

AGENDA

Meeting: WILTSHIRE HEALTH AND WELLBEING BOARD
Place: Wiltshire Council, County Hall, Bythesea Road, Trowbridge,
BA14 8JN
Date: Thursday 31 July 2014
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

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Voting:

Cllr Jane Scott – (Leader of the Council) - **Chairman**
Dr Stephen Rowlands – (CCG Chairman) - **Vice Chairman**
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 Ian Thorn (Opposition Group representative)
Dr Helen Osborn (CCG – Chair of WWYKD Group)

Non-Voting:

Dr 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)

Cllr Sheila Parker (Portfolio Holder for Adult Care and Public Health)

Chief Executive or Chairman representative Bath RUH (James Scott)

Deborah Fielding or Simon Truelove (Chief Officer or Chief Finance Officer)

Iain Tully or Julie Hankin (Avon and Wiltshire Mental Health Partnership (AWP))

Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)

Ken Wenman (South West Ambulance Service Trust)

AGENDA

1 **Chairman's Welcome and Introduction**

2 **Apologies for Absence**

3 **Minutes** (Pages 1 - 12)

To confirm the minutes of the meeting held on 22 May 2014.

4 **Declarations of Interest**

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

5 **Chairman's Announcements** (Pages 13 - 14)

To present any announcements as appropriate. To include:

Winterbourne View update

6 **Mental Health and Wellbeing Strategy**

The Board received an update under Chairman's Announcements at its previous meeting on 22 May and agreed to receive a further update inclusive of future consultation plans.

Maggie Rae, Corporate Director Wiltshire Council, will present the update.

7 **Dementia Strategy** (Pages 15 - 24)

The Board received an update on the draft Dementia Strategy at its previous meeting on 22 May and agreed to receive details of the final strategy once completed.

James Cawley, Associate Director Wiltshire Council, and Ted Wilson, Clinical Commissioning Group, will present the strategy and details of dementia programmes within Wiltshire.

8 **Pharmaceutical Needs Assessment (PNA)**(Pages 25 - 28)

Maggie Rae, Corporate Director Wiltshire Council, will present an update from the Pharmaceutical Needs Assessment (PNA) Working Group since the development of the PNA was passed to it via the HWB meeting in September 2013.

9 **Co-Commissioning of Primary Care**

Deborah Fielding, Chief Officer Clinical Commissioning Group, will provide an update on co-commissioning of primary care and the implications of future integration of services following NHS England seeking expressions of interest by 20 June 2014.

10 **End of Life Care**(Pages 29 - 34)

The Board at its meeting in November 2013 resolved to receive a report on the development of an End of Life Care Strategy noting that a working group of the CCG were currently undertaking an exercise to develop the same.

As the group continued to undertake work in its development at the time of the March meeting, Deborah Fielding, Chief Officer Clinical Commissioning Group, and Dr Helen Osborn, Lead GP, will present a report to this meeting.

11 **Better Care Plan**(Pages 35 - 52)

James Roach, Director for Integration, will present a progress report on the implementation of the Better Care Plan. This will include details of ministerial sign-off and the development of a single view of the customer.

12 **Re-commissioning of Children's Community Health Services**

Carolyn Godfrey, Corporate Director Wiltshire Council, and Deborah Fielding, Chief Officer Clinical Commissioning Group will give a verbal update on the re-commissioning of children's community health services following consideration by the Health and Wellbeing Board on 20 March.

13 **Date of Next Meeting**

25 September 2014

14 **Urgent Items**

WILTSHIRE HEALTH AND WELLBEING BOARD

MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 MAY 2014 AT JENNER HOUSE, AWP HEADQUARTERS, LANGLEY PARK, CHIPPENHAM, WILTSHIRE SN15 1GG.

Present:

Cllr Jane Scott (Chairman), Stephen Rowlands (Vice Chairman), Debra Elliott (NHS England), Deborah Fielding (CCG), Patrick Geenty (Wiltshire Police), Christine Graves (Healthwatch Wiltshire), Cllr Keith Humphries (Cabinet Member Wiltshire Council), Angus Macpherson (PCC), Cllr Laura Mayes (Cabinet Member Wiltshire Council), Cllr Sheila Parker (Portfolio Holder Wiltshire Council), Maggie Rae (Corporate Director Wiltshire Council), Ian Thorn (Opposition Group representative Wiltshire Council), Nerissa Vaughan (Chief Executive Great Western Hospital)

Also Present:

Emma Cooper (Healthwatch Wiltshire), Dr Celia Grummitt (CCG), Tony Jackson (Army), Major Dickie Gittins (Army), Geoff Shone (NHS England), Brian Stables (Chair Bath RUH), Nick Marsdon (Salisbury Foundation Trust), Cllr John Noeken (Health Select Committee), Dr Ted Wilson (CCG), Rhian Bennett (Wiltshire Council), Alex Thomson-Moore (Wiltshire Council), R. Jennings (Wiltshire Council), K. Blackburn (Wiltshire Council), Karen Spence (Wiltshire Council), Julia Cramp (Wiltshire Council/CCG), James Cawley (Wiltshire Council), James Roache (Wiltshire Council/CCG), Laurie Bell (Wiltshire Council), Robin Townsend (Wiltshire Council)

27 Confirmation of Membership and re-appointment of Chairman

Membership of the Health and Wellbeing Board was ratified at Full Council on 13 May 2014. In addition to the re-appointment of the Leader of the Council as Chairman to the Board, the following additional changes were made:

- Cllr Ian Thorn (Opposition Group representative) was appointed as a full voting member.
- Cllr Sheila Parker (Portfolio Holder Adult Care and Public Health) to be a non-voting member of the Board.

28 Election of Vice-Chairman

Dr Stephen Rowlands (Chairman of Wiltshire Clinical Commissioning Group (CCG)) was elected as Vice Chairman of the Health and Wellbeing Board.

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

The Chairman welcomed everyone to the mental health themed meeting and expressed thanks to the hosts, Avon & Wiltshire Mental Health Partnership (AWP).

Before proceeding to the next item of business, the following announcements were made:

- **Winterbourne View Action Plan update**

The Board received an update on the Winterbourne View Action Plan at its meeting in November 2013 and agreed that a further update would be provided today to ensure the Board remained abreast of developments. The Chairman drew the Boards attention to the update provided within the agenda pack at page 3 and confirmed that the Board would continue to receive regular updates hereafter.

- **Mental Health Strategy**

Work was underway to develop a joint Mental Health and Wellbeing Strategy between Wiltshire Council and the Wiltshire Clinical Commissioning Group (CCG), the proposed next stages of which had been presented to the Health Select Committee on 6 May.

A brief update was provided which included that the strategy would be developed in collaboration with many stakeholders. Once further developed the draft would be submitted to the Executive bodies of both the CCG and Wiltshire Council to seek approval for formal consultation before both the Board and Health Select Committee were presented with the draft for consideration as part of the consultation.

Dr Alex Thomson-Moore, who was leading on the strategy, would attend the next meeting and there would be an update on how the strategy was progressing. Today's meeting would play an important part in informing the strategy development.

- **Thank you from Jane Ellison MP**

The Public Health Minister, Jane Ellison, had written to all HWB Chairs thanking them for their work in helping to improve the health of local populations. The letter highlighted some of the national public health work underway and the important role of local partners in securing their success.

A full copy of the letter was available on-line with the agenda and could be accessed via the following [link](#).

30 **Apologies for Absence**

Apologies were received as follows:

Dr Toby Davies (CCG Chair of SARUM Group) - Dr Celia Grummitt attended on his behalf

Dr Simon Burrell (CCG Chair of NEW Group)

31 **Minutes**

The minutes of the previous meeting held on 20 March 2014 were approved and signed as a correct record with the following amendment:

Item 20 – CCG 5 Year Strategic and 2 Year Operational Plan

The wording of the Resolution to be amended to reflect that further changes to be signed off by the Chairman of the CCG Executive Body as follows:

Resolved:

The Board endorsed the draft 5 year Strategic/2 Year Operational Plan and agreed to delegate responsibility for any further changes to be signed off by the Chairman of the CCG Executive Body, noting that final submission of the 5 year Strategic Plan must be made by 20 June 2014.

32 **Declarations of Interest**

No declarations of interest were received.

33 **Welcome and Updates from Avon & Wiltshire Mental Health Partnership (AWP)**

Anthony Gallagher, Chairman of AWP, was introduced to the meeting and welcomed all present to the Headquarters of AWP before handing over to Dr Julie Hankin, AWP Clinical Director, who welcomed the theme of the meeting noting the desire to provide parity of esteem between physical and mental health at a central government level and also within AWP itself.

The Department of Health (DoH) document entitled 'Closing the Gap: Priorities for Essential Change in Mental Health Services' which set out 25 key priorities, was highlighted. The priorities included:

- Mental health services
- Children and young people
- Crisis and diversion
- Choice and ending discrimination
- Improving physical health and integration
- Support for housing and employment

- Information and regulation

A brief film was shown highlighting the work being undertaken by AWP to meet the needs of people in Wiltshire as a provider of secondary and specialist mental health services. A copy of this could be found via the following link:

<https://www.youtube.com/watch?v=J2tJoNvlvAw&feature=youtu.be>

Recognising the need for localised structures within the management of AWP, a review had been undertaken and in May 2013 a new Wiltshire Management structure had been implemented.

Details of the variety of services provided by AWP were highlighted which included primary care, acute hospital liaison, crisis and home treatment teams and adult inpatient care.

A Primary Care Liaison Service (PCLS) and Memory Clinics had been established to allow dementia specialists, primary care and clinicians to provide the most appropriate support.

In line with ongoing improvements for 2014/15 was the reprofiling of community teams to align them with community transformation structures and the CCG 5 year strategy.

The restructure arising from the reprofiling would result in 4 community mental health teams functioning as 8 workgroups alongside smaller community teams and GP practices.

As part of the wider review to ensure appropriate service delivery, AWP had sought the assistance of Wiltshire Council's Transformation Team to help establish cultural change within the Trust, including discussion on how campus' could be utilised to provide services.

Premature mortality and serious mental illness (SMI) was also highlighted with figures showing that people with SMI had an average of 3.6% higher change of premature mortality than the general population. Wiltshire was slightly above the average.

The Board welcomed AWP's ambition of better parity between mental and physical health and acknowledged the drive to deliver dual diagnosis in the future, noting the benefits this would bring, for example, on drug and alcohol services.

Upon further discussion in relation to the higher than average mortality figures for Wiltshire, the Board requested that any investigative work should take into account the military and that a target for improvement should be set.

Acknowledgment was made to the excellent work undertaken around S136 which had resulted in a significant reduction in the numbers taken into custody. As a result Wiltshire was placed within the top 6 areas of the country identified as minimising custody placements.

Noting that the police were often a first point of call for mental health related calls it was recognised that training from health professionals would be beneficial to ensure individuals were dealt with appropriately. Many forces around the country were running a successful street triage initiative of which Wiltshire was also looking to adopt in the future.

Further discussions would take place between the Police Chief Constable and Clinical Director for AWP to investigate other ways in which the two partners could work together.

The Chairman thanked AWP for the presentation and acknowledged the positive steps already taken and future plans for continued improvements to the services delivered of which the Board looked forward to receiving details of in the future.

34 **Parity of Esteem Programme and Specialist Commissioning for Mental Health**

Debra Elliott, NHS England, presented a report on the work undertaken to deliver parity of esteem between mental and physical health as well as an update on specialist commissioning of mental health.

Parity of Esteem

The report highlighted that parity between mental and physical health was expected to result in significant improvements to the health and wellbeing of the population and would reduce the financial pressures both in the short and long term.

Although a parity of esteem programme was being developed, 3 key areas, as detailed below, had already been identified for initial focus and improvement:

- Access to psychological therapies (IAPT) by March 2015
- Diagnosis and support for people with Dementia by March 2015
- Awareness and focus on the duties within the Mental Capacity Act

An evidence gathering exercise had been undertaken and presented to the House of Lords in March 2014, resulting in the latter priority following concerns raised over the duties and expectations of CCGs in relation to the Mental Capacity Act.

Within the Bath and North East Somerset, Gloucestershire, Swindon and Wiltshire (BGSW) area an organisation had been commissioned to work

alongside NHS England to address the above themes with an interim report expected in July and final report in September 2014.

A number of websites provided information on good practice, tools and guidance which was recognised to be important for commissioners to enable them to deliver the national requirements. Intensive support was also being developed to support CCGs in delivering the national ambitions, further details of which were available on the IAPT website.

Specialised commissioning

143 specialised services were commissioned by NHS England, 11 of which related closely to mental health. It was understood that a programme of work was being developed and was likely to be completed by the end of July when a further update report would be provided to the Board.

Patient Right to Choose

After presenting the report, Debra Elliott confirmed that NHS England had now published interim guidance on Patient Right to Choose. A link to the website could be found below:

<http://www.england.nhs.uk/2014/05/21/guide-published/>

Commissioners, GPs and Providers were asked to give consideration to the interim guidance and provide any comments to NHS England no later than 5pm on Friday 15 August.

Major Dickie Gittins and Tony Jackson were welcomed to the meeting to provide an update on mental health services for army personnel which included recognition of the importance of mental health services required by army personnel including veterans, many of which had a desire to remain in the county.

Monthly case conference meetings included attendance by AWP representatives and helped with the transition into civilian life. There was awareness that the numbers were likely to increase in the future.

Tony Jackson confirmed that although the welfare service was outside the chain of command of the army, it worked alongside the army to provide support to army personnel and their families within the area. The service was currently undergoing a review in consultation with senior management.

The Board noted that approximately 11,000 soldiers were based within the Salisbury area alone which was likely to increase by a further 4,500 as a result of the army rebasing programme. The welfare team consisted of 35 personnel for the Wiltshire area alone and therefore the review was welcomed.

It was recognised that a fundamental change in the way services were commissioned was needed together with a change in the public's view to mental health problems. Wiltshire was in a strong position noting that joint commissioning arrangements were already in place although these might need to be refreshed in light of parity of esteem findings.

The Chairman highlighted the importance of focusing on prevention and in helping individuals to help themselves and the benefits this would have for health and wellbeing as a result.

Thanks were given to the presenters and the Chairman looked forward to receiving further demonstrations that parity of esteem was developing well in the future.

35 **Wiltshire Dementia Strategy update**

James Cawley, Associate Director Wiltshire Council, and Dr Ted Wilson, Group Director CCG, presented the draft Wiltshire Dementia Strategy report which included details of the strategy consultation which ended on 19 May.

The Board were made aware that by 2020 there was expected to be a 30% increase in the number of dementia sufferers in the UK and that the draft strategy had been developed as a result of listening to those with dementia as well as those who provided support.

The consultation identified memory service and telecare as areas that were doing well but care in hospital and support for carers as areas that could be improved.

The key message arising from initial findings was that dementia was the responsibility of everyone and that dementia friendly communities were important to ensure sufferers were able to live at home and within the community, a requirement identified by dementia sufferers.

In response the 'Before I Forget' campaign to make communities dementia friendly, had been launched in the Royal Wootton Bassett and Cricklade area and was being rolled out across the whole of the County.

Consultation responses indicated that people were in general positive and supportive of the direction and commissioning intentions of the strategy but that rural communities, where isolation often occurred, should be a focus for further work. Listening to and involving carers and families and reducing the stigma associated with dementia were also identified as areas for focus.

The redraft of the Strategy would be submitted to the CCG and WC governing bodies once the full findings of the consultation had been considered. Once approved, implementation of the final strategy would be overseen by the Dementia Delivery Board.

Ongoing engagement and consultation facilitated by Healthwatch Wiltshire was being planned and packs for dementia friendly communities were made available for attendees to take away with them.

Reference was made to the 'safe places' scheme which was being rolled out across the county following initial pilots in Salisbury, Devizes and Swindon and required businesses to sign up to provide a safe place for vulnerable people.

Details of the 'missing people' programme was also mentioned noting that a significant proportion of those reported as missing were dementia sufferers.

The Board recognised the need for a joined up approach to the support services in place and requested that further details on the differing programmes taking place (including 'Safe Places' and 'Missing Persons Programme') should be presented at the next meeting. Noting that a monthly newsletter had been launched by Wiltshire Council on dementia it was suggested that further details on the varying programmes could also be highlighted within this.

The attending Vice Chairman of the Health Select Committee was supportive of a one point of contact approach and indicated the importance of ensuring the right funding stream was in place to meet the increasing demands on the service.

The Select Committee response on the strategy had included a requirement to strengthen some areas and the Committee awaited further details for review in due course.

The Chairman thanked the officers for the information provided and confirmed that the Board looked forward to receiving details of the final strategy and various dementia programmes taking place at its next meeting in July.

36 **Children's Mental Health**

Julia Cramp, Associate Director Wiltshire Council/CCG presented the Children's Mental health report which included details on the Children's Emotional Health and Wellbeing Strategy 2014-17 and Child and Adolescent Mental Health Service in Wiltshire.

The strategy had been produced by the Children's Trust Commissioning Executive in line with the Children's Trust's Commissioning Framework and extensive consultation had been undertaken to seek the views of children and young people on key issues. Feedback had included:

- Better mental health education in schools for both children and adults help recognise the signs as early as possible;
- Better e-safety education to address cyber bullying; and
- Helping to build young people's self esteem and confidence

The consultation had sought the views of staff working with young people and priorities for action had been proposed which included promoting Youth Mental Health First Aid Training for adults and youth. Four sessions a year currently took place and were run by education psychologists to help participants recognise the signs of mental health illness in young people.

Other priorities identified following initial discussions were:

- Promote positive mental health and build resilience in children and young people;
- Build capacity and knowledge of mental health issues in the children's workforce;
- Improve access to primary and specialist child and adolescent mental health services (CAMHS); and
- Ensure effective access, referral routes and pathways to services (including to adult services).

The draft strategy was currently out for consultation. Further details could be found via the 'Pathways' website:

<http://www.wiltshirepathways.org/GenPage.asp?ID=55>

Following completion of the consultation an action plan would be developed and, once approved, would be overseen by the multi-agency Emotional Wellbeing and Mental health Group, a sub-group of the Children's Trust.

The Voice and Influence team based within the Council would be looking into the safeguarding of young people in relation to social media, noting the concerns raised by young people in relation cyber bullying.

The 'Little Book' providing emotional wellbeing and mental health support for young people was highlighted as a useful tool to help support young people. This was available via GP practises but could also be found on-line via the following link:

http://www.wiltshirepathways.org/UploadedFiles/Wiltshire_Little_Book_Jan13.pdf

Laura Mayes, the Cabinet member for Children's Services, highlighted the importance of providing appropriate out of hours support for young people, noting the increase in suicide and self harm figures over the weekend period. YoungMinds was referenced as the UK's leading charity committed to improving the emotional wellbeing and mental health of young people and should be signposted as a source of support.

The benefits of early intervention were highlighted and the Board welcomed the recognition of this within the draft strategy.

A mental health charter had also been produced which it was hoped all schools within Wiltshire would sign up to by the end of the year to help provide greater support to young people.

Child and Adolescent Mental Health Service

In April 2010 a new contract had been approved for child and mental health services resulting in significant changes to the service such as:

- 24 hour access
- Outreach service (OSCAR)
- Specialist learning disability service
- Family assessment and safeguarding service

Although a good model of service was already in place it was recognised that accessibility needed improvement. As a result analysis of all referrals made in April and May was currently underway to help identify where improvements could be made.

The transition process from children to adult services was also being audited to understand the pathway taken.

Details of the pathway and the findings of the analysis work would be presented to the Board once available.

37 **Wiltshire Police and Crime Commissioner: Mental Health**

Angus Macpherson, Police and Crime Commissioner, presented a report on the Crisis Care Concordat, which was the agreement signed by more than 20 national organisations to work together to achieve continued improvements to crisis care for people with mental health issues.

The agreement included 18 pages of actions to be embedded at a local level and the PCC was keen to secure the buy in of every organisation within the county to ensure this took place.

The PCC also drew attention to the joint Department of Health and Home Office review to examine the operation of Section 135 and 136. Wiltshire Police would be responding to the consultation which ended on 1 June.

The Commissioner stated that confusion often arose in relation to responses to patients in crisis with the police often responding instead of the ambulance service. Contact would be made with South West Ambulance Service Trust to seek clarity on their understanding and highlight available guidance.

A future objective of Wiltshire Police was to work with health partners to improve training for officers and the strategies that could be deployed to calm often difficult situations. The Positive and Safe Programme was highlighted as an example that could be included.

The Mental Health First Aid Training programme was also referenced. Further details of the programme would be made available to the Board members following the meeting.

38 **Healthwatch Wiltshire - Annual Report**

Christine Graves, Healthwatch Wiltshire, presented enterprises first draft annual report and introduced Emma Cooper, Chief Executive of Healthwatch Wiltshire, who would provide further details.

Details of the opportunities and challenges faced by Healthwatch Wiltshire in its first year were highlighted which included the high level of expectation placed on them following their creation as a social enterprise, in contrast to many other local authorities.

The annual report set out all the activities of the enterprise and demonstrated the significant achievements made within the first year, in contrast to many other local healthwatch organisations.

An ambitious but deliverable work programme for the ensuing year had been developed and worked in harmony with existing services to offer support and advice where required.

The Chairman and Vice Chairman of the Board congratulated Healthwatch Wiltshire and recognised the positive role model that other local healthwatch organisations might aspire towards.

39 **Better Care Plan update**

James Roach, Integration Director, provided a brief presentation on the implementation of the Better Care Plan.

The concerns raised in the national press were highlighted regarding the expectations of the integration model. However Wiltshire was confident that our Plan submitted was fit for purpose, acknowledging the positive integration work already taking place.

The key priorities of the Plan and progress made to date against them were provided. This included improved steps to provide care as close to home as possible such as an integrated hospital to home pathway and as reviews of pathways to provide integration in other areas.

The Chief Executive of Swindon Hospital Trust told of the reduction in patient numbers admitted from the Wiltshire area and increased numbers from the Berkshire and Gloucestershire areas which seemed to indicate that the model of integration within Wiltshire was beginning to demonstrate positive results.

RUH Bath was also seeing fewer numbers from the Wiltshire area but increased numbers from Somerset which it felt could in part be as a result of the closure of Frenchay Hospital. The improvements as a result of integration could also be seen within the older people's unit of the hospital.

A recent Foundation Trust Network meeting had highlighted the positive work of Wiltshire which was seen to be significantly advanced in comparison to other areas.

Healthwatch Wiltshire complimented the positive work taking place in delivering the new service model but reiterated the need to ensure the public were fully informed of the changes to ensure confidence in the new model.

A Chairs of Area Boards meeting was taking place shortly where changes taking place in healthcare services would be provided to review how the boards could be used to communicate the message.

40 **Urgent Items**

There were no urgent items discussed.

41 **Date of Next Meeting**

The next meeting is scheduled for 3pm on Thursday 31 July 2014.

(Duration of meeting: 3:00pm to 5:45pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic & Members' Services, direct line 01225 718378, e-mail SharonL.Smith@wiltshire.gov.uk

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

WINTERBOURNE VIEW ACTION PLAN UPDATE

Update June 2014

Since May 2013 Wiltshire CCG and Wiltshire Council has overseen the implementation of a series of recommendations arising from the publication of the Department of Health report in December 2012 "Transforming Care: a National Response to Winterbourne View Hospital ". This report outlines progress in making improvements in the delivery of the Department of Health's recommendations.

Work on the action plan is being progressed through the jointly commissioned Winterbourne View Board which is now re-named the Learning Disability Programme board and is coordinating all related work programmes to avoid duplication. This Board consists of CCG and Council representatives.

People with Learning disabilities in hospital

Overall, there are now 5 people with Learning disabilities in hospital settings from Wiltshire. Three are on a s3 of whom two are Winterbourne View people, one is in a low security placement, recalled by the Ministry of Justice under section 32 of the Mental Health Act. There are robust care management transition plans in place for all these four to ensure local community type placements. The final one is a new admission this week from prison where the intention is to plan for a community placement.

This positive information contrasts well with pre Winterbourne View statistics where Wiltshire had over 12 people with learning disabilities in hospital placements. These favourable statistics demonstrate the hard work undertaken by the learning disabilities team. This information has been fed back to the DoH and ADASS and contrasts positively with recent concerns expressed by the Minister, Norman Lamb. These concerns were based on the fact that there were over 3000 patients with Learning Disabilities in secure hospitals at the time of Winterbourne view and there are a similar number now.

The government intention has been to eliminate the need for such placements but after a high level of national scrutiny it has become clear that there will be an ongoing need for some secure placements. Whilst the number of people in secure hospitals is similar to 3 years ago this statistic hides the fact that the majority of these are different patients from those included within the initial statistics. Across the country and in Wiltshire there has been a major effort to move people to community settings. However it has become apparent that there will continue to be a need for a small number of new secure placements for people with Learning Disabilities, particularly where they are detained under Mental Health legislation.

Follow up on Wiltshire ex-Winterbourne view people

All people supported by Wiltshire have been reviewed and assisted where appropriate to move back to their own community. Work is ongoing to return the final 2 of the 9 cases back to the area but this will be achieved after the original June

2014 deadline. Placements have now been secured for both individuals and transition plans are in place to support them back into the community.

Award for Wiltshire Joint Working

Finally the Board is asked to note that the Wiltshire Learning Disabilities team were presented with an internal award by Great Western Hospital last month for its joint work supporting people affected by Winterbourne View.

Dugald Millar
Interim Head of Specialist Commissioning
26th June 2014

Wiltshire Council

Health and Wellbeing Board

31 July 2014

Wiltshire Dementia Strategy and dementia initiatives

Cabinet member: Councillor Keith Humphries – Adult Care, Public Health & Protection and Housing

Executive Summary

The paper outlines the work being led by various organisations including Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and Wiltshire Police to develop and implement a Wiltshire Dementia Strategy and a number of other initiatives that are being designed to support people to live well with dementia in Wiltshire.

Proposal(s)

It is proposed that the Board is provided with an update on the Wiltshire Dementia Strategy 2014 – 2021 with a recommendation to note and agree the document for implementation.

In addition the Board is provided with an update on a number of dementia initiatives, including Safe Places, Dementia Friendly Towns and the Missing People's Programme which are being implemented across Wiltshire to improve the lives of people with dementia and their families and carers.

Reason for Proposal

The purpose of the Wiltshire Dementia Strategy is to provide the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting people with dementia and their carers. It encompasses the care and support pathways available from the point that people notice concerns about their memory through to end of life care, as well as addressing the risk factors that can contribute to the development of dementia within the general population. Following a presentation on the strategy at a previous Health and Wellbeing Board meeting, this report was requested to provide the Board with an update on progress.

Maggie Rae, Corporate Director

Deborah Fielding, Chief Officer, Clinical Commissioning Group

James Cawley, Associate Director, Wiltshire Council

Ted Wilson, Group Director, NHS Wiltshire Clinical Commissioning Group

Wiltshire Dementia Strategy and dementia initiatives

Cabinet member: Councillor Keith Humphries – Adult Care, Public Health & Protection and Housing

Purpose of Report

1. The purpose of this report is to provide the Health & Wellbeing Board with an update on the Wiltshire Dementia Strategy 2014 – 2021 with a recommendation to note and agree the document for implementation. In addition the Board is provided with an update on a number of dementia projects, including Safe Places, Before I Forget and the Missing People's Programme which are being implemented across Wiltshire to improve the lives of people with dementia and their families and carers.

Background

2. The focus on dementia has been increasing in recent years, both at a national and local level. It is now considered as a priority area for action, largely due to the increasing population with dementia, the cost of this to services, communities and families and the variable quality of care that many people with dementia receive from health and care services. The Wiltshire JSA supports this identifying that the number of people with dementia will nearly double by 2030 in Wiltshire, whilst the Health and Wellbeing Strategy acknowledges the increasing population living with dementia and identifies it as an area for action.
3. The key national policies include the Living well with dementia: a National Dementia Strategy (Department of Health, 2009) and Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012). These place a focus on improving health and care services and dementia friendly communities, as well as improving people's awareness and understanding of dementia, the importance of early diagnosis and ongoing support and the role of services in ensuring that people can live well with dementia.

Main Considerations

Wiltshire Dementia Strategy

4. Wiltshire Council and NHS Wiltshire Clinical Commissioning (CCG) developed the draft Wiltshire Dementia Strategy 2014 – 2021 and held a

public consultation from February to May 2014 during which time individuals and organisations with an interest or experience of dementia were invited to participate.

5. Over 100 responses were received by individuals, groups of people with dementia and their carers and organisations that support and care for people living with dementia. Wiltshire Council and NHS Wiltshire Clinical Commissioning Group would like to thank all those who participated.
6. Following the consultation, an evaluation of the responses was undertaken. Responses indicate that people are supportive of the strategic direction that is being set and agree with the intentions of Wiltshire Council and NHS Wiltshire Clinical Commissioning Group. However, there were a range of comments received that highlight a number of themes that people felt were of importance and should be strengthened further within the strategy.
7. Work has taken place to identify the responses of a strategic nature and the strategy has been amended accordingly to reflect these (see Appendix 1). These include work on the following:
 - a) The role of commissioned services in the delivery and implementation of the strategy
 - b) The support available to people who fund their own care
 - c) A pathway within primary care through to community services.
 - d) The role of primary care and need for it be dementia friendly
 - e) The role and importance of safeguarding across all activity
 - f) Improved discharge planning from hospital
 - g) The role and provision of advocacy services
 - h) The support options available for people with dementia when carers become unwell and unable to provide care
 - i) The role and model of advanced dementia care
 - j) The importance of ensuring that services are developed upon an equitable basis across Wiltshire
 - k) The role of staff training in ensuring that carers are involved, listened to and supported
 - l) The need to ensure that services are joined up and have good communication routes so that people are provided with coordinated care and do not fall in to gaps.
8. As well as the responses of a strategic nature, there were a number of responses to the consultation that require further work to understand the issues being presented, that focus upon specific service areas or that are concerned with implementation, operational and monitoring issues. These responses will be reflected in the commissioning action plan which will be presented to the Joint Commissioning Board, following agreement of the strategy.
9. In addition to the comments received upon the content of the strategy, consultation responses also highlighted the importance of ensuring that progress on the strategy and its implementation is provided to all interested individuals, organisations and groups at regular intervals in to

the future. Work is now commencing on developing an engagement plan that will sit alongside the strategy and which will outline how this will be undertaken.

10. The updated strategy will shortly be presented to the CCG Governing Body for formal approval by the CCG and has been shared with the Health Select Committee which is meeting on 15th July.

Safe Places

11. Safe Places is a scheme that provides members of the public (including dementia sufferers) a safe space to go to if they unexpectedly need help when out and about in society. Safe Places are identified by a bright round orange sticker that states "Safe Place". Safe place locations are provided with a resource pack to assist them in helping a member of the public. Support is immediate and not ongoing.
12. Safe Places pilot schemes in Salisbury and Devizes and have both been successfully handed over to the community following initial set up by the Implementation Steering Group (ISG)
13. The ISG has created a toolkit to assist remaining community areas within Wiltshire set up Safe Place schemes. Community areas are being supported by specific members of the ISG, known as "buddies".
14. Work has begun on starting schemes in Chippenham, Westbury, Melksham and Trowbridge with schemes looking to start in the near future in Calne, Malmesbury and Warminster.

Before I Forget

15. The 'Before I forget' campaign is working within Wiltshire's 18 community areas as part of Wiltshire Council's commitment to ensure people with dementia can live well, feel safe and be treated with understanding and support and aims to encourage all 18 community areas to support the initiative.
16. Launched on 18 June 2014 in Pewsey with members of the Pewsey Dementia Art Group, the campaign includes an information pack and toolkit that has been produced to support area boards as they work to become dementia aware and dementia friendly. The pack includes a 'how to' booklet with useful information and guidance.
17. The campaign is being piloted by the Royal Wootton Bassett and Cricklade community area which has set up the 'caring about dementia' group and is working to become Wiltshire's first dementia friendly community. The group is testing the toolkit and will feedback during the trial.
18. Pewsey Area Board has also pledged to become a dementia friendly town and other areas also working on dementia initiatives include Tidworth and Ludgershall, Bradford on Avon, Chippenham and Melksham.

Community Messaging Programme

19. Community Messaging enables residents and businesses in Wiltshire and Swindon to sign up to receive messages / alerts / updates by text, email or voice messages from, in the first instance Wiltshire Police / Neighbourhood Watch (NHW). Messages can be tailored and sent to specific demographic groups and / or geographical areas from county wide, to street level, or just a cluster of homes. This is a two-way communications system enabling members who have signed up to reply and send messages.
20. The Police and Crime Commissioner is investing in this technology platform to allow Neighbourhood Watch and the general public to be kept regularly informed of incidents, trends and news in their local area. A commissioned service will be provided by Wiltshire Police Corporate Communications, to deliver and manage the community messaging service on behalf of the Office Police and Crime Commissioner.
21. Updates could be about;
 - Crime prevention advice
 - Appeals for information i.e. identifying people in CCTV, help in finding missing people
 - Community safety campaigns
 - News about cases such as sentencing outcomes of offenders
 - Community events, news and meetings
 - Good news stories
22. The scheme is being rolled out initially to four Neighbourhood Police Team and Neighbourhood Watch areas towards the end of July;
 - Malmesbury
 - Pewsey
 - Warminster
 - Swindon West
23. The other Wiltshire and Swindon Police and Neighbourhood Watch areas will be following soon after. The scheme offers the potential to help track down dementia sufferers who are at a higher risk of being unable to find their way back home or found lost and confused.

Safeguarding Considerations

24. Safeguarding is a key priority for Wiltshire Council and NHS Wiltshire CCG, both in terms of the services that they deliver and commission and this applies equally to the Wiltshire Dementia Strategy and its implementation. It is known that people with dementia are at greater risk of being victims of abuse, self neglect and poor and undignified care, given that they often lack capacity and their situations can give rise to increased risk of exploitation, e.g. financial, and stress within care givers, if they are not in receipt of appropriate support and training.

25. The prime aim of the strategy is to support people to live well and be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered.
26. An important element of implementation will be to address underlying factors that contribute to abuse and to enable people with dementia to be better protected from harm. In addition to this, Wiltshire Council and NHS Wiltshire CCG and the organisations that they commission have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority.

Public Health Implications

27. The public consultation on the Wiltshire Dementia Strategy helps to ensure that the population continues to be included in decision-making processes regarding their health and well being.
28. Dementia is a national priority area for action. Public Health staff are working closely with Adult Social Care and NHS staff to develop and deliver this strategy, with a number of healthy living schemes already in place to assist in reducing the risk of dementia.
29. The outcomes of this strategy should help to reduce health inequalities and improve healthy life expectancy for people with dementia and their carers, and also may help to reduce the future prevalence. The Dementia Strategy for Wiltshire is thus consistent and coherent with the aims of the Wiltshire Health and Well Being Strategy.
30. In addition, it is envisioned there will be an increase in social capital regarding dementia within specific local areas and across Wiltshire as a whole.

Environmental and Climate Change Considerations

31. There are no environmental or climate implications in relation to this paper.

Equalities Impact of the Proposal

32. The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with dementia will have equitable access to services. An equality analysis has been undertaken and can be found in the appendices of the strategy document. This has identified that the main equality issues that will require further attention through the implementation of the strategy include:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and those who lack transport

33. The equality analysis will be reviewed shortly now that the once the draft strategy has been through the formal consultation process.

Risks

34. The main risks associated with the Dementia Strategy are:

- a) The increasing number of people living with dementia in Wiltshire and increased demand being placed upon services. The strategy addresses this through a number of measures which include:
 - i. Developing dementia friendly communities so that people are supported by their local community and informal networks to live well with dementia and maintain their independence and wellbeing.
 - ii. Working with non-specialist services to ensure that they are trained and supported to meet the needs of people with dementia, so that they can support people who require their services, with specialist services only being required at critical points in time.
 - iii. To monitor, review and implement improvements in existing services, including those that have seen recent investment including the dementia adviser service, primary care and the memory service.
 - iv. To look at alternative ways of delivering care and support, which can meet demand within the budgets available.
- b) That due to the financial pressures on all public sector organisations the additional funding required to meet increasing demand is not available. This will be managed through:
 - i. Identification of strategic priorities with investment allocated accordingly.
 - ii. Consideration of alternative ways of delivering care and support which can meet demand within the budgets available.
 - iii. Engagement with the general public, customers and partner organisations to communicate risks, agree priorities and consider innovative solutions.
- c) Raised expectations of what the dementia strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and consultation. This will be managed through ensuring that priorities identified from the consultation are balanced within the overall resources available to deliver the strategy. This will be clearly communicated within the final strategy and through a continuing programme of engagement with the general public, customers and partner organisations which will allow for priorities and progress to be communicated.

35. The significant risks associated with not implementing this strategy would include:
- a) Placing the wellbeing, independence and safety of people with dementia and their carers and families at significant risk through a lack of suitable provision of care and support services.
 - b) An increased demand on health and social care services and budgets when people reach crisis due to a lack of preventative, skilled and responsive services.
 - c) A failure of the statutory bodies within Wiltshire to respond to national guidance, policy and legislative duties.

Financial Implications

36. In 2013/14 NHS Wiltshire Clinical Commissioning Group estimated that they would invest £7.5 million into supporting people with dementia, their carers and families. This sum includes memory services, the dementia Local Enhanced Service (LES), voluntary sector services, inpatient accommodation, community support and acute hospital liaison services. During the same period, Wiltshire Council estimated that they would invest £14.8 million into supporting people with dementia and their carers and families. This sum includes commissioning specialist voluntary sector services and individual social care packages and placements where people have a recorded dementia that has been diagnosed.
37. In addition to the amounts identified, it should be noted that many services funded by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group which people with dementia and their carers and families access are not specialist and so it has not been possible to include the associated costs within these figures. Examples include non-specialist carer support services, hospital care and community services for older people. In addition many people who have dementia do not have a formal diagnosis and so have not been included in the figures above.
38. Although there are no immediate financial implications arising from the consultation on the Dementia Strategy, it is expected that the number of people living in Wiltshire with dementia is highly likely to increase by about 28% by 2020. It is anticipated that unless additional 'new' funding is made available within the future, the delivery of the strategy will be achieved through using existing health and social care spend in an efficient and effective manner in order to meet the anticipated increase in demand.
39. As such the implementation plans will need to have a cost / benefit analysis of actions to ensure that the Council and CCG remain within their current funding, and proposed changes approved within this envelope, or alternative savings / funding found to cover investments.
40. The implementation of the strategy and the associated investment will also be aligned with the implementation of other health and social care priorities which will deliver services to people living with dementia including the Older People's Accommodation Strategy, Care Act and

Better Care Plan. This investment and related savings will need to be analysed in detail as the strategy is implemented through the Action Plan at Appendix H and service plans, and then built into the future financial planning of both commissioning organisations.

Legal Implications

41. The current relevant national policy, legislation and guidance are set out in the Strategy Appendix B, which will be reviewed in light of the introduction of the Care Act 2014.

Conclusion and recommendations

42. It is concluded that work has taken place to develop a Wiltshire Dementia Strategy and that there is ongoing work to develop and implement a number of initiatives to improve the lives of people living with dementia and their families and carers.

43. The Board is asked to:

- a) Note and agree the Wiltshire Dementia Strategy 2014 – 2021
- b) Note progress on the Safe Places, Before I Forget campaign and Missing People's Programme

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

James Cawley
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Background Papers

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

Appendices

Appendix 1 – Wiltshire Dementia Strategy 2014 – 2021

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Wiltshire Council

Health and Wellbeing Board

31 July 2014

Wiltshire Pharmaceutical Needs Assessment

Cabinet member: Councillor Keith Humphries – Adult Care, Public Health & Protection and Housing

Executive Summary

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessments (PNA) to Health and Wellbeing boards (HWBs) from PCTs.

The draft Wiltshire PNA is currently being finalised by the multidisciplinary Wiltshire PNA steering group and will be available to members of Wiltshire Health and Wellbeing board for review from July 18th 2014.

Proposal(s)

It is recommended that the Board notes the contents of the draft Wiltshire PNA and approves the document to be published and made available for the specified 60 day consultation.

Reason for Proposal

Health and wellbeing boards must publish their first PNA by 1 April 2015, with a requirement to:

- Assess needs for pharmaceutical services in its area, and
- Publish a statement of its first assessment and of any revised assessment.

This should be followed by a revised assessment within three years of publication of the first assessment. There is a legal requirement to consult for a minimum of 60 days during the production of a PNA.

Maggie Rae
Corporate Director
Wiltshire Council

Wiltshire Pharmaceutical Needs Assessment

Cabinet member: Councillor Keith Humphries – Adult Care, Public Health & Protection and Housing

Purpose of Report

1. To inform the Health and Wellbeing board (HWB) about the development and production of the Pharmaceutical Needs Assessment (PNA) for Wiltshire. A multi agency steering group from across Wiltshire has been working together in partnership to prepare the draft needs assessment, ready for consultation following the approval from the HWB. The PNA steering group membership includes the NHS England Local Area Team, Wiltshire CCG, Healthwatch Wiltshire, Local Pharmaceutical Network, and Public Health.

Background

2. The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs from Primary Care Trusts. The first Wiltshire PNA which was developed and published in 2011 was led by the Public Health directorate within the PCT. The purpose of a PNA is to identify the need in a specified area for pharmaceutical services, it should be noted that this is not always the same as an assessment of general health needs in an area.
3. Wiltshire's first PNA was well received by key partner agencies and has provided valuable evidence for NHS England in relation to applications for new pharmacies within the area. The consultation with residents in the first PNA was done using a randomised sample of the population to request their views on pharmaceutical provision and access. This provided robust and detailed information to inform the PNA but did not manage to engage with younger people across Wiltshire. During the development of the new draft PNA five engagement events were held across the Wiltshire College campus's with the student body to identify the needs and views of younger people within the county. These were very well received by the students and provided valuable insight and information to further strengthen the evidence used to develop the draft Wiltshire PNA.
4. PNAs will be key documents for NHS England as they will inform its decisions on applications to open new pharmacies and dispensing appliance contractor premises. PNAs will also inform the commissioning of

enhanced services from pharmacies by 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.

5. There are a number of different areas within a PNA which a HWB should consider which include but are not limited to, the demography of the area, different needs within localities, whether there is sufficient choice with regard to obtaining pharmaceutical services and likely future needs.
6. Ultimately a PNA should enable NHS England to commission pharmaceutical services that meet the diverse pharmaceutical needs of people within a health and wellbeing board's area. It is worth noting that any decisions made by NHS England, based upon the information provided in a PNA, which relate to the opening of new pharmacies, are appealable and can be challenged through the courts. For example, where a party believes that they have been disadvantaged following the refusal by NHS England of their application to open new premises. This possibility has already been added to the Wiltshire health and wellbeing board risk register.
7. There is a requirement for Health and Wellbeing Boards to consult with certain bodies at least once during the process of developing the PNA. This requirement is covered in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: Regulation 8 and includes bodies such as:
 - The Local Pharmaceutical Committee for its area.
 - The Local Medical Committee for its area.
 - Persons on its pharmaceutical lists and its dispensing doctors list.
 - Any NHS Trust or NHS Foundation Trust.
 - Any relevant local involvement network.
 - Any neighbouring Health and Wellbeing Boards.
8. The minimum period for consultation responses is 60 days, and in Wiltshire it is planned that this will take place throughout the months of October and November 2014. As members of the Wiltshire PNA steering group, Healthwatch Wiltshire have provided valuable insight into how the consultation process can be made more robust and will be working closely with other members of the PNA steering group during this time to facilitate a robust and inclusive consultation process.
9. The final PNA for Wiltshire Health and Wellbeing board will be produced by Wiltshire Council Public Health following the consultation period, in line with the required timescale of April 2015, and will involve final approval from the HWB in February 2015. This is being done in partnership with NHS Wiltshire CCG, NHS England local area team, Wiltshire and Swindon Local Pharmaceutical Network and Wiltshire Health Watch.

Main Considerations

10. To approve the draft Wiltshire Pharmaceutical Needs Assessment for publication and consultation in line with the legal requirement for production of pharmaceutical needs assessments.

Financial Implications

11. There are no financial implications for the Wiltshire Health and Wellbeing board.

Maggie Rae
Corporate Director
Wiltshire Council

Report Author:
Kate Blackburn, Public Health Specialty Registrar
01225 716837

Date 24th June 2014

Background Papers

Published documents:

The Pharmaceutical Needs Assessment Information Pack for local authority Health and Wellbeing Boards can be accessed by clicking on the link below.

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

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

None

Appendices

None

Wiltshire Council

Health and Wellbeing Board

31 July 2014

Update on the Wiltshire End of Life Care Strategy

Lead GP: Dr Helen Osborn

Executive Summary

This report outlines the development of the Wiltshire End of Life Care Strategy and its key importance to the wider Wiltshire and CCG strategic plans.

It describes the establishment of the Wiltshire End of Life Care Programme Board with members drawn from a wide range of stakeholder groups. It clarifies the Programmes Board's role in delivering and developing the strategy and the importance of stakeholder involvement.

It outlines the governance arrangements for this work, the initial work streams and their status.

Proposals

It is recommended that the Board:

- I. Notes the development of the Wiltshire End of Life Care Strategy.
- II. Notes the development of the Wiltshire End of Life Care Programme and its priority within NHS Wiltshire CCG's Strategic Plan
- III. Notes the development of the Wiltshire End of Life Care Programme Board and its role in further developing and delivering the strategy.
- IV. Notes the progress to date
- V. Agrees to receive a further report in the autumn.

Reason for Proposal

End of Life Care is an important priority in the Joint Health and Wellbeing Strategy and Wiltshire CCG's Strategic Plan. It is important that stakeholders are both assured that work is under way to deliver the agreed vision and aims of the End of Life Care Strategy and are also involved in the work to ensure the required outcomes.

Jacqui Chidgey-Clark
Director of Quality and Patient Safety, NHS Wiltshire Clinical
Commissioning Group

Update on the Wiltshire End of Life Care Strategy

Lead GP: Dr Helen Osborn

Purpose of Report

1. To update the Board on the End of Life Care Strategy work being led by NHS Wiltshire Clinical Commissioning Group.

Background

2. The End of Life Care Programme is one of the 7 key strategic priorities within NHS Wiltshire Clinical Commissioning Group's strategic plan.
3. The vision, key aims and initial work streams have been developed by the Wiltshire End of Life Care Steering Group as part of their work in producing Wiltshire End of Life Care Strategy for 2014-2016. This was adopted by The Wiltshire Clinical Commissioning Group's Clinical Executive on 11 March 2014. See Appendix 1.
4. This Steering Group was a multi stakeholder group led by Wiltshire Clinical Commissioning Group (CCG) following the transfer from Wiltshire Primary Care Trust.
5. The Vision of the Wiltshire End of Life Care Strategy is to ensure that

The patient and their family or other informal carer receive the care and support that meets their identified needs and preferences through the delivery of high quality, timely, effective, individualised services and that respect and dignity are preserved both during and after the patient's life¹

Main Considerations for the Council

6. Delivery and Development of the Strategy.
 - 6.1 Following the development of the Wiltshire End of Life Care Strategy Wiltshire has set up an End of Life Care Programme Board to further develop and deliver the Wiltshire End of Life Care Strategy 2014-2016. It is establishing and ensuring delivery of a programme of work to improve services that deliver patient and family centred care. The overall aim is to

¹ Wiltshire End of Life Care Strategy 2014-2016.

improve the patient's and family's experiences during this phase of the patients care.

- 6.2 The Programme Board is accountable to the Wiltshire CCG's Clinical Executive and through this to the Wiltshire Clinical Commissioning Group Governing Body. It also reports to the Joint Commissioning Board and Health and Wellbeing Board.
- 6.3 The Programme Board is chaired by Jacqui Chidgey-Clark, Director of Quality and Patient Safety at NHS Wiltshire CCG and has representatives from a wide range of End of Life Care stakeholders. Patient, carer and clinical engagement are key and the three Wiltshire CCG Groups' GP representatives from the previous Steering Group are all members of the Board.
- 6.4 The Programme Board will meet regularly as necessary to ensure oversight and support to the Programme of work. Its next meeting is on the 3rd July.
7. Progress to Date
- 7.1 The first meeting of the Wiltshire End of Life Care Programme Board took place on 30 April 2014.
- 7.2 The Board agreed its aims and purpose and refined its Terms of Reference and the initial Programme Plan. It reviewed its membership and is working to finalise this at its next meeting. It is intended that there will be a core membership representing the range of stakeholders, a reference group and proactive wider communication. The initial work streams were confirmed as:
- CHC fast track process review
 - Electronic Palliative Care Co-ordination system (EPaCCs)
 - Allowing a Natural Death (Treatment Escalation Plan and DNACPR²)
 - User experience, baseline and monitoring
 - Needs Assessment
 - Current service mapping and baseline
 - Care at Home
 - Education
- 7.3 The first three of these work streams are now underway as task and finish groups.
- 7.4 Initial scoping and meetings with the project leads for User Experience (led by the Patients Association) and Needs Assessment (led by Sue Odams, Consultant in Public Health) have taken place and outline plans are to be agreed with the Programme Board.
- 7.5 Planning for the Care at Home and Education projects is scheduled for July.

² Do Not Attempt Cardiopulmonary Resuscitation

- 7.6 The End of Life programme of work is expected to be ongoing and it is anticipated that further work streams will be developed over time in order to deliver the aims of the strategy.

Safeguarding Considerations

8. To ensure safeguarding issues are considered and managed the Programme is supported by the CCG's quality directorate which includes the safeguarding team. This team supports programmes as required. The Head of Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty, is currently supporting the task and finish group working on end of life care decision making including DNACPR.

Public Health Implications

9. The Needs Assessment work stream is being led by Sue Odams, Consultant in Public Health, who will also support a link to any other specialist public health support that may be required by the Programme Board.

Environmental and Climate Change Considerations

10. At this stage in the Programme Plan environmental and climate issues have not received separate consideration.
11. One of the objectives within the Strategy is to ensure that patients have access to high quality care and are able to die in their preferred place. It is known that in the majority of cases this is in their normal place of residence. This may well increase journeys by care providers but the net impact will be affected by reduced inappropriate transfers of care and visits by relatives.

Equalities Impact of the Proposal

12. The End of Life Care Strategy highlights the importance of ensuring equitable access for those with dementia and the Programme Board has emphasised the need for equity for others such as those with learning disabilities. There are also equity issues associated with the underlying cause of death. These aspects are actively considered by the work streams and Programme Board.

Risk Assessment

13. The End of Life Care Programme Board is responsible for identifying, assessing and managing risk as appropriate. The individual work streams report their risks to the Programme Board and Programme reports its risk to the CCGs Programme Governance Group.
14. At this stage in the programme the identified risk is primarily linked to the establishment of the work. This includes capacity of work stream leads and group members, particularly as the work must involve a wide range of

stakeholders to ensure achievement of its objectives. The Programme will need to balance its work and resources to ensure its capacity to deliver its aims.

Financial Implications

15. Current development of the Programme is being managed within existing resources. The financial impact of proposals will be identified and assessed during the programme and will need to be fully considered by the organisations involved.

Legal Implications

16. There are a number of ethical, human rights and legal issues involved in this programme. These are being identified as the programme progresses so that appropriate consideration is ensured.

Options Considered

17. There are no operational or contracting proposals or options under consideration at this stage.

Conclusions

18. The vision and aims for End of Life Care have been agreed and a programme of work is now underway to deliver the work. Robust arrangements for governance have been put in place and the importance of stakeholder involvement is fully recognised and considered.
19. The delivery programme is in its early stages and will develop further over time. The multi-organisational nature of this work adds both value and complexity. The majority of stakeholders are already engaged and work is ongoing to ensure appropriate involvement.

Jacqui Chidgey-Clark
Director of Quality and Patient Safety, NHS Wiltshire Clinical
Commissioning Group

Report Author:
Beatrix Maynard
Associate Director of Commissioning NHS Wiltshire
Programme Manager for End of Life Care
Telephone Number 01380 736014

Report Date: 26 June 2014

Background Papers

None specifically for this report

Appendices

Appendix I. Wiltshire End of Life Care Strategy 2014-2016

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Wiltshire Council

Health and Wellbeing Board

31 July 2014

Better Care Fund Delivery Plan for Wiltshire update

Executive Summary

This report provides the Health and Well Being Board with an update on progress in delivering the Better Care Plan across Wiltshire and to advise of key risks and opportunities. It should also be noted that pending submission of additional information Wiltshire has been identified as an area of national best practice and is being put forward as one of 14 fastrack sites for early implementation of the Better Care Plan. It should also be noted that as highlighted in the Health Service Journal during week commencing the 7th July Wiltshire is one of 14 systems nationally who achieved early sign off of their Better Care Plan.

Proposal(s)

The Board is asked:

- 1. To review progress made on the implementation of the Better Care Fund across Wiltshire and endorse the key next steps that are outlined in this document;**
- 2. To note that Wiltshire is being identified as a national early implementer for the Better Care Fund and to endorse the direction it is taking in this respect; and**
- 3. Review the key risks that have been highlighted and ensure a coordinated approach to managing these risks is taken across the system.**

Reason for Proposal

To ensure the Board is fully supportive of the direction taken to implement the Plan, noting that Wiltshire has been identified as an area of national best practice.

**James Roach
Joint Integration Director
Wiltshire Council/CCG**

Better Care Fund Delivery Plan for Wiltshire update

Key Issues

1. The Better Care Fund (BCF) is a mandatory pooled intended to support and deliver integrated health and social care services; this will be introduced nationally in 2015/16. It should be noted that this is not new money, but is made up of elements of existing clinical commissioning group (CCG) and local authority budgets.
2. In the Wiltshire this commitment has been underpinned by a total pooled BCF budget in 15/16 of £ 27.0 Million. How this funding is broken down is summarised in the main paper.
3. The national expectation is that this funding will be used to develop integrated services which will reduce the need for hospital care and to protect the existing level of social care services. This backdrop creates a strong platform for innovation and both the CCG and the Local Authority are committed to developing a robust out of hospital model in partnership with all stakeholders across health and social care. The approach that has been adopted in Wiltshire and is now becoming the core requirement nationally is to ensure adequate return on investment. Therefore it should be noted that there is a strong expectation that savings are realised through this approach and that the stated intention to reduce need for acute services will enable the CCG to release the funding which they are required to contribute to the pooled budget on a recurrent basis.
4. The delivery of the Wiltshire Plan is underpinned by a strong commitment to engage with all stakeholders on its development and implementation. This has been delivered through direct consultation and involvement of managerial and clinical leads from each of the main providers in the Better Care Plan Programme. It should also be noted that Healthwatch have been involved in the preparation of the plan and will support the programme by ensuring that key proposals are further consulted on over the coming year.
5. It should also be noted that recent announcements by the LGA and the Department of Health have requested that each integrated system work with all providers in the area to risk assess the proposals and the core actions required to deliver the activity reductions. This is also a core requirement of the fast track process. It is absolutely critical that all plans are delivered in partnership across the system with the full engagement of all providers and this is the ethos that is being fostered across Wiltshire.

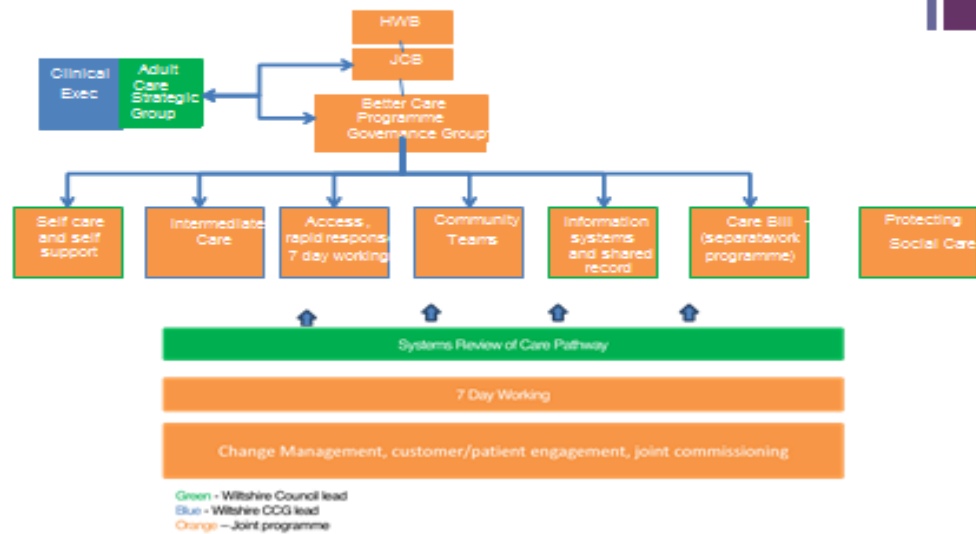
6. Introduction

- 6.1 The Outcome of the Government spending review published in June 2013 included the announcement that a sum totalling £3.8 billion nationally would be allocated to a single pooled budget for health and social care services to work more closely together in local areas based on an agreed plan between the NHS and the Local Authorities. This money is now referred to as the Better Care Fund (previously it was known as the Integration Transformation Fund).
- 6.2 The BCF is not new money. It is made up of existing NHS and Social Care Funding with the largest element coming from the NHS Budget.
- 6.3 Recent announcements by the LGA and the DOH have demonstrated the seriousness of its commitment to integration of health and social care, with the implication that integration will made it possible to improve services and manage demand despite a marked decrease in overall funding for the system.
- 6.4 There is also a clear expectation from regulators that the Better Care Plan has the full engagement of all providers , that alternative models of care are credible , integrated and can deliver with a focus on clear modelling of demand , cost and quality improvement
- 6.5 Experience in Wiltshire does support the view that integration can produce services which are more efficient, effective and enhance the experience of the service user. However there is a continued need to model the financial impact of such changes and to further determine whether mandatory pooling of budgets will in itself produce sufficient cost savings to meet the growing demand and offset reductions in public spending

7. The Wiltshire approach

- 7.1 There has been an investment of circa £27 million in the Better Care Fund for Wiltshire and this takes forward a number of core programmes of work as outlined below.

+Current Work stream Structure



7.2 The programme is now fully mobilised and each programme has a very clear delivery plan in place with each programmes membership reflective of the integrated approach we are taking in Wiltshire across Health and Social Care.

7.3 The Programme is overseen by the Better Care Plan Governance Group which is chaired by the jointly funded Integration Director Role and this group drives the work of the programme and makes a number of recommendations to the established Joint Commissioning Board.

7.4 The current £27 million pooled budget is a clear driver for integration in Wiltshire and the core spend is broken down as follows

Scheme	Investment 14/15	Investment 15/16	Proposed impact
1. Intermediate care	6.80 million	8.30 million	-Avoid urgent care admissions -Reduction in volume of bed days -Reduced Length of Stay in acute hospital
2. 7-day working, Rapid Response and Discharge Coordination	3.39 million	6.89 million	-avoid urgent admissions -Improve crisis management for high risk patients -reduced length of stay -improved management of specialist patients

3. Protecting social care services	9.18 million	9.18 million	-additional care packages -increased independence post discharge -more home care packages -reduced readmissions
4.Care bill requirements	0.13 million	2.50 million	- meeting additional demand for assessments
5.Supporting communities to be more resilient through earlier intervention and prevention	0.89 million	1.90 million	-enhanced support for carers across Wiltshire -earlier intervention to prevent crises -reduced volume of care home packages
6.Single view of the customer	1.2 million	0	-integrated information management -enhanced tracking of the patient journey -reduced duplication
7.Community Transformation	0	0	-avoid urgent admissions -Improve crisis management for high risk patients -reduced length of stay -increase in the volume of sub-acute patients to be managed in the community
8.service user feedback and involvement	0.1 million	0.1 million	-enhanced qualitative assessment of the patient journey -review of schemes and pathways.

7.5 A summary of monies available is outlined below ;

Funds available	2014-15 £m	2015-16 £m
Better Care Fund	11.58	27.10
CCG non recurring funds	7.68	
WC growth	1.83	1.83
WC non recurring funds	0.70	
Total	21.79	28.93

7.6 Outside of the individual workstreams the plan is also required to meet a number of conditions:

- (a) **Protection for social care services**, in terms of:
 - continuing to meet eligibility criteria (including revised criteria to be introduced from April 2015 under the care bill which could require the council to offer additional support in a range of areas)
 - meeting new statutory requirements in the care bill
 - Maintaining effective reablement and preventative services to reduce avoidable demand for health and social care

- (b) **Seven day working in health and social care** to avoid unnecessary admissions on weekends and maximise discharges. There are a number of schemes currently in place and emerging to address this challenge, but there is an intention to develop these further over the coming year.

- (c) **Better Data sharing** between health and social care

- (d) **Joint approach to assessments and planning** in terms of joint approaches, care plans and multi-disciplinary support. There is a commitment to pilot full integration in identified areas in Wiltshire before the end of 2014/15.

- (e) Agreement and monitoring of the **consequential impact of changes in the acute sector**.

- (f) There is also a renewed commitment across the programme in relation to a range of other enablers as outlined in the table below

The key enablers

<u>IM&T</u>	<u>Estates</u>
<ul style="list-style-type: none"> • Information governance systems that allow better linkages • Prioritizing the work around single view • Effective identification of candidates for early discharge • Joint access to effective risk stratification to support targeting of services 	<ul style="list-style-type: none"> • Joined up innovative estates management should include all health and social care estates • Buildings designed around models of care should be the focus • Focus on how innovative estates management across health and social care can facilitate change required

<u>Finance and contracting</u>	<u>Workforce</u>
<p>What areas are we considering -</p> <ul style="list-style-type: none"> • Year of care • Prime contactor • Joint Venture • Alliance contract • Longer term strategies for joint commissioning and procurement 	<ul style="list-style-type: none"> • Implementing new ways of working • 7-day working • Are traditional ways of working still dominating the provider landscape • The “ big supply “ challenge • Skills academy approach • Clinical and practitioner mindset shift

8. Making progress in Wiltshire

8.1 As reflected earlier in the report, Wiltshire has been identified as a potential “Fastrack” site for early implementation of the Better Care Plan. In order to commence the process we have been asked to set out the implications of the plan on the delivery of NHS services including the risk of savings not being realised. This information is due to be submitted on Wednesday 2nd July and Health and Well Being Board will receive an update at the meeting in relation to the outcome from the process. For information the assumed impact is outlined below;

Table A – Assumed reductions in activity and finance

		2014-15			2015-16
		Great Western Hospital	Salisbury NHS FT	RUH Bath NHST	
ACTIVITY REDUCTIONS	Total				
Accident & Emergency Attendances	- 1,808		-	-	- 1,808
Inpatient non-elective Spells	- 1,441	- 427	- 466	- 548	- 1,441
		-	-	-	
FINANCIAL REDUCTIONS					
Accident & Emergency Attendances	-£165,000			-£165,000	-£165,000
Inpatient non-elective Spells	-£3,464,000	£1,075,000	£1,031,000	£1,358,000	£3,464,000
Total	-£3,629,000	£1,075,000	£1,031,000	£1,523,000	£3,629,000

Note – 2015-16 figures assume management of 2% growth in activity

Table B – Impact on bed days for 3 acute hospitals in both 2014-15 and 2015-16

	2014-15 and 2015-16 changes											
	Admissions			Reduced bed days			Reduced bed nos			Avg LoS Reduction		
Hospital	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT
Length of Stay Reduction	0	0	0	13,094	7,566	12,720	36	21	35	2.1	2.0	2.3
Admissions Reduced	538	424	471	1076	848	942	3	2	3			
Total	538	424	471	14,170	8,414	13,662	39	23	37			

- 8.2 The CCG and Council have assessed the impact on the local acute system which includes the Royal United Hospital, Bath, NHS Trust (RUH), Great Western Hospitals NHS Foundation Trust (GWH), and Salisbury Hospitals NHS Foundation Trust (SFT). Both commissioners agree that the system impacts associated with the BCF will see a reduction in the number of bed days utilised by emergency admissions and the total number of emergency patients admitted into the acute hospitals. This is set against the current context of increased acuity that is being experienced by the 3 acutes in terms of the case mix related to the admissions and increased operational pressures.
- 8.3 The biggest impact is expected in year 1 of the BCF as the CCG and Council move to reduce the average length of stay experienced by patients. The CCG is planning for a reduction in the average length of stay by 20% (approximately 2 days). This will be achieved by improving the flow through the acute hospitals by enhancing the services on the front of the emergency system as well improving the discharge process through a series of targeted programmes such as Discharge to Assess. We would be seeking to get average length of stay down to targeted levels in 14/15 and then seek to maintain this during 15/16. We would be applying the same approach to our community beds to ensure we have improved flow, reduced delays and occupied bed days across the whole system.
- 8.4 The CCG and Council are also expecting to see a reduction in non-elective admissions of 4.5% in 2014/15 and 4.5% in 2015/16. This reduction is assumed after the impact of annual activity growth of approximately 2%.
- 8.5 Whilst the challenge we face in Wiltshire cannot be underestimated, it should be recognised that progress is being made and our work has been recognised nationally in particular the involvement of providers at Wiltshire Health and Well Being Board and the innovative approach we are taking across a number of areas.

9. Delivering on our ambition

- 9.1 There is clarity across the system in terms of the challenges we are facing and a fundamental recognition that without change in the health and social care system there is a significant risk that demand will not be met and service quality will decline
- 9.2 There are a number of key challenges across the health and social care system in Wiltshire that needs addressing in particular;
- Care and support is fragmented , care and support plans do not link together which is inefficient and frustrating for those receiving the services
 - High priority is placed on treatment and repair , rather than prevention and early intervention
 - Acute hospitals , specialist hospitals , including mental health hospitals and emergency departments are under pressure with high levels of delayed transfers of care and extended lengths of stay in hospital
 - Too many users make a decision about their long –term care and support whilst they are in hospital and this may result in the wrong decision and potentially an unnecessary admission to a residential or nursing home
- 9.3 In delivering on this ambition we will be seeking to monitor a number of high level indicators which are outlined below:

Key metrics

- Reduction in daily average of occupied bed days
- Reduction in emergency bed day use for patients 65
- Reduce DTOC's
- Financially responsible for fewer people aged over 65
- Correlated increase in use of Home Care Services

Desirable patient outcomes

- Prevent premature avoidable decline through proactive care and earlier intervention
- Better care experiences 7 days a week
- Support for carers and family
- Decisions made on commissioning needs not service dimensions
- Empowering our service users

Our core performance indicators

We will be monitoring performance against the following key indicators

- Volume of admissions to residential and nursing care
- Success of reablement and rehabilitation , such as volume of patients who remain independent 91 days post discharge
- Volume of delayed transfers of care
- Avoidable emergency admissions
- Patient and service user experience

10. The no distinction challenge

10.1 We are starting to address integration through a number of routes such as;

- Joint commissioning
- Joint service delivery (coordinated pathways of care and coordinated services)
- Joined up governance

10.2 Our vision through each of the workstreams is that the service user sees no distinction between health and social care and receives fully integrated joined up care.

+ The “no distinction challenge”

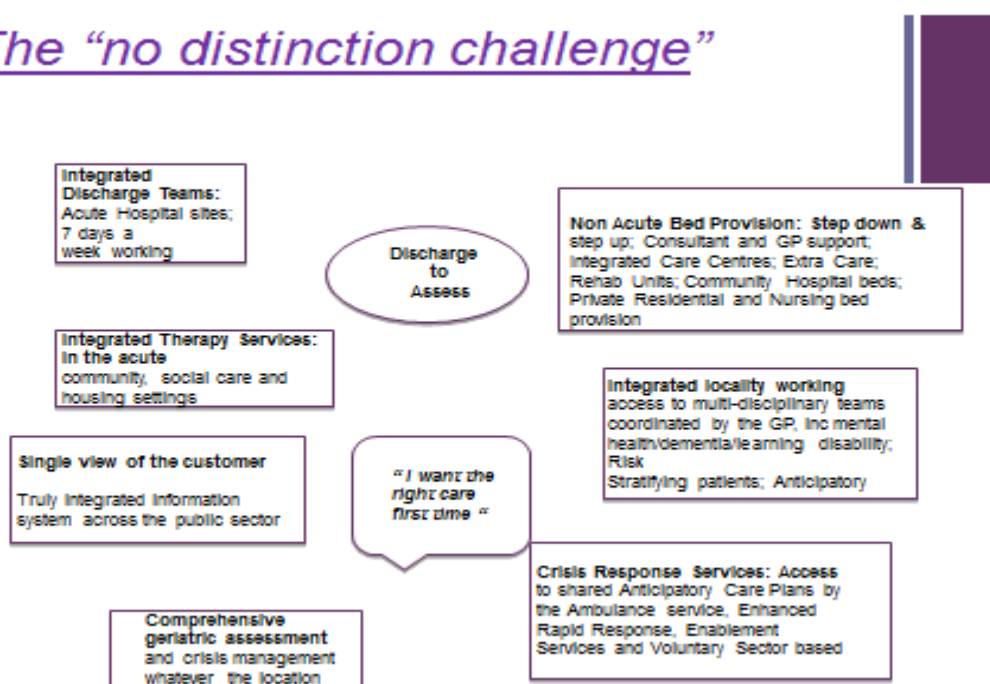


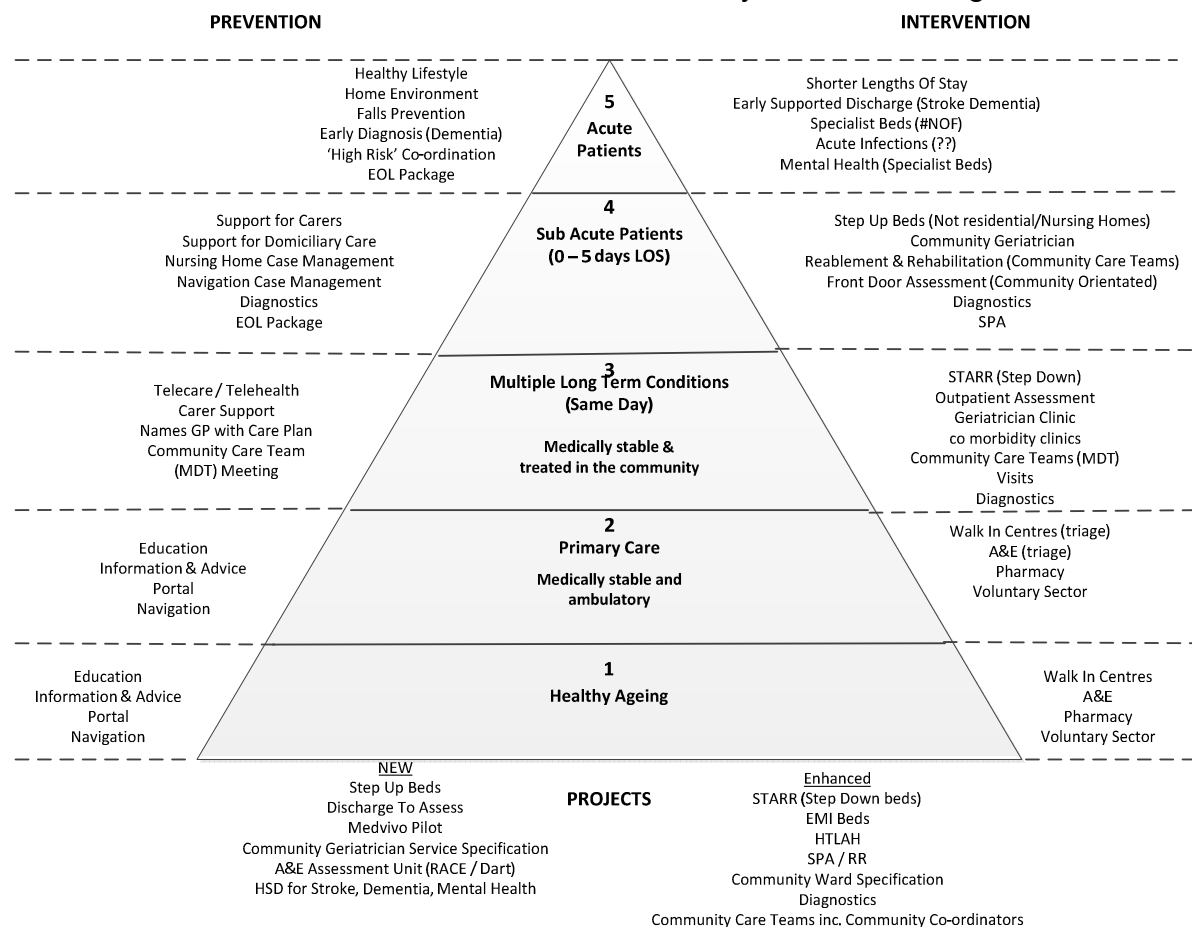
Table C – Detail of schemes and impact to date

Scheme	Key priorities/principles	Progress
Intermediate care	<ul style="list-style-type: none"> -Develop a model of step up intermediate care for sub-acute patients -Maximise effectiveness of appropriate reablement care ensuing all beds are not blocked -improve access to and discharge from STARR and other community beds -reduction in number of people who remain dependent in beds and transfer to a home setting -appropriate mix of beds for patients with dementia 	<ul style="list-style-type: none"> -step up intermediate care pilot signed off and due to commence -Review of STARR pathways and processes and system wide action plan -System wide DTOC workshop to be held in early July -System review “check stage” of intermediate care to commence -Discharge to assess pilot due to go live -Procurement of EMI beds being progressed.

	<ul style="list-style-type: none"> -scoping and implementing a discharge to assess programme -modelling full picture of need 	
Rapid response , discharge coordination and 7 day working	<ul style="list-style-type: none"> -Right care in the right place -Improved care coordination through the SPA -Enhanced focus on rapid response and ensuring 7 day focus -Enhancing rapid assessment at the front door -Ensuring strong links with primary care through the Transforming Care of Older People proposals -Improved continuity of care -Increased usage of self-care programmes -Reduce admissions amenable to primary care intervention 	<ul style="list-style-type: none"> scoping plan for 7 day working being established -Urgent Care working group has agreed a range of key system priorities which are being progressed -Range of system wide operational priorities have been agreed -DART model at GWH to be continued -Plans for a rapid assessment unit at SFT being scoped -Proposals received from GP localities and currently being assessed -Model of enhanced case navigation over a 7 day period to be progressed
Community teams	<ul style="list-style-type: none"> -Reduction in conveyances and admissions to hospital by ensuring low level interventions are managed by the community -Delivery of efficient , good quality and cost effective local services to prevent avoidable demand -Ensuring where appropriate specialist care is provided in community settings -Delivering integrated service responses in community settings 	<ul style="list-style-type: none"> -Revised business case from GWH received and reviewed by CCG -Meeting on the 9th July to agree revised approach for community geriatrics -3 pilot sites have been identified to launch Integrated community care teams before end of 2014. -Number of key service specifications being updated such as community geriatrics
Single View of the Client	<ul style="list-style-type: none"> -working together on new systems and developing our ability to share information not just between health and social care , but more widely -Focus is on integrating a single view rather than the integration of systems -Ensuring the patient journey is fully joined up so the full patient record is available whatever the point of intervention 	<ul style="list-style-type: none"> -Strategic group launched with full involvement of 3 acute hospitals , police and fire services -Scoping completed -Benefits realisation workshop taking place on 2nd July -Bid being made to national Technology Fund for national pilot status
Care Bill	In relation to funding reform implementation April 2016, the key	<ul style="list-style-type: none"> -Care Bill programme launched -impact being costed and

	<p>principles are</p> <ul style="list-style-type: none"> -Financial protection, everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support. -People will be protected from having to sell their home in their lifetime to pay for any care home costs. 	<p>assessed</p> <ul style="list-style-type: none"> -scoping development of care account -Impact assessment modelling underway -identify opportunities for voluntary sector to deliver” home from hospital “pathways. A bid has been developed and is being progressed through the appropriate governance routes
Prevention, admission and earlier intervention	<ul style="list-style-type: none"> -Development of the voluntary sector via a commissioned service to provide advice, signposting and information -revised risk stratification model to focus on levels 1& 2 to determine how we can take a more preventative approach in community settings -promote earlier intervention to prevent conversion to long term residential care 	Project was relaunched in June

There is a clear commitment to enhance our delivery model in a range of areas.



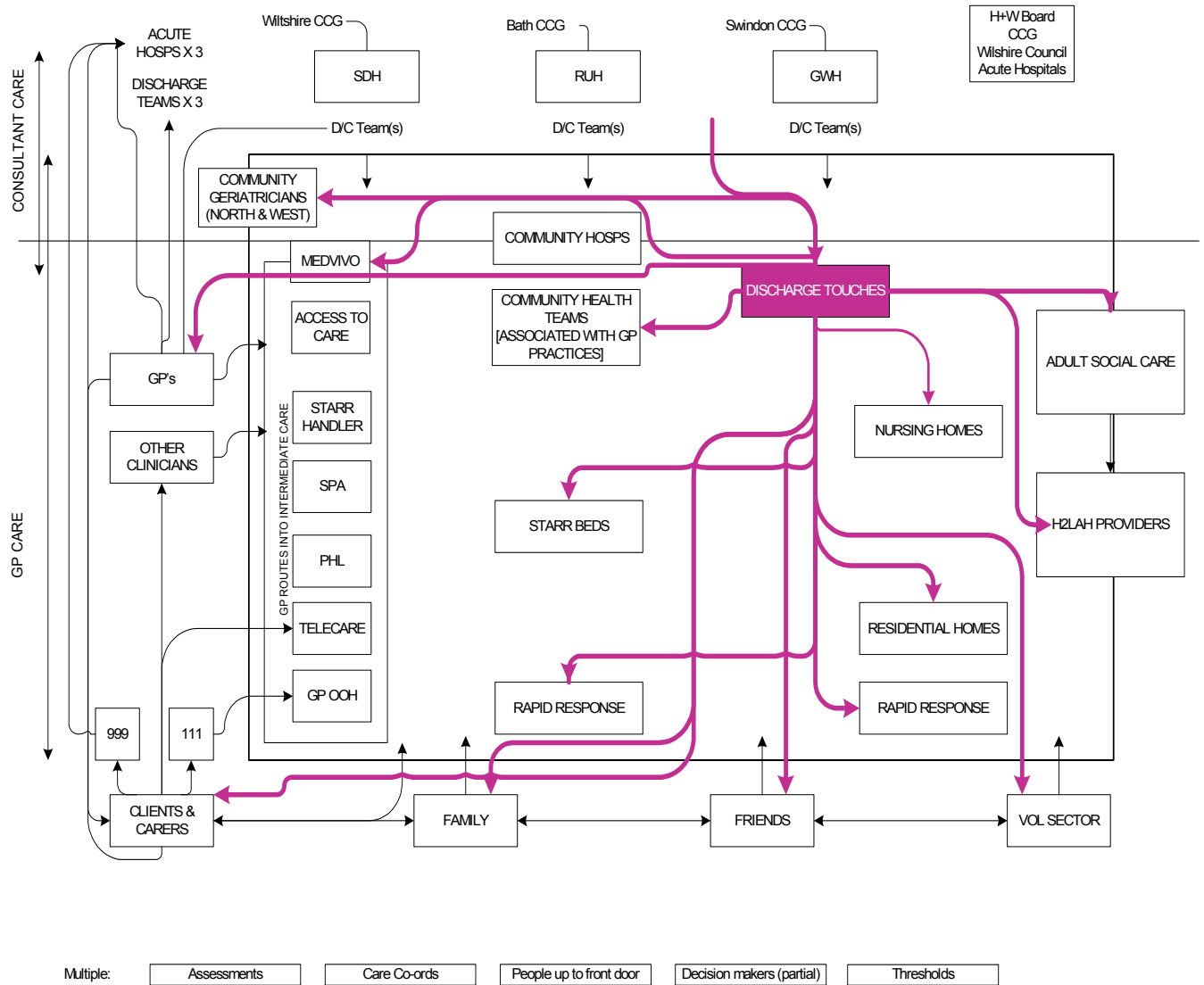
Taking a system wide approach

11 System wide benefits

- 11.1 The range of information outlined above provides an overview of the anticipated cumulative impact of all the schemes on volume of avoided admissions, subsequent financial savings and associated reduction in bed days. It is anticipated that all of our schemes together will deliver this benefit through:
- Addressing a range of different patient cohorts identified through risk stratification
 - Ensuring crisis is managed in a range of different settings in the community
 - Enabling the involvement of a wide range of practitioners across health and social care
 - Targeting those patients with the greatest need
 - Providing a range of different treatment options and locations such as crisis management in a community setting, diagnostics in the community and rehabilitation and re-ablement in a home setting.

The Better Care Systems Review

- 12.1 Our approach in delivering a system view on benefit has been underpinned by the approach we have taken across the health and social care system in Wiltshire in undertaking a system wide review. This review underpins the ambition across health and social care for collective efforts delivering outcome and service change for the people of Wiltshire.
- 12.2 Our current pathways have been mapped and indicate the complexities of the 'out-of-hospital system as it currently stands. The flow chart below is an outline of that system.
- 12.3 The next stage of the systems review is to undertake the 'check' stage which will be led by the Council's systems thinking team with participation from front-line staff and clinicians from social care, community and acute NHS services, independent care providers and the voluntary sector. This stage will provide us with the analysis of the current system and evidence for where change could have the biggest impact.



13. Key Risks

R1	Introduction of the Care Bill will result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016 that is not currently quantifiable and will impact on sustainability of delivery	High	Initial impact assessment of the impact of the care bill has been undertaken and range of cost pressures identified Provision has been made within the Better Care Fund for 2015/16 to be held against this risk
R2	Expected shift to community services will not deliver the expected benefits because of the acuity levels of people requiring services	High	Clear alternatives being out in place in community setting as part of a robust out of hospital strategy Local reviews in place with each provider

			<p>Robust regular monitoring and impact assessment</p> <p>Contingency plans in place</p> <p>System review of pathways identifying opportunities</p>
R3	A lack of high quality and meaningful local key performance indicators will make it difficult to monitor outcomes	High	<p>Established key performance indicators and supplementary indicators in place</p> <p>Established performance monitoring/management process now in place across the system.</p> <p>Review of individual patient pathways through system review</p> <p>Healthwatch will be commissioned to lead on a range of patient level and user led outcomes</p> <p>Developing outcomes based commissioning specifications with each provider</p>
R4	Operational pressures will restrict ability of our workforce to deliver the required investment and associated projects to make the vision of the Better Care Plan a reality	Medium	<p>Investment in infrastructure with key posts being filled</p> <p>System wide organisational development strategy being developed</p> <p>System leaderships review being undertaken</p> <p>Skills academy approach being adopted</p> <p>Formal integration of core teams being piloted in 3 geographical locations</p>
R5	Improvements in the quality of care and preventative services will fail to translate into the required reductions in acute and nursing /care home activity by 2015/16 impacting on overall funding available to support	High	<p>Modelled assumptions using range of benchmarking data</p> <p>Continual review of all projects and assessment</p>

	core services and future outcomes		<p>2014/15 provides the opportunity to test and modify assumptions.</p> <p>Ongoing performance management through established structures</p> <p>Focused system wide action plans in relation to a number of operational pressures</p>
R6	Recruitment and retention of health and care staff is challenging. This may impact upon our ability to increase capacity of community health and care services	High	<p>Joint workforce strategy</p> <p>Joint organisational development strategy</p> <p>Commitment to address the supply challenge</p> <p>Working in a more integrated way around established service models and locations</p>
R7	The extent of cultural and behaviour change required of the public and professionals working in the system will not be achievable	High	<p>Regular communications strategy underpinning the vision and the delivery model</p> <p>Focus on innovation and new models of care</p> <p>Connection of approach through the extended community teams pilot</p> <p>The use of personalised care plans for people with long term conditions / and or risk of hospital admission will also help reassure people that services are co-ordinated and information is shared in order to support them safely and in the best place</p>

14. Key next steps and recommendations

The Board is asked:

- 1. To review progress made on the implementation of the Better Care Fund across Wiltshire and endorse the key next steps that are outlined in this document;**
- 2. To note that Wiltshire is being identified as a national early implementer for the Better Care Fund and to endorse the direction it is taking in this respect; and**
- 3. Review the key risks that have been highlighted and ensure a coordinated approach to managing these risks is taken across the system.**

James Roach
Integration Director Wiltshire CCG and Wiltshire Council
Better Care Plan Lead

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