans are implemented and monitored effectively.
- To recommend to the WSCB Board any practice, policy or procedural changes.
- To convene a SCR Panel following the decision to undertake a serious case review.

Membership	**Role and Organisation**
Karen Littlewood (Chair)	Associate Director Quality (Safeguarding Children & Adults) NHS Wiltshire Cluster Clinical Commissioning Group
Fiona Finlay	Designated Doctor, NHS Wiltshire (From March 2013 NHS Wiltshire CCG)
Terence Herbert	Head of Service, Community Safeguarding, Children's Services, Wiltshire Council
Nicola Bennett	Head of Safeguarding Quality Assurance, Wiltshire Council
Stephanie Denovan	Schools and Learning
Mike Selby	Wiltshire Police

Appendix 2

WILTSHIRE LOCAL SAFEGUARDING ADULTS BOARD

- Independent Chair
- Wiltshire Council Service Director Adult Care Commissioning
- Councillor holding portfolio for Adult Social Care & Housing
- Head of Commissioning for Mental Health, Substance Abuse and Safeguarding
- Residential and Nursing Care Provider Representative
- Wiltshire Police
- Avon and Wiltshire Partnership Mental Health NHS Trust
- Clinical Commissioning Group Wiltshire
- Great Western Hospitals NHS Foundation Trust
- Royal United Hospital, Bath
- Salisbury NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Wiltshire Probation Trust
- Domiciliary Care Providers Representative
- Community Safety Partnership

Serious Case Review

Serious cases of abuse need to be reported to the Chair of the Local Safeguarding Adults Board and a" Serious Case Review Panel" may need to be convened if the case meets the following criteria:

- The adult at risk dies (including death by suicide) *and* abuse or neglect by another is known or suspected to be a factor in the death;
- When the Coroner has expressed concerns around the death of an adult at risk;
- Where it is suspected that a serious act of omission by an agency contributed to abuse or suspected abuse or neglect;
- Where an adult at risk has sustained a potentially life-threatening injury or sustained serious and permanent impairment of health;
- Where sexual abuse has occurred resulting in a potentially life-threatening injury; and
- Where during a case there has been a serious breach of the Safeguarding Adults at Risk Policy.

Initiation of review

- The LSAB, via the Chair, will appoint an Independent Chair for the Serious Case Review.
- Consideration will also be given to appointing an independent author of the Serious Case Review.
- The LSAB Chair will be responsible for requesting relevant agencies identify panel members, who must be very senior managers of the respective organisation.
- The LSAB Chair will be responsible for drafting the terms of reference for the Serious Case Review and for drafting timescales for the process, to be completed within a six month period.
- The LSAB Chair and SCR Chair will formally write to panel agencies setting out the process, reports required and draft terms of reference.

Agencies will also be informed of the timescale for completion of the SCR chronology and the IMR reports which will normally be one month and six weeks respectively of notification.

- Consideration will be given to informing the victim(s) and those alleged to have caused harm and their families about the Serious Case Review.
- The Care Quality Commission, and any other bodies required to be, will be informed of a Serious Case Review taking place by the LSAB Chair.

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Vision Ahead**

Executive Summary

The report outlines the recommendations for improvement to services supporting those who are visually impaired.

Proposal(s)

It is recommended that the Board considers the recommendations contained in the Vision Ahead report (Appendix 1);

Reason for Proposal

The Vision Ahead report is from a partnership of organisations which looked at support for those with sensory impairment in the county and how this could be improved. A wide range of recommendations are made which are worthy of consideration by the Board.

James Cawley	**Julia Cramp**	**Ted Wilson**
Service Director	**Service Director**	**Wiltshire CCG**

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Vision Ahead**

Purpose of Report

1. To present the findings of the Vision Ahead report.

Background

2. In 2009-10 Wiltshire undertook a consultative project to help it identify how older people could be supported better. The project started with an "Open Space" event and was followed by 5 workshops that were attended by older people who were customers, carers, social care staff (including practitioners), NHS staff (including practitioners), voluntary sector representatives and other stakeholders. The aim was to "co-produce" an assessment of current services and recommend how they could be improved.

3. This process was facilitated by Dan Short for the Department of Health Care Services Efficiency Delivery (CSED) programme and it was very successful. It provided the foundations for, created the impetus for and built the relationships/consensus necessary to implement the new "*Help to Live at Home*" approach. This approach is now being used across Wiltshire and increasingly being recognised across England as "good practice".

4. In the summer of 2012 the Wiltshire and Swindon User Network (WSUN), Wiltshire Involvement Network (WIN) and Wiltshire Council decided they wanted to sponsor something similar for people who are blind, partially sighted or visually impaired. They hoped that a similar "co-production" process could help create the conditions for improvement across the system for caring and supporting people who live with sight loss. Notably they wanted to:
    - Involve as many stakeholders as possible,
    - Foster an environment of trust and openness,
    - Gain consensus that things need to and can improve,
    - Develop a shared vision for the future, and
    - Recommend the first steps (bottom up/ top down) needed to create the momentum necessary for real improvement.

5. From the start there was recognition by the sponsors that the Vision Ahead project needed to be seen in a local and a national context and more specifically to harness momentum from:

- Increased national and international recognition about the need to reduce avoidable sight loss and improve support for blind and partially sighted people. This is evidenced by the *UK Vision Strategy 2008* first developed in response to the World Health Assembly VISION2020 resolution and refreshed 2012.
- The recent series of initiatives to involve blind and partially sighted people living in Wiltshire in processes that aimed to identify how support for blind and partially sighted people living in Wiltshire could be improved including the Wiltshire Vision Strategy Action Group (WVSAG).

6. The stated aim in the project brief/scope document dated 28th September 2012 was that:
"Wiltshire is committed to transforming how it supports people with sensory impairment(s) and it wants this transformation to be co-produced by customers and stakeholders.

7. Therefore, it was agreed, in July 2012, that the partnership of:
   - Wiltshire Involvement Network (WIN),
   - Wiltshire & Swindon Users Network (WSUN), and
   - Wiltshire Council.

   Would, together, focus on visual impairment/loss, and work on a project to produce recommendations on improving the care and support of blind, partially sighted and visually impaired people of Wiltshire.

8. In recognition of 'Hearing Impairment' and 'Big 'D' Deaf', it is hoped that there will be some work in the near future to embrace these two categories of sensory impairment".

9. The stated scope of the approach for the project was that it was about:
   - being aspirational
   - finding out how things are now
   - defining what would be better
   - giving a 'voice of the customer'

   Ultimately, the end point was to give evidence showing a need for change and provide a list of recommendations for further action

10. The stated scope of the project was clear that it was not about:
    - designing in detail
    - deploying/implementing the change
    - commissioning

    Though all of these could possibly follow - resulting in changing the way care and services are commissioned in future. In short; the project was to co-produce recommendations for decision takers to consider, rather than make decisions.

11. To ensure that the momentum built up by this project is maintained WSUN has committed to holding an update event by the end of 2013, at which implementation progress will be reported.

Main Considerations

12. The findings of the Vision Ahead project are detailed in the report attached at Appendix 1. Board members are asked to note the recommendations and consider their implementation.

13. The work on Vision Ahead has been complementary to another project, known as Wiltshire Voices, which aims to capture the stories of 'seldom heard' groups in Wiltshire. One of the strands for this was the experience of Blind and Partially Sighted People and their film is available to view online. Some of the issues identified in the Wiltshire Voices project have been picked up in the 'Vision Ahead' work; the project also highlights an important role for blind and visually impaired people who both individually and collectively can lobby, encourage and complain. The collective voice of people with these experiences can be very powerful and recommendations in the Vision Ahead seek to capture this where possible.

14. Children's Services currently work closely with Wiltshire Parent Carers Council (an organisation representing around 400 parents and carers of children with a disability or Special Educational Need) to consult and co-produce solutions to issues faced by disabled children and their families. As such there are separate consultation and co-production arrangements for children and young people with sight/ hearing problems. The focus of Vision Ahead is largely on adults; although recommendations are included on actions which can be taken at a young age to detect and prevent sight problems.

James Cawley
Service Director

Report Author:

David Bowater, Senior Corporate Support Officer
01225 713978

2 August 2013

Background Papers

No unpublished documents have been relied on in the preparation of this report.

Appendices

Appendix 1 Vision Ahead report.

Working in partnership with

Wiltshire Council
Where everybody matters

WSUN
Wiltshire and Swindon Users' Network

Wiltshire Involvement Network
for health and social care

Thinking Collaborating Advising Solving
Alder

Vision Ahead:
Report on Improving the Care and Support of Blind, Partially Sighted and Visually Impaired People in Wiltshire

30th April 2013

Background to "Vision Ahead"

In 2009-10 Wiltshire undertook a consultative project to help it identify how older people could be supported better. The project started with an "Open Space" event and was followed by 5 workshops that were attended by older people who were customers, carers, social care staff (including practitioners), NHS staff (including practitioners), voluntary sector representatives and other stakeholders. The aim was to "co-produce" an assessment of current services and recommend how they could be improved.

This process was facilitated by Dan Short for the Department of Health Care Services Efficiency Delivery (CSED) programme and it was very successful. It provided the foundations for, created the impetus for and built the relationships/consensus necessary to implement the new "*Help to Live at Home*" approach. This approach is now being used across Wiltshire and increasingly being recognised across England as "good practice".

In the summer of 2012 the Wiltshire and Swindon User Network (WSUN), Wiltshire Involvement Network (WIN) and Wiltshire Council decided they wanted to sponsor something similar for people who are blind, partially sighted or visually impaired. They hoped that a similar "co-production" process could help create the conditions for improvement across the system for caring and supporting people who live with sight loss. Notably they wanted to:

- Involve as many stakeholders as possible,
- Foster an environment of trust and openness,
- Gain consensus that things need to and can improve,
- Develop a shared vision for the future, and
- Recommend the first steps (bottom up/ top down) needed to create the momentum necessary for real improvement.

From the start there was recognition by the sponsors that the Vision Ahead project needed to be seen in a local and a national context and more specifically to harness momentum from:

- Increased national and international recognition about the need to reduce avoidable sight loss and improve support for blind and partially sighted people. This is evidenced by the *UK Vision Strategy 2008* first developed in response to the World Health Assembly VISION2020 resolution and refreshed 2012.
- The recent series of initiatives to involve blind and partially sighted people living in Wiltshire in processes that aimed to identify how support for blind and partially sighted people living in Wiltshire could be improved including the Wiltshire Vision Strategy Action Group (WVSAG).

The Role of Alder

Following a tender process Alder was employed as an independent and impartial external facilitator for the process. Alder was well placed for this role as it:

- Exists to help social care, housing and health organisations better meet the care and support needs of their local populations within available resources with a customer centric approach.
- Had previously worked with Wiltshire Council to help it work in partnership with the NHS to improve the older persons' care and support pathway when the Alder represented the Department of Health Care Services Efficiency Delivery (CSED) Programme in 2010.

Aims and Scope of "Vision Ahead"

The **stated aim** in the project brief/scope document dated 28th September 2012 was that:

"*Wiltshire is committed to transforming how it supports people with sensory impairment(s) and it wants this transformation to be co-produced by customers and stakeholders.*

Therefore, it was agreed, in July 2012, that the partnership of:

- *Wiltshire Involvement Network (WIN),*
- *Wiltshire & Swindon Users Network (WSUN), and*
- *Wiltshire Council.*

Would, together, focus on visual impairment/loss, and work on a project to produce recommendations on improving the care and support of blind, partially sighted and visually impaired people of Wiltshire.

In recognition of 'Hearing Impairment' and 'Big 'D' Deaf', it is hoped that there will be some work in the near future to embrace these two categories of sensory impairment".

The **stated scope** of the approach for the project was that it **was about:**

- ✓ being aspirational
- ✓ finding out how things are now
- ✓ defining what would be better
- ✓ giving a 'voice of the customer'

Ultimately, the end point was to give evidence showing a need for change and provide a list of recommendations for further action

The **stated scope** of the project was clear that it **was not about**:

- x designing in detail
- x deploying/implementing the change
- x commissioning

Though all of these could possibly follow - resulting in changing the way care and services are commissioned in future. In short; the project was to co-produce recommendations for decision takers to consider, rather than make decisions.

Next Steps:

James Cawley (Wiltshire Council, Service Director – Adult Care and Housing Strategy) committed that at the end of the project:

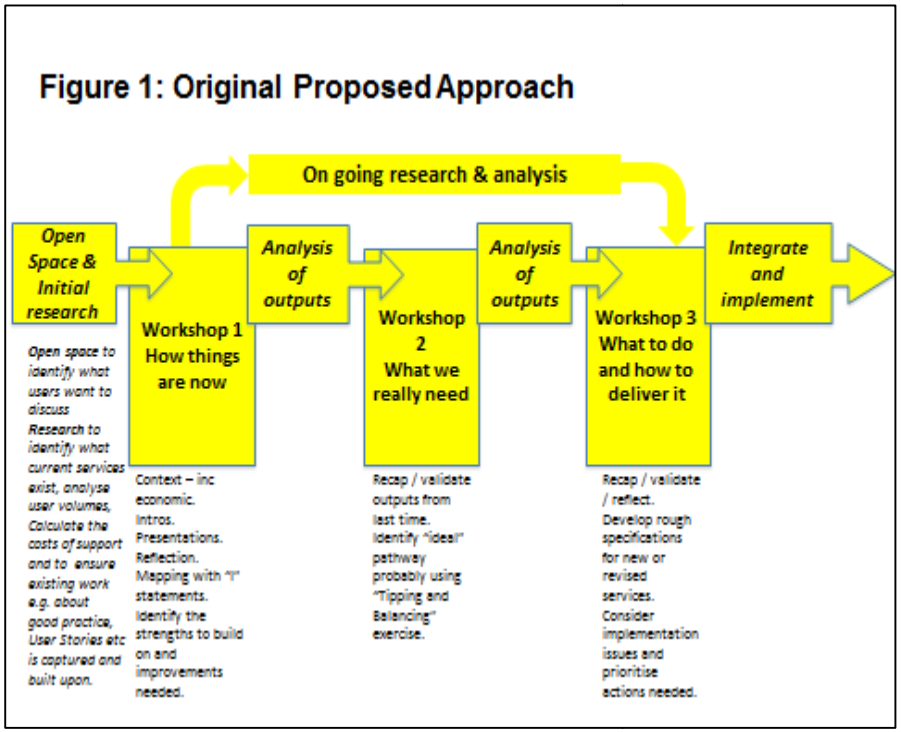
"*A final list of recommendations will be presented to the Health and Well-Being Board, in the first instance, in June 2013".*

To ensure that the momentum built up by this project is maintained WSUN has committed to holding an update event by the end of 2013, at which implementation progress will be reported.

Approach to "Vision Ahead"

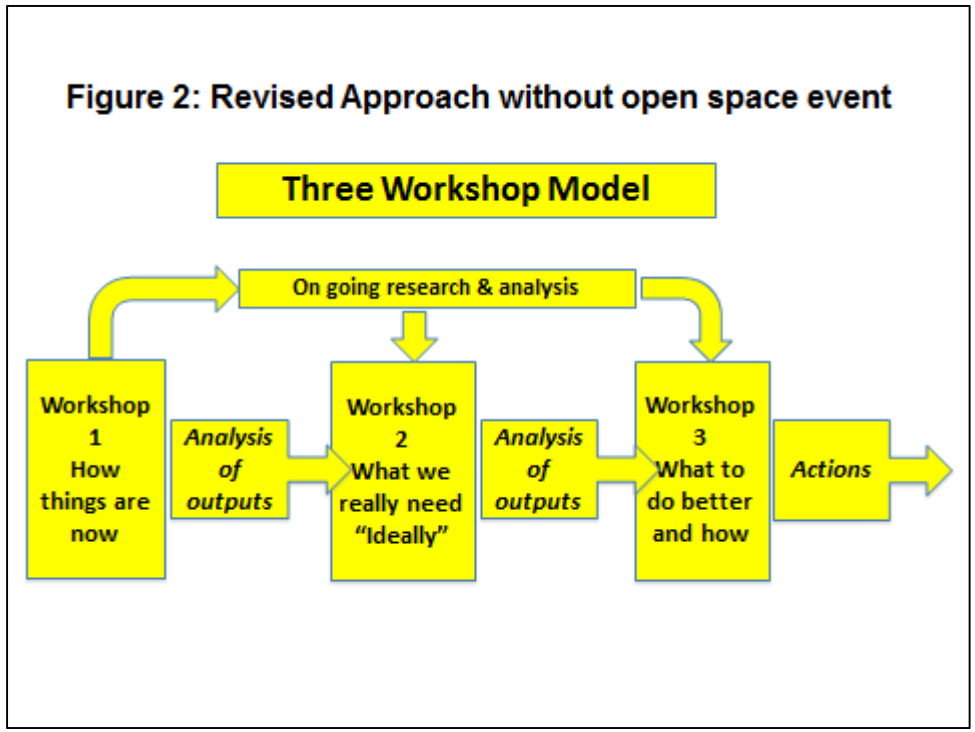
The planned method was for an open space event followed by just three (as opposed to the normal recommended five) stakeholder workshops. As always, the whole process was to be underpinned by a parallel research and analysis process see figure 1 below:

Figure 1: Original Proposed Approach



Unfortunately, take up for the open space event was considered too low to be viable/robust and so it was cancelled and the method was revised (as follows) to comprise just three workshops and a parallel research and analysis process see figure 2 below.

Figure 2: Revised Approach without open space event



National work that helped inform us

The Vision Ahead Process was informed by existing national research that was summarised for participants and shared with them in advance of Workshop 1. The main learning points from the research were that:

Who is living with sight loss?

Almost 2 million people in the UK are living with sight loss. Not surprisingly, although sight loss can affect all ages, as people age the incidence of sight loss increases and more women experience sight loss than men:

- 1 in 5 people aged 75 and over are living with sight loss
- 1 in 2 over aged 90 and over are living with sight loss
- Nearly two-thirds of people living with sight loss are women.

Learning: The Vision Ahead project needs to anticipate that as the County's population ages in the next 20 years it can expect demand for services specifically for people with sight loss to increase rapidly and recommendations should take this into account.

Perhaps less well known is that black and minority ethnic communities are at greater risk of sight loss and adults with learning disability are 10 times more likely to have sight loss than the general population.

Learning: The Vision Ahead recommendations need to take account of the need to be both culturally sensitive and accessible for people with learning disabilities. "*One size to fit all*" is unlikely to be the answer.

Who is registered as blind/partially sighted?

Registration is recognised as being important as access to key benefits and some support can be conditional on being registered as blind/partially sighted. However, national data shows that the majority of people who live with sight loss are not registered i.e. only 360,000 people are registered as blind/partially sighted. This is estimated to represent just 1 in every 6 who could be.

Data from the Wiltshire and Swindon Intelligence Network (2012) confirms Wiltshire mirrors the national position as it is estimated that up to 14,000 people in Wiltshire live with sight loss, but only 3,125 are currently registered as being blind or partially sighted.

Learning: The Vision Ahead recommendations need to consider how to increase the proportion of eligible people registered as blind/partially sighted.

How preventable is sight loss?

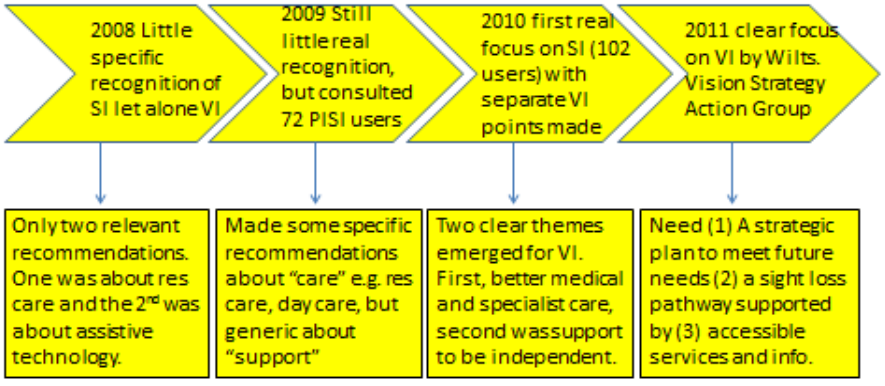
Many older people are needlessly living with sight loss because almost 2/3^{rds} of sight loss in older people is caused by refractive error or cataracts. Both of these conditions can be diagnosed by a simple eye test and often the person's sight could be improved by the correct glasses/surgery. In fact national data indicates that over 50% of sight loss overall (in all ages) could be avoided.

Learning: The Vision Ahead recommendations need to reflect that prevention and early intervention can make a big difference to people's lives and consider how people can be made more aware how to care for their sight better.

Previous Wiltshire work we built on

Since 2008 when the UK Vision Strategy 2008-13 was launched, Wiltshire has been increasing its strategic focus on improving support for people who live with sight loss and striving to better include blind, partially sighted and visually impaired people in service planning and design. A selection of key documents since 2008 demonstrates this. These are summarised at fig 3 below:

Figure 3: What we already know: Documents since 2008 show:



Note: VI = Visual impairment, PI = Physical impairment and SI = Sensory impairment

In particular, the Wiltshire Vision Strategy Action Group (WVSAG) recommended in 2011 that:

- The Joint Strategic Needs Analysis needs to ensure the needs of blind/partially sighted and visually impaired people are clearly identified and planned for.
- A clear "care and support pathway" is needed. It should incl:
  - Prevention,
  - Early intervention at the time sight is lost, and
  - Long-term support e.g. to help people adapt to long term situation.
- ALL services that support the pathway need to be made accessible. Specifically:
  - Expand rehabilitation services so there are no waiting lists,
  - Ensure enough Rehabilitation Officers for Visual Impairments (ROVI) are in post,
  - Clarify referral processes to ROVIs and to other clinical and support services,
  - Employ an eye care liaison officer at Salisbury District Hospital, and
  - Improve the information available across the board.

The participants in the Vision Ahead project agreed that it was important to take this important body of existing work into account and former members of WVSAG were invited to be are part of Vision Ahead to ensure continuity.

Workshop 1: How things are now

Introduction

Workshop 1 was held at the Devizes Corn Exchange on 7th November 2012 from 10.15 a.m. to 3.00 p.m. It was attended by 56 people including:

- 18 Customers or carers
- 14 Council or NHS staff
- 13 WSUN/WIN staff
- 7 Care and support provider staff incl. Salisbury DC
- 4 Representatives of voluntary sector organisations

The main aims of workshop 1 were to:

- Bring the knowledge of all participants up to date in terms of national research about sight loss and local work to date.
- Allow participants to state their hopes about the Vision Ahead process and surface and share any fears they had.
- Share experiences of the current care and support system for blind, partially sighted and visually impaired people in Wiltshire and use these to identify:
  - Features of support that were identified as good so the design for the future can build these good features in,
  - Strengths about the current care and support system to build on, and
  - Opportunities for improvement where current experience falls short of expectations.

Hopes and Fears

Annex 1 gives a full record of the "*hopes and fears*" but in summary the main hopes were that as well as being enjoyable:

- All participants feel involved and listened to
- Everyone who is involved learns from the process
- The project leads to "real" improvements

The main fears were that:

- The project might get bogged down by jargon
- Important changes recommended might not get implemented

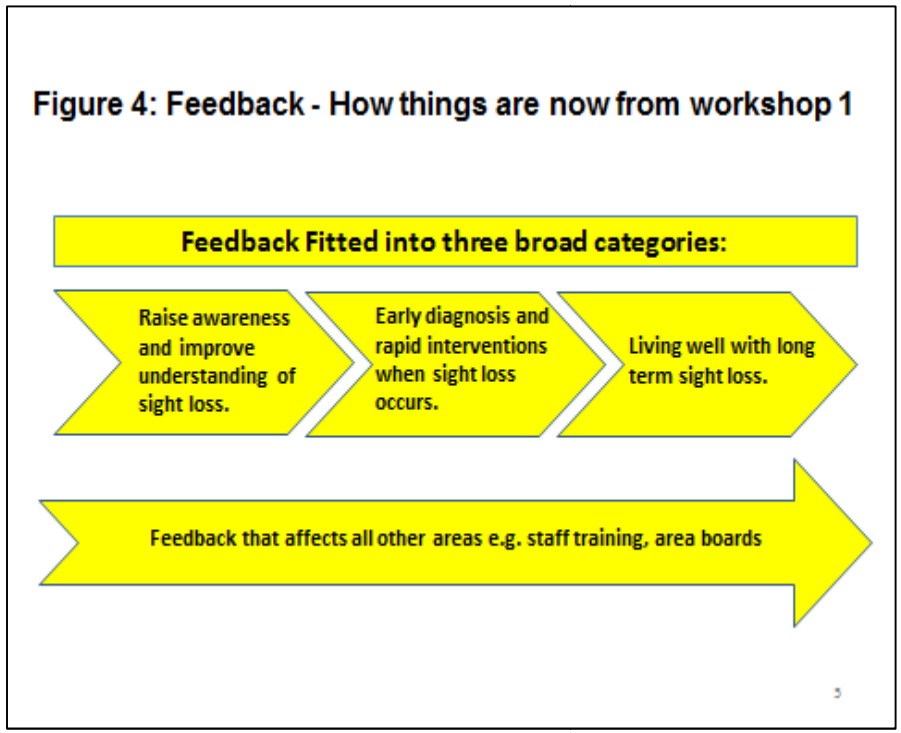
Features of Good Support

Annex 2 gives a full record of the "*features associated with good experiences of support*", but in summary the keys ones were that (1) there is accurate and up to date accessible information about what is available, how to self-help and how to access support and (2) when it is needed the care and support provided is:

- Promptly available.
- Tailored to meet individual needs,
- Delivered by well trained staff/volunteers, and
- Takes account of the needs of carers as well as the customer/ patient.

Strengths and opportunities to improve:

Although the feedback on strengths and opportunities to improve was wide and varied it broadly fitted into three key areas with some feedback overlapping all three of these areas (see fig 4):



Although Annex 3 records the full feedback given about current strengths and opportunities to improve the main points are summarised here.

They show that while many strengths exist and can be built on; there are still many areas where care and support could improve.

The keys points about "**Raising awareness and improving understanding of sight loss"** were praise for:

- An organisation called GROW for providing good community information, and
- Six week "*Moving On*" clinics for people who have recently experienced sight loss.

While **awareness could be raised and understanding of sight loss could be improved further** if Wiltshire:

- Started the education process earlier e.g. in schools
- Emulated other successful public awareness campaigns e.g. for strokes/ dementia
- Had a "*one stop*" shop for all information/ advice about ALL disability services so all disabled people including those with sight loss would know where to access information at all times and be confident it was accurate and up to date.

The keys points about achieving **"Early diagnosis and rapid access to support"** were praise for:

- The Hearing and Vision Team e.g. for providing a knowledgeable key worker for individual customers,
- Key improvements at Salisbury Hospital e.g. the "*Meet and Greet*" service, and

- High street opticians e.g. as they are easily available and "*refer people on*" promptly for specialist support when they believe it to be necessary.

While **the chances for earlier diagnosis and the speed of access to support after diagnosis could be increased** if in Wiltshire the:

- Percentage of people registered as blind/partially sighted increased as a share of those eligible to be registered,
- Consistency of support from hospitals improved,
- Waiting times for support from the Hearing and Vision Team reduced, and
- General Practitioners and Pharmacies tailored their services better to meet the needs of people with sight loss.

The key points about **"Living well with long term sight loss"** were praise for:

- Talking newspapers and libraries in Wiltshire as these help to keep blind, partially sighted and visually impaired people well informed,
- Telecare as it was seen as a flexible and low cost way of helping people to be more independent and to stay safe,
- Travel training by various organisations as the ability and confidence to travel independently empowers people, and
- Numerous existing support groups in Wiltshire that help people maintain their independence and help to protect against social isolation.

But, **people could be helped to live with their long term sight loss even more effectively** if:

- Some support was more flexible, as some still has a "*one size fits all*" approach,
- Some support staff/ volunteers had better skills/ knowledge as, at present, some lack awareness or sensitivity to the needs of people who are visually impaired,
- The capacity of some highly valued services were to increase as some services currently have quite long waiting lists, and
- Access to public places and transport for people with sight loss was improved as currently poor design and environmental factors can restrict what people with visual impairments are able to do.

In terms of **issues that overlap with the three categories of issues above** participants at Workshop 1 identified that:

- Local area boards could do much more locally to promote awareness, fund initiatives for early diagnosis and tackle local things that restrict the independence of people with visual impairments e.g. unsafe road crossings and uneven pavements,
- Staff training affects across all areas because well trained staff would pass on information that helped raise awareness, would advise people better when they may need to seek more specialist advice and would tailor the support they provided better to people living with long-term sight loss.

Workshop 2: What we ideally need

Introduction

Workshop 2 was held at the Devizes Corn Exchange on 13th December 2012 from 10.15 a.m. to 3.00 p.m. It was attended by 44 people including:

- 15 Customers or carers
- 15 WSUN/WIN staff
- 8 Council or NHS staff
- 4 Representatives of voluntary sector organisations
- 2 Care and support provider staff

The main aims of workshop 2 were to:

1. Define what an "Ideal" system of care and support would be like if it were able to:
   - Achieve perfect public awareness/understanding of visual impairment, how to prevent it and how to support people with visual impairments?
   - Ensure all people with a visual impairment were identified, diagnosed and treated at the earliest possible stage in their sight loss journey?
   - Support all people with long term sight loss to have as full a life as they wanted to have?
2. Identify how close the current system of care and support is to the "Ideal" defined and to highlight specific gaps.

The "Ideal"

Annex 4 records the "Ideal" system of support for blind, partially sighted and visually impaired people living in Wiltshire defined by the participants at Workshop 2, but in summary the **main ideal features** were a world where:

- Having a visual impairment is understood, respected, acknowledged by all in society and where no one feels stigma or is reluctant to ask for help.
- Everyone understands how to prevent avoidable sight loss where the identification of problems and referral to hospital or for other assistance is consistently early and timely.
- The ethos underpinning all support is to "*enable*" people with sight loss to live the life **they** want to live.
- All support is personalised i.e. tailored to individual needs and adequately resourced.

The "Gaps"

Annex 5 gives a full record of all the gaps between the current system and the "Ideal World" described during Workshop 2, but in summary the main gaps were as follows:

Gaps Re: Raising awareness and increasing independence:

Participants reported that awareness and understanding was a long way away from the "Ideal". Notably there is:

- No effective media campaign promoting awareness.
- Not enough good quality training of front line care and/or support staff.

- No “one stop shop” for information in accessible formats.
- Very little targeted awareness training with other groups e.g. school children, new car drivers and bus drivers.

Gaps Re: Early diagnosis and ensuring rapid access to support:

Participants reported that prevention, early diagnosis and rapid access to support was very rarely in line with the “Ideal”. Notably there is a need for:

- Eye specialist(s) to be appointed on to the Wiltshire Clinical Commissioning Group.
- Proof of the financial case for prevention and early intervention to be presented to decision takers.
- Regular screening for all to identify sight loss early e.g. as part, for example, of annual health checks.
- Support so GPs know more about sight loss.
- Immediate access to key services. Current waiting times are too long. Second hospital appointments are a particular issue.
- A designated Eye Clinic Liaison Officer(s) (ECLO) at each hospital with an “Eye Clinic”.
- Much faster registration for sight impaired or severely sight impaired people.

Gaps Re: Living well with long-term sight loss:

Participants reported that support to live well with long-term sight loss has improved in recent years, and this is a very positive thing, but to achieve the “Ideal” there is still a need for:

- Support services to be more co-ordinated and to share information better.
- A “named link support worker” to help individuals find/use services e.g. the equivalent of a dementia navigator.
- Peer support, buddy and befriending schemes to develop further.
- An increase in rehabilitation services to support people to become more independent over time.
- Better support to use assistive and other technology that supports independence.
- Better access to guide dogs; notably shorter waiting times and better access for children.
- Shops, Leisure, Libraries and other services to be more accessible.
- Transport to be made more accessible for people with visual impairments.
- Better support to get and keep employment.
- Better support to claim benefits.

Data to validate/inform workshops 1 and 2

Every effort was made to ensure that the Vision Ahead members were a representative sample of customers and other stakeholders.

However, to ensure, the project was informed by as full a range of views as possible feedback from workshops 1 and 2 was validated against:

- Feedback from the "Wiltshire Voices" consultation project,
- The UK Vision Strategy Refresh 2012, and
- Data obtained by the Vision Ahead Data Group.

Feedback from Wiltshire Voices:

Wiltshire Voices began in May 2012 and concluded in February 2013. It was a far wider consultation process than Vision Ahead as in included a far wider range of people than Vision Ahead[1].

Of the 12 sub groups for 'Wiltshire Voices', one was a forum of 40 people who are blind or partially sighted. This group was directly relevant to Vision Ahead; so the feedback/views expressed at group workshops or at individual interviews were reviewed and compared to the feedback/views expressed at Vision Ahead workshops 1 and 2.

[1] More details about Wiltshire Voices can be found at http://www.wiltshire.gov.uk/communityandliving/wiltshirevoices.htm

Similarities with Vision Ahead:

Much of the feedback from Wiltshire Voices was consistent with that from Vision Ahead workshops 1 and 2. For example, like Vision Ahead Wiltshire Voices emphasised the need:

- For information and emotional support straight after diagnosis e.g. Vision Ahead feedback about the need for an Eye Clinic Liaison Officer was reinforced,
- For advice on how to be registered as severely sight impaired (blind) or sight impaired (partially sighted) as this is key to accessing a wider range of support e.g. consistent with Vision Ahead feedback about raising awareness about help available and how to access it
- For support to live with long term sight loss was stressed e.g. one person said "*most of the modern world does not have a clue what people with disabilities go through*". Examples of the types of support needed were:
    - Practical support e.g. to fill in forms that cannot be read and support to socialise, meet peers etc. so that the risk of isolation is reduced,
    - Small changes in service design and in how others behave that would make a big difference e.g. medication labels need to be in large, black on yellow print and cashpoints need to "talk" to users, and
    - Arrangements that would make travel easier and safer e.g. by making buses and trains more accessible and by ensuring pavements are well maintained and free of obstructions.

Differences compared with Vision Ahead:

There were no absolute differences, but some things were emphasised differently. Most notably the:

- Economic and psychological impact of sight loss was more passionately explained in Wiltshire Voices,
- Frustration that many employers are not willing to give people with sight loss a chance was more heartfelt in Wiltshire Voices, and
- Value of technology and its sometimes prohibitive costs was more clearly explained in Wiltshire Voices.

Learning:

Although there were a few differences in emphasis the feedback and views expressed through Wiltshire Voices validated the feedback and views from Vision Ahead Workshops 1 and 2 and were consistent with earlier work such as the Wiltshire Vision Strategy Action Group.

The UK Vision Strategy Refresh 2012:

The UK Vision Strategy seeks to transform the UK's eye health, eye care and sight loss services.

It is a UK wide initiative in response to the World Health Assembly VISION2020 resolution to reduce avoidable blindness by the year 2020 and improve support and services for blind and partially sighted people.

The UK Vision Strategy attempts to respond to perceived:

- Shortfalls in the UK's eye health and sight loss services,
- Exclusions of blind and partially sighted people from opportunities available to others, and
- Widespread ignorance amongst the general public about how to maintain eye health.

The UK Vision Strategy has three priorities and each priority is associated with a five year aim.

A comparison of these priorities with the Wiltshire Vision Ahead priorities (Table 1 below) found that whilst the Wiltshire priorities are not identical because they reflect local circumstances they do cover very similar ground i.e. we concluded that The UK Vision Strategy validates feedback from Workshop 1 and vice versa.

Table 1: Comparison of UK Vision Strategy with Vision Ahead

UK Vision Strategy[2]:	Similar to Vision Ahead Priority:
1. Improving the eye health of the people of the UK. **Five-year aim:** To raise awareness and understanding of eye health .... and ensure the early detection.	To "Raise awareness and improve understanding of sight loss and how to prevent it."
2. Eliminating avoidable sight loss and delivering excellent support for people with sight loss. **Five-year aim:** To improve the co-ordination, integration, reach and effectiveness of eye care and support services.	To "Ensure early diagnosis and rapid interventions when sight loss occurs."
3. Inclusion, participation and independence for people with sight loss. **Five-year aim:** To improve the attitudes, awareness and actions of service providers, employers and the public to increase independence, control and choice.	To "Help people live well with long-term sight loss."

[2] Source: Adapted from UK Vision Strategy Refresh 2012

Vision Ahead Data Group:

What we did:

In parallel to the 3 workshops a data group was formed to find out what data was available about the current support for blind, partially sighted and visually impaired. We wanted data to (a) inform debate at the workshops and (b) to validate the perceptions and views outlined at the workshops. This group:

- Obtained 2012 **population data for Wiltshire** from the Institute of Public Care POPPI and PANSI data available from Oxford Brookes University.
- Asked **Wiltshire Council** as the body responsible for adult social care for information about the types of social care/ support available and a profile of people the with sight loss who it supports.
- Asked **NHS Wiltshire CCG** as the body that funds treatment for eye conditions we sought information about patient numbers, activity levels and costs related to Ophthalmology.
- Asked **Haine and Smith Opticians** (a large regional optician that operates mainly in Wiltshire) for information about what services Opticians typically provide and a profile of the people registered with them.

Population Data:

In 2012 the population of Wiltshire was 477,000. The population is projected to grow steadily in the next few years and the profile will age (See table 2 below). The data shows the numbers in the population that will be aged 65 plus will increase from 90,400 in 2012 to 111,900 in 2020. This represents an increase from 19% to 22.3% of the Wiltshire population while the younger adults population (18 to 64) is forecast to remain at around 280,000 over the same period.

Table 2: WILTSHIRE POPULATION PROJECTIONS

Age Bands	2012	2014	2016	2018	2020
People aged 65-69	28,100	30,400	30,800	28,700	28,400
People aged 70-74	20,500	22,300	24,800	28,700	29,600
People aged 75-79	16,700	17,800	18,300	19,700	21,700
People aged 80-84	12,500	13,000	13,700	14,600	15,500
People aged 85-89	8,000	8,300	8,800	9,400	10,000
People aged 90 Plus	4,600	5,100	5,600	6,100	6,700
Total pop'n 65 plus	**90,400**	**96,900**	**102,000**	**107,200**	**111,900**
People aged 18-24	35,600	33,800	32,700	31,800	30,800
People aged 25-34	52,100	53,300	53,900	53,800	53,700
People aged 35-44	64,300	61,100	58,900	57,700	57,900
People aged 45-54	71,500	72,900	73,600	72,800	70,000
People aged 55-64	59,100	59,500	61,800	64,800	68,300
Total pop'n aged 18-64	**282,600**	**280,600**	**280,900**	**280,900**	**280,700**
Total pop'n aged 0-17	**104,000**	**105,600**	**106,400**	**107,500**	**109,500**
Total pop'n - All ages	**477,000**	**483,100**	**489,300**	**495,600**	**502,100**

Source: POPPI/PANSI data from IPC Oxford Brookes University.

Learning: Since sight loss increases with age, this data confirms that demand for care and support for blind, partially sighted and visually impaired people is likely to increase in the next few years unless effective prevention and early intervention measure can be put in place i.e. it validates the emphasis put on prevention by the members of the "Vision Ahead" group.

Adult Social Care (ASC) Data:

Customer records show that in the year to 31st October 2012 ASC supported 365 people whose primary or secondary support need was visual impairment or who had a chronic sickness or disability related to their eyesight.

365 is only 0.1% of Wiltshire's adult population and may seem very low. However, it should be noted that 365 will not account for all the people with sight loss that ASC supports as it only includes people where sight loss is the primary or secondary reason for support i.e. ASC will support other people who have experienced some sight loss particularly in its older peoples and learning disability customer groups, but in many cases sight loss will not be the recorded main reason for that support.

What do we know about these 365 people?

- 240 (66%) are female, and 125 (34%) are male i.e. female customers outnumber male customers by 2 to 1.
- Only 88 (24%) are aged under 65. 201 (55%) are aged over 81 i.e. three quarters of customers are older people.
- Only 107 (29%) were 1st supported by ASC before they were 60 whereas 157 (43%) were 1st supported post 81.
- In 301 (82.5%) of the cases, sight loss or dual sensory loss is the primary reason for support.
- The only expenditure known to exclusively support sight loss is £170,000 of the hearing and vision team's budget. This includes staff costs and equipment supplied.

This data tends to reinforce the age related nature of the majority of sight loss and if we put this together with data about half of all sight loss being preventable, the value of effective measures to prevent sight loss and visual impairments is clear.

How are blind and partially sighted people supported?

339 or 93% of the 365 ASC customers live in their own home or that of a family/ friend or other informal carer. Only 7% live in residential, nursing or other specialist settings. We also know that national data indicates that:

- Only around 3,125 people in Wiltshire are registered as blind/ partially sighted, while
- Wiltshire and Swindon Intelligence Network (2012) estimates that up to 14,000 people in Wiltshire are blind or partially sighted.

When you put this data together it is clear that **the majority of people with sight loss must live in the community** rather than in residential, nursing or other specialist settings.

Learning: The ASC data confirms the views expressed by "Vision Ahead" group members that it is important to:

- Make information about eye care and what to do when worried about your sight easily available to the public,
- Make communities friendly and accessible so that people who are blind, partially sighted or visually impaired can be as independent as possible,
- Be able to deliver specialist visual impairment services effectively into community settings, and
- Recognise and support the role of informal carers who support blind, partially sighted and visually impaired people, often for no cost, on a day to day basis.

NHS Wiltshire Clinical Commissioning Group Data:

Table 3 below shows that in the year to 31st October 2012 3,464 patients attended 5,083 Ophthalmology related in-patient admissions in Wiltshire with an approximate cost of £3.75m[3].

Table 3: In Patient Admissions	Activity	PBR Cost	Patient Count
Ophthalmology	5,083	£3,775,217	3,464

3,464 patients represent around 1% of the adult population of Wiltshire (373,000) in 2012. Table 4 below shows that in the year to 31st October 2012 20,118 patients attended 47,031 Ophthalmology out-patient attendances in Wiltshire. These cost around £4.5m based on payment by results (PBR) tariffs.

Table 4: Out Patient Attendance	Type	Activity	PBR Cost	Patient Count
Ophthalmology	First	14,349	£1,775,305	12,112
Ophthalmology	Follow up	32,682	£2,709,421	13,753
	Total	**47,031**	**£4,484,726**	**20,118[4]**

Ophthalmology services therefore has contact with 23,582 people in 2011-12. This represents 6% of Wiltshire's adult population.

Analysis: NHS Wiltshire's data indicates it had contact with many more people with visual impairments in 2011-12 than Adult Social Care (ASC) did and this conclusion would remain true even if the:

- NHS count includes some people from neighbouring counties who use a Wiltshire Hospital
- Overlaps between the two lists could be identified and taken into account, and
- ASC data undercounts VI customers as the data interrogation is based on the primary or secondary care needs only. Therefore it only counts people with a primary or a secondary care need recorded as visual impairment.

It is also true that in terms of a "*Visual Impairment Care and Support Pathway"* most people will have NHS contact e.g. for diagnosis and for initial treatment/care related to their loss of sight before being referred to ASC for an assessment, rehabilitation support, equipment or help with day to day living.

Learning: When prioritising recommendations and considering cost effectiveness Vision Ahead group members need to have regard for the relative number of people with visual impairments who will benefit and the relative position of different recommendations on the "*care and support pathway*". For example, early contact with the NHS will impact on more people and potentially have a more positive impact on customers than, for example, recommendations about residential or nursing care because very few visually impaired people live in specialist settings and by the time they reach such settings their needs are high and hard to "manage down".

That said, we know that the majority of visually impaired people live in the community with little or no support. So recommendations that help visually impaired people live better with their sight loss at home and in the local community probably benefit the most people.

[3] Relates to LL eye care NOT just that for people with long term sight loss.
[4] The total patient count is lower than the sum of the patient count for first and follow up attendances, as some patients had a first and a follow up attendance.

Opticians Data:

Who attends opticians and why?

"Optics at a Glance" is an annual publication by the Optical Confederation[5]. The 2010-11 publication was the most up to date one available when we went to press. It states that:

- 68% of adults in England wear spectacles or have contact lenses i.e. it is reasonable to assume therefore that more than 68% of adults are registered with an optician, and
- In 2010-11 17.4m sight tests were carried out by opticians in England. This represents nearly 1 test for every 3 people who live in England (53.585 million in 2012[6])

Learning:

It seems that people within the scope of Vision Ahead i.e. people with sight loss or at risk of sight loss are far more likely to see an optician than to visit a hospital or have support from adult social care.

Clearly people may also visit their GP, but where sight loss was suspected the GP is likely to refer the patient to either an optician or a hospital eye clinic. This is significant because it means that if the people at risk see their local optician for sight tests then:

- Early detection of sight loss should be possible, and
- Opticians would be a good channel to communicate education and awareness raising materials.

The risk of over reliance on opticians:

At workshops 1 and 2 Vision Ahead group members agreed that while opticians do see a lot of people and their role, location and expertise are all strengths that could be built on, but it was complacent to assume that no improvement was possible.

The groups reasoning was that many of the people who most need to attend and who most need to increase their awareness of prevention i.e. young adults, do not register with/visit an optician until they "notice" their sight has deteriorated. Often this is too late and opportunities to intervene early and limit/correct sight loss have been missed. Hence, the Vision Ahead group wanted to:

- Prioritise public awareness raising so young adults are more likely to register with an optician and have sight tests every two years,
- Ensure some awareness raising focused on hard to reach groups (and included "in reach" into youth services), to increase coverage across social, racial and other boundaries in the population, and
- Make the screening of children compulsory in schools so that children's opportunity to have their sight tested is not dependent on having a responsible and knowledgeable parent who recognises the value of regular sight tests.

We were keen to test whether this feedback was valid and contacted Haine and Smith Opticians to see if the profile of people registered with them confirmed or contradicted the feedback from the Vision Ahead group members.

[5] http://www.opticalconfederation.org.uk/downloads/key-statistics/Optics%20at%20a%20Glance%202011.pdf

[6] From Poppi and Pansi by Institute of Public Care at Oxford Brookes University http://www.poppi.org.uk/

Haine and Smith is a regional chain of opticians with 12 branches across Wiltshire. They were pleased to help by:

- Providing the age profile of the 91,700 patients registered at their 12 Wiltshire branches, and
- Surveying activity in February 2013 at a sample of five branches to show why people present for sight tests, identify referral sources and, to see how often and to where they refer people "on" to.

Age Profile:

A comparison of the age profile of the patients registered with Haine and Smith to the age profile for Wiltshire (table 5 below) confirmed that people aged less than 45 are underrepresented.

Table 5: Haine & Smith - Patients By Age			% Wilts Pop'n by age	Differ-ence
Age Group	Patients	%		
0-17	17,416	19.00%	21.80%	-2.81%
18-25	8,964	9.78%	7.46%	2.31%
26-35	6,881	7.51%	10.92%	-3.42%
36-45	11,285	12.31%	13.48%	-1.17%
46-55	16,175	17.64%	14.99%	2.65%
56-65	12,292	13.41%	12.39%	1.02%
66-75	9,651	10.53%	10.19%	0.34%
75+	9,014	9.83%	8.76%	1.07%
Total	**91,678**	100%	100%	0%

Learning:

Assuming that the people registered at Haine and Smith are representative of people registered with other opticians across Wiltshire, this data validated the views of the Vision Ahead group members.

Survey of activity at 5 branches February 2013:

During the 4 week survey period 639 sight tests were undertaken at the 5 branches. An analysis of these at tables 6, 7 and 8 (below) gave the:

- Reasons people have a sight test,
- Source of referrals for sight tests, and
- Percentage of people "referred on" following a sight test.

Table 6: Reason For Visit:	4 week sample period		Annual Estimate	
	Number	%	Sample 5 branches	All 12 branches
Routine Eye Examination	610	95.46%	7930	40,879
GP Referral	12	1.88%	156	804
Hospital Referral	10	1.56%	130	670
Enhanced Service Referral	3	0.47%	39	201
Colorimetry Referral	4	0.63%	52	268
Total	**639**	**100%**	**8307**	**42,822**

The picture that emerges is that most (95%) of sight tests were self-referrals for a routine examination with just 5% being referrals on from other health professionals.

Referrals on by Opticians:

In terms of referrals "on" by opticians after a sight test:

- Table 7 below shows 6% of tests were referred on for further medical support or opinion. The majority of this was to a GP but 1.25% was to a hospital, and
- Table 8 below shows nearly 40% of referrals on (15 out of 39) are for cataracts or glaucoma.

Table 7: referrals on to where	Number in 4 weeks	% in sample	Annual Est. for Sample 5 branches	Annual Est. for all 12 branches
Hospital	8	1.25%	104	536
GP	31	4.85%	403	2,077
Total	**39**	**6%**	**507**	**2,613**
Table 8: Reasons for referrals on	**Number in 4 weeks**	**% in sample**	**Annual Est. for Sample 5 branches**	**Annual Est. for all 12 branches**
Cataracts	13	33.33%	169	871
Glaucoma	2	5.13%	26	134
Low Vision	0	0.00%	0	0
OHT	0	0.00%	0	0
Other	24	61.54%	299	1,541
Total	**39**	**100%**	**494**	**2,546**

Learning:

It is clear from the data from Haine and Smith that regular sight tests by an optician can detect potentially serious eye and other health conditions.

As we know from other sources that the earlier problems are detected the better, it is reasonable to conclude that the earlier problems are detected the better. Therefore, any measures that increase the number of people having regular eye sight tests will lead to a higher the rate of early diagnosis and lower long tern sight loss and support needs.

Targeting of Sight Tests:

The Vision Ahead members had debated the value of having sight tests annually rather than every two years in an attempt to detect eye conditions earlier in their development and had additionally debated whether more frequent sight tests should be for all or for target group? While we were in contact with Haine and Smith about their data we took the opportunity to ask their view about this?

Their view was very clearly that to be cost effective sight tests at intervals of less than two years should be for target groups only.

Workshop 3: What we can do better and how

Introduction

Workshop 3 was held at the Devizes Corn Exchange on 6th February 2013 from 10.15 a.m. to 3.00 p.m. and was attended by 63 people including:

- 20 Customers or carers,
- 17 WSUN/WIN staff,
- 16 Council or NHS staff,
- 6 Representatives for third sector organisations, and
- 4 Front line care and support provider staff.

Workshop 3 experienced technical problems with the electronic voting system. This meant that there was not enough time to discuss how to prioritise the recommendations. Therefore, participants were invited to an additional (fourth) workshop held at the Devizes Corn Exchange on 14th March 2013 from 10.15 a.m. to 1.15 p.m. It was attended by 30 people including:

- 10 Customers or carers,
- 9 WSUN/WIN staff,
- 7 Council or NHS strategic staff,
- 3 Representatives for third sector organisations, and
- 1 Front line care provider representative.

The main aims of workshop 3 and 4 were to:

- Generate a wide range of recommendations that closed the gaps between the current care and support available and the "Ideal" defined in workshop 2
- Rationalise the wide ranging list of recommendations into a shorter specific, measurable, realistic and time bound set of recommendations agreed by the Vision Ahead Group as a whole
- Prioritise the agreed list of recommendations by allowing each member of the Vision Ahead Group to indicate their own choice of "top three" recommendations

The process of generating recommendations:

Workshop 3 was so well attended that we had 8 groups working on the initial generation of recommendations[7]. This meant:

- Three groups worked on recommendations to raise awareness of and improve understanding of sight loss,
- Three groups worked on recommendations to improve early diagnosis rates and ensure rapid access to care and support, and
- Two groups worked on recommendations to improve support to live well with sight loss.

[7] Previous workshops had required only six groups

The initial output from the groups was 60 recommendations. Inevitably, there was some duplication between the groups so the list was rationalised to 53 recommendations during lunch. There was insufficient time in the afternoon to adequately discuss and prioritise so many recommendations.

Consequently, a fourth workshop was planned so the list of recommendations could be sharpened up and so a prioritisation process could be undertaken.

In between workshops 3 and 4 the facilitators used the feedback from workshop 3 to reduce the list of 53 recommendations down to a list of 26 for more detailed scrutiny at workshop 4.

The outcome from the deliberations at workshop 4 was 24 recommendations. Of these:

- 3 were about raising awareness and improving understanding of sight loss,
- 6 were about achieving earlier diagnosis and rapid access to care and support,
- 12 were about supporting people to live better with their long term sight loss, and
- 3 were relevant to awareness raising, early diagnosis and living well with long term sight loss

Each recommendation is presented in detail in the next four sections of the report. Each recommendation shows:

- Who Vision Ahead believes should lead on implementation,
- What specifically Vision Ahead believes needs to be done,
- When Vision Ahead believes action should be feasible,
- Why Vision Ahead believes the recommendation is needed,
- The priority given to each recommendation after the a the prioritisation exercise at workshop 4[8], and
- Implementation suggestions by Vision Ahead about how each recommendation could be implemented.

Priority Ratings:

- Five out of the 24 recommendations were rated "Critically Important". These are highlighted as "Red" recommendations,
- Eleven out of the 24 recommendations were rated "Very Important". These are highlighted as "Amber" recommendations, and
- Eight out of the 24 recommendations were rated "Important". These are highlighted as "Green" recommendations

[8] Each person at the workshop was asked to identify their own personal choice of 1st, 2nd and 3rd priority from the 26 recommendations.

Three recommendations for raising awareness and improving understanding of sight loss

Recommendation 1

WHO	WHAT
Public Health	To form a cross sector working group to plan, design and run a rolling public health awareness campaign around eye conditions, how to prevent them, how to recognise possible symptoms and what to do if worried about your sight.
BY WHEN	**WHY**
Form the working group immediately. Start campaign in 12 months and continue with a rolling campaign.	Aim to develop better public awareness about eye care and how to prevent sight loss. This is important because the RNIB web site reports that: • Almost 2/3rds of sight loss in older people is caused by refractive error or cataracts so **early intervention can make a big difference** as both conditions can be diagnosed by a simple eye test and prompt treatment • Over 50% of sight loss can be avoided so **prevention is crucial** • People aged under 45 are **underrepresented** on local optician client lists
PRIORITY RATING Critically Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The working group could include Customers, Public Health, Adult Social Care, other Wiltshire Council officers, Education (incl. pupils), the NHS/CCG and representation from the Voluntary Sector. For continuity the group should include a selection of “Vision Ahead” group members. The group should find out what is already being done and seek to co-ordinate and build on it. The campaign itself should: (1) Use a wide variety of media incl. TV, Radio, papers (2) Fund a dedicated worker to reach "hard to reach groups" and (3) Include "in reach" into youth services.	

Recommendation 2

WHO	WHAT
Public Health in partnership with the Education Department.	To form a working group to plan and implement a programme of eye health care awareness raising within the discretionary element of the personal social health education (PHSE) curriculum taught in Wiltshire schools.
BY WHEN	**WHY**
Form the working group immediately. Implement the new curriculum within 12 months.	Aim to improve children's knowledge of sight loss and eye care. This is important as data from a local optician shows that young people are under-represented on local optician client lists and so are less likely to have regular sight tests. The early signs of eye disease (and other health problems) that can be detected at a sight test are therefore unlikely to be diagnosed at an early stage when treatment could be more effective.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The working group could include Education (incl. pupils), Customers, Public Health, Adult Social Care, other Wiltshire Council officers, NHS/CCG and representation from the Voluntary Sector. For continuity the group should include a selection of "Vision Ahead" group members. To avoid duplication/ensure consistency this group could be a sub-group wider awareness raising group (Rec 1). To help keep costs down/quality high consider given to using retired/trainee opticians for this.	

Recommendation 3

WHO	WHAT
Public Health	To run a campaign to raise awareness of the disability of sight loss and to raise public recognition of different symbol sticks.
BY WHEN	**WHY**
Start planning immediately. Begin campaign in 12 months and continue as an on-going process.	Aim to raise public awareness about and therefore sensitivity to the needs of people with disabilities incl. sight loss. This is important because service users attending "Vision Ahead" workshop and other contributing to the "Wiltshire Voices" consultation frequently highlighted how a better understanding of sight loss and more consideration from others could make their day to day experience of for example travelling, shopping or working much better.
PRIORITY RATING Critically Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Target groups to include, but not be restricted to school children, transport staff and motorists as "Vision Ahead" members felt these groups, in particular, needed to be more aware of the needs of people with sight loss so they could be more sensitive to/considerate of their needs. This campaign could be included in wider disability awareness campaigns.	

Six recommendations for achieving earlier diagnosis and rapid access to care and support

Recommendation 4

WHO	WHAT
Wiltshire Council	To provide or commission a "One Stop Information" Team to develop and keep up to date a comprehensive set of information for people with sight loss. The "One Stop Information" Team should: • Make its information available through a network of local "One Stop Information Shops" to be established in existing locations e.g. in libraries, council community campuses/offices, hospitals, surgeries, Health Centres etc. including a mobile "one stop shop" to visit villages, • Be contactable via one telephone number, one web site and one e-mail address, • Ensure care and support providers also distribute the same information that is available in the "One Stop Shop", and • Develop an information pack about the available range of assistive technology that supports independence and regularly update it.
BY WHEN	**WHY**
Begin planning immediately. Open the first "One Stop Shops" in 12 months.	Aim to maximise independence and choice via information that is accessible for people with sight loss. This is important because customers consistently say it is the key to enabling them be more independent e.g. the response of blind, partially sighted and visually impaired people to every consultation in Wiltshire since 2009 has emphasised how important up to date accessible information is.
PRIORITY RATING Critically Important	

IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:
The information must: (1) be in a wide range of accessible formats e.g. internet, braille, large print, audio etc., (2) promote participation by people with sight loss in community activities and in shaping what is done in their communities e.g. through Local Area Boards and Community Area Partnerships (3) be tested by users (e.g. a readers panel) before it is published. Consideration should be given to whether the existing mobile library could double up as the "Mobile One Stop Shop" recommended and an important decision will be whether the "One Stop Shop" should only be for Sight Loss or whether it could serve a wider range of needs. Information available from other providers should be in the same range of accessible formats as in the "One Stop Information Shops" Technology is a fast moving area and the "One Stop Shop" needs to guard against favouring one supplier. Therefore, it is important that the "One Stop Shops" research is independent, the pack is updated annually and the pack available in a full range of accessible formats.

RECOMMENDATION 5

WHO	WHAT
Acute Hospital Trusts and the CCG.	To ensure that information cards (A6 designed by the Wiltshire Council Hearing and Vision Team) that are available at Salisbury Hospital Eye Clinic are rolled out to all Acute Hospitals, clinics, GP surgeries etc.
BY WHEN	**WHY**
Immediately, as the cards already exist.	Both the Vision Ahead group members and people consulted through the Wiltshire Voices process said how important it was to be able to access information and support immediately after an initial diagnosis and how current pathways often fail to deliver this. These simple cards help to maximise independence and choice and manage anxiety by making the start of the search for information immediately after receiving an eye condition diagnosis easy.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The cards have the contact details for a selection of organisations that offer support and information appropriate for people newly diagnosed with sight loss. If a one stop information shop is created as recommended by the Vision Ahead group its contact details would need to be added.	

RECOMMENDATION 6

WHO	WHAT
Public Health	To work in partnership with High Street Opticians/GPs to offer free sight tests to patients deemed to be "at risk" by their GP to encourage them to have sight tests at appropriate time periods
BY WHEN	**WHY**
Negotiate the partnership within 1 year.	The aim here is to improve screening to detect eye conditions earlier. We have already recorded how valuable prevention and early detection is (see recommendation 1), but local data shows that referrals by GP's to opticians for sight tests are relatively rare e.g. less than 2% in a sample of 639 sight tests in February 2013 were as a result of referral of a patient by a GP to an optician i.e. opportunities for early detection may be being missed.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Make the offer available to people identified as at risk by their GP and they should be given a free sight test voucher by their GP indicating their eligibility.	

RECOMMENDATION 7

WHO	WHAT
Clinical Commissioning Group.	To introduce pre-school sight tests and re-introduce sight tests for school children at agreed ages.
BY WHEN	**WHY**
Agree new approach within 1 year.	22% of Wiltshire's 2012 population was aged 17 or less, but only 19% of customers registered with a large regional chain of opticians were aged 17 or less i.e. children are underrepresented in that particular opticians patient list i.e. some children miss out on potentially sight saving sight tests because their parents do not understand how important it is. A similar short fall is evident in adults aged under 45 i.e. a screening process in schools will not only increase early detection rates at school age, but it may also help to embed the habit of having regular sight tests in young adults i.e. aged 18 to 45.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Need to agree how often children's eyes should be tested first. This should be based on current research about the optimum ages for tests and time between tests. To maximise coverage the tests should take place in the schools.	

RECOMMENDATION 8

WHO	WHAT
All Acute Hospitals, in partnership with the Clinical Commissioning Group.	To establish Rapid Access Clinics (RAC) at each hospital with an Eye Clinic and provide improved information to Opticians and GP's about when it is appropriate to refer patients to the RAC and how to make an effective referral.
BY WHEN	**WHY**
Plan the capacity needed in the next year and open new clinics within 2 years.	To achieve a quicker specialist response after initial sight loss experience. This service is for urgent eye problems which need treatment in a few days. It can be used to circumvent the normal pathway where it is deemed to slow e.g. a GP, optometrists or accident and emergency staff can refer into this clinic by phone or fax. The service is staffed by nurses from eye casualty and a doctor.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The RAC model referred to is already in place at Salisbury Hospital. This model needs to be replicated at other hospitals with Eye Clinics serving Wiltshire.	

RECOMMENDATION 9

WHO	WHAT
Clinical Commissioning Group.	To ensure a dedicated, funded Eye Clinic Liaison Officer (ECLO), with appropriate work space, to assure confidentiality, is available at all hospitals when eye clinic sessions are run.
BY WHEN	**WHY**
12/18 months to establish a business case for each eye clinic and to allow for the recruitment process.	Both the Vision Ahead group members and people consulted through the Wiltshire Voices process said how important it was to be able to access information and support immediately after an initial diagnosis and how current pathways often fail to deliver this. An ECLO would ensure emotional and practical support is available promptly after the first experience sight loss and then on an on-going basis.
PRIORITY RATING Critically Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
There is an existing documents that the CCG could take account of it when it is establishing the business case for employing ECLO's when eye clinic sessions run at Wiltshire Hospitals : • "Innovation and quality in sight loss and blindness services: Eye Clinic Liaison Officers" by RNIB (August 2011). It sets out the case for ECLO's quite clearly, and • The Wiltshire Blind Association, Action for Blind People and the RNIB business case for an ECLO at Salisbury Hospital prepared for presentation to the Service Director Strategy & Commissioning at Wiltshire Council.	

Twelve recommendations for supporting people to live better with their long term sight loss

Recommendation 10

WHO	WHAT
GP's, Opticians and the "One Stop Information" shops	To all signpost people with progressive sight loss conditions, but not yet eligible for statutory services under the eligibility criteria, to appropriate voluntary and peer support groups and to statutory services in their local area.
BY WHEN	**WHY**
Begin to compile information immediately and roll out in 6 months.	Vision Ahead group members told stories about the isolating effect of sight loss and the value of emotional support from peers as well as from family, friends and professionals. Feedback recorded for Wiltshire Voices reinforced these messages. It was also apparent that quite a wide range of services already exist, but that people do not always know what is available how to find out what exists i.e. ensuring that the professionals most likely to support people with sight loss have comprehensive and up to date information is crucial.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
There should be a common set of up to date information available at all appropriate locations. The information should include a single telephone number and e-mail address where people can seek information support about all things related to sight loss.	

Recommendation 11

WHO	WHAT
Wiltshire Council	To provide additional funding for peer support and buddy schemes to achieve a consistent level of access to these schemes across Wiltshire.
BY WHEN	**WHY**
12 months to identify local areas that lack capacity, set up and give funding.	To ensure emotional and practical support is available promptly after the first experience sight loss and then on an on-going basis. This is important as: • National data shows that nearly half of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them and that **depression occurs more often.** Older people with sight loss are almost three times more likely to experience depression than people with good vision, and • Vision Ahead group members highlighted peer support groups as a strength that could be built on at workshop 1, but commented that **availability varied by area** and was a “post code lottery”.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Additional funding to be given to fund the expansion of schemes already proven to be effective into areas not currently covered and consideration should be given to how the new Community Campuses could be used as meeting place for peer groups etc.	

Recommendation 12

WHO	WHAT
Adult Social Care and NHS Commissioners.	To engage with Hospitals and Nursing Care Homes to ensure they have (with the patient/residents consent) bed side signs that flag up a person's sensory impairments.
BY WHEN	**WHY**
6-12 months to set up and implement.	To help to ensure that care and support in 24/7 care and support settings is more consistently tailored for and sensitive to the individual needs of people with sight loss.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
GWH already does this and it is a good practice that others could repeat i.e. commissioners could cite this as good practice Wiltshire Council to lobby Care Quality Commission to check compliance with this during their inspections.	

Recommendation 13

WHO	WHAT
Wiltshire Council, Clinical Commissioning Group and Acute Hospital Trusts	To work together to ensure that all hospital "in" and "out" patient notes, GP surgery notes and notes held in people's homes all (with consent) have a flag identifying sensory impairments so that appointment letters, other communications and other support (including discharge from hospital) are delivered appropriately to each individual's needs.
BY WHEN	**WHY**
6-12 months to set up and implement.	In workshop 1 Vision Ahead group members told stories about how support they had failed to take enough (if any) account of their visual impairments e.g. GP letters in small print, Medication instructions on tiny labels on small bottles or packets and staff not taking account of their visual impairment. Having a clear flag in patient or other notes will help to ensure care and support is consistently tailored for and sensitive to the individual needs of people with sight loss.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
GWH already does this and it is a good practice that others could repeat. The various forms of notes should include an individual statement about things that help the person and says how they like to be treated. Surgery Patient Participation Groups, Helped to Live at Home Service and Clinical Commissioning Group all need to help action these recommendations.	

Recommendation 14

WHO	WHAT
Wiltshire Council	To form a cross sector group to develop a "Wiltshire Accessibility Standard" against which shops and other community facilities can be assessed and issue a "Charter Mark" for display by facilities that meet the standard.
BY WHEN	**WHY**
Form the group immediately, but give 2 years to set up and implement.	Vision Ahead group members explained how some everyday tasks are made unnecessarily difficult for them e.g. shopping, accessing buildings etc. This standard will help to ensure: • Community facilities can be equally accessed by blind, partially sighted and visually impaired people • Care and support when accessing community resources is more consistently tailored for and sensitive to the individual needs of people with sight loss.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The cross sector group could include Healthwatch Board, Area Boards, Customers and Chamber of Commerce. A system for auditing the shops and community facilities to recommend how to improve accessibility and check compliance with the standard will be needed.	

Recommendation 15

WHO	WHAT
Wiltshire Council	To set a new standard that "seeks to limit" the number well trained carers to a maximum of eight when people with sight loss are helped to live at home.
BY WHEN	**WHY**
Target to be agreed within 9 months, but give 2 years for compliance.	Customers within the Vision Ahead groups membership explained how important it is to have support staff who know them as individuals e.g. know what they like, dislike etc. Having fewer carers more often will help to ensure care and support is more consistently tailored for and sensitive to the individual needs of people with sight loss.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
This standard will need to be written into contracts with care providers. A monitoring system would allow compliance rewards and penalties to be considered. Providers will need a reasonable time to reorganise to meet this standard.	

Recommendation 16

WHO	WHAT
Wiltshire Council.	To calculate how many Rehabilitation Officers for Visual Impairment (ROVI) are needed to reduce waiting times for support to an acceptable level and initiate a recruitment process.
BY WHEN	**WHY**
1 to 2 years to calculate, implement, review and recruit to the new full establishment.	In workshop 1 Vision Ahead group members highlighted ROVI's as a strength as it helps people regain independence, but they also commented that the current waiting time of 12 weeks is unacceptably long and that people can become dependent and lose confidence during the waiting period. Therefore, to maximise the effectiveness of "enablement" work the ROVI capacity needs to be increased.
PRIORITY RATING Critically Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The starting point is to agree an acceptable standard waiting time, then use temporary resources to clear the backlog before calculating how many ROVI's are needed to maintain the new agreed maximum waiting time given projected workload.	

Recommendation 17

WHO	WHAT
Wiltshire Council	To form a cross sector working group to explore how to best support people with Visual Impairment (VI) to retain their jobs after they experience sight loss, find new jobs and access support to sustain employment.
BY WHEN	**WHY**
Form the cross sector group immediately. Begin to implement a 4 year action plan in 1 year.	To increase employment opportunities for people with sight loss. This is important because national data shows that: • Only 1/3rd of people registered blind/partially sighted, of working age, are in work and 9 out of 10 employers rate employing blind or partially sighted people as either "difficult" or as "impossible" (DWP 2004) • Vision Ahead group members stressed the importance of support to find and sustain employment and feedback recorded for Wiltshire Voices described the devastating effect that losing employment at the same time as losing sight often has on an individual's mental wellbeing and financial position.
PRIORITY RATING: Very Important	

IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:
The group could include customers, the Hearing and Vision Team, the voluntary sector, Jobcentre Plus and Access to Work. The group should aim to raise the awareness of employers: • About what people with VI are capable of, • That employing people with VI does not cost them, • To dispel fears about Health & Safety barriers to employing people with VI, • To generate more work placement opportunities. The working group should also lobby Jobcentre Plus to tailor its services more for VI customer's e.g. audio job boards.

Recommendation 18

WHO	WHAT
Wiltshire Council	To work in partnership with all local bus companies to improve bus services and make them more accessible.
BY WHEN	**WHY**
Form partnership immediately and agree a long-term action plan in 1 year.	The Vision Ahead group acknowledged that bus travel has improved in recent years, but concluded that: • Further improvement was still needed to enable people with sight loss to travel more independently while remaining safe, and • Relatively easy to achieve.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The partnership could include Customers, the Council and Voluntary Organisations. Important measures include having: • Talking bus stops (with key fobs for those who want them) and talking buses throughout county, • Space for assistance dogs on all buses, • 100% accessible buses, and • Training bus drivers not to move on until everyone is seated.	

Recommendation 19

WHO	WHAT
Wiltshire and Swindon Users Network	To lobby licencing authorities, on behalf of the Vision Ahead Working Group, to require that taxi and bus companies to include regular (e.g. annual) equality training, which includes Visual Awareness, for all staff as part of their licensing arrangements and to develop arrangements to check that the training is effective.
BY WHEN	**WHY**
Initiate consultation immediately. Aim to implement within 1 year.	To enable people with sight loss to travel more independently while remaining safe.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
To test effectiveness the licencing authorities (i.e. VOSA Traffic Commissioner for vehicles with 9 or more seats and Wiltshire Council for private hire and taxi vehicles with less than 9 seats) should develop a monitoring system that includes: • Mystery shopper, and • The analysis of complaints.	

Recommendation 20

WHO	WHAT
Wiltshire Council working through Local Area Boards and with enforcement staff e.g. parking and licencing authorities.	To enforce rules about vehicles parking on pavements and about pavements being blocked by street furniture and other obstructions e.g. advertising boards, wheelie bins etc.
BY WHEN	**WHY**
Each Local Area Board to invite parking enforcement teams and the local police to their next meeting.	At workshops 1 and 2 of Vision Ahead customers told stories about how thoughtless parking and random other obstacles on pavements can be difficult for people with sight loss to negotiate their way around and can be dangerous on occasion. This was also a theme of Wiltshire Voices.
PRIORITY RATING: Very Important	Using a combination of enforcement and education to minimise such obstacles will enable people with sight loss to travel more independently while remaining safe. Local Area Boards were seen as a good local body to gather information from local people about places with the most serious issues so that action could be prioritised.
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Local Area Boards (using a local champion and after consulting local people and voluntary organisations to identify local trouble spots) to lobby local parking and other enforcement teams and ask them for evidence that enforcement has been effective. Where enforcement is not the best answer Local Area Boards should consider local education and publicity campaigns.	

Recommendation 21

WHO	WHAT
Wiltshire Council.	To: • Promote the new system for reporting problems with pavements (planned to replace the current Clarence system) in a targeted way to blind, partially sighted and visually impaired people, and • Ask Local Area Boards to establish a local system to monitor the state of pavements (including overhanging braches) in their area and report repair requirements to the recently appointed Council Highways Department Community Co-ordinator.
BY WHEN	**WHY**
6 months to establish the new system.	At workshops 1 and 2 of Vision Ahead customers told stories about how uneven pavements can be difficult for people with sight loss to negotiate, undermine their confidence and be dangerous tripping hazards. This was also a theme of Wiltshire Voices. Local Area Boards were seen as a good local body to gather information from local people about places with the most serious issues so that action could be prioritised. Better maintained pavements would help to enable people with sight loss to travel more independently while remaining safe.
PRIORITY RATING: Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Each local Area Board to invite feedback from the local population about pavements that need repair and then invite the Council Highways Department Community Co-ordinator to their next meeting to agree how information collected about their local area can best be collected, collated and reported e.g. into the new system that is replacing the existing “Clarence” system.	

Three recommendations relevant to awareness raising, early diagnosis and living well with long term sight loss

Recommendation 22

WHO	WHAT
Human resources and contracts sections within Wiltshire Council and the Clinical Commissioning Group.	To ensure contracts and service level agreements require: • Eye health care training to feature in induction training for all front line care and support staff, and • All nurses and care home staff to have sensory loss training that is updated regularly.
BY WHEN	**WHY**
A rolling implementation programme as contracts are let or re-let.	Vision Ahead group members saw this basic training requirement as being a fundamental first step in the "up skilling" of care and support staff so they can support people with sight loss more effectively.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
Make this a contractual requirement for any care or support provider contracted to Wiltshire Council or NHS and ensure service level agreements with in-house providers have the same requirements.	

Recommendation 23

WHO	WHAT
Wiltshire Council and the Clinical Commissioning Group.	To allocate responsibility for the implementation and on-going development of a "*Joint*" Vision Impairment Policy/Strategy to named, and therefore accountable, senior staff.
BY WHEN	**WHY**
Initiate joint planning immediately, finalise the policy/strategy in 1 year.	To ensure policy development and strategic planning are properly informed and influenced by a clear and consistent strategic direction. This also helps customer and patient groups hold management accountable if the strategy is not delivered or if decision are taken that do not seem in line with the agreed strategic direction.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
The policy and strategy should be supported by data/evidence based incl. Joint Strategic Needs Analysis and take account of the Vision Ahead Working Group's recommendations and the findings from the Wiltshire Voices Project. Once agreed the strategy should be acted on, and named senior staff should be held accountable for delivering the strategy.	

RECOMMENDATION 24

WHO	WHAT
Clinical Commissioning Group (CCG)	To: • Appoint an associate eye specialist to champion Visual Impairment (VI) and to link with Healthwatch, and • Ensure each area CCG has an associate ophthalmologist on it.
BY WHEN	**WHY**
From April 2013 onwards.	To ensure policy development and strategic planning are properly informed and influenced by experts in sight loss.
PRIORITY RATING: Very Important	
IMPLEMENTATION SUGGESTIONS FROM THE VISION AHEAD GROUP:	
To ensure this is implemented the support of Directors and Chief Executive Officers may need to be sought to ensure they nominate an Ophthalmologist or other suitable person for each area CCG.	

List of Annexes:

Annex 1	Participants hopes and fears identified at workshop 1
Annex 2	Features of good support identified at workshop 1
Annex 3	Strengths and improvement opportunities identified at workshop 1
Annex 4	Care and Support in the Ideal World identified at workshop 2
Annex 5	Gaps compared to the ideal world identified at workshop 2
Annex 6	Recommendations in font size 16 and printed black on yellow from Workshops 3 and 4

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Disabled Children and Adults (DCA) Pathfinder Update**

Executive Summary

The report

- outlines the requirements of the Children and Families Bill which has implications for both the local authority and the Clinical Commissioning Group.
- briefly updates the Board on the progress made by the Disabled Children and Adults Pathfinder project.
- Informs the Board of the consultation to create a fully integrated (0-25) Special Educational Needs and disability (SEND) Service

Proposal(s)

It is recommended that the Board notes the progress that has been made and the on-going consultation.

Reason for Proposal

Julia Cramp, Service Director Commissioning & Performance, Children's

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Disabled Children and Adults (DCA) Pathfinder Update**

Purpose of Report

1. The report

- outlines the requirements of the Children and Families Bill which has implications for both the local authority and the Clinical Commissioning Group.
- briefly updates the Board on the progress made by the Disabled Children and Adults Pathfinder project.
- Informs the Board of the consultation to create a fully integrated (0-25) Special Educational Needs and Disability (SEND) Service

Background

2. **National direction of travel- Children and Families Bill**

2.1 In February 2013 the Department for Education published a Children and Families Bill 2013 which responded to evidence from pre-legislative scrutiny. Part 3 of the Bill introduces a new single system from birth to 25 years for all children with SEN, (previously the system covered children aged 3 to 19). It will:

- Place a requirement for **Local Authorities, health and care services to commission services jointly** to meet the needs of children and young people with SEN & disabilities.
- Require Local Authorities to offer of a personal budget for families and young people with a Plan, extending choice and control over their support
- Require Local Authorities to publish a clear, transparent 'local offer' of services for all children and young people with additional needs, **this includes health provision**, so parents can understand what is available.
- Offer a streamlined assessment process, w**hich integrates education, health and social care,** and involves children and young people and their families
- Require better co-operation between the Local Authority and partners and requires Local Authorities to involve parents and young people in reviewing and developing provision
- Ensure that children, young people and their families are at the heart of the legislation.

- Replace statements and Learning Difficulty assessments with a new 0-25yr Education, Health and Care Plan, which reflects the child or young person's aspirations for the future, as well as current needs by September 2014.

2.2 In March 2013 it was announced that the Government will bring forward an amendment to the Bill to place a **legal duty on Clinical Commissioning Groups** to secure health services that are specified in Education, Health and Care Plans.

2.3 Further detail about this legal duty can be found on the following website https://www.gov.uk/government/news/children-and-young-people-with-sen-to-benefit-from-new-legal-health-duty

2.4 Details of the draft Children and Families Bill, draft regulations and draft SEN code of practice can be found on the following website

http://www.education.gov.uk/aboutdfe/departmentalinformation/childrenandfamiliesbill/a00221161/children-families-bill.

2.5 Royal assent and implementation is planned for September 2014.

2.6 In addition to this the NHS Mandate published in November 2012 stated that 'The NHS Commissioning Board's **objective** is to ensure that they (children and young people with SEN and Disabilities) have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education'.
http://mandate.dh.gov.uk/

3. Update on approach in Wiltshire –Disabled Children and Adults Pathfinder

3.1 Wiltshire Council is one of 20 pathfinders who were selected by the government to test new ways of working that will deliver the Support and Aspiration green paper, and the emerging legislation in the Children and families Bill. Prior to pathfinder status, the Council had agreed to undertake a transformational review of the support and services for disabled children and adults so the DCA Pathfinder work has built on this.

3.2 Our approach has been to ensure that all our work is undertaken jointly with relevant children's community health services, Voluntary and Community services and Parent Carers.

3.3 We established a 'proof of concept' team, who step outside of current ways of working and test and develop new ways of working, have been testing the single assessment framework and plan, the single assessment process and a new role supporting this process (the SEND lead worker).

3.4 Key information from the assessments and plan will inform commissioning intelligence at both a local and strategic level. Strategically this will inform the

Joint Strategic Needs Assessment, the Health and Wellbeing Board and joint commissioning groups, and plans.

4. Proposed creation of a 0-25yr fully integrated Special Educational Needs and Disability Service.

4.1 As a result of the learnings from the Proof of Concept, in April 2013 an extended social care disability service for 0-25 yrs olds was implemented which is starting to address some of the issues. In May 2013 a paper was taken to Cabinet outlining the need to bring together education and social care services to create an integrated 0-25 Special Educational Need and Disability service.

4.2 Central to the Children and Families Bill vision is the delivery of holistic, integrated services which have as their focus the needs of children, young people and their families, which are able to deliver, and act on, a single assessment and planning process. Government's vision is entirely in line with the work of the Disabled Children and Adults Pathfinder Project which has been working closely with both staff and customers to re-design and re-shape Wiltshire's services.

4.3 With both of these drivers it has been agreed that now is the time to re-align service structures to enable the creation of a fully integrated special educational needs and disability (SEND) service for children and young people aged 0-25 year olds. This decision is fully supported by Cabinet, who at its meeting held on the 21 May 2013, urged us to move as soon as is possible toward this service structure.

4.4 Following discussion with the Systems Thinking Review Board on the 26 June, the proposal is to start formal consultation with effected staff (that is, staff who work with children and young people with SEN and/ or disabilities) on a proposed structure for a Special Educational Needs and Disability (SEND) Service early in September 2013. Central to this service will be a number of key roles, including a SEND lead worker role.

4.5 We need, next, to consider how the relevant children's community health services will work alongside this service.

Report Author:
Susan Tanner, Head of Commissioning and Joint Planning

Background Papers

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

Appendices
None

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Disabled Children's Charter for Health and Wellbeing Boards**

Executive Summary

This paper sets out the background to the Disabled Children's Charter for Health and Wellbeing Boards, the commitments this would place on the Board, the evidence required to demonstrate the commitment was being met and the benefits of signing the Charter.

Proposal(s)

It is recommended that the Board:

i. Considers the commitments on Health and Wellbeing Boards that elect to sign the Charter.
ii. Considers signing up to the Charter.

Reason for Proposal

Health and Wellbeing Boards are encouraged to sign the Charter. Parent Carers will be able to access information about whether their local Health and Wellbeing Board is a signatory and the steps that have been taken to meet Charter commitments.

Julia Cramp
Service Director
Commissioning and Performance, Children's

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Disabled Children's Charter for Health and Wellbeing Boards**

Purpose of Report

1. This paper sets out the background to the Disabled Children's Charter for Health and Wellbeing Boards, the commitments this would place on the Board, the evidence required to demonstrate the commitment was being met and the benefits of signing the Charter. The Health and Wellbeing Board is being asked to consider signing the Charter. A copy of the Charter is attached at Annex 1.

Background

2. Nationally, children and young people with disabilities and their families' access services across multiple agencies, and often experience poor integration across health, social care and education services and a lack of coordinated commissioning. This results in poor outcomes, significant inequalities and considerable distress for children and families, and additional financial costs.

3. The Disabled Children's Charter for Health and Wellbeing Boards has been created by Every Disabled Child Matters (EDCM) and The Children's Trust, Tadworth and was developed to support Health and Wellbeing Boards meet their responsibilities towards children and young people with disabilities, specialist educational needs (SEN), and health needs, and their families.

4. Health and Wellbeing Boards are being encouraged to sign the Charter. The Charter sets out a public vision for improving the outcomes experienced by children and young people with disabilities. Parent carers will be able to find out if their Health and Wellbeing Board is a signatory and the steps their Health and Wellbeing Board has taken to meet its Charter commitments.

5. The Charter is aligned with current SEND legislation changes. The draft Children and Families Bill contains clauses for promoting integration between special educational provision, health and social care provision, making joint-commissioning arrangements, keeping education and care provision under review, and producing a Local Offer for children and young people with SEN and disabilities.

6. These new duties on local authorities have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated

working, promote close working and undertake a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). This is particularly important as Clinical Commissioning Groups will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN and Disabilities.

Main Considerations

7. **Commitments on Health and Wellbeing Boards**

7.1 The Charter has seven commitments and within a year of signing the Charter the Health and Wellbeing Board will be required to demonstrate how these commitments have been met.

7.2 Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

7.2.1 To fulfil this commitment the expectation would be that a Health and Wellbeing Board would be able to provide evidence that:

- information collected informs the JSNA process,
- a quality assurance process ensures that information and data used to inform commissioning is sufficiently detailed and accurate,
- the JSNA will be used to assess the needs of local children and young people with disabilities , and their families,
- information on any hard to reach groups is sourced, and action taken to address any gaps of information,
- children and young people with disabilities and their families are strategically involved in identifying need, and their experiences inform the JSNA process.

7.3 Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

7.3.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- of the way in which the Health and Wellbeing Board or its sub groups have worked with children and young people with disabilities in the JSNA process, and next steps for JSNA engagement,
- of the way in which the Health and Wellbeing Board or its sub groups have worked with children and young people with disabilities in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement,
- of partnership working with any local groups of children and young people with disabilities.

7.4 Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

7.4.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

7.5 Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

7.5.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- on the status of outcomes for local children and young people with disabilities based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- on the strategic direction the Health and Wellbeing Board has set to support key partners to improve outcomes for disabled children and young people.

7.6 Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

7.6.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- of the way in which the activities of the Health and Wellbeing Board help local partners to understand the value of early intervention
- of the way in which the activities of the Health and Wellbeing Board ensure integration between children and adult services, and ensure a positive experience of transition

7.7 Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

7.7.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- of the way in which the Health and Wellbeing Board is informed by those with expertise in education, and children's health and social care

- of the way the Health and Wellbeing Board engages with wider partners such as housing, transport, safeguarding and the youth justice system
- of steps taken to encourage integrated working between health, social care,
  education and wider partners in order to improve the services accessed by children and young people with disabilities and their families

7.8 Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

7.8.1 To fulfil this commitment the expectation would be that a Health and Wellbeing board would be able to provide evidence:-

- on information links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

8. Benefits of signing the Charter

8.1 The benefits of signing up to the Charter include:-

- publicly articulating a vision for improving the quality of life and outcomes for children and young people with disabilities, and their families
- understanding needs of children and young people with disabilities, and their families and how to meet them
- having greater confidence in integrated commissioning on the needs of disabled children, young people and their families
- supporting a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- building on local partnerships to deliver improvements to the quality of life and outcomes for children and young people with disabilities, and their families
- developing a shared local focus on measuring and improving the outcomes experienced by children and young people with disabilities, and their families

Safeguarding Considerations

9. None

Public Health Implications

10. None.

Environmental and Climate Change Considerations

11. None.

Equalities Impact of the Proposal

12. The Charter aims to ensure support for some of the most vulnerable in society.

Risk Assessment

12.1 Risks that may arise if the proposed decision and related work is not taken

1. Reputational risk to the H&WBB if Charter not signed. As a national champion Pathfinder for the Children and Families Bill Wiltshire is expected, both locally and nationally, to lead the way in supporting developments and improvements in services for children and young people with special educational needs and disability.

2. The benefits of signing the Charter will not be realised.

12.2 Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

	Risk	Action to mitigate the risk
1.	Commitments may not be delivered	Ensure suitable arrangements are in place to deliver

Financial Implications

13. None identified.

Legal Implications

14. None identified.

Options Considered

15. No other options considered.

Conclusions

16. The H&WBB is asked to consider the commitment required by the Charter and to give consideration to signing.

Report Author: Susan Tanner, Head of Commissioning and Joint Planning
Date: 30 August 2013

Background Papers

Published documents: For further information about the Charter, including key resources that can support the delivery of commitments and the statutory drivers that underpin each commitment, please go to

http://www.edcm.org.uk/campaigns-and-policy/health/health-and-wellbeing-board

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

Appendices

Appendix 1 The Disabled Children's Charter

This page is intentionally left blank

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** ..... .
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Countywide Health Prospectus**

Executive Summary

The report outlines Wiltshire Clinical Commissioning Group's draft Countywide Health Prospectus and invites comments from members of the Health and Wellbeing Board ahead of its publication.

Proposal(s)

It is recommended that the Board:

i. Considers the Countywide Prospectus (Appendix 1) and addresses any questions arising to the representatives of Wiltshire Clinical Commissioning Group.
ii. Provides comments and suggested improvements.

Reason for Proposal

Wiltshire Clinical Commissioning Group is sharing the prospectus with the Health and Wellbeing Board and members of the board are invited to make comments on it before it goes to print.

Debbie Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Subject: **Countywide Health Prospectus**

Purpose of Report

1. To outline the draft Countywide Health Prospectus produced by Wiltshire Clinical Commissioning Group (CCG) and invite comments and suggestions on how it might be improved.

Background

2. The CCG is sharing the prospectus with the Health and Wellbeing board and members of the board are invited to make comments on it before it goes to print. A copy of the prospectus is included at **Appendix 1**.

3. The prospectus does not set out the CCG's commissioning plans and as such does not need to demonstrate formal compliance with the Joint Health and Wellbeing Strategy. Rather, it is intended as an introductory document to the organisation – its functions and purpose.

4. The Board should note that the prospectus is currently purely a text document and will be laid out to design, illustration and print standards once all comments have been received and there is a final version of the document.

5. Apart from comments at the meeting, Board members are invited to add comments and return the document with amendments and suggestions to helen.robinson-gordon@nhs.net , no later than 19 September.

Debbie Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

Covering Report Author:
David Bowater, Senior Corporate Support Officer
01225 713978

30 August 2013

Appendices
Appendix 1 Draft Countywide Health Prospectus

COVER – IMAGES TO FOLLOW:

‘The right healthcare, for you, with you, near you ‘

NHS Wiltshire Prospectus 2013/14

Page 1

Welcome

I am delighted to welcome you to the 2013/14 prospectus for Wiltshire Clinical Commissioning Group (CCG). It is an exciting time for health in Wiltshire and we feel privileged to be such an integral part of the local health service.

Your local GPs have come together to form NHS Wiltshire CCG, which is responsible for planning and buying around £500 million-worth of health services for local residents every year.

This new way of working has put GPs, who have in-depth knowledge of their patients and their communities, in the driving seat. It is an unprecedented opportunity to design services which will provide high quality patient care whilst spending public funds prudently.

We are working with patients, GP surgeries, communities, Wiltshire Council and other organisations to identify and understand patients' needs so that we can design the best services to meet those needs.

You have told us that, on the whole you would prefer to be looked after in your home when you are poorly or recovering from an illness or surgery; so delivering care to you in your homes or as close to home as possible, is of paramount importance.

Dr Stephen Rowlands, Chair of NHS Wiltshire CCG

Page 2

Our vision
To ensure the provision of a health service that is high-quality, effective, clinically-led and local.

Our values
We will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties and this is critical to achieving our objectives.

The values that lie at the heart of our work are:

- Decisions will be clinically-led and locally-focussed
- There will be clear accountability to our communities
- We will do the best we can and strive for value for money
- We will be transparent in our decision-making
- We will promote innovation and best practice
- We will be a listening organisation that values the opinions of staff, stakeholders and partners
- One size does not always fit all, however we recognise that consistency is important to our partners and our local population
- We will adhere to the Nolan principles of standards in public service.

Our aims

- To make clinically led commissioning a reality in providing local solutions to local needs
- To deliver strategic plans which address the needs of local populations and involve patients, practices and partners
- To address the growing needs of our ageing population, and the mental health and emergency needs of our combined populations
- To encourage and support the whole population in managing and improving your health and wellbeing
- To ensure sustainability of the emerging organisation in delivering cost effective healthcare
- To communicate effectively, staying engaged with all of our patients, partners and stakeholders.

Page 3

What is the CCG responsible for?
(Double page spread with budget diagram)
With our £500 million budget we are responsible for commissioning the following services for local people:

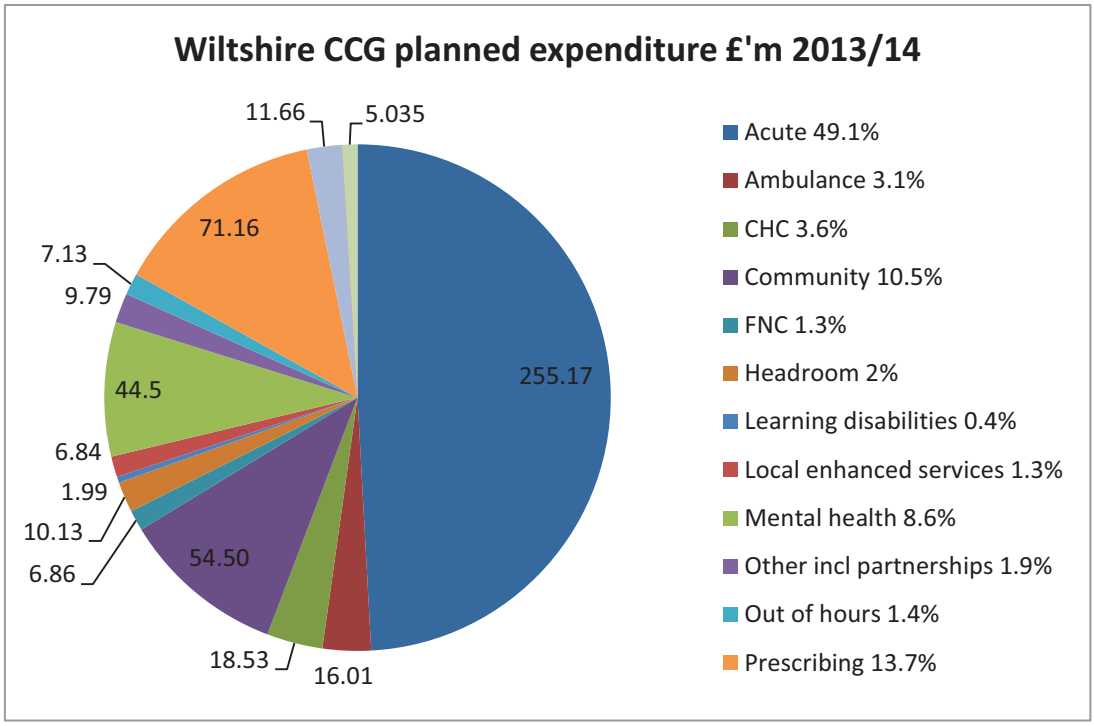
- Community Health Services
- Maternity Services
- Elective hospital care (planned care)
- Rehabilitation services
- Urgent and emergency care including A&E, ambulance and out-of-hours services (unplanned care)
- Mental Health services
- Older people's healthcare services
- Healthcare services for children
- Healthcare services for people with learning disabilities
- Continuing healthcare *
- Abortion services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases

We are also responsible for meeting the costs of prescriptions written by our GPs.

We are not responsible for services and costs such as GP surgeries, dentists, optometrists – these are commissioned by the Area Team, which is part of NHS England (www.england.nhs.uk).

* *Continuing healthcare is the name given to care that is arranged and funded solely by the NHS for individuals who are not in hospital but who have complex on-going healthcare needs.*

INSERT FINANCE CHART AND TABLE - as of 20.8.13



Page 4

Local context
Wiltshire is a large, predominantly rural and generally prosperous county with a population of 459,800. Almost half of the population resides in towns and villages with a population of under 5,000 and a quarter live in villages with a population of less than 1,000.

The rural nature of the county has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community.

To be able to design health services that provide the right care for people now and in the future, it is important to understand the make-up of the population, and how this is going to change in the future. A detailed analysis of the population and its future health needs is set out in the Joint Strategic Needs Assessment (JSNA) for Wiltshire which is available at www.intelligencenetwork.org.uk The JSNA brings together local authorities, the community and voluntary sector service users and NHS partners to research and agree a comprehensive local picture of health and wellbeing needs. It also supports and encourages organisations to work together when developing services.

The health of Wiltshire

Text in yellow to be published as an info-graphic

The population in the South West has a higher life expectancy than England as a whole and people in Wiltshire live longer than the general population in the South West. The current population estimate for Wiltshire is 459,800 and this is expected to increase to 505,416 by 2021.

At 4.7% of the population, Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (5.9%) and a considerably lower proportion than national figures (England, 12.5%). However, the increase in the proportion of the population from ethnic minority groups in Wiltshire between 2001 and 2009 has been larger than that in England.

Life expectancy in Wiltshire for 2008 to 2010 was 79.6 years for males and 83.7 years for females. Between 2006 and 2010 life expectancy was 6.6 years lower for men and 3.8 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas. The gaps for males and females have widened since between 2001 and 2005.

Wiltshire's population is ageing rapidly with a 15% increase in the over 65s between 2010 and 2014. This is significantly greater than recorded in England at 11.6% or in the South West at 14%. Implications of an ageing population are great in terms of people living longer into older age, with an increased demand for health services, a higher burden of chronic disease and susceptibility to the negative impacts of social isolation.

An ageing population and the associated health needs which that brings, means that we will be working with our partners to develop and implement plans and local services which respond to these issues and needs.

Page 5

Our key priorities
In response to these challenges, we have set out seven key priorities. These are the things that we intend to focus on over the next 3-5 years.

1 – *Staying healthy and preventing ill health*
We want to work to improve the overall health of our population through a variety of public health initiatives delivered in partnership with Wiltshire Council, through the Health and Wellbeing Board; local surgeries; local voluntary and community sector organisations and other local stakeholders.

We believe that a 'healthy community' should form the bedrock for the delivery of effective and efficient services. We are keen that people understand the positive role they can take in their own health and health care and the value of the support they can offer to others.

2 – *Planned care*
We want to ensure that patients receive seamless care, whoever is commissioning or providing it. More treatment will be provided outside hospitals, in the community, with patients able to choose from a range of providers.

3 – *Unplanned care and care for frail older people*
We want to a system that is simple and straightforward with patients aware of, and able to access, high-quality care and support at the right time and in the right place. We will develop health, social and community care services that turn unplanned care needs into planned care, wherever possible.

4 – *Mental health*
It's estimated that there are 49,000 people of working age and 12,000 older people in Wiltshire with mental health needs. We are keen to support and treat more people at home or in a community setting (such as intensive day support) whenever possible. Most service users and carers prefer home-based treatment and research has shown that community-based treatment can yield at least as good a result as those achieved in hospital.

5 – *Long term conditions* (including dementia)
We want to improve the way health organisations work together, so that people with long-term conditions find it easier to move between GPs, community health and mental health care providers.

Working with local GP surgeries, we are trialling new ways of working to improve diagnosis and treatment of people with dementia.

6 – *End of life care*
Our overall aim is that people in Wiltshire have a dignified death, properly supported in a place where they want to die. Many people currently die in hospital but with choice, we know they'd prefer to die at home.

7 – *Community services and integrated care*
We want to ensure that older people are better supported in the community so that they can stay healthier as they age, and so put less demand on hospital services. They should feel more secure and supported by greater coordination between social care and the health service.

Page 6

Governance and structure
The CCG is made up of the 58 GP practices in Wiltshire, who form part of a Council of Members for the CCG. Much of the CCG's work is carried out by a board made up of representatives elected by these member practices, supported by a team that bring a range of professional expertise and independence.

Because Wiltshire is a relatively dispersed, rural community the collective, specific, local knowledge of our GPs is essential to how we commission services.

(INSERT Wilts map – showing the three groups etc)

The geography of Wiltshire naturally divides into three areas of population separated by the sparsely populated Salisbury Plain. This is why in Wiltshire we will operate as three local groups. The three groups detailed below cover the natural communities of:

- 'Sarum' Group
  South Wiltshire with its population mostly choosing to use Salisbury NHS Foundation Trust for its hospital based services –

- North East Wiltshire or the 'NEW' Group
  North and East Wiltshire with its population mostly choosing to use the services provided by Great Western Hospital NHS Foundation Trust in Swindon but also those of the Royal United Hospital in Bath.

- West Wiltshire, Yatton Keynell and Devizes or the 'WWYKD' Group
  West Wiltshire with its population mostly choosing the Royal United Hospital in Bath for its services – (WWYKD Group)

The CCG will commission services for the population of Wiltshire using local information obtained from the member GP practices in each group. The groups will be responsible for ensuring delivery of quality health services from acute and community providers of health services. The three groups may take different approaches to implementing the overall strategy but they will be working to a consistent Wiltshire-wide vision.

The following GPs are members of the Governing body, as well as practicing GPs in Wiltshire:
- Dr Simon Burrell (NEW group)
- Dr Jonathan Rayner (NEW group)
- Dr Toby Davies (Sarum group))
- Dr Celia Grummitt (Sarum group)
- Dr Helen Osborn (WWYKD group)
- Dr Debbie Beale (WWYKD group)

The Governing body also includes:
- Dr Steve Rowlands (Chair)
- Deborah Fielding (Chief Officer)
- Simon Truelove (Chief Financial Officer)
- Mary Monnington (Registered Nurse)
- Dr Mark Smithies (Secondary Care Doctor)
- Christine Reid (lay member - with specific responsibilities for supporting the CCG with stakeholder engagement and patient and public involvement)

PAGE 7

- Peter Lucas (lay member – with specific responsibilities for supporting the CCG with audit)

New ways of working

A new approach to dementia care
Following a successful pilot, the CCG launched a dementia Local Enhanced Service (LES) during early 2013 to take action to diagnose, prescribe and treat in primary care settings such as a GP surgery.

As part of the broader dementia strategy, the focus is on early identification of dementia symptoms – through GP assessment and supported by Avon and Wiltshire Mental Health Partnership NHS Trust specialist memory nurses. This means that individuals will be assessed and provided with a timely diagnosis especially in the 'at risk' patient groups. The aim is to free up specialist time for complex cases and reduce waiting list times in secondary care; provide care nearer to home with known staff for people whose memories are failing; and return GPs and their teams to a position of involvement and knowledge about this condition in advance of the expected increase in prevalence.

Additional investment has also been made jointly by Wiltshire Council and Wiltshire CCG into a new dementia adviser service which is being provided by Alzheimer's Support and the Alzheimer's Society. The service provides a personalised information and signposting service for people with dementia and their carers.

Mental health liaison service
Wiltshire CCG has made significant investment in mental health liaison services at Great Western Hospital NHS Foundation Trust, the Royal United Hospital Bath NHS Trust and Salisbury District Hospital. The Mental Health Acute Hospital Liaison Service provides a service within the emergency department as well as the hospital wards primarily to support general staff in providing appropriate care to those with mental distress. The focus is on providing assessment, advice and support for people in acute hospitals with severe, enduring or problematic mental health problems, either with a functional illness or with dementia. This usually involves a rapid assessment, advice and recommendations, as well as support for the care team involved in the patient's care.

This service may act as a 'gateway' into the specialist mental health service, or may provide advice and support on suitable methods of care within the acute hospital environment. The liaison service also provides significant input to the acute hospital care pathway for people who have self-harmed. It is however important to note that throughout this provision the service users remain the medical responsibility of the relevant district general hospital.

Care Homes project
The Care Homes project focuses on capturing and sharing better quality information in the care planning process along with increasing the frequency of GP visits to patients. In WWYKD the project has been running for nearly two years and practices are seeing significant improvements in patient care. GPs in all three areas are now visiting care homes and the improved communication between practices and care homes has enabled staff to be more proactive and reduce inappropriate admissions to hospital.

PAGE 8

"All of our care homes have appreciated the increased support this project has enabled us to provide. It has highlighted some issues which we are now able to address," said the practice manager at Westbury Group Practice. Place these in quote boxes extracted out

"The project has worked well for the surgery, homes and patients. It has enhanced links between care home staff and the surgery whilst providing a better continuity of care for the patients," said the practice manager at Adcroft GP surgery in Trowbridge.

Wiltshire Discharge Team
The Wiltshire Discharge Pilot' started as a one-off six week initiative to improve patient flow and bed usage, and reduce length of stay at the Royal United Hospital Bath NHS Trust (RUH). Funded initially by Great Western Hospital NHS Foundation Trust and Wiltshire Council (both provided additional staff), the pilot wanted to develop common discharge processes. From this initiative, the Wiltshire Discharge Team was developed and now it is improving communication across the various organisations which has resulted in reduced length of patient stays and fewer delays in the transfer of care. In addition it is also reducing the chance of a patient developing healthcare associated infection such as MRSA or Clostridium *difficile*.

It is been agreed that the initiative will now be implemented across all three areas, bringing in Salisbury and Great Western hospitals; with the intention that it will be up and running ahead of the 2013/2014 winter period.

Working in partnership
The CCG recognises the importance of developing strong and effective partnerships with NHS provider organisations and fellow CCGs, Wiltshire Council, third sector and voluntary organisations and local interest groups.

Joint-commissioning some services with Wiltshire Council and significant involvement of Public Health will be essential to ensure that health and social care are delivered in a way that works best for patients and carers. To this end we have agreed to work closely with Wiltshire Council and have established a Joint Commissioning Board, reporting to Wiltshire's new Health and Wellbeing Board.

The Health and Wellbeing Board is made up of senior officers from the council, local councillors, GPs from the CCG, the Director of Public Health, HealthWatch Wiltshire and the NHS England Area Team, which, among other things, has responsibility for GP contracts.

We will jointly commission services which meet the needs of the population based on the findings of the Joint Strategic Needs Assessment (JSNA). This assesses the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. As well as the JSNA findings, we will also use trends GPs and their teams in practices identify; what the people who live in Wiltshire are telling us, and by studying how services are being delivered now.

HealthWatch
We will work closely with HealthWatch, which is the local consumer voice for health and social care. It will help plan and shape health and social care services, act as an information outlet for health and social care services, support people in making choices, and act as a consumer champion and advocate for patients.

http://www.wiltshire.gov.uk/healthandsocialcare/localhealthwatch.htm

Listening to our patients and partners
As a CCG we will regularly seek the views of our patients and the various partner organisations which we work with; not just in commissioning decisions but in how effectively we, as organisation, develop and perform.

We want to communicate and engage with local people and we will involve and engage in a variety of ways on an on-going basis with as wide a range of our patients, members of the community and healthcare partners as we can. Listening to the views and ideas of our stakeholders is crucially important to us because we want the patient and community voice to be heard and understood when it comes to shaping local health services.
As our GPs provide important local clinical information and intelligence, so can our community provide important opinion and ideas to make healthcare as local as it can be for Wiltshire

Care and quality
We put quality and patient safety at the heart of everything we do, and we work with the organisations that we commission to provide health services to ensure they do the same. We believe that our patients, their families and carers want to be safe, listened to, and involved in decisions about their care. The CCG will try to meet these needs and to make a difference for our patients in various ways. Local ownership of improvement initiatives, a willingness to learn from situations where there have been unexpected incidents or complaints and listening to the users of services and other colleagues provide the necessary drive to improve care and identify better ways to do things.

We want to improve the experience of our local residents, patients and their carers by making sure that health services are provided promptly, safely and effectively. We will continue to ensure the quality of healthcare services are maintained by monitoring the quality of that care and by building quality measures into our contracts with our healthcare providers.

To achieve this, we have identified a number of measures which address the safety of services, their effectiveness and patients' experience. These range from measures to reduce healthcare associated infections, improve communication between primary and secondary care, improve adult and children's safeguarding arrangements and improve learning from the experience of patients.

We will also reward excellence by linking a proportion of our healthcare providers' income to the achievement of local quality improvement goals.

We will always take people's views seriously and have put in place a complaints, concerns and compliments policy which can be found on our website or sent to you on request (see back page for our full contact details).

Page 10

Equality and Diversity
The CCG recognises the diversity of the population of Wiltshire and is committed to ensuring that healthcare services reflect the needs of all patients. Wiltshire CCG needs to know the views of a wide range of groups and individuals when planning and commissioning healthcare or before considering any significant changes to local services.

Engaging with patients and delivering equality, diversity and human rights is embedded throughout its work and with particular regard to: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Useful contacts
If you would like to find out more about Wiltshire CCG and the work which we do please visit our website at www.wiltshireccg.nhs.uk

We hold monthly Governing Body meetings and you are welcome to join us for the public sections of these meetings – all dates and times are available on our website.

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

Telephone no: 01380 728899
Email: WCCG.info@nhs.net

If a you have a comment or complaint about a GP, dentist, pharmacy or optician that cannot be resolved by the Practice Manager, please contact NHS England at: england.contactus@nhs.net or by calling 0300 311 22 33.

The Joint Strategic Needs Assessment (JSNA) for Wiltshire is available at www.intelligencenetwork.org.uk

Other facts and figures about the health of Wiltshire: (To be used as fillers throughout)

- The infant mortality rate in 2008 to 2010 in Wiltshire was 4.1 per 1,000 live births.
- In 2010/11, 8% of Reception pupils and 16.4% in Year 6 in Wiltshire were found to be obese.
- In Wiltshire, in 2010/11 there were 1,140 admissions due to an injury in children and young people under the age of 18. This equates to 112 per 10,000 young people.
- The annual rate of premature mortality in Wiltshire from cardiovascular disease in 2008 to 2010 was 52 per 100,000 population. This rate has halved since 1998 and 2000, when it was 99 per 100,000.
- In 2010 cancers accounted for 581 deaths (around 45% of the total) in the under 75s and 1,192 in all age deaths (over 25% of the total).
- There were 18,790 people aged 17 or over living with diabetes in 2010/11, representing 5% of the population.

Page 11

- In Wiltshire, approximately 60,000 adults are estimated to have a common mental disorder.
- Estimates suggest that the number of people aged 65 or over with severe depression will increase from 2,500 in 2012 to 4,000 in 2030.
- In Wiltshire 69,000 people suffer from migraines; 2,300 to 3,650 from epilepsy; 650 to 750 from multiple sclerosis and 850 from cerebral palsy.
- There was a 34% increase in admissions to hospital following falls by people aged over 65 between 2003/04 and 2010/11 in Wiltshire.
- There are a growing number of people living with the human immunodeficiency virus (HIV) in Wiltshire. 153 people accessed treatment and care in 2010 and there are 178% more HIV diagnosed individuals in Wiltshire in 2010 than there were in 2003.
- Although the prevalence of smoking is declining, 18.5% of adults in Wiltshire are smokers.
- There were 724 individuals from Wiltshire registered in structured drug treatment between April 2010 and March 2011.
- In Wiltshire 25.3% of adults do 3 or more 30-minute sessions of moderate intensity activity per week.
- Around 1 in 12 people (8%) said their health had deteriorated for reasons connected to the economic downturn.

Page 12

Are we talking your language?

If you need this document in another format, Including large print,

please contact PALS (Patient Advice and Liaison Service)
Tel: xxxxxxxxxxxx

E-mail: xxxxxxxxxxx

Se você gostaria desta informação em seu idioma, por favor nos contate em

如果你希望这一信息在你的语言,请联系我们关于 01225 xxxxxxx

Jeśli chcesz tę informację w twoim języku, prosimy o kontakt z 01225 xxxxxxxxxxx

This page is intentionally left blank