

# AGENDA

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**Meeting:** WILTSHIRE HEALTH AND WELLBEING BOARD  
**Place:** Kennet Room - County Hall, Trowbridge BA14 8JN  
**Date:** Thursday 25 September 2014  
**Time:** 3.00 pm

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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 31 July 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 - 22)**

The Chairman will deliver the following announcements.

- Signing of Mental Health Crisis Care Concordat
- Update on Mental Health Strategy
- Update on Shingles Vaccination Working Group
- Winterbourne View
- Update – End of Life Care

6 **Children's Health and Wellbeing(Pages 23 - 36)**

To include an update on:

- A. Children's Community Health
- B. SEND – Disabled Children's Charter

Report author: Julia Cramp

7 **Joint Strategic Assessment (JSA)(Pages 37 - 42)**

The board is asked to sign off the JSA on health and wellbeing, note the key challenges for children and adults and consider the opportunity to refresh the Joint Health and Wellbeing Strategy.

Presenter: Maggie Rae

8 **Annual reports(Pages 43 - 46)**

To receive full annual reports in relation to:

- i) Wiltshire Childrens Safeguarding Children's Board (WSCB)  
Presenter: Cliff Turner
- ii) Public Health  
Presenter: Maggie Rae

9 **Healthwatch update**(Pages 47 - 76)

A review of information and processes for making complaints about NHS and social services: initial recommendations from Healthwatch Wiltshire.

Report author: Emma Cooper.  
Presenter: Emma Cooper

10 **Better Care Plan**(Pages 77 - 90)

To receive an update on progression of the Better Care Plan.

Presenter: James Roach

11 **Right Care 2**

To receive a presentation from South Western Ambulance Services Foundation Trust on their plans for reducing conveyance to emergency departments.

Presenter: Joanna Bates, Clinical Development Officer, South Western Ambulance Service NHS Foundation Trust

12 **Funding Transfer to Social Care**(Pages 91 - 96)

To consider a report on the use of the 2014/15 NHS Transfer Fund and to request endorsement by the Board of the use of these funds within a Section 256 Agreement to allow the funding transfer to take place between NHS England and Wiltshire Council.

Report author: Sue Geary (WC)  
Presenter: James Roach (WC/CCG)

13 **Date of Next Meeting**

20 November 2014

14 **Urgent Items**

## **WILTSHIRE HEALTH AND WELLBEING BOARD**

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### **MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 31 JULY 2014 AT WILTSHIRE COUNCIL, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.**

#### **Present:**

Chief Executive or Chairman Bath RUH (James Scott), Dr Simon Burrell (CCG - Chair of NEW Group), Dr Toby Davies (CCG - Chair of SARUM Group), Debra Elliott (NHS England), Julie Hankin (Avon & Wiltshire Mental Health Partnership (AWP)), Chief Executive Salisbury Hospital (Peter Hill), Chairman Salisbury Hospital (Nick Marsden), Cllr Laura Mayes (Cabinet member Childrens Services), Dr Helen Osborn (CCG - Chair of WWYKD Group), Cllr Sheila Parker (Portfolio holder Adult Care and Public Health, Maggie Rae (Corporate Director Adult and Public Health Services), Dr Stephen Rowlands (Vice Chairman and CCG Chairman), Cllr Jane Scott OBE (Chairman and Leader of the Council), Deborah Fielding (Chief Officer CCG) and Simon Truelove (Chief Finance Officer CCG)

#### **Also Present:**

Laurie Bell (Associate Director WC), David Bowater (Senior Corporate Support Officer WC), Frances Chinemana (Consultant Public Health), Julia Cramp (Joint Associate Director), Ian Gibbons (Associate Director WC), Michael Hudson (Associate Director WC), Kevin Mcnamara (Great Western Hospital), Robin Townsend (Associate Director WC), Brian Warwick (Older People's Champion), Steve Wheeler (Healthwatch Wiltshire), Liz Brown (Dorothy House)

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#### **42 Chairman's Welcome and Introduction**

The Chairman welcomed everyone to the meeting, reminding all present that this was a public meeting where members of the public were encouraged to become involved in the debate that would arise.

#### **43 Apologies for Absence**

Apologies were received from:

- Angus Macpherson (Police & Crime Commissioner)
- Patrick Geenty (Wiltshire Police Chief Constable)
- Carolyn Godfrey (Corporate Director, Wiltshire Council)
- James Cawley (Associate Director, Wiltshire Council)
- Christine Graves (Healthwatch Wiltshire) – Steve Wheeler attended on her behalf

- Gareth Bryant (Wessex Local Medical Committee)
- Cllr Keith Humphries (Cabinet member for Public Health, Protection Services, Adult Care and Housing)
- Cllr Ian Thorn (Opposition Group representative)
- Patrick Geenty (Wiltshire Police Chief Constable)
- Ken Wenman (South West Ambulance Service Trust)

#### 44 **Minutes**

The minutes of the previous meeting held on 22 May 2014 were approved as a correct record with the following amendment:

To include Julie Hankin and Iain Tully from AWP in the attendance details.

#### 45 **Declarations of Interest**

No declarations of interest were received.

#### 46 **Chairman's Announcements**

The Chairman made the following announcements:

##### **Winterbourne View**

An update could be found on page 13 of the agenda. Board members were also reminded that regular briefings were also provided to the Joint Commissioning Board (JCB) on the subject.

##### **Wiltshire Council's Public Health and Arts Development Service**

The Service would be hosting an Arts and Health in Wiltshire conference on 30 September between 10am and 4pm at the Devizes Corn Exchange. All Board members were welcome to attend, noting the positive impact arts could have on health and wellbeing.

##### **Question received in relation to shingles**

Susannah Ramsay from Sanofi Pasteur MSD was welcomed to the meeting and submitted a question in relation to the shingles immunisation programme introduced in September 2013. Assurance was sought on the measures in place to monitor the roll out of the programme.

Debra Elliott from NHS England responded to the question, confirming that vaccines provided by GPs were reported regularly and that all were supportive in working with partners to deliver an appropriate roll out. There was not as yet a full years data set available as the immunisation programme had begun in September last year. However it was understood that approx 60% of 70 year olds and 57% of 90 year olds had to date received the vaccination.

The rationale behind the emergence of the vaccination was to reduce the pressures on emergency admissions to hospital via severe shingle cases. Discussion took place on the effectiveness of the immunisation programme with the Chairman suggesting that a review on the take-up of the vaccine would be beneficial. The Board were supportive of this approach and agreed to establish a working group with representatives from the Clinical Commissioning Group (CCG), Public Health England, NHS England and Wiltshire Council's Public Health to look at effectiveness and whether roll out to other age groups would also be beneficial.

The Group would provide an update on its findings for the next meeting to be held on 25 September.

#### 47 **Mental Health and Wellbeing Strategy**

The Board at its previous meeting in May agreed that the draft Mental Health and Wellbeing Strategy would be brought back to the next meeting and the Board updated accordingly.

Maggie Rae, Corporate Director, Wiltshire Council, provided an update on the draft strategy which included that Karen Spence from Wiltshire Council Public Health was working closely with colleagues at the CCG regarding its development.

The resulting strategy would emphasise the quality of life for individuals, their families and carers and parity of esteem providing equal focus on mental and physical health, noting that evidence suggested that physical health issues of those with mental health problems were often not dealt with appropriately and resulted in a lower life expectancy as a result.

Statistics highlighted included:

- 1 in 4 individuals would experience mental health problems in their lifetime.
- 1 in 10 new mothers expected to experience post natal depression.
- Mental ill health equated to approximately 23% of health issues in UK.
- 11% of the NHS budget was spent on mental health (almost double that spent on cancer).

The strategy was required to provide better outcomes for people and the aim for Wiltshire was to create environments and communities that keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Within the local area, the Quality Outcome Framework 2010/11 mental health register had just over 3k people in Wiltshire, with suicide figures reported as higher in the South West than the national average.

The draft strategy was being prepared using stakeholder feedback together with evidence provided via the Joint Strategic Assessment (JSA) and would emphasise the importance to service users.

Six main areas of activity had been identified to achieve the strategy

- Prevention and early intervention (including perinatal mental health)
- Promoting emotional wellbeing and tackling stigma and discrimination
- Personalised recovery based services with a wellbeing perspective
- Effective and efficient use of resources to ensure value for money
- Closer collaboration with service users, families and carers in the development of services
- Joint working with a wider group of statutory services

The 3 month consultation period was expecting to commence following approval from executive bodies to proceed in September which would include further engagement with stakeholders and service users.

The need to include a link to parenting and the need to ensure the message that bad parenting often resulted in a negative impact on children's emotional wellbeing and appropriate sign posting for all groups was highlighted as well as further reference required on crisis work. The work taking place with the police authority was highlighted as an example of positive joined up work being undertaken.

It was confirmed that the draft strategy had been presented to the CCG Board in July to seek approval to proceed to consultation and had been discussed in public with a lot of positive feedback received. This included the need for an implementation plan which was expected to be ready following consultation.

Acknowledging the need for appropriate stakeholder involvement, Brian Warwick, the attending Older People's Champion, would be contacted after the meeting to seek details on suggested stakeholders that may not already been involved.

Recognition was also given on the importance of developing a strong strategy but that specific targeted work (such as that taking place between the Bath RUH and AWP on maternity care) would continue in the interim.

To ensure the Strategy remained a focus for the Board, an update would be provided in September with a more detailed report and draft implementation plan inclusive of existing work presented in November 2014. Noting that a Children's Mental Health and Wellbeing Strategy was already in place, future reporting should also highlight how the two strategies linked together.



Ted Wilson (CCG) was welcomed to the meeting to provide a presentation on the final draft Dementia Strategy and dementia programmes within Wiltshire following consultation undertaken through February to May.

The related Action Plan was currently being developed and would take note of the letter sent to all health and wellbeing boards notifying them of the need for a focus on dementia.

Reference was also made to the Health Select Committee Dementia Task Group which was due to report its findings on advanced dementia care to the Committee in September. Feedback received via the Committee would be taken into consideration as part of the Strategy and further consultation on these elements would take place thereafter.

Rhian Bennett, the report author, was also welcomed to the meeting and confirmed that the main findings of the consultation highlighted that people were supportive of the draft strategy presented today.

Ensuing discussion included the need for a stronger focus on removing dementia sufferers from a hospitalised setting, noting that this was often not the best place to undertake assessments. It was however noted that many sufferers in acute care often had other acute conditions resulting in their hospitalisation.

The importance of providing families and their carers with a clear understanding of what support was available was also highlighted and the advanced Dementia Care Strategy would provide the tools for a pathway for the extreme sufferers who were not able to return home. A vision of care for people in residential and nursing homes was also highlighted as an area to be covered within the final Strategy.

The Chairman sought consensus from the Board that they were happy to agree for the Strategy to move forward which was given.

#### 49 **Pharmaceutical Needs Assessment (PNA)**

The Board were reminded that the development of the PNA was passed to the Wiltshire PNA Steering Group in September 2013 and that a draft was to be presented today for the Board's approval.

Prior to further discussion, the Chairman made the Board aware that Gloucestershire County Council had written to the Board to make it aware of their draft PNA as part of its consultation, details of which would be circulated to Board members after the meeting to allow contribution accordingly.

Kate Blackburn, Speciality Registrar in Public Health, was then introduced to take the Board through the Wiltshire PNA where the following information was provided.

Responsibility for developing the PNA transferred to Health and Wellbeing Boards via the Health and Social Care Act 2012.

The Wiltshire PNA Steering Group, chaired by the Cabinet member responsible for Public Health, Cllr Keith Humphries, had worked to identify pharmaceutical need in the local area and the resulting PNA would be used by NHS England in future considerations.

The PNA developed by the PCT in 2011 was of a good standard and was therefore used as the basis for development once responsibility was passed to the HWB and therefore the design and layout were the same.

All Health and Wellbeing Boards were required to publish their PNA by 1 April 2015 and all main agencies would therefore need to be consulted as part of the process. Consultation would be taking place between October and November with a final PNA submitted to the Board for approval in February.

Details of the engagement undertaken to prepare the current draft PNA included reference to the Joint Strategic Assessment (JSA), questionnaires to patients and engagement with Healthwatch Wiltshire who, as a member of the Steering Group, had proven invaluable in helping to develop the document for consultation.

Although HWBs were required to assess the PNA within 3 years of its publication, the steering group planned to review regularly within this period to ensure it remained fit for purpose.

In opening up discussion to the floor several comments were received in relation to Out of Hours services with several members of the Board expressing concern over the service currently provided, noting that some medicines were currently only available via hospitals.

The benefits of ensuring medicines were available via pharmacies was highlighted with note made to the significant increase in individuals using pharmacies for advice since 2011 and the potential for enhanced service provision.

The Board endorsed the proposal to proceed to consultation, requesting that the comments of the Board should be taken into consideration within that and looked forward to receiving the final PNA for approval in February 2015.

## 50 **Co-Commissioning of Primary Care**

On 1 May 2014 NHS England announced plans to allow CCGs to develop new models for co-commissioning primary care. CCGs were asked to submit their expressions of interest to NHS England by 20 June, indicating the form they

would like co-commissioning to take and indicating a preference in terms of how it should evolve.

Deborah Fielding, Chief Officer CCG, confirmed that a submission had been made and that a central assessment team were now looking at the submission which included a wish by the CCG to have delegated responsibility to develop a local primary care strategy. This would include the ability to commission primary care funding streams, the responsibility of which would be through a joint programme board for primary care which includes CCG, NHS England and Wessex Local Medical Committee.

Clarification was made that Wiltshire was already in a strong position to deliver better integration and that no funds would be transferred from NHS England to the CCG until 1 April 2015, whilst the legalities of future commissioning proposals were reviewed at a national level.

The Board were supportive of the proposed approach and looked forward to receiving further details on key milestones as they evolved.

## 51 **End of Life Care**

Dr Helen Osborn as Lead GP on the End of Life Care Strategy provided an update on its development and the End of Life Care Programme which included details on the rationale behind the need for a strategy. 70% to 80% of patients in Wiltshire currently died within a hospital setting rather than their preferred choice of home and there was a desire to reduce the number in line with patients wishes.

Following the development of the End of Life Care Strategy an End of Life Care Programme Board had been established to help with its development and delivery. This Board had met twice this year and initial work streams identified included:

- CHC fast track process review
- Electronic Palliative Care Co-ordination system (EPaCCs)
- Allowing a Natural Death (Treatment Escalation Plan and DNACPR<sub>2</sub>)
- User experience, baseline and monitoring
- Needs Assessment
- Current service mapping and baseline
- Care at Home
- Education

As further work was continuing on the development of the work streams it was proposed that the Board may wish to receive a further update in November when further detail would be available.

Liz Brown, Chief Executive Dorothy House, was in attendance and was invited to speak on the item where confirmation was given that hospices had been involved in the review and development of the strategy presented today.

The Chairman of the Board expressed the importance of ensuring a robust strategy with a clear programme on how all partners were working together to meet the needs of the individual.

Attention was drawn to the End of Life Care pathway of six steps that underpinned the strategies, these were:

- Discussions as the end of life approaches
- Assessment, care planning and review
- Coordination of care
- Delivery of high quality services in different settings
- Care in the last days of life
- Care after death

In noting the positive steps planned to ensure the needs of the individual were met, the attending Chief Executive from Dorothy House also emphasised the need for sufficient shift of resources to deliver support within the community.

To provide the Board with a clearer understanding of the process in action it was proposed that patient scenarios should be provided in future updates as well as a draft implementation plan. Both of these actions would give the Board confidence that the Strategy met the needs of the individual and provided a clear system for the individual to follow.

In discussing required resources, reference was made to carer support in some outerlying areas of the County which had in the past proven difficult to resource. Reference was also made to the need for a 24/7 crisis team for patients and their carers noting that the ambulance service was relied upon in many instances at the time of crisis. This emphasised the need for access to patient records out of hours to ensure the wishes of patients were followed.

The Companion Volunteer Scheme was referenced as a pilot scheme funded by the CCG to provide support which could be utilised in this area. Specially trained volunteers were able to work alongside the hospice to provide additional support for families and patients and alleviate pressures on the system.

Acute hospitals were supportive of this approach with Salisbury Hospital offering any support required, noting the benefits to those at end of life.

The Board requested that the comments made should be taken into consideration and that a detailed implementation plan as well as a further update should be provided.

The Board agreed to receive an update on End of Life Care at its next meeting in September and that a further update, together with detailed draft Implementation Plan, would be presented in November.

## 52 **Better Care Plan**

James Roach, Integration Manager, provided an update on the Better Care Plan and the progress made to date since the previous update to the Board.

Several updates to the report since it was written were now available, including that Wiltshire had been recognised nationally as a leader in terms of best practice and had as a result been identified for fast track. This would result in early sign off of the Plan.

Approximately £27m had been made available in the Better Care Fund for Wiltshire to take forward a number of core programmes overseen by a Better Care Plan Governance Group. The core spend was broken into several schemes details of which were provided within the report.

In addition to the workstreams the Plans were also required to meet a number of conditions, namely:

- Protection for social care services
- Seven day working in health and social care
- Better data sharing
- Joint approach to assessments and planning
- Agreement and monitoring of the consequential impact of changes in the acute sector.
- Renewed commitment across the programme in relation to a range of other enablers.

Details of schemes and impact to date were also highlighted. These included:

- Rapid response, discharge coordination and 7 day working
- Community teams – 3 pilot sites had been identified to launch integrated community care teams. All key partners were working together to ensure success.
- Single view of client – A project team had been established and good progress was being made. Within the next few weeks details of the adult social care database would be shared with GPs and would continue to be rolled out to as many as possible.

A launch event was taking place on 2 September for stakeholders to highlight some of the progress made in relation to the View of the Customer system. Further details would be provided to Board members following the meeting.

Ensuring discussion also included the existing 111 service with concern raised by several attendees on its suitability to deliver. The CCG confirmed that the

service would continue to be monitored with reports to the CCG Executive Body. Further updates would also be provided to the HWB.

Reference was made to the risk associated in delivery of the Plan which included recruitment and retention of health professionals. Wiltshire Council was looking at ways to address this with the establishment of training academies being considered at present. Further details would be provided at a later date on the development of this.

Further information was provided on the 100 day challenge which would be going live from 1 September 2014. This was a system wide approach that aimed to reduce the number of attendances and admissions for frail patients as well as reducing the amount of time they spent in hospital.

Details of the presentation made on the 100 day challenge can be found attached to these minutes but included that the challenge required full commitment and collaboration across the system to be successful.

The focus of the 100 day challenge would be:

- Case Management
- Primary Care Management
- Access and Referral Routes
- Managing Crisis
- Managing Sub Acute Patients in a Community Setting
- Reducing length of stay and improving discharge process
- Ongoing Measurements/Monitoring and Action

The support of the Board was sought to ensure the success of the challenge.

Reference was made to the health themed area board events taking place across the county in September and October and how key details from the Better Care Plan, 100 day challenge and CCG 5 year plan could be incorporated. Details of the area board dates would be circulated to Board members following the meeting.

The Board welcomed the presentation received and looked forward to receiving further updates on continued progress at the next meeting.

### 53 **Re-commissioning of Children's Community Health Services**

Julia Cramp, Joint Associate Director, and Deborah Fielding, Chief Officer CCG, provided the Board with a verbal update on the re-commissioning of children's community health services. This included that a consultation exercise was currently underway to develop a single service, noting that at present five separate providers delivered the existing service across the county.

A stakeholder event had taken place on 1 July with the involvement of Healthwatch Wiltshire as part of the consultation process and further continued consultation would continue.

Details of future engagement events would be circulated to Board members and a report would be presented to the next meeting of the Board in September to provide an update on progress.

54 **Date of Next Meeting**

The next meeting of the Board would take place on 25 September 2014.

55 **Urgent Items**

There were no urgent items for consideration.

(Duration of meeting: 3:00pm – 5:40pm)

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](mailto:SharonL.Smith@wiltshire.gov.uk)

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**The 2014 Wiltshire Declaration on improving outcomes for people experiencing mental health crisis, signed on 25 September 2014.**

We, as partner organisations in **Wiltshire** will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in **Wiltshire** by putting in place, reviewing and regularly updating an action plan. A working group comprising leads from our organisations will oversee this.

**This declaration supports 'parity of esteem' between physical and mental health care in the following ways:**

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in **Wiltshire** for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients and service users or the wider community and to support people's recovery and wellbeing.

**We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Wiltshire.**

## Who is signing the Wiltshire Declaration?

The following organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis. We support the Declaration because of our commitment to improve mental health care.

- NHS Wiltshire Clinical Commissioning Group
- NHS England Local Area Team for Bath, Gloucestershire, Swindon and Wiltshire (primary care commissioners)
- Wiltshire Council as commissioners of social services and substance misuse services
- Wiltshire Police
- Wiltshire Police and Crime Commissioner
- Avon and Wiltshire Mental Health Partnership as providers of NHS funded mental health services
- Oxford Health NHS Foundation Trust as the provider of our Child and Adolescent Mental Health Services and adult eating disorder services
- South Western Ambulance Service Foundation Trust
- Great Western Hospitals, Royal United Hospital and Salisbury Foundation Trust Hospital as NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Wessex Local Medical Committee for GPs



## Glossary of terms used in this declaration

<p><b>Concordat</b></p>	<p>A document published by the Government.</p> <p>The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help.</p> <p>It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat.</p> <p>Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18<sup>th</sup> February 2014</p> <p>Link: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf</a></p>
<p><b>Mental health crisis</b></p>	<p>When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.</p>
<p><b>Parity of esteem</b></p>	<p>Parity of esteem is when mental health is valued equally with physical health.</p> <p>If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses.</p> <p>Further information: <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/pe">http://www.england.nhs.uk/ourwork/qual-clin-lead/pe</a></p>

<b>Recovery</b>	<p>One definition of Recovery within the context of mental health is from Dr. William Anthony:</p> <p>“Recovery is a deeply personal, unique process changing one’s attitude, values, feelings, goals, skills, and/or roles.</p> <p>It is a way of living a satisfying, hopeful, and contributing life.</p> <p>Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of psychiatric disability” (Anthony, 1993)</p> <p>Further information <a href="http://www.imroc.org/">http://www.imroc.org/</a></p>
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### **Update on Wiltshire Joint Mental Health and Wellbeing Strategy**

The content of the Draft Joint Mental Health and Wellbeing Strategy was approved to move to consultation phase by Wiltshire Council Cabinet on 16th September 2014. It had previously received similar approval from the Wiltshire CCG Exec.

The consultation will be launched to coincide with World Mental Health Day on 10th October 2014 and will run until 10th January 2015.

The strategy is a top level vision document; an implementation plan (comprising commissioning and delivery plans) will be developed to enable us to deliver on the strategy and early stages of this process have already commenced. Development of these will continue beyond the end of the consultation process to enable us to respond to feedback where appropriate. The consultation will be published on the Council website with a link to it from the CCG site, further direct engagement will be made with service users and stakeholders during the consultation period and contact is being made with WSUN, Carers Support Wiltshire, Healthwatch Wiltshire. In addition, a full list of stakeholders is being put together and notification of the launch of the consultation will be sent to everyone on the list.

The draft strategy together with an early draft of the implementation plan will be returned to the Health and Wellbeing Board for consideration in November 2014. Following the consultation, responses will be analysed and incorporated as appropriate and the final strategy will go back through governance processes for final approval in February 2014.

### **Update on Shingles Vaccination Working Group**

Following discussion at the last meeting of the Health and Wellbeing Board, Debra Elliott from NHS England will update the Board on progress to examine uptake and potential further roll out of the Shingles Vaccine.

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## WINTERBOURNE VIEW ACTION PLAN UPDATE

### Update September 2014

Work on the action plan continues to be progressed, particularly in the following areas;

- 1) Development of a joint framework to establish trigger points for the escalation of care quality and safeguarding issues This includes collection and triangulation of information about issues of concern and an effective pathway to review and act on issues and link to the Adults Safeguarding Board
- 2) Development of a Quality Assurance process to ensure new care placements made by both health and social care are routinely checked for issues of concern and safety
- 3) Development of a revised specification for the health element of the Community Team for People with Learning Disabilities AND
- 4) Plans continue to progress to return the final 2 of the 9 Ex Winterbourne View patients back to appropriate placements in the local area.

### **A new CQC report - 3 Lives: What have we learned, what we need to do**

The Health and Wellbeing Board are also asked to note that a further national report was published in June by CQC and the Challenging Behaviours Foundation. This highlights the continuing issues and concerns raised through the CQC inspection programme of services for people with learning disabilities. It discusses 3 cases.

It is relevant to consider the story of one of these - Lisa. During the inspection of an assessment and treatment unit, no one had set eyes on Lisa. The inspector insisted on pursuing her case and discovered that she was kept in a locked area, slept on a beanbag, never went out and staff interacted with her through a small letterbox style "hatch". For example, her food was passed to her through this hatch, and her hair was brushed through this hatch.

She lived like this for nine years detained under the Mental Health Act, with no therapeutic input and at an average cost of £1,800 per day. Following the inspection Lisa has now moved to a new service and is doing well, but there is considerable work to do to undo the damage caused by living in solitary confinement for so long.

The report concludes that we all have a responsibility to learn and change to ensure that behaviours and practices are in place to prevent more people from suffering from poor, damaging and brutalising services. I hope the Health and Wellbeing Board will take this opportunity to renew its commitment to the Winterbourne View Concordat and to working together to develop an integrated approach to the commissioning and delivery of high quality learning disability services for the people of Wiltshire.

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Dugald Millar  
Interim Head of Specialist Commissioning  
28<sup>th</sup> August 2014

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## Update on the Wiltshire End of Life Care Programme

Following discussion at the last Health and Wellbeing Board meeting, the multi-agency Wiltshire End of Life Care Programme Board is working to deliver the aims of the End of Life Care Strategy. The Stakeholders involved in the development of the strategy itself have identified the vision as:

*The patient and their family/carer receive the care and support that meets their identified needs and preferences through the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patient's life.*

The key aim is therefore is to have patient and family centred care that improves patients' and family's experience. Planning and delivering this requires the involvement of a wide range of agencies and the membership of the Programme Board and the associated working groups reflects this. There are presently in excess of 20 organisations and interest groups in the programme's work (see the appendix below) and this membership is under continual review. In working towards this aim of improving the experience of care the following objectives have been identified:

- To ensure that Individuals can access appropriate high quality care at all times. To deliver this we will need to ensure that all providers are skilled and competent in delivering high quality EOL care services. Services will need to be effective and efficient and this will need to include cost effectiveness.
- To reduce inappropriate transfers of care from all settings
- That people are empowered to plan their care and supported to die in their preferred place of care
- That patients and families have choices and feel informed about them
- That services are flexible and there are equitable services for those with dementia

To deliver these objectives the Programme Board has targeted its action plan to deliver initial work in eight key areas. These are likely to be added to as their work progresses. Three of the work streams are designed to provide important information to support the planning work and our measurement of success. These are needs assessment, current service mapping, and user experience. These work streams are being led by associated agencies: Public Health, CSCSU<sup>i</sup>, and the Patients Association.

In addition, five further work streams have been set up to consider the operational and care provision areas that stakeholders believe show the clearest opportunity for improvement. These have been identified during the development of the strategy as the Electronic Palliative Care Co-ordination System (EPaCCS), Allowing a Natural Death (encompassing the Treatment Escalation Plan and DNACPR<sup>ii</sup>), CHC fast track system<sup>iii</sup>, End of Life Care provided in the patient's home<sup>iv</sup> and education. Each of these groups, with the exception of education, has project management resource provided by the CCG and multi-agency involvement in the groups. The arrangements for the education work stream are presently being confirmed following the appointment of a project lead and will differ according to the area being supported. This will include areas such as support to staff in implementing the treatment escalation plan

and care planning discussions with service users, implementing the new electronic patient care co-ordination record and the identification of the dying phase to ensure that appropriate care is provided. The Allowing a Natural Death and Needs Assessment work streams are nearing completion.

The first meeting of the care at home group was held on 27 August. This is a major project considering the range of care to be provided in the individual's usual place of residence and will clarify a model of care for Wiltshire. It was opened with a carer providing their story of their varying experiences of care when each of her parents died. The other work streams are all underway.

The Programme Board met again on 4<sup>th</sup> September to review progress and provide direction. A full update will be provided on the work on End of Life Care at the next Health and Wellbeing Board meeting on 20 November.

Jacqui Chidgey-Clark  
NHS Wiltshire CCG

### **Stakeholders involved in the End of Life Programme Board and associated work groups**

- Patient and carer representatives
- Various GP's from across the county
- Dorothy House Hospice
- Prospect Hospice
- Salisbury Hospice
- Great Western Hospital
- Great Western Community Services
- Royal United Hospital
- Salisbury Foundation Trust
- Wiltshire Council
- Medvivo
- Cruse Bereavement
- Patients Association
- Marie Curie
- Community Team for People with Learning Disabilities
- South Western Ambulance Service
- BaNES CCG
- The Complete Group
- Order of St John's Care Homes
- Somerset Care
- Mi Homecare
- Carers Programme
- Macmillan Cancer Support
- Healthwatch
- Harmoni 111
- Avon and Wiltshire Mental Health Partnership
- Motor Neurone Disease Association

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<sup>i</sup> Central Southern Commissioning Support Unit

<sup>ii</sup> Do Not Attempt Cardiopulmonary Resuscitation

<sup>iii</sup> The CCG Process for commissioning fast response services for people requiring end of life care

<sup>iv</sup> The patient's normal place of residence which may be their own home or a care home

**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject: Re-commissioning Children's Community Health Services**

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**Executive Summary**

This paper sets out the work undertaken since May to jointly re-commission a range of children's community health services under a single contract. The work involves the CCG, the Council and NHS England as all three organisations have some responsibility for commissioning different elements of children's community health services.

**Proposal(s)**

It is recommended that the Board notes the progress being made on the project and the extensive consultation and engagement with parent carers, children and young people and other stakeholders which will inform the future delivery of children's community health services in Wiltshire.

**Reason for Proposal**

This is a key joint commissioning project that aims to improve the health and wellbeing of Wiltshire's children and young people. Regular updates will be provided to the Board.

**Julia Cramp**

**Associate Director (joint with CCG) - Commissioning, Performance and School Effectiveness**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject: Re-commissioning Children's Community Health Services**

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**Purpose of Report**

1. Children's community health services in Wiltshire are currently being jointly re-commissioned so that there is a single contract for these services with a clear vision for improving children and young people's health and wellbeing. A single contract should lead to more equitable support across the county, easier access to services and the potential for improved joint work with GPs, Wiltshire Council and other partners to improve health outcomes.
2. This report provides an update on the project progress to date.

**Background**

3. There are a wide range of children's community health services and in Wiltshire we currently have five providers – Great Western Hospital, Sirona, Salisbury District Hospital, the Royal United Hospital and Swindon Borough Council. The following services are currently commissioned by Wiltshire CCG, NHS England and Wiltshire Council:

Child Health Information Service  
Paediatric Therapy Service – Occupational Therapy and Physiotherapy  
Speech and Language Therapy  
Children's Community Nursing Service  
Children's Continuing Care Team  
Children's Learning Disability Nursing  
Training & Development Nurses  
Community Paediatrics – Including Designated Doctor for Wiltshire  
Community Paediatric Audiology  
Health Visiting Service and related screening programme  
Family Nurse Partnership  
School Nursing and National Child measurement programme  
Schools Immunisation programme  
Safeguarding Named Nurses  
LAC service (including LAC Designated Nurse)  
Portage (Salisbury area only)

4. An over-arching service specification will be developed to set out how each specific service, under the umbrella of a Wiltshire Community Child Health Service, will work alongside services for children and young people that are either directly provided or commissioned by the Council. This will avoid any

duplication or lack of clarity in pathways to provide the right help and support for children and young people.

### **Project progress**

5. The project commenced in May 2014 with the appointment of a Project Manager who reports through the joint Council/CCG children's commissioning lead, to a project steering group. The Steering Group is chaired by the Council's Director for Children's Services with the CCG's Director of Quality and Patient Safety as vice chair.

The project has started with an initial communication and engagement phase in May 2014 with notice being given to providers for the new contract to be in place by January 2016.

#### **a) Procurement process**

- A project plan has been developed setting out key milestones. The broad timetable for the procurement process will be shared with interested providers at a market engagement event in October.
- Links have been made with neighbouring commissioners in B&NES and Bristol who are re-commissioning their children's community health services within a similar time frame.
- A project business group has been established with key leads identified for HR, IT, Estates, Finance and contracts.
- Existing providers have been asked to provide service activity and workforce information.

#### **b) Communication & engagement**

- An initial stakeholder event entitled 'Setting the Scene' was held on 1 July 2014 at which a wide range of stakeholders, including parent carers were represented. About 60 people attended.
- A Communication and Engagement Plan has been developed alongside a plan of engagement activity (Appendix 1).
- A Stakeholder Reference Group with representatives from specific professional groups; relevant Community/Voluntary Organisations along with parent/carer representatives meets monthly to oversee the communications process.
- A series of topic focused engagement workshops are planned for September and October.
- A consultation event at which the proposed over-arching service model will be presented is planned for November.
- The Wiltshire Parent Carer Council will carry out a Wiltshire wide parent/carer engagement process in September/October
- On Line surveys for parents/carers, professionals and children and young people are planned for September.

**c) Service specifications**

- Current service specifications have been collated and some areas where change may be needed have been identified.
- Work has commenced on the development of an initial draft of an over-arching Community Child Health Service model with key principles and outcomes.

**6. Key issues and risks**

This is a large, complex re-commissioning project. A risk log has been commenced and is updated monthly with progress reports to the project steering group.

**7. Conclusion**

The aim of this joint commissioning project is to continue to improve the health and wellbeing of Wiltshire's children and young people. Further updates will be provided to the Health and Wellbeing Board on a regular basis.

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Report Author: Debbie Hirons

Title: Project Manager – Re-commissioning Children's Community Health Services

Phone: 01225 718221

Date 25 September 2014

**Background Papers**

Published documents:

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

None

**Appendix 1**

**Plan and Record of Engagement Activity**

We aim to carry out participation and engagement activity that will:

- Engage all relevant stakeholders in the re-commissioning of child health services
- Ensure plans reflect local needs
- Identify key stakeholders who can support the review and future implementation and build relationships for successful plans
- Meet the statutory duty to engage under Section 242 of NHS Act 2006
- Meet the requirements of equality legislation and the Equality and Human Rights Commission

**Wiltshire Community Child Health Service**

**Stakeholder Engagement Plan**

Key Priority 1 :Establish Vision, principles and outcomes of the overall service

Action	Delivery Deadline	Action by	Action Completed
Map recent participation work with parent carers and children and young related to community children’s health services and summarise views	End May 14	ST	June 2014
Develop consultation briefing presentation for use with existing groups	June	DH /JC	June 2014
Meet with clinical leads in existing providers to clarify current service provision and issues	June	DH	End June 2014

Meet with Wiltshire Parent Carer Council to agree methods of further engagement and consultation	June	DH	June 2014												
Set out children and young people engagement process and plan with the Council's Voice & Influence Team	June	DH	May 2014												
Establish the Stakeholder Reference Group and begin to develop over-arching principles and outcomes	End June	DH	June 2104												
Meetings of the Stakeholder Reference Group	June – December	DH													
Initial stakeholder event to : <ul style="list-style-type: none"> <li>Set out vision for services</li> <li>Identify commissioning gaps and opportunities for each service element</li> </ul>	1 July 2014	DH/JC/TT													
Engagement with children and young people in a variety of groups and settings ( Voice and Influence Team)	June – October	VW													
Series of topic focused stakeholder meetings :	Sept – November	DH/TT													
<table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Topic</th> <th>Venue</th> </tr> </thead> <tbody> <tr> <td>Tuesday 9<sup>th</sup> September</td> <td>1330 – 1630</td> <td>Paediatric therapies ( OT/physio/ SLT)</td> <td>Devizes Sport Club Devizes</td> </tr> <tr> <td>Wednesday 24<sup>th</sup> September</td> <td>0930 - 1230</td> <td>Community Nursing/palliative care/ continuing care/training &amp; development nurses</td> <td>Devizes Sport Club Devizes</td> </tr> </tbody> </table>				Date	Time	Topic	Venue	Tuesday 9 <sup>th</sup> September	1330 – 1630	Paediatric therapies ( OT/physio/ SLT)	Devizes Sport Club Devizes	Wednesday 24 <sup>th</sup> September	0930 - 1230	Community Nursing/palliative care/ continuing care/training & development nurses	Devizes Sport Club Devizes
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Tuesday 7 <sup>th</sup> October	1330 - 1630	Safeguarding and Looked After Children health support/nurses	Devizes Bowls Club Devizes			
Thursday October 23 <sup>rd</sup>	0930 - 1230	Health Visiting/ School Nursing/ School aged Immunisation/ Child Health Information System/Family Nurse Partnership	Devizes Sport Club Devizes			
Tuesday 28 <sup>th</sup> October	0930 - 1230	Community Paediatrics/audiology/portage	Devizes Sport Club Devizes			
Meet with 3 GP Exec Groups to share the vision, further develop over-arching principles & outcomes				June/July/August	DH/JC	
Stakeholder events to consult on proposed model principles and outcomes				11 <sup>th</sup> November 18 <sup>th</sup> November	DH/TT	
Work with Wiltshire Parent Carer Council to carry out Wiltshire-wide focus groups				Sept - November 2014	DH/SH	
Press release with information about project and consultation process				September	TT	
Information to Council Members /Health & Scrutiny Committee				TBC	TT	
Press release to advertise on line surveys				September	TT	
Meeting with neighbouring commissioners				September	DH/JC	
On line survey for general public: Parent/carers/ professionals; children and young people - link widely circulated via partner organisations including Wiltshire Parent Carer Council and Wiltshire Children and Families Voluntary Sector Forum				Sept - November	DH/TT	

<b>Key Priority 2 : Agree detailed service outlines for each service element</b>			
Meet with service providers to clarify existing service delivery	End June	DH	End June
Update all specifications to form part of new service and agree with Stakeholder Reference Group	November	DH	
Develop over-arching service specification and agree with Stakeholder Reference Group	November	DH	
Carry out consultation with wider stakeholder group on draft model	November – January	DH	
<b>Key Priority 3: Identifying new service provider(s)</b>			
Establish ways of involving key stakeholders in bid evaluation process	November	DH	
Identify evaluators	November	Steering group	

**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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

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**Executive Summary**

This paper provides an update on the progress in meeting the commitments the Health and Wellbeing Board made by signing the Disabled Children's Charter for Health and Wellbeing Boards in October 2013.

**Proposal(s)**

It is recommended that the Board note progress.

**Reason for Proposal**

N/A

**Julia Cramp**

**Associate Director (Joint with CCG) Commissioning, Performance and School Effectiveness, Children's Services, Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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

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**Purpose of Report**

1. This paper lists the seven commitments made by the Health and Wellbeing Board by signing the Disabled Children's Charter and provides an update on progress in meeting each commitment. A copy of the Charter is available [online](#).

**Background**

2. Nationally, children and young people with disabilities access services across multiple agencies, and often experience poor integration across health, social care and education services and a lack of coordinated commissioning. This results in poor outcomes, significant inequalities and considerable distress for children and families.
3. The Disabled Children's Charter for Health and Wellbeing Boards has been created by Every Disabled Child Matters (EDCM) and The Children's Trust, Tadworth and was developed to support Health and Wellbeing Boards meet their responsibilities towards children and young people with disabilities, specialist educational needs (SEN), and health needs.
4. Health and Wellbeing Boards were encouraged to sign the Charter. The Charter sets out a public vision for improving the outcomes experienced by children and young people with SEN and disabilities.
5. The Charter is aligned with current SEND legislation changes. The Children and Families Act contains clauses for promoting integration between special educational provision, health and social care provision, developing joint commissioning arrangements, keeping education and care provision under review, and producing a Local Offer for children and young people with SEN and disabilities.
6. These new duties on local authorities have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a Joint Strategic Needs Assessment (JSNA) to inform the Joint Health and Wellbeing Strategy (JHWS). This is particularly important as Clinical Commissioning Groups will be under a new duty to secure specific health services included within Education, Health and Care Plans for children and young people with SEN and Disabilities.

7. The Wiltshire Health and Wellbeing Board signed the Charter on 14 October 2013.

### **Progress against the commitments made by the Health and Wellbeing Board**

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

8. Detailed and accurate information on the disabled children and young people living in our area is held by the SEND Service and is reflected in the Joint Strategic Assessment.
9. In accordance with the new statutory duty, on 1 September 2014, Wiltshire Council launched its Local Offer website. The Local Offer is a comprehensive resource for the public and professionals about what is on offer for children and young people with SEND in Wiltshire. Unlike many other local authorities that have produced a directory of services, Wiltshire's Local Offer is needs led so information relevant to the user is displayed based on their choices.
10. Linked to the Local Offer, the Wiltshire Parent Carer Council (WPCC) website provides detailed information on services available including short breaks and leisure activities and the Short Breaks Statement provides details of how Wiltshire Council, working with partners, plans to meet the needs for short breaks.

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

11. Disabled children and young people are routinely consulted with and their participation influences service development and redesign. For example, the Council's new SEND Service was developed based on feedback from children and young people with SEND and also feedback from parent carers. The new service has more front line staff to support children and young people and their families. The participation and engagement of disabled children and young people is supported by a dedicated worker in the Council's Voice and Influence Team.

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

12. Parent carers are involved in all of Wiltshire Council's strategic groups, reviews and projects relating to services for children and young people with SEND via Wiltshire Parent Carer Council (WPCC). In addition WPCC, in collaboration with Wiltshire Council and other partners holds regular consultation, participation and information sharing events for parent carers. The partnership working between WPCC and Wiltshire Council has been recognised nationally as best practice.

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

13. All Wiltshire Council contracts for services for children and young people with SEND have clear outcomes identified and these are reported on and reviewed regularly to monitor progress and ensure services are continually improving. WPCC are involved in the service design, tender evaluation and monitoring of all these contracts. Service providers have a contractual commitment to seek feedback from children and young people and their families and demonstrate how this is used to develop the service. E.g. Children and young people with SEND were involved in setting questions and interviewing candidates for the Parent Partnership Service provided by Action for Children.

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

14. Working with children and young people and parent carers, Wiltshire Council has developed a 'My Support Plan' which sits below the statutory Education, Health and Carer Plan. This provides a framework for early help for children and young people with SEND.
15. Wiltshire Council has invested in SEND Lead Workers who coordinate support for children and young people. From January 2014 the service is moving to providing a greater emphasis on holistic service provision including support to settings to provide early intervention rather than escalation to specialist services.
16. Wiltshire Council has re-structured operational services for children and young people with a disability. From 1<sup>st</sup> April 2014 onwards young people will transition to an adult service when they have reached a point of stability rather than because of their date of birth. It is anticipated that transition should happen by a young adult's 25<sup>th</sup> birthday.

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

17. The development of the SEND service in 2014 has brought together the Children and Young People's Disability Teams (social care) and the SEN team into one team. The Associate Director for Commissioning, Performance and School Effectiveness for Wiltshire Council and Wiltshire NHS CCG is a joint post and officers from both organisations routinely work together in multi-agency groups. E.g. Wiltshire Council and Wiltshire NHS CCG officers are currently working together on the joint re-commissioning of Children's Health Services from five providers to a single contract. The new service will be closely aligned to the SEND Service ensuring families receive seamless support.

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

18. Wiltshire Council and the CCG work closely with a range of key partners and have a joint governance structure for overseeing services for children and young people with SEND. This includes a multi-agency Disability and SEN Group which is a sub group of the Children's Trust Commissioning Executive. The Disability and SEN Group meets quarterly and involves parent carer representatives and a representative from the Children and Families Voluntary Sector Forum.

**Conclusion**

19. The Health and Wellbeing Board is asked to note the progress made against the commitments within the Disabled Children's Charter.

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Report Author: Susan Tanner, Head of Commissioning and Joint Planning,  
Children's Services, Wiltshire Council

4 September 2014

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**Wiltshire Council**

**Wiltshire Health and Wellbeing Board**

**25 September 2014**

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**Subject: The Joint Strategic Assessment for Health and Wellbeing in Wiltshire 2013-2014**

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## **Executive Summary**

The purpose of this paper is to provide the Board with the latest JSA for Health and Wellbeing for Wiltshire.

The contents of the JSA Health and Wellbeing are designed to inform the development of the Health and Wellbeing Strategy to ensure local priorities and commissioning priorities are based on sound evidence of population need.

It is therefore proposed that the presentation of the JSA Health and Wellbeing to the Board should mark the initiation of process for refreshing the HWBBs Health and Wellbeing Strategy. A timeline for the production of a refreshed Health and Wellbeing Strategy is outline within the paper.

## **Proposal(s)**

The Board are asked to:-

1. To note the content of the JSA for Health and Wellbeing 2013-14.
2. To agree to begin the refresh of the Health and Wellbeing Strategy for Wiltshire, to be informed by the content of the JSA for Health and Wellbeing.
3. To agree that the JSA for Health and Wellbeing continues to form part of this Board's workplan and approve the timeline for producing the refreshed Health and Wellbeing Strategy and the JSA for Health and Wellbeing 2014/15.

## **Reason for Proposal(s)**

There remains a statutory duty for Directors of Public Health, Social Care and Children's services to produce a joint strategic needs assessment (JSNA). The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act, 2007. In Wiltshire, this forms part of the wider Joint Strategic Assessment programme, and is known as the JSA for Health and Wellbeing.

A key function of the JSA for Health and Wellbeing is to inform the development of the local Health and Wellbeing Strategy by supporting the identification of evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

The production of a Health and Wellbeing Strategy is a statutory duty on Local Authorities and CCGs to be discharged through the Health and Wellbeing Board.

**Maggie Rae**  
**Corporate Director, Wiltshire Council**

**Councillor Keith Humphries**  
**Cabinet Member for Public Health, Protection Services, Adult Care and Housing**  
**Wiltshire Council**

**25 September 2014**

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**Subject:**

Joint Strategic Assessment for Health and Wellbeing in Wiltshire, 2013-15

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**1. Purpose of Report**

The purpose of this paper is to provide the Board with the latest JSA for Health and Wellbeing for Wiltshire.

The contents of the JSA Health and Wellbeing are designed to inform the development of the Health and Wellbeing Strategy to ensure local strategic and commissioning priorities are based on sound evidence of population need.

The paper also proposes a forward plan for the production of a refreshed Health and Wellbeing Strategy.

**2. Background**

There remains a statutory duty for Directors of Public Health, Social Care and Children's services to produce a joint strategic needs assessment (JSNA). The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act, 2007. In Wiltshire, this forms part of our wider Joint Strategic Assessment programme and is known as the JSA for Health and Wellbeing.

The Wiltshire JSA programme remains a cornerstone of our commitment across public services to establish a full and agreed understanding of the needs of the local population. Its production has allowed us to look at and agree the key issues facing the county and provides the evidence base for future plans and strategies designed to deal with these issues. At a county level, the JSA feeds into the major plans of the key agencies.

A key function of the JSA for Health and Wellbeing is to inform the development of the local Health and Wellbeing Strategy. It is vital to ensuring the identification of evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

The production of a Health and Wellbeing Strategy is a statutory duty on Local Authorities and CCGs to be discharged through the Health and Wellbeing Board.

**3. Main Considerations for the Health and Wellbeing Board**

**3.1 Joint Strategic Assessment for Health and Wellbeing - 2013-14**

The first JSA for Health and Wellbeing was produced in 2008, following the introduction of the statutory duties for the production of Joint Strategic Needs Assessments.

Building on the previous JSNAs for Wiltshire, the JSA Health and Wellbeing 2013/14 (attached) provides a picture of the needs of our population now and into the future, through a process centred around transforming data into knowledge and knowledge into intelligence.

The JSA for Health and Wellbeing 2013/14 provides an opportunity to review this evidence, understand the current position and look ahead so that informed actions can be taken.

The 2013/14 version concentrates on the key facts and key messages along with a focus on 'topic reports'. These are areas identified as benefiting from new research or collation of existing disparate knowledge. This has included a greater focus on:

**Health inequalities** - including new topic reports on the needs of military and veteran populations, prison populations and Gypsy, Traveller and Roma communities.

**The burden of ill health** – including new topic reports on dementia, offender mental health, ambulatory care sensitive conditions and skin cancer

**The wider determinants of health** – including new topic reports on the impact of severe weather and importance of food safety.

Key challenges identified by the report, which the Health and Wellbeing Strategy will need to consider include the importance of:

- Intervening early to deliver sustainable improvements to people's health and wellbeing.
- Understanding the impact of an increasing number of older people and planning services accordingly.
- Encouraging people to make healthy choices around eating, drinking alcohol, smoking, physical activity and sexual health.
- Improving people's mental health and emotional wellbeing.
- Helping people to live independently and where possible remain in their own homes.

#### **Proposal**

The Health and Wellbeing Board are asked to note the content of the JSA for Health and Wellbeing 2013-14 (attached).

### **3.2 Health and Wellbeing Strategy Refresh**

A key function of the JSA for Health and Wellbeing is to inform the development of the local Health and Wellbeing Strategy. It is vital to ensuring the identification of evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

The production of a Health and Wellbeing Strategy is a statutory duty on Local Authorities and CCGs to be discharged through the Health and Wellbeing Board.

In addition to the JSA for Health and Wellbeing, the Health and Wellbeing board are able to draw on the [JSA for Wiltshire](#) which provides details of core evidence and cross cutting needs facing all thematic partnerships.

**Proposal**

The Health and Wellbeing Board are asked to agree to begin the refresh of the Health and Wellbeing Strategy for Wiltshire, to be informed by the content of the JSA for Health and Wellbeing 2013/14.

The Wiltshire Health and Wellbeing Board signed off its first Health and Wellbeing Strategy covering 2014/15 in September 2013. The strategy set out the areas on which the different organisations in Wiltshire will be working together so that people have the support they need to live longer, healthier, more independent lives.

To ensure that the timely delivery of the updated Health and Wellbeing Strategy it is proposed that the following timeline is followed for the production of the refreshed strategy. The production of an annual JSA for Health and Wellbeing remains a statutory requirement and has been built into the proposed planning cycle for the production of subsequent Health and Wellbeing Strategies.

Proposed timeline for the production of the Health and Wellbeing Strategy 2015/16

<b>Activity</b>	<b>Milestone</b>
Publication of the JSA Health and Wellbeing 2013/14	September 2014
Health and Wellbeing Strategy 2015/16 refresh initiated	September 2014
Draft Health and Wellbeing Strategy 2015/16 signed off for consultation	November 2014
Public Consultation on Health and Wellbeing Strategy	November 2014
Final Health and Wellbeing Strategy presented to the Health and Wellbeing Board for sign off	February 2015
Health and Wellbeing Strategy 2015/16 published	March 2015
JSA Health & Wellbeing 14/15 initiated	July 2015
JSA Health & Wellbeing 14/15 presented to Health and Wellbeing Board	November 2015

**Proposal**

The Health and Wellbeing Board are asked to approve:

- the proposal that the JSA for Health and Wellbeing continues to form part of this Board's workplan

- the timeline for producing the refreshed Health and Wellbeing Strategy and the JSA for Health and Wellbeing 2015/16

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Report Authors:

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**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject: Wiltshire Safeguarding Children Board (WSCB) Annual Report 2013-2014**

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## **Executive Summary**

The WSCB Annual report was approved by the board in May 2014 and provides a summary of the work of the WSCB over the year including lessons learnt from inspections and reviews, an overview of the work of the sub groups and sets out our strategic priorities for the next 3 years:

- Ensuring the effectiveness of the WSCB with regards to evaluating impact of the work programme
- Developing scrutiny of safeguarding arrangements to better understand the journey of the child
- The development and effective discharge of the Child Sexual exploitation Strategy and action plan
- Prevention of abuse and neglect particularly through 'Hidden Harm'
- Promotion and strengthening of the engagement with early help and early intervention services and processes
- Provision of a comprehensive multi-agency training programme to support front line staff in their work with children and young people who are vulnerable, at risk, and suffering significant harm.

Key areas of work:

- Early Help Strategy , joint with the Children's Trust
- Wiltshire Performance Web - a structured framework for making sense of safeguarding data
- Re-design of the multi-agency training
- Establishing a CSE sub group ( from April 2014)

Areas for development:

- Hearing and responding to what children say
- Evidence of challenge

## **Proposal(s)**

- i. This report is being brought to the Board for information

## **Reason for Proposal**

To ensure commissioners and providers of health care in Wiltshire are aware of work to ensure the safeguarding of children.

**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject: WSCB Annual report 2013-2014**

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**Purpose of Report**

1. To provide a summary of the work of the WSCB during financial year 2013-2014.

**Background**

2. Working Together 2013 sets out the statutory duties for local safeguarding boards, which include the publishing of an annual report “on the effectiveness of child safeguarding and promoting the welfare of children in the local area.” (Chapter 3, p.63)

**Main Considerations**

3. The full annual report is included at Appendix 1. The Board may like to note the potential gap in services for young people experiencing mental health difficulties.

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Phone 01225 713946

**Appendices**

Appendix 1: The Wiltshire Safeguarding Children Board (WSCB) Annual Report 2013-2014



**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject: Public Health Annual Report 2013-14**

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**Executive Summary**

The Director of Public Health has a statutory responsibility to produce an annual report for Public Health. The Health and Social Care Act 2012 states: "The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report. "

The purpose of the report is to inform the Health and Wellbeing Board members of activity on public health in Wiltshire during 2013-14.

The report can also be found electronically on the Council website.

**Proposal(s)**

The Health and Wellbeing Board is asked to note the publication of the Annual Report.

**Reason for Proposal**

Work on Public Health has implications for all health care providers and commissioners.

**Maggie Rae  
Corporate Director  
Wiltshire Council**

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**Wiltshire Council**

**Health and Wellbeing Board**

**25 September 2014**

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**Subject:**

**A review of information and processes for making complaints about NHS and social care services: initial recommendations from Healthwatch Wiltshire**

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**Executive Summary**

Healthwatch Wiltshire has carried out a review of the local complaints system in health and social care. This has included speaking to local people about their experience of making a complaint or raising a concern. The outcomes of this work are presented to the Health and Wellbeing Board for information and to seek the Board's approval of the recommendations.

**Proposals**

It is recommended that the Board:

- i. Note the content of Healthwatch Wiltshire's report on complaints (and concerns) and provide any comments on its findings.
- ii. Approve the recommendations which are designed to improve the complaints system for the benefit of patients, service users, and carers.

**Reason for Proposals**

The right to complain about unsatisfactory service is a key consumer right. The NHS constitution makes a pledge to encourage and welcome feedback on health and care experiences and to use this feedback to improve services. Patient experiences at Mid Staffordshire, Morecombe Bay and Winterbourne View led to a series of reviews that have drawn attention to the need for an overhaul of NHS and social care complaints. Indeed, it was partly as a result of these experiences that the legislation was created for the establishment of local Healthwatch and Healthwatch England (HWE). HWE is currently undertaking a campaign that aims to improve and reform the health and social care complaints system in England. Healthwatch Wiltshire believe that it is important that the 'Wiltshire Voice' is heard within this national piece of work and that it is also heard by the Health and Wellbeing Board given its statutory role.

**25 September 2014**

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**Subject:**

**A review of information and processes for making complaints about NHS and social care services: initial recommendations from Healthwatch Wiltshire**

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**Purpose of Report**

1. The purpose of this report is to present to the Health and Wellbeing Board the Healthwatch Wiltshire (HWW) report on 'NHS and social care services in Wiltshire: Pathways to making a complaint or raising a concern', including recommendations.

**Background**

2. The right to complain about unsatisfactory service is a key consumer right. The NHS constitution makes a pledge to encourage and welcome feedback on health and care experiences and to use this feedback to improve services. The experiences at Mid Staffordshire, Morecombe Bay and Winterbourne View led to a series of reviews that have drawn attention to the need for an overhaul of NHS and social care complaints. Indeed, it was partly as a result of these experiences that the legislation was created for the establishment of local Healthwatch and Healthwatch England (HWE)
3. Healthwatch has an important role, set out in the legislation, to promote and amplify the voice of local people in the design of health and social care services and in monitoring the quality of those services. Commissioners and providers of such services have a duty to listen to that voice.
4. HWE has engaged with the public to find out more about experiences of navigating the complaints system. What they found was that people were unclear about where to turn when they have a concern or complaint and that they have little trust or confidence in the system to deliver a satisfactory result or deal with the concern effectively. HWE is currently undertaking a campaign that aims to improve and reform the health and social care complaints system.
5. Healthwatch Wiltshire (HWW) believe that it is important that the 'Wiltshire Voice' is heard within the national work which is taking place on this issue. As an organisation we have listened to local people and have heard that for many, sadly, their experience of navigating the system does not differ significantly from the national picture. We decided to carry out a piece of

work (a 'scoping exercise') to gain a clearer picture of the complaints system in Wiltshire and to talk to people about their experiences.

## **Main Considerations**

8. Our work resulted in a number of findings which are summarised as follows:
  - a. People do not find the complaints system easy to navigate and struggle to find clear information about how to make a complaint.
  - b. Children and young people reported a similar view and experience of raising complaints. In addition they described feeling scared and/or embarrassed about raising a concern.
  - c. Often people simply want to provide feedback and have a 'dialogue' about their experience of a service rather than raise a complaint. However, the systems often do not make this possible or easy.
  - d. HWW looked at the information available to the public about making a complaint (on websites and leaflets for example). We found that often the information was hard to find, out of date, or in inaccessible formats.
  - e. HWW found some examples of good practice and innovation: some health providers are really making an effort to make their complaints process accessible.
  - f. People told us that they are concerned that vulnerable people might struggle to access independent advocacy for complaints given the confusing and complicated state of some of the information we found.
  - g. We found that anonymised 'trend' information about complaints is not being readily shared and that organisations are not working together as closely as they might to spot any problems or issues.
9. HWW believes that there is a good opportunity to make some changes and to carry out some further work in order to deliver an overall improvement in the complaints system and therefore in people's experience of using it. HWW would like to see health and social care providers do the following:
  - a. Respond to our recommendations about information about complaints so that people can find what they need in a format that they can use.
  - b. Ensure complaints information and processes are child and young people 'friendly'. Engage with children and young people to find out

what would work for them.

- c. Put in place a process by which innocent bystanders and non-relatives can raise concerns and complaints.
  - d. Make sure that people with learning disabilities can easily make a complaint or raise a concern.
  - e. Routinely share anonymised thematised information with your local Healthwatch.
  - f. Agree to participate in a group of providers and other relevant organisations, convened by HWW, to share good practice, innovative approaches, and to spot trends and shared issues.
10. Healthwatch Wiltshire has an important role in signposting people to all the information they require to raise a concern, make a complaint or to access independent advocacy. We will continuously review the service we provide and talk to local people to ensure that the information we provide is high quality and fit-for-purpose.
11. HWW recognise that there were limitations and constraints to the work we did on complaints. We would like to do some further work in the following areas:
- a. We will look at the complaints process for primary care
  - b. Learning Disabilities: We will work with partners to improve the complaints pathway for people with LD
  - c. Social care complaints: We will assess the provision for raising a concern or making a complaint about a social care service through our Enter and View programme
  - d. Children and Young People: We will work with providers and children and young people to put in place improvements so that the voices of this vulnerable group are heard.

### **Financial Implications**

12. There are no direct financial implications for the Health and Wellbeing Board. There are likely to be some very modest financial implications for some member organisations of the Health and Wellbeing Board but clearly there are significant benefits to be gained by ensuring that the system for making a complaint or raising a concern is clear, accessible and fit for purpose.

**Health and Wellbeing Board Member**

Christine Graves  
Chair, Healthwatch Wiltshire

**Presenting Officer**

Emma Cooper  
Chief Executive Healthwatch Wiltshire

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**Appendix**

Report 'NHS and social care services in Wiltshire: Pathways to making a complaint or raising a concern'

Author: Dr Sara Nelson, Information and Communications Manager, Healthwatch Wiltshire

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# NHS and social care services in Wiltshire: pathways to making a complaint or raising a concern



An  
independent  
voice for the  
people of  
Wiltshire



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## The national context

A number of recent events have highlighted the grave consequences of not taking seriously, concerns from those who use health and social care services, their relatives and carers. The experiences of those at Mid Staffordshire, Morecombe Bay and Winterbourne View have led to a series of reviews that have drawn attention to the need for an overhaul of the NHS and social care complaints process. In particular, Robert Francis in his enquiry of the events at Mid Staffordshire NHS Foundation Trust<sup>1</sup> stated that:

*‘A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants not only allows unacceptable practice to persist, it aggravates the grievance and suffering of the patient and those associated with the complaint, and undermines the public’s trust in the service’.*

In response to Francis<sup>1</sup> the Government commissioned a number of reviews to consider some of the issues highlighted. ‘A review of the NHS Hospitals Complaints System putting patients back in the picture’<sup>2</sup> carried out by Ann Clwyd MP and Professor Tricia Hart was published in October 2013 and found a number of flaws in the current system. Many patients felt that the process of making a complaint was confusing and information hard to find. Most worryingly however, there was often a sense of fear that care would be adversely affected as a result of raising a concern. In addition, there was a sense from potential complainants that they wouldn’t be listened to and that nothing would happen as a result of making a complaint.

‘A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants.....aggravates the grievance and suffering of the patient...’  
(Robert Francis<sup>1</sup>).



The right to complain about unsatisfactory service is a key consumer right. Moreover, the NHS constitution makes a pledge to encourage and welcome feedback on health and care experiences and to use this feedback to improve services. Healthwatch England as the consumer champion for health and social care, has engaged with the public to find out more about their experiences of navigating the health and social care complaints system<sup>3</sup>. What they found was that people were unclear about where to turn when they have a concern or complaint and that they have no trust or confidence in the system to deliver a satisfactory result or deal with the concern effectively. One of the recommendations made by Clwyd-Hart<sup>2</sup> was that:

There is no harm in writing: 'We are sorry that you felt upset/angry about what has happened'.

(Focus group attendee)

*'Healthwatch England should continue to bring together patients and representative groups and lead the Healthwatch network in the public campaign to improve the complaints system in health and social care.'*

It takes an enormous amount of reserve to make a formal complaint

(Focus group attendee)

To these ends, Healthwatch England is currently undertaking a campaign that aims to improve and reform the health and social care complaints system in England. This has involved gathering input from local Healthwatch regarding the views and experiences of local people in navigating the complaints system, sharing good practice in complaints handling where this exists, and detailing the impact that local Healthwatch have had in improving the complaints process in their local areas. This will culminate with the presentation of results of this work to the Right Honourable Norman Lamb, Minister for Care and Support, at a parliamentary reception in October 2014.



## Healthwatch Wiltshire: Our place in the national campaign

Healthwatch Wiltshire believe that it is important that the ‘Wiltshire Voice’ is heard within this national piece of work. As an organisation we have listened to local people and have heard that for many, sadly, their experience of navigating the system does not differ significantly from the national picture. Additionally, we frequently receive enquiries from individuals who wish to raise a concern or make a formal complaint about a health or social care service but do not know who to contact or how to go about the process. Many NHS and social care services are commissioned out to external providers (for example, the NHS 111 and out of hours services, care homes and domiciliary care). As the majority of individuals are not aware that this is the case, it makes the business of raising a concern even more confusing and frustrating. Hence they often turn to Healthwatch Wiltshire to track down the most appropriate contact.

In addition, one of the main functions of local Healthwatch is to identify trends and areas of concern in the provision of services. We can do this by listening to local people and also through keeping a close watch on the nature and number of complaints and concerns reported by service providers. Indeed, The Department of Health (DH) have stated that they: ‘*want to see local Healthwatch scrutinising complaints data across Trusts in an area to spot themes*’<sup>4</sup>. However, our own experience and that of other local Healthwatch evidences that this is not yet happening on a routine basis. Provision of data from service providers is often patchy and relies on individual Healthwatch having to hunt down the information rather than it being regularly provided.

..Give up on a complaint because it’s time-consuming, emotional and (you) can’t move on.

(Focus group attendee)

In order to gain a clearer picture of the complaints systems of the major health and social care providers in the county, Healthwatch Wiltshire decided to carry out a brief scoping exercise. We recognise that the health and social care provider network in the county is extensive and that a full evaluation would require resources in terms of time and staff, beyond those available at this time. However, scoping is a popular approach in health and social care research and is a useful method for identifying gaps in provision as well as innovative practices.

...need to speak to someone who is independent

(Focus group attendee)



## What were the aims and objectives of this

Healthwatch Wiltshire had four main aims in carrying out this piece of work:

- 1 To provide local people with a map of local complaints information so that they will know who to contact should they wish to raise a concern or complaint about a health or social care service.
- 2 To identify gaps in provision of information relating to raising a concern or making a complaint.
- 3 To identify any innovative practices or examples of enhanced service within the provider network that may be shared with others to enable them to further develop their own services.
- 4 To develop communication channels and build relationships with all of the major health and social care providers in the county to encourage ongoing sharing of data relating to concerns and complaints. This would allow Healthwatch Wiltshire to carry out its duty as an 'overseeing eye' and to identify at an early stage any areas of concern so that action could be taken.

Far easier to just not do it (make a complaint)  
(Focus group attendee)

## What did we do?

We contacted the complaints or Patient Advice and Liaison Service (PALS) departments of the majority of the major providers of local NHS health and publicly-funded social care services. Most importantly, we engaged with local people of all ages so that they could provide us with their views of navigating the system.

In addition to this, we studied policies and procedures, leaflets, posters and websites from all of these providers in order to determine whether the information given to consumers was fit-for-purpose, easy to understand and to find and up-to-date. The methods employed by providers to gather

Box 1 shows the methods employed to gather information.

*Box 1: Methods used to gather information from Wiltshire people and service providers*

- |   |   |
|---|---|
| 1 | Face-to-face interviews (service providers  |
| 2 | Focus groups (local people)   |
| 3 | Telephone interviews (service providers and local people)   |
| 4 | Document analysis: complaints policies (where available); PALS and complaints leaflets; Easy read documentation                               |
| 5 | Website analysis: ease of finding information relating to making a complaint or providing feedback and the nature of the information provided |

## How did we do this?


Complaints teams were asked about their policies and procedures as well as plans for future work, methods of reporting statistics relating to complaints and service evaluation procedures.



Local people were asked to recount their experiences of navigating the system and to highlight good and poor practices. They were also asked to think about what a 'good' pathway for patients would look like. In addition, for those who had thought about making a complaint or raising a concern but had decided not to do so, they were asked to tell us what had prevented them from going ahead.


In order to determine whether or not individual providers were meeting an acceptable level of service in terms of their complaints service; we thought it would be helpful to benchmark the overarching processes, policies and provision of information against some national, standardised criteria.

Both the Francis<sup>1</sup> and Clwyd-Hart<sup>2</sup> reports have made a series of recommendations for improving the way in which the NHS manages and responds to complaints. The Department of Health (DH) responded to these recommendations in their two-volume report: 'Hard Truths: The Journey to Putting Patients First'. It was therefore considered that those recommendations that had been accepted or accepted in part by DH (see volume 2<sup>5</sup>) be used as a benchmark for local services. Box 2 details the most relevant of these recommendations.



Complaints and concerns are important - they help to show where things need to be improved

(Focus group attendee)



Nature of the tone of people, it's the way they speak to you..can be quite hurtful

(Focus group attendee)



Box 2: Recommendations from 'Hard Truths: The Journey to Putting Patients First'<sup>5</sup>

Recommendation no.	Details
	<b>Registering a complaint</b>
109	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion. All should trigger a uniform process, generally led by the provider trust.
	<b>Lowering barriers</b>
110	Actual or intended litigation should not be a barrier to the processing of a complaint at any level
111	Providers must promote their desire to receive and learn from comments and complaints; they must give constant encouragements to patients and service users to share their comments and criticisms
112	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be investigated and responded to in the same way as a formal complaint whether or not the informant has indicated a desire to have the matter dealt with as such
	<b>Complaints handling</b>
114	Comments or complaints which describe events amounting to a serious or untoward incident should trigger an investigation.
	<b>Investigations</b>
115	Investigations of any complaints should be proportionate to the needs of the individual case. This may include bringing in external, independent reviewers where appropriate. Complainants should be given information relating to independent support if they want, details of their local Healthwatch and of the Ombudsman.
	<b>Support for complainants</b>
116	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want these forms of support.
118	There should be board-led scrutiny of complaints. Each quarter the DH will ensure that every hospital publishes information on the complaints it has received including: number of complaints as a percentage of patient interventions, number referred to the PHSO and lessons learned as a result of the complaints.
119	Overview and scrutiny committees and local Healthwatch should have access to detailed information about complaints.





## Who did we talk to?

We spoke to a variety of personnel all of whom had a role in the complaints processes of their respective organisations these included: Heads of clinical effectiveness and quality improvement, PALS and complaints managers, Heads of customer care and service, patient experience officers, advocates, and Directors of quality and performance. Box 3 shows the organisations involved in the scoping exercise.

In addition, we spoke to individuals who had had experience of navigating the complaints system either for themselves or on the behalf of others. Two focus groups were conducted with children and young people. One of these were children from the children in care council and the other the 'Best of both' group a Lesbian, Gay, Bisexual and Transsexual (LGBT) forum for young people.

They need to listen to their patients

(Focus group attendee)

### Box 3: Organisations involved in the scoping exercise.

- 1 Great Western Hospital NHS Foundation Trust (GWH)
- 2 Salisbury NHS Foundation Trust
- 3 Royal United Hospital, Bath NHS Trust (RUH)
- 4 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- 5 South West Ambulance Service NHS Foundation Trust (SWAST)
- 6 Wiltshire Council
- 7 Medvivo (out of hours provider for Wiltshire)
- 8 Care UK (NHS 111 provider for Wiltshire)

Need a template for a (complaints) letter that clearly lays out what information is required

(Focus group attendee)

# What did we find?

## The Voice of Wiltshire People

### 1.1 Matching the national picture

We spoke to adults, young people and children about their experiences of raising a concern about a health or social care service as well as their views on the barriers preventing them from speaking up if they were unhappy with any aspect of their care. Our findings sadly, do not differ significantly from those highlighted by Healthwatch England<sup>3</sup> and the Clwyd-Hart<sup>2</sup> and Francis<sup>1</sup> reports. That is, people believe that there is still a lack of clarity surrounding the whole process of making a complaint. They find it difficult to find information on how to go about raising a concern or making a complaint and do not always know who they should speak to in order to make their concerns known. Some service users felt that there was still a culture of defensiveness within the healthcare system and were afraid that their, or their relatives care, may be affected as a result of speaking out.

(There is) a culture of defensiveness in PALS

(Focus group attendee)

They're (PALS) not independent are they?

(Focus group attendee)

#### 1.1.1 The Patient Advice and Liaison service


Many people were confused about the role of PALS in the complaints process. PALS is meant to act as an impartial, confidential advice and support resource and is based in hospitals, mental health Trusts and clinical commissioning groups. It is not involved in the complaints process but often acts as a source of support for patients, their relatives and carers. It can provide information on how to resolve issues before they escalate or on how to go about making a complaint. However, service users felt that there needed to be more clarity about the role of PALS and their relationship with the complaints department of the organisation in which they are based. They were concerned that PALS is not truly independent and that this may have issues for any concern that they raised.

### 1.1.2 Who manages my complaint?

There was a great deal of confusion regarding the name of the service responsible for managing complaints and concerns as this tends to differ between providers. Customer services, customer care, complaints department and patient experience team are just some of the examples of the terminology used. Some providers use more than one of these interchangeably within their literature. Service users would like some level of standardisation as regards the naming of a service and clarity as to the role of each named team or department. In addition, they would like a clear definition of roles and responsibilities of those who are involved in the complaint investigation process.

### 1.1.3 The language of complaints

There is a problem of language in particular relating to the different terms used in the process of feedback. Service users reported that ‘complaint’, ‘issue’ and ‘concern’ were used interchangeably by staff when dealing with their feedback. They felt that using the correct term was key in triggering the right response from the system. Some felt that by referring to their ‘formal complaint’ as a concern its importance was somehow downgraded and this made them feel that it was not being taken seriously.



...this is our problem  
not yours, let us get  
on with our job.

(The reaction from a nurse when a patient raised concerns about a fellow patient's care)

### 1.1.4

#### Concerns raised by Innocent Bystanders and ‘non-relatives’

Healthwatch Wiltshire spoke to people who had had the experience of raising a concern about the care of someone to whom they were not related.

They recounted predominantly negative experiences of speaking up for a close friend or a fellow patient who they considered to be vulnerable and unable (or afraid) to voice concerns for themselves.

They were either dismissed by ward staff (*‘...this is our problem not yours’*) or their views and opinions not taken seriously. When asked why she did not go on to make a formal complaint, one replied that she had just been glad to get out of hospital herself and therefore, did not want to revisit issues experienced by her fellow patient.

### 1.1.5 Views from Children and Young People (CYP)

These did not differ in concept from those of adults. Although, few of the CYP spoken to had made a complaint, they had strong views about why they would not consider doing so. These centred mainly on feeling scared and embarrassed (*'You feel like you'd be being judged if you complained'*) and worryingly, a sense of futility that nothing would change as a result of raising a concern or making a complaint. When asked the question: If you have had a bad experience in the past why didn't you complain?, one person chose the option: *'I have complained before and it didn't change anything'*.

... Scared of being penalised in the future..

(Young persons focus group attendee)

I wouldn't want people to be watching me while I wrote a complaint it puts me off.

(Young persons focus group attendee)

Overall, most people just wanted an opportunity to provide feedback (*'...just want a dialogue...'*) good or bad and did not necessarily wish to go down the formal complaints pathway.

One individual had wanted to praise the care that she had received from a community team but couldn't find any way of doing so. Most importantly, people wanted someone to listen to what they had to say in an empathetic and non-defensive manner, to acknowledge that they felt angry and upset and to apologise for the distress that had been caused.

CYP wanted to be able to provide feedback confidentially without having to actually speak to someone face-to-face.

## Health and social care Providers

Complaints handling in the NHS has come under a great deal of scrutiny over the past few years and therefore, the findings of this current exercise must be viewed with this in mind. A benchmarking tool (Box 2) was described earlier in this report. This was proposed as a way of assessing whether or not healthcare providers were meeting or attempting to meet those recommendations described in 'Hard Truths'<sup>5</sup>. The majority of the acute trusts assessed by Healthwatch Wiltshire had either recently updated, or were in the process of updating leaflets and policies to ensure that they conformed to these recommendations. This report is based on policies as they stood when Healthwatch Wiltshire downloaded them from Trust websites within the month of August 2014.

(People feel) Feel  
knocked back and  
squashed  
(Interviewee)

The mechanism seemed to  
drag on for ever....could  
no longer be bothered  
pursuing the issue

(Interviewee)

### 2.1 Finding Information and quality of content

Healthwatch Wiltshire wanted to explore how easy (or difficult) it was to find information about making a complaint, raising a concern or generally providing feedback. In addition, we wanted to assess the usefulness of the information provided on trust websites in posters displayed in wards and departments and in leaflets.

On the whole, the information contained within leaflets and websites was fairly comprehensive and gave most of the basic information required by users to initiate the complaints process. However, many users wanted more comprehensive information relating to the investigative process, roles and responsibilities and timelines. This information was most usually contained within lengthy complaints policies that were predominantly aimed towards staff.

Healthwatch Wiltshire identified seven main issues in the course of this exercise:

- Only two trusts (AWP & SWAST) provided an obvious direct link from the homepage to a section on the website that gave information (or further links to other areas on the site) on how to provide feedback or make a formal complaint. For most of the trusts service users had to click through a series of menus before they reached this information. Further, it was not always obvious which menus the user had to access in order to reach the information they required. For example, whereas, AWP have a direct link to 'PALS', others required the user to look for 'customer care', 'customer service' or similar.

To make a complaint I think you'd go to reception but I wouldn't complain because the receptionists are scary

(Young persons focus group attendee)

What is the difference between a complaint, concern, comment or issue?

(Former complainant)

- Information was frequently spread over 3 or 4 pages rather than being concentrated on the one page.
- Complaints policies (often the source of the more detailed information requested by users spoken to by Healthwatch Wiltshire), were often located on a completely different section of the website and generally difficult to find.
- On some sites, leaflets were only downloadable as Microsoft Word documents a format not accessible to all users.
- On some sites, old and new versions of leaflets coexisted.
- Links were sometimes broken (not working) or brought users to a page with an error message.
- Easy read leaflets were not always instantly available and were the most likely forms to be out of date (e.g. advocacy information was incorrect)

## 2.2 Examples of good and innovative practice

### (a) Innovation

Many of the trusts had begun to think of new and innovative ways to encourage users to provide feedback. GWH have initiated a service called 'Voicebook' a 'talking customer comments book' that gives users the opportunity to give feedback by leaving an answerphone message. All messages are listened to by the customer services team and each month a balanced selection are played to staff and the Trust's board members. Salisbury hospital have a free 'app' that can be downloaded to a smartphone. As well as giving useful information about the hospital, it provides a customer care section that gives users brief information on how to make a complaint and information and contact details for the customer care department. Users can also access and complete the friends and family test (The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care). Although both trusts tell Healthwatch Wiltshire that uptake is slow at present, it is an encouraging move towards gathering feedback and may be especially useful in gathering the views of younger service users.

The offer of a face-to-face meeting ....

(Interviewee)

### (b) Good practice

Users have told Healthwatch Wiltshire that it would be useful if they were provided with a template that would help them to put down in written form a record of their concern or complaint. Salisbury Hospital have provided a letter template that users can download and substitute with their own information. This ensures that the information provided is tailored towards that required for the complaints team to begin to investigate the complaint.

AWP have a clear link to the PALS section of their website directly from the website and most of the information required by the user is contained within one page. In addition, members of the team visit inpatient wards on a monthly basis where they interact with service users in a casual fashion thus allowing users to raise any issues they may have about their care. Similarly, Governors from Salisbury Hospital gather 'real-time' feedback from inpatients on a monthly basis through visiting wards and speaking to patients about their experiences.

RUH run 'see it my way' events on a quarterly basis which allow selected patients and carers to tell staff about their experiences of RUH as well as their perspectives on a particular issue (e.g. learning difficulties). GWH have begun to run 'spotlight' events in the community to allow former patients, their relatives and carers to meet customer service staff face-to-face in the community.

Frontline staff from SWAST give out a 'Patient Opinion' card (where appropriate) and provide a link from their website to the 'Patient Opinion' website. Patient Opinion is a non-profit feedback platform for health services. If a negative experience is posted by a service user, they are invited by the Trust's patient engagement department to contact the patient experience team should they wish to make a formal complaint or to talk through their experience in more detail.



### 2.3 Support to make a complaint or raise a concern

Most of the providers supply contact details either on the website or in leaflets about accessing independent advocacy should users require support in making a complaint. The NHS advocacy service in Wiltshire is provided by SWAN advocacy. However, prior to 2012, this service was provided by other organisations. This change in provider is not always reflected in the leaflets provided by the trusts. This appears to be particularly so in the easy read version of leaflets that tend to be the most likely not to get updated. Given that those with learning disabilities (LD) may be the most likely to require this service, it is concerning that this information is not updated in the same way as other leaflets.

Attendees at the Healthwatch Wiltshire focus group were concerned that vulnerable people in the healthcare system often did not have a voice and in particular, if they have no friends, carers and relatives to act on their behalf. Although, PALS staff from AWP regularly visit wards, none of the other trusts appear to have PALS staff or any equivalent as a regular presence on the wards to ensure that vulnerable people have a voice.

Telling someone face to face is awkward and would weird me out.

(Young persons focus group attendee)

Need clarity and consistency across the (complaints) system

(Former complainant)

### 2.4 Children and young people (CYP)

Findings from Healthwatch Wiltshire have found that CYP are reluctant to complain or raise concerns about their care. The three main hospital trusts were asked about any special measures that they have for encouraging feedback from this cohort. No one had any dedicated leaflets or sections on their websites for CYP and only GWH had immediate plans to develop any such provision. GWH have stated that they have begun to do some preliminary work in this area and that this was their next big priority.

### 2.5 Sharing Information

It has been recommended in Hard Truths<sup>4, 5</sup> that Healthwatch scrutinise complaints data from all health and social care providers. At present, Healthwatch Wiltshire is able to download from all of the acute trusts, quarterly thematised complaints reports including results from the friends and family test. However, currently it does not have access to complaints data from Wiltshire Council or any of the other social care providers commissioned by the Council. Similarly, those services commissioned by NHS Wiltshire CCG, for example, The NHS 111 service and the out of hours and single point of access provider do not routinely provide Healthwatch Wiltshire with complaints data. Recent discussions with Medvivo have however, revealed a willingness to share this information.



# Recommendations & Future Directions

It is clear that providers are working towards providing an enhanced complaints handling system for service users. However, this scoping exercise has identified a number of gaps in provision as well as areas that could be improved in order to make the system more navigable for those who wish to raise a concern or make a complaint. It has also highlighted areas that require further exploration by Healthwatch Wiltshire.

## 3. Recommendations for Providers

### 3.1 Provision of information

- Providers need to make sure that there is a clear, obvious link from the homepage to a dedicated feedback page.
- Rather than a series of pages covering all aspects of feedback, providers may wish to consider a dedicated feedback page where all of the information relating to providing feedback, raising a concern, or making a complaint, is contained within that page. This should include leaflets and policies. Previous work carried out by Healthwatch Wiltshire (See 'A Health & Social Care website for the people of Wiltshire: Views of Wiltshire People' August 2014<sup>6</sup>) has shown that at times of stress, people want quick, easy and obvious access to all of the required information. In addition, people have said that they do not like to be constantly taken off to other pages but would prefer all of the information to be contained within one page.
- In addition to the standard complaints leaflets, users have called for one that explains in more detail the pathways and processes involved in making a complaint and the roles and responsibilities of all of those likely to be involved in the process. This information is often hidden away within lengthy policies. It is therefore recommended that providers produce a cut down policy written with the service user in mind that details all of this information. An easy read version should also be considered. Providers may also wish to consider the use of simple infographics and flow charts.
- All downloadable documentation (aside from letter templates) should be provided in PDF format. From its own experience Healthwatch Wiltshire has learnt that many people with older versions of Microsoft Word, are unable to open newer Word documents. In addition, not everyone has access to this program. The PDF format is a universal format, free to download and makes material accessible to a wider group of people.
- Only Salisbury Hospital has provided users with a downloadable complaints letter template. It is recommended that other providers consider this option. This is helpful for service users but would also ensure that providers receive all of the information they require at the early stage of the investigation.
- All providers should consider producing a downloadable, easy read version of their complaints leaflet. They should ensure that this kept is updated at the same frequency as the standard leaflet.

None of it (complaints information) is patient friendly (Complainant)

### 3.2 Children and Young People

Providers may wish to consider producing dedicated information for children and young people. This could include leaflets and posters (for the ward or department where appropriate) as well as more avenues that would encourage younger people to provide feedback (e.g. text, apps). This may be achieved by working more closely with local youth groups as well as Healthwatch Wiltshire in order to engage with a wide range of children and young people. In view of recent, disturbing national events where children and young people have undergone abuse whilst in health and social care institutions, Healthwatch Wiltshire believe that it is particularly important to encourage this group of people to raise concerns. Our Children and Young People's team have examples of good practice from other areas within the UK that they would be willing to share with providers.

The Complaints system can be off-putting complex and slow...There is limited confidence that making a complaint will lead to learning and change.

Healthwatch  
England

### 3.3 Vulnerable people, Innocent Bystanders and Non-relatives

- Providers may wish to look at how best to deal with concerns raised by innocent bystanders (e.g. other patients). Healthwatch Wiltshire considers that these concerns should be taken seriously by staff and recorded on the system in the same way as concerns raised by relatives. The same should apply for non-relatives. Research by Healthwatch England reveals that 61% of those who experience poor care, or witnessed a friend or relative receive unacceptable treatment did nothing to report it<sup>5</sup>. This may in part be down to a lack of process for dealing with non-conventional concerns. Providers can use this information as learning in the same way as data received from patients and relatives. In addition, special provision should be made for those who are not married and in particular those in LGBT partnerships.
- PALS staff from some providers visit wards in order to interact with patients on a casual basis and to encourage them to raise concerns. Although Healthwatch Wiltshire accepts that most hospital trusts do not have resources to carry out a similar function, they may wish to consider using trained volunteers as recommended in: 'Hard Truths: The Journey to Putting Patients First'<sup>5</sup>:  
*'Hospitals should actively encourage and use volunteers to support patients in expressing concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise concerns at the time the problem arises: volunteers should be trained'*.

### 3.4 Learning Disabilities (LD)

The Parliamentary Health Services Ombudsman has begun a campaign called 'Complain for Change'. This focuses on people with a learning disability and their families, friends and carers. The aim of the campaign is to give those with LD the confidence to complain to the NHS if they are unhappy with the service they have received. They provide many resources including easy read leaflets and videos giving advice on how to raise a concern or complaint with an NHS service. In order that the needs of people with LD are addressed it is recommended that providers make available a link to the 'Complain for change' website: <http://www.ombudsman.org.uk/complain-for-change> as well as making use of the resources provided by the Ombudsman.

### 3.5 Sharing Information

Healthwatch Wiltshire would like to see routine sharing of anonymised, thematised data relating to complaints, concerns and friend and family tests (where appropriate) from all health and social care providers. This would allow us to act as an overseeing eye and spot any emerging and concerning trends at an early stage.

You feel like you'd be being judged if you complained

(Young persons focus group attendee)

### 3.6 Sharing Good Practice

There are examples of good and innovative practice being shown by many of the providers. Healthwatch Wiltshire believe that it would be advantageous for providers to share this good practice with one another in order to improve current services. In addition, any issues of concern could be discussed. Other local Healthwatch (e.g. Northumberland) have convened a 'Health and Social Care Liaison Group' whose function is to share information on service developments as well as issues or trends within the county. They then work together to address these issues. The group is made up of representatives from all of the local acute trusts, the Clinical Commissioning Group, the council and is chaired by Healthwatch Northumberland. Other organisations are invited where appropriate. The group currently meets on a quarterly basis. This idea and the terms of reference of the group have been shared by Healthwatch Wiltshire with the local acute hospital and mental health trusts in the first instance and have had a positive response. Therefore, Healthwatch Wiltshire suggests that such a group be convened in Wiltshire and that in addition to those groups detailed above, it may also include advocacy providers and other local Healthwatch (where appropriate). Healthwatch Wiltshire could convene the group and chair, at least in the early stages. The frequency of meetings could be decided by attendees.

#### **4. Recommendations for Healthwatch Wiltshire**

It is recognised that there are areas of NHS and social care provision that have not been explored in depth in this current piece of work. This includes, Primary care, and social care complaints. The difficulties associated with making a complaint for those with a learning difficulty is also recognised by Healthwatch Wiltshire but has not been covered in this report. All of these would constitute large pieces of work in their own right and were therefore beyond the resources of this present exercise.

##### **4.1 Provision of information**

Healthwatch Wiltshire has an important role in signposting people to all the information they require to raise a concern, make a complaint or to access independent advocacy. We will continuously review the service we provide and talk to local people to ensure that the information we provide is high quality and fit-for-purpose.

##### **4.2 Primary Care**

Healthwatch Wiltshire is in the process of gathering information regarding complaints processes in the primary care in Wiltshire and will report on findings.

A named contact responsible for following through the whole process and with whom the complainant can be in touch with if needed (Interviewee)

##### **4.3 Learning Disabilities**

Healthwatch Wiltshire has initiated conversations with Wiltshire People First, a local user-led charity for people with LD, regarding this issue. We have plans to work with this group and their members as well as health and social care providers to improve the complaints pathway for those with LD.

##### **4.4 Social care complaints**

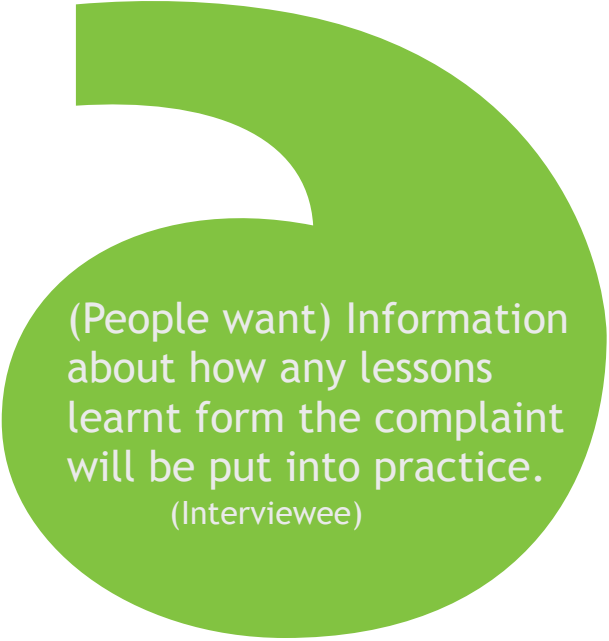
Healthwatch Wiltshire has made preliminary enquiries only with Wiltshire Council as regards their complaints process. However, it is recognised that most complaints go directly to the commissioned services (e.g. care homes and home care services). A comprehensive review would require contacting all of these commissioned services in order to assess their provision for raising a concern or making a complaint. Healthwatch Wiltshire will look at this as part of our enter and view work.

##### **4.5 Children and Young People**

In addition, none of the health and social care providers currently have any dedicated leaflets or areas on their websites that have been designed specifically with children and young people in mind. Healthwatch Wiltshire's Children's Health Voice and Influence Coordinator is currently in the process of developing a complaints leaflet that is intended to act as a general resource signposting children and young people toward relevant local (e.g. PALS at the acute trusts and Children's services at Wiltshire Council) and National (e.g. The National Youth Advocacy Service) support services. Healthwatch Wiltshire would be willing to work with health and social care providers to engage young people in consultation so that they may develop literature that is fit-for-purpose, age appropriate and grounded in the users voice.

## 5. Conclusions

Since the publication of the Clwyd-Hart<sup>2</sup>, Francis<sup>1</sup> and Hard Truths<sup>4,5</sup> reports, much has been done by health and social care providers to improve their complaints handling procedures. However, there is still more work to be done to ensure that they truly meet the needs of service users. Healthwatch Wiltshire as the voice of local people, has a role to play in helping providers to develop complaints services through consultation with local people. Therefore, we would invite local providers of health and social care to engage with service users wherever possible and to work together with Healthwatch Wiltshire to ensure that services meet the needs of local people.



(People want) Information about how any lessons learnt from the complaint will be put into practice.  
(Interviewee)

**A**ccessibility: from the organisations website

**S**tandardised terminology across all NHS organisations

**P**rocesses that are clear to the complainant

**E**ase of use

**C**omprehensive responses to all elements of the complaint

**T**imelines for each stage of the process

**S**peedy responses to the complainant even if it has to be a holding reply

(A former complainant)

#### 4. References

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2. Clwyd, A. and Hart, T. (2013). *A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture*. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/255615/NHS\\_complaints\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf) (Last accessed 1st September 2014).
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4. *Hard Truths: The Journey to Putting Patients First*. Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. Department of Health, 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270368/34658\\_Cm\\_8777\\_Vol\\_1\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf) (Last accessed 1st September 2014).
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7. *NHS complaints data is just the 'tip of the iceberg'*. Healthwatch England Press release 28<sup>th</sup> August 2014. <http://www.healthwatch.co.uk/news/nhs-complaints-data-just-tip-iceberg> (Last accessed 1st September 2014).

#### Acknowledgements

Healthwatch Wiltshire would like to thank all of those people who gave their time to share their experiences of navigating the complaints system. In addition, we would also like to give thanks to the health and social care organisations who willingly provided us with information about their systems and processes.

## Why not get involved?



**Visit our website:** [www.healthwatchwiltshire.co.uk](http://www.healthwatchwiltshire.co.uk)



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**Phone us:** 01225 434218



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Melksham, Wiltshire, SN12 6HL

September 2014

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**Wiltshire Council**

**Health and Well Being Board**

**25 September 2014**

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**Subject: Better Care Plan**

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## **Executive Summary**

To report to the Health and Well Being Board on the development of Wiltshire's Better Care Plan, the Fast Track process and the progress in implementing elements of the Plan.

To update the Health and Well Being Board on progress in relation to the 100 day challenge for Wiltshire and the key issues and risks.

## **Proposal(s)**

Health and Well Being Board are requested to note the progress in becoming a national "Fast –tracked" Better Care Plan and the progress in implementing elements of the Plan

Health and Well Being Board are asked to:

- Receive the update on the Better Care Plan in particular its continued status as part of the national fast track process
- Note the change in admission avoidance ambition to a 3.75% reduction from an original ambition of 4.5 % in line with the national requirement. This represents a significant challenge for the system given current demands on the system. The ambitious aim to reduce non-elective length of stay by 2 days has also been retained.
- Support the engagement programme that is currently being undertaken locally with each of the area boards
- Note the progress that is being made as part of the 100 day challenge.

## **Reason for Paper**

To update the Health and Well Being Board on progress on:

- Implementing the Better Care Plan for Wiltshire;
- Delivering against the 100 day challenge;

and to highlight key risks in implementation.

**James Roach**

**Director of Integration**

**(Joint Wiltshire Council and Clinical Commissioning Group appointment)**

**Subject: Better Care Plan**

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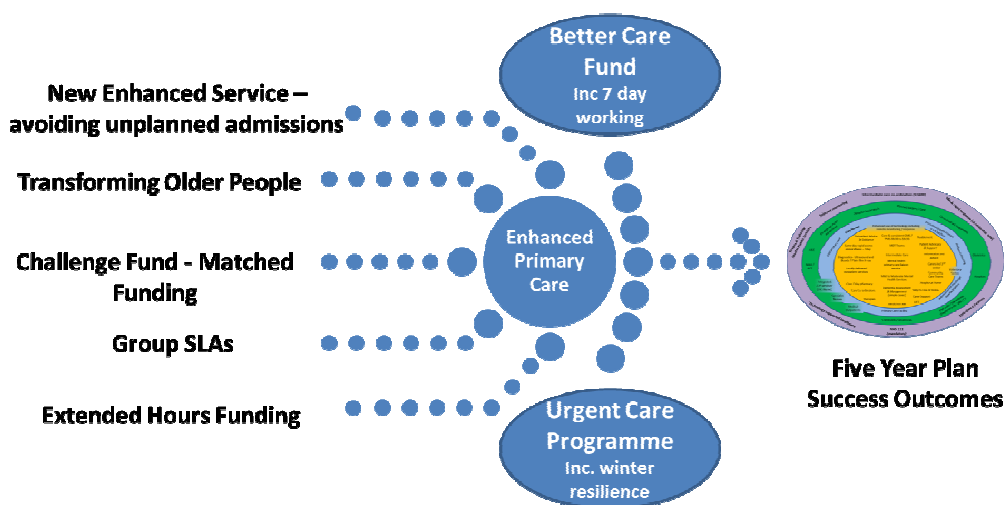
### **Purpose of Report**

1. To report on the development of Wiltshire's Better Care Plan and the progress in implementing elements of the Plan, including the Systems Review of the out-of-hospital system and the 100 Day Challenge.

### **Relevance to the Health and Social Care Strategic Priorities**

2. The Better Care Plan supports the Council's goal to protect those who are most vulnerable in our communities. By ensuring that sufficient, safe and well-coordinated services are available to support health and care needs, it also supports two of the 6 outcomes set out in the business plan, namely:
  - People in Wiltshire have healthy, active and high-quality lives
  - People are protected from harm, as much as possible, and feel safe
3. The Better Care Plan supports the CCG goal to develop truly integrated services at the point of need. The CCG vision is that **Health and Social Care services in Wiltshire should support and sustain independent healthy living** and the design of our future system is based on three key principles:
  - People encouraged and supported to take responsibility for, and to maintain / enhance their well-being
  - Equitable access to a high quality and affordable system, which delivers the best outcome for the greatest number
  - Care should be delivered in the most appropriate setting, wherever possible at, or as close to home
    - Where acute care is one-off or infrequent, there should be formal and rapid discharge
    - Where care is on-going (e.g. chronic conditions) the default setting of care should be primary care
4. Within Wiltshire, given the close working relationship between Wiltshire Council, the Clinical Commissioning Group and NHS Providers in the county, it was natural that we would evolve and develop both the Better Care Plan and the CCG 5 year strategic/2 year operational plan in a fully coherent manner.
5. As a health and social care system across Wiltshire it is recognised that the Better Care Plan will be supporting the development of integrated community health and care services and further wish to use the opportunities afforded

through Primary Care co-commissioning to further strengthen our transformational programme and deliver at greater pace and scale.



## Background to the Better Care Plan

6. 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. The Better Care Fund (BCF) is a mandatory pooled budget intended to support and deliver integrated health and social care services; this will be introduced nationally in 2015/16. The Better Care Fund is not new funding for the health and care system but is made up of elements of existing clinical commissioning group (CCG) and local authority budgets.
7. In Wiltshire, the total BCF budget in 15/16 of £27.0 Million. The national expectation is that this funding is used to develop integrated services which will reduce the need for hospital care and protect the existing level of social care services. It provides a platform for innovation and both the Council and the CCG are committed to developing a robust out-of-hospital model of care, including ill health prevention and self care aspects, in partnership with all stakeholders across health and social care. There is a strong expectation, nationally and locally, that savings are realised through this innovation and the need for acute NHS services is reduced. This will allow the CCG to release the funding which they are required to contribute to the Better Care Fund on a recurrent basis.
8. Our plans are set out in the Better Care Plan which was submitted initially in February 2014. The delivery of the Plan is underpinned by a strong commitment to engage with all stakeholders, through direct consultation. Healthwatch Wiltshire has been involved in the preparation of the plan and will support implementation by ensuring that proposals are further consulted on over the coming year. It should also be noted that it has been recently agreed that Healthwatch will lead of specific engagement in a number of key

areas including appropriate involvement in the systems review. Managerial and clinical leads from each of the main provider organisations in Wiltshire have also been actively involved in the Plan through attendance at the Health and Well Being Board and active involvement in each of the key workstreams whose membership is reflective of the integrated approach we are taking to service development.

9. 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. 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 – plans do not link together which is inefficient and frustrating for those receiving the services
  - A high priority is placed on treatment and repair, rather than prevention and early intervention
  - Acute hospitals, specialist hospitals (including mental health) and emergency departments are under pressure with high levels of delayed transfers of care and extended length of stay
  - Too many people have to make a decision about their long-term care and support whilst they are in hospital, sometimes resulting in the wrong decision and unnecessary admission to a care home.
10. Delivery of the ambitions set out in the plan should make a tangible difference to people who use services, for example:
  - Support for people to remain healthy and well, through health and well being promotion and behaviour change (with appropriate staff training), earlier intervention, proactive care and support for people to help themselves
  - Better coordinated care and support throughout the entire care pathway and system, including mental health
  - Better care experiences 7-days a week and out-of-hours
  - More, and more targeted, support for carers and families
  - Fewer people being admitted to hospital unnecessarily and fewer delays in hospital.
11. For the organisations involved, the changes should:
  - Deliver greater patient satisfaction with the integrated services
  - Reduce hospital bed days
  - Reduce avoidable admissions
  - Reduce delayed transfers of care
  - Contain demand for services
  - Successful reablement – more people living at home 3 months after discharge from hospital

#### **Update on Better Care Plan August 2014 – “Wiltshire in the top 6”**

12. Since the Better Care Plan was first submitted in February 2014, the Department of Health has announced some concerns about how many of the local plans are being developed and whether they can be successful. There

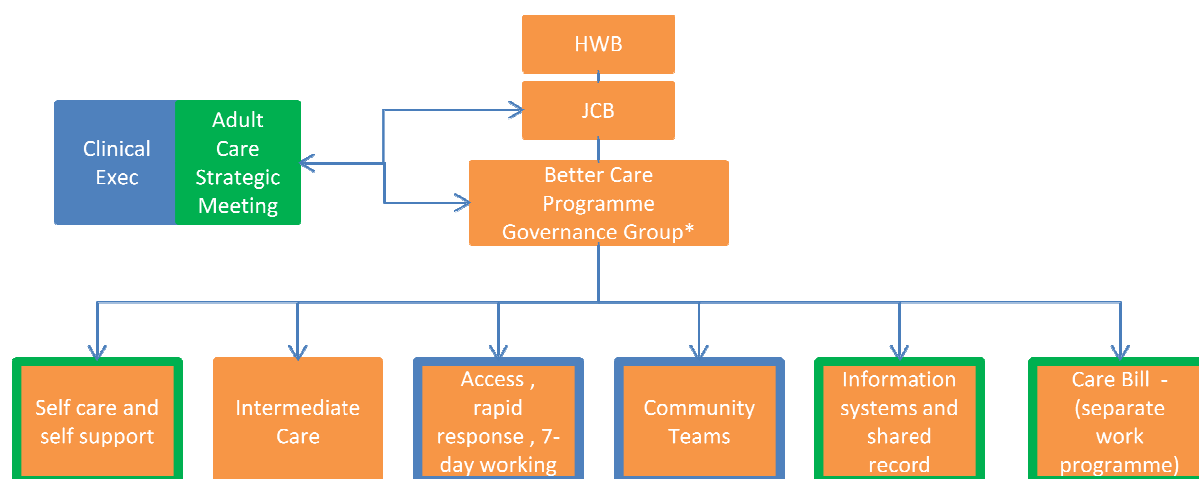
is also a clear expectation that the Better Care Plan has the full engagement of all providers, that alternative models of care are credible, integrated and can deliver with a focus on clear modelling of demand, cost and quality improvement. NHS England has therefore requested that all plans be resubmitted in September, following a new national template, providing more information in a number of areas, including customer/patient engagement; involvement of providers in developing plans and, in particular, an indication of the financial risks involved in delivering the plan. There is an expectation that every Health and Wellbeing Board develops a Risk Share Agreement, setting out what will happen if acute hospital activity does not reduce in line with projections in Better Care Plans. This Risk Share arrangement has been drafted and is currently in consultation with each of the main providers.

13. Wiltshire's Better Care Plan is seen nationally as one of the best plans, and was been judged as one of 14 national "Fast-tracked" plans, to be used as an exemplar for other health and care communities. As a result of this "Fast-track" status, the CCG and Council have been allocated some support from NHS England and national consultants, to develop our plan further, particularly in the area of assessing the Return on Investment from our plans and the development of a return on investment toolkit.
14. In the last month, the 14 Fast Tracked plans have been reduced down to 6, with Wiltshire remaining one of the top plans in the country, alongside Sunderland, Greenwich, Reading, Liverpool and Nottinghamshire.
15. A final version of our Fast Tracked plan was submitted on 29<sup>th</sup> August and will be scrutinized by both Department of Health and Cabinet Office colleagues, in advance of a national announcement of successful fast-tracked plans in mid September. As a result of the status of the Wiltshire Better Care it has been announced that a ministerial visit by the Rt Hon Eric Pickles will take place on the 11<sup>th</sup> September.

### **Making progress with delivery and the 100 Day Challenge**

16. The Wiltshire Health and Wellbeing Board have signed up to an initiative called the 100 Day Challenge. This is a system-wide approach, starting from 1<sup>st</sup> September, aiming to reduce the number of attendances and admissions for frail elderly patients in Wiltshire and reduce the amount of time they spend in Hospital. The 100 Day Challenge will provide an opportunity to test the new schemes (as set out in the paragraphs below) and ensure full commitment and collaboration across the system.
17. As part of the 100 Day Challenge, a daily dashboard of performance measures has been established, with daily monitoring and weekly issues logs and reports for formal monthly evaluation. This will give an indication of which schemes are making a positive difference, and which require changing.
18. Delivery of the Better Care Plan depends upon delivery of results within the current year and the work has been spread across the six work programmes set out in the diagram below.

## Better Care Plan – Work streams



19. Progress has already been made with delivery and, from September, a number of new initiatives will be implemented.

### **Self support and self care (including prevention) -**

- Work begun to ensure that prevention is an integral part of the entire Better Care Plan work programme with appropriate staff prevention and behaviour change training and awareness
- Enhanced Home from Hospital service commissioned from the voluntary sector to provide a “little bit of support” to people with low level care needs

### **Intermediate care –**

- Improvements to hospital discharge planning in each of the acute hospitals, working closely with social care and community health services.
- Changes made to improve access to the existing STARR step-up and step-down beds, including access 7-days a week.
- Plans for a “Discharge to Assess” pilot scheme to go live in September to ensure that people are discharged from hospital with support and rehabilitation as soon as they are medically stable
- Plans for GPs to be able to directly access step-up beds in community hospitals from September.
- Plans for mental health support to step-up beds and Discharge to Assess, starting in September

### **Access, rapid response, 7-day working –**

- Acute hospitals introducing ‘front door’ initiatives to ensure frail older people are assessed rapidly and do not stay in hospital for longer than they need to.
- A plan for investment in seven-day services is being drawn up
- Enhancements to the NHS single point of access, with the introduction of a single telephone number through a strengthened Access to Care number.

- Improvements to the out-of-hours services provided by Medvivo, to include monitoring and care navigation for people who are assessed as being higher risk.

#### **Community Teams –**

- Investment in additional community health capacity, and alignment of the current community health teams to work more closely with clusters of GP surgeries
- Identification of three “Demonstrator” sites where clusters of GP surgeries will be working more closely with community health teams, social care, mental health teams and the voluntary sector. The three Demonstrators are: Bradford and Melksham; Salisbury City; Calne.

#### **Information systems and shared record –**

- Establishment of the “Single View of the Customer” programme, involving the Council, NHS, Police and other statutory agencies. A successful demonstrator day was held on the 2<sup>nd</sup> September 2014 with full engagement and positive participation by all invited stakeholders which demonstrate the commitment to move towards a single system solution
- The Single View of the Customer approach has gained significant interest with Wiltshire being shortlisted for 2 national awards including the NHS Technology Fund. The team will be attending an interview in London for further funding on the 11<sup>th</sup> September.

#### **Care Bill –**

- A programme of work has been established and an initial impact assessment has been undertaken.
- Further work is being done with regional social care colleagues on the potential financial impact.
- Scoping for the new requirement for a Care Account is underway.

### **Taking a system wide approach**

20. The Better Care Plan is underpinned by a review, supported by the Council’s Systems Thinking Team, of the out of hospital system. The review has mapped out some typical customer journeys through the system, highlighting gaps and duplication between organisations. The next stage of the review is to undertake a ‘check’ stage, with participation from front-line staff from across the system, including social care, acute hospital clinicians; Help to Live at Home care providers. This stage will provide a detailed analysis of the current system, taking the perspective of people who use services. This stage will provide evidence for where change could have the biggest impact.

### **Engagement and consultation**

21. The Better Care Plan was drawn up with input from a range of stakeholders. It is now important that the plan is taken out to a wider audience to ensure that public, patient and service user priorities are understood, and that local issues can be reflected in how services are delivered.

22. With this in mind, the Council and the CCG will be launching the Better Care Plan in September. Each Area Board will be hosting a Health Fair during September and October. These events will provide an opportunity to show a DVD about health and care integration in Wiltshire, to share copies of the Better Care Plan and discuss local issues and needs.
23. Healthwatch Wiltshire is also leading work on patient and service user engagement and will be working to support the systems review and the Care Act implementation.

### **Safeguarding Implications**

24. There are no direct implications for safeguarding. However, the Better Care Plan will support the delivery of efficient and safe services across the whole health and care system, and therefore has an indirect impact on ensuring that vulnerable people are safeguarded.

### **Public Health Implications**

25. The Better Care Plan and the work programme places a high priority on prevention and provides an opportunity for joining up social care, NHS and public health commissioning, particularly in the area of staff awareness and training regarding behaviour change.
26. The Self Help and Self Care (Prevention) work stream includes work on falls prevention, diabetes prevention, stroke prevention and other health and well being promotion all of which is led by Public Health.

### **Environmental and Climate Change Considerations**

27. There are no direct implications for environment / climate change.

### **Equalities Impact of the Proposal**

28. The Better Care Plan has no direct implications for equalities. The initiatives set out in the plan will help ensure that health and care services are available across the whole system to anyone who needs to access them.

### **Risk Assessment**

29. The Better Care Plan includes a Risk Register and each work stream has its own risk register. These risks are monitored and managed by the Better Care Programme Governance Group. The most significant risks in the plan are as follows
- The introduction of the Care Act, which could result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016. An initial impact assessment has been undertaken and a range of cost pressures identified. Provision has



been made within the Better Care Fund for 2015-16 to be held against this risk.

- The expected shift to community services will not deliver the expected benefits, because of the acuity levels of people requiring services. Robust monitoring and contingency plans are in place and there is a new national requirement to set out a 'Risk Share agreement with Acute hospitals in the event that acute activity does not reduce in line with plans.

The key risks are outlined below.

<b>There is a risk that:</b>	<b>How likely is the risk to materialise?</b> <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	<b>Potential impact</b> <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i>  <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	<b>Overall risk factor</b> <i>(likelihood *potential impact)</i>	<b>Mitigating Actions</b>
The introduction of the Care Act will result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and Plans	3	Financial impact from April 2016 could be as high as £15m, increasing to £40m by 2020	3	Use of agreed national model with local variations to understand full impact to 2034

<p>The expected shift to more community-based services will not deliver the expected benefits, for example because of the acuity levels of people requiring services</p>	<p>2</p>	<p>The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated. £3m in 2014-15</p>	<p>3</p>	<p>Each element of our Better Care Plan will be monitored and project-managed, with timeframes for delivery and early evaluation. Service developments will be flexible to reflect evidence of what is working or not working well. Contingency plans will be in place for all new service developments.</p> <p>A methodology and templates for monitoring Return on Investment have been developed.</p>
<p>Care Act – the Residential Care market is unbalanced by the changes related to the funding reforms from April 2016</p>	<p>3</p>	<p>Increase to costs of residential care of 10% would lead to a budget pressure of £5-10m</p>	<p>4</p>	<p>Discussions with care providers about modelling the cost of care and what that means to existing block and framework contracts</p>
<p>A lack of high quality and meaningful local key performance indicators will make it difficult to monitor outcomes</p>	<p>2</p>	<p>Difficulty in demonstrating success</p>	<p>3</p>	<p>The integration programme will work with the Council's Research Team and will commission Healthwatch to work on some patient/service user led outcome measures. We will work with</p>

				<p>service providers on outcomes-based commissioning specifications</p> <p>We are also as part of the 100 day challenge launching a daily performance dashboard of key indicators</p>
Operational pressures will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality.	3	The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated.	3	We will work together to implement our workforce strategy, including joint recruitment, retention and workforce development plans.
The extent of cultural and behavioural change required of the public and of professionals working in the system will not be achievable.	2	The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated.	2	<p>We are participating in the LGA Systems Leadership Programme which will support our culture/behaviour change work</p> <p>The use of personalised care plans for people with long term</p>

				conditions and/or at risk of hospital admission will also help reassure people that services are coordinated and information is shared in order to support them safely and in the best place.
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**Risks that may arise if the proposed decision and related work is not taken**

30. There is a national requirement to complete a Better Care Plan in order to access the Better Care Fund.

**Financial Implications**

31. The Better Care Fund is a clear driver for integration and investment from the BCF has been allocated in the plan as set out in the table below. Within these allocations are existing commitments for both the Council and the CCG.

<b>Scheme</b>	<b>2014-15</b>	<b>2015-16</b>
Self Care and Self Support (Prevention)	1.47m	2.47m
Intermediate Care	6.8m	8.3m
Access, Rapid Response and 7-day working	3.39m	6.89m
Information Systems (SVOC)	1.2m	0.0m
Care Act	0.13m	2.5m
Protecting Social Care	9.18m	9.18m
Customer/Patient engagement	0.1m	0.1m

32. The Better Care Plan assumes reductions in activity across the acute sector equating to £3.6m per annum, and the detail of these assumptions is set out within the detail of the Plan.

33. There is an expectation that the Health and Wellbeing Board will sign off a “Risk Share” agreement which sets out the contingency arrangements for funding acute activity if plans do not deliver the anticipated changes. This risk share is currently being drawn up with support from consultants who are supporting the Fast Track areas.

**Revised Activity schedules for the Wiltshire Better Care Plan.**

***Avoiding emergency admissions***

34. Building on baseline activity and in reviewing growth and the type of admissions to hospital (acuity), it is believed there is a further opportunity to reduce admissions to hospital through a range of new schemes. This relates to 1460 admissions in 2014/15 and 1416 admissions to be avoided in 2015/16. This represents a planned 3.75% reduction in emergency admissions based on 13/14 baseline. This is inclusive of growth.

**Reducing excess bed days and Length of stay**

35. There is a clear commitment to reduce the average length of stay of non-elective admissions and the associated excess bed days. The scale of this commitment is outlined in the table below

Hospital	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT
	Admissions			Reduced Bed days			Bed Reductions			Average LoS Reduction		
Length of Stay Reduction	0	0	0	13,094	7,566	12,720	34	20	33	2.1	2	2.3

**Legal Implications**

36. The transfer of funds between the NHS and the Council will be covered by Health Act 2006 Flexibilities – Section 256 Agreements. The Council and the CCG already have a framework in place for such agreements, known locally as the Joint Business Agreement. This agreement has been drawn up by the Council’s Legal Team.

**Conclusions**

37. The Better Care Plan and the Better Care Fund present opportunities for improving the coordination of health and care in Wiltshire and will be launched formally in September. The Area Board Health Fairs in September and October will provide an opportunity to profile the work to-date and consult with local communities on priorities for health and care.

38. The 100 day challenge provides the unique opportunity to focus the systems development of a robust integrated out of hospital model and test our key assumptions. An updated position on this will be presented to the Health and Well Being Board on 25<sup>th</sup> September.

Health and Well Being Board are asked to:

- Receive the update on the Better Care Plan in particular its continued status as part of the national fast track process

- Note the change in admission avoidance ambition to a 3.75% reduction from an original ambition of 4.5 % in line with the national requirement. This represents a significant challenge for the system given current demands on the system. The ambitious aim to reduce non-elective length of stay by 2 days has also been retained.
  - Support the engagement programme that is currently being undertaken locally with each of the area boards
  - Note the progress that is being made as part of the 100 day challenge.
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Report Author:  
James Roach

### **Background Papers**

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

Better Care Plan – updated July and August 2014

## Wiltshire Council

### Health and Wellbeing Board

25 September 2014

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**Subject: 2014/15 NHS Transfer Fund – Section 256 Agreement**

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#### **Purpose of Report**

1. This paper is to provide information to the Health and Wellbeing Board on the use of the 2014-15 NHS Transfer Fund, and to request that the Health and Wellbeing Board endorses the use of these funds within a Section 256 Agreement (NHS Act 2006) between Wiltshire Council and NHS England so that the transfer can be concluded.

#### **National Policy context**

2. For 2014/15 the Department of Health has transferred funding to support adult social care to NHS England as part of the Mandate.
3. The funding is in two parts. The first part is intended to help local authorities and clinical commissioning groups prepare for the implementation of the Better Care Fund pooled budget in 2015/16. Each Health and Wellbeing Board must have agreed its Better Care Plan prior to receiving the money. The allocated sum for Wiltshire is £1,519,000 and will be transferred to the Council from NHS England under S256 of the 2006 NHS Act.
4. The remaining part of the transfer will be subject to the same arrangements as the S256 transfer in 13/14 and these are detailed in point 5. The allocated sum for Wiltshire is £6,836,709 and will be transferred to the Council from NHS England under S256 of the 2006 NHS Act.
5. There are a number of national conditions for the use of the 2014-15 funds, which are summarised below:
  - The funding must be used to support adult social care services in each local authority, which also has a health benefit
  - The funding may support existing services or programmes of transformation where they are of benefit to the wider health and care system, provide good outcomes for service users, or would be reduced due to budget pressures in local authorities without this investment.
  - The local authority must be able to demonstrate how the funding will improve services and outcomes for service users, compared to service plans in the absence of the funds
  - The use of the funding must be agreed locally between the local authority and the clinical commissioning group and the use of funding must have regard to the local Joint Strategic Needs Assessment and existing commissioning plans for health and social care
  - Health and Wellbeing Boards are seen as the natural place for discussion and sign off of the transfer arrangements

## **Local context**

6. The Better Care Plan identifies key areas for change in 2014/15:

## **Investing in transformation**

During 2014-15

- We will establish a joint integration programme team, using new capacity (a programme director) and existing resources from within the Council and the CCG. This team will lead the implementation of joint commissioning and joint delivery and ensure we achieve the objectives set out within this plan.
- We will undertake a systems review of the pathway of care for older people. This will tell us where different organisations invest and what outcomes are achieved. It will allow us to see a shift in investment from repair to preventative services that can make the biggest difference.
- We will use the systems review to prioritise the areas for development in 2015-16 and beyond. The first area for development will be hospital discharge.

## **Joint commissioning**

During 2014-15

- We will plan for joint commissioning teams for specialist services (learning disabilities and mental health)
- We will scope the potential for further pooled budget arrangements
- We will evaluate options for joint commissioning of community health and care services
- We will build on developing systems to share information to support commissioning. This will inform us how investment decisions across the whole system can be changed to get the best overall outcomes.
- We will start the implementation of a joint workforce strategy, which has been developed across acute, community and social care providers

## **Supporting individuals and communities to take more responsibility for their own health and wellbeing**

During 2014-15

- We will commission an information and advice portal to support healthy lifestyles, independent living and self care
- We will support informal carers in their caring role, listen to their views and realign the services funded through our Carers Pooled Budget. .



- We will review our existing investment in preventative services and maximise the opportunities for joint commissioning of voluntary and community sector services

### **Supporting care closer to home**

During 2014-15

- We will review processes for hospital discharge so that people do not make a decision about their long-term care arrangements in an acute hospital. This will reduce delays in hospital
- We will implement our model of local multi-disciplinary team working, moving staff and services into local clusters.
- We will review the provision of bed-based care in the county, including the commissioning of care home beds. We will re-commission care home beds using an outcomes-based approach to ensure that all care takes a re-abling approach and achieves the right outcomes to maximise independence. The council and the CCG will ensure care home beds are commissioned in a consistent way
- We will make the best use of telecare services to increase the range of equipment used and the number of people benefitting
- We will increase investment in capacity and skills for intermediate care and reablement in the community. This will be through a review of our existing STARR step up and step-down bedded scheme with a view to moving more of the investment from beds to support in people's own homes.
- We will review the implementation of Help to Live at Home processes to improve outcomes for intermediate care.

### **The right support when people need it**

During 2014-15

- We will continue to invest in 24/7 rapid response services
- Our pathway review will help us determine where to invest in 24/7 services to get the best outcomes.

### **Shared assessments and support plans**

During 2014-15

- We will develop and pilot a single support plan record which is held by the patient/service user.

- We will scope requirements for information systems to allow people to share information at a local level about patients and service users. This will avoid people having to repeat their story to different agencies.

### **Allocation of the 2014-15 funds**

The money from the S256 will be allocated to social care elements of the Better Care Plan . Predominantly funding will sit in Work Scheme 3 – Protecting social care services. It will contribute to: maintaining services, managing increased demand (demography) and strengthening quality assurance.

There will be bi-monthly update reports on the delivery of Better Care and the use of the pooled funds to our Joint Commissioning Board. The Joint Commissioning Board has developed a dashboard of performance outcomes which it monitors at every meeting. This dashboard will be expanded to include they key performance outcomes for the Better Care Fund.

### **Safeguarding considerations**

7. None known

### **Public Health considerations**

8. This transfer does not currently fund any specific Public Health initiatives.

### **Environmental and climate change considerations**

9. None known

### **Equalities impact of the proposal**

10. None known

### **Risk assessment**

11. The financial risk is minimal on the basis that the £8.356m transfer is part of a national arrangement, and NHS England is obliged to make the transfer to the local authority. The allocation has already been considered within the Council's financial planning processes and funds have been spent and/or committed by the Council and reported to the Joint Commissioning Board as set out above. The CCG has expressed support for the transfer to take place and NHS England has confirmed that the transfer can take place once the allocation has been reported to the Health and Wellbeing Board.

## **Financial implications**

12. The financial implications of the transfer are as set out above.

## **Legal implications**

13. The transfer will form a S256 Agreement between Wiltshire Council and NHS England.

## **Conclusions and Recommendations**

14. The Health and Wellbeing Board is recommended to:

- Endorse the use of the S256 transfer as set out above
- Authorise relevant Council officers to sign off the S256 Agreement between Wiltshire Council and NHS England and request that an invoice is raised to NHS England so that the transfer can take place

Sue Geary

Head of Performance, Health and Workforce

## **Unpublished documents used in production of this report**

None

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