

AGENDA

Meeting: Health Select Committee
Place: Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Tuesday 15 July 2014
Time: 10.30 am

Please direct any enquiries on this Agenda to Kirsty Butcher, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713948 or email kirsty.butcher@wiltshire.gov.uk

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

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Membership:

Cllr Chris Caswill	Cllr Dr Helena McKeown
Cllr Mary Champion	Cllr John Noeken (Vice Chairman)
Cllr Christine Crisp (Chair)	Cllr Jeff Osborn
Cllr Mary Douglas	Cllr Nina Phillips
Cllr Bob Jones MBE	Cllr Pip Ridout
Cllr Gordon King	Cllr John Walsh
Cllr John Knight	

Substitutes:

Cllr Pat Aves	Cllr David Jenkins
Cllr Chuck Berry	Cllr Julian Johnson
Cllr Trevor Carbin	Cllr Ian McLennan
Cllr Terry Chivers	Cllr Helen Osborn
Cllr Dennis Drewett	Cllr Ricky Rogers
Cllr Peter Evans	Cllr Nick Watts
Cllr Sue Evans	

Stakeholders:

Steve Wheeler	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Brian Warwick	Advisor on Social Inclusion for Older People
Irene Kohler	SWAN Advocacy

PART I

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

1 **Election of Chairman**

To elect a Chairman for the 2014/15 municipal year.

2 **Election of Vice-Chairman**

To elect a Vice-Chairman for the 2014/15 municipal year.

3 **Apologies**

4 **Minutes of the Previous Meeting** *(Pages 1 - 14)*

To approve and sign the minutes of the meeting held on 6 May 2014.

5 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

6 **Chairman's Announcements**

To note any announcements through the Chair.

7 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above no later than **5pm on Wednesday 9 July 2014**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

8 **Performance report on NHS 111** *(Pages 15 - 20)*

At its meeting on 11 March the Committee received a report on the NHS 111 performance from the CCG. The Committee was concerned about what it heard and asked the CCG to return to its next meeting with updated performance figures.

Jo Cullen, Group Director for the West Wilts, Yatton Keynell and Devizes (WWYKD) Group will be in attendance for the CCG to present the report and answer questions.

9 **Continence Services Task Group Report**

9a **Executive response to the task group report**

Cllr Humphries expressed his concerns at the findings presented in the report presented by the Continence Task Group at Health Select Committee on 6 May 2014, and made a verbal commitment to call together the various partners involved in the NHS Continence Services to monitor progress being made towards making the improvements which had been identified. This meeting took time to arrange due to diary commitments of officers in the different organisations involved. Unfortunately having arranged a date and time it had to be cancelled at the last minute due to the ill health of the NHS lead commissioner without whom the meeting would not have been very productive. Officers are in the process of rearranging this meeting and Cllr Humphries intention is to report back to the Committee by the end of July.

9b **Report back from Task Group meeting with CCG**

The Committee endorsed the final report of the Continence Services Task Group at its meeting in May. One of the recommendations was that members of the Task Group would meet with the CCG to present its findings and seek a response from the CCG on the report.

The Task Group met with Dr Steve Rowlands, Debbie Fielding and James Slater from the CCG on 1 July. Cllr Jeff Osborn (chair of the Task Group) will report back on the meeting.

10 **Final Draft Dementia Strategy** (Pages 21 - 42)

The Committee received the draft Dementia Strategy at their meeting on 14 January 2014, after which it went out to public consultation.

Cllr Keith Humphries and Cllr Sheila Parker will be in attendance to present the final draft strategy, following consultation, and answer questions.

The Committee is asked to note the strategy.

11 **Healthwatch Annual Report** (Pages 43 - 84)

Healthwatch Wiltshire has produced its Annual Report after the first full year of operation. Christine Graves, Chair, and Steve Wheeler from Healthwatch will present the report and answer questions.

The Committee is asked to:

- i) recognise the progress which has been made to establish an independent and credible local Healthwatch in Wiltshire which is able to fulfil its role as consumer champion for health and social care;
- ii) note the content of the Annual Report 2013/14;
- iii) recognise the unique and valuable contribution which Healthwatch Wiltshire can make, on behalf of local people, to the work of the Health Select Committee.

12 **Clinical Commissioning Group's 5 year Strategic Plan** (Pages 85 - 166)

The CCG has produced its 5 Year Strategic Plan 2014 – 2019 which:

- Sets out the strategic direction for the development of health and care services across Wiltshire over the five year period 2014-2019;
- Shows in detail for the first two years how the CCG will deliver their objectives between 2014 and 2016, and lay the foundations for transformational change;
- Demonstrate how over the five year horizon of the plan, 2014 to 2019, the CCG will deliver transformational change that provide high quality, effective, clinically led and local services for people in Wiltshire.

Dr Steve Rowlands, chair of the CCG and David Noyes, Director of Planning, Performance and Corporate Services will be in attendance to present the Plan and answer questions.

13 **Task Group Update**

To receive verbal updates on the activities of the Committee's Task Groups.

14 **Forward Work Programme** *(Pages 167 - 168)*

The Committee is asked to consider the work programme.

15 **Urgent Items**

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

16 **Dates of Future Meetings**

The Committee is asked to note the date of the next meeting of Health Select Committee, being Tuesday 23 September; and the future meeting dates below, including the dates for 2015-16.

All meetings are scheduled to start at 10.30 am, and will be held in the Kennet Room, County Hall, Trowbridge, Wiltshire BA14 8JN unless otherwise informed:

Tuesday 23 September 2014
Tuesday 18 November 2014

Tuesday 13 January 2015
Tuesday 10 March 2015
Tuesday 5 May 2015
Tuesday 14 July 2015
Tuesday 22 September 2015
Tuesday 17 November 2015

Tuesday 12 January 2016
Tuesday 8 March 2016

PART II

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

None.

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 6 MAY 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Cllr Sue Evans (Substitute), Diane Gooch, Cllr David Jenkins (Substitute), Cllr Bob Jones MBE, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Nina Phillips, Cllr Ricky Rogers, Brian Warwick and Steve Wheeler

Also Present:

Cllr Keith Humphries, Cllr Simon Killane and Cllr Sheila Parker

34 Apologies

Apologies were received from Cllr King, Cllr McKeown and Cllr Ridout.

Cllr Jenkins substituted for Cllr King.

Cllr Parker remains on the committee until officially appointed as Portfolio for Adult Care, however as she had started work on her portfolio and was presenting a report to committee she was substituted by Cllr Sue Evans.

35 Minutes of the Previous Meeting

The minutes of the previous meeting held on 11 March 2014 were presented.

Resolved:

To sign and agree the minutes of the previous meeting as a true and accurate record.

36 Declarations of Interest

Mr Brian Warwick declared an interest in agenda items 8 and 10, and declared his wish to speak. The Committee noted the standing declarations made by members at previous meetings.

37 **Chairman's Announcements**

CQC priority bands update

In the latest CQC priority bands for inspection circulated to the Committee recently, RUH was in the 'recently inspected' category. It has now been confirmed in band 6, the lowest risk band, so all 3 of our acute hospitals are now in band 6.

Invitation to visit Harmoni call centre

4 members of the Committee met with Harmoni on 23 April to discuss the NHS 111 service. As a result of this they have extended an invitation to the Committee to visit their call centre at Stoke Gifford to see it in action. 3 dates have been proposed, on 10th, 11th and 12th June between 6pm and 8pm when the call centre would expect to be busy. Any member who would like to attend is asked to complete the list circulated at the meeting.

Joint HOSC for SWAS

On 11 April, the Council hosted a meeting of the joint HOSC for the South Western Ambulance Service. The ambulance service presented reports on the Trust's activity and performance, national ambulance quality indicators and hospital handovers, which were discussed by the Committee. Cllr Colin Hay from Gloucester County Council was elected as the new chairman and the next meeting, date to be agreed, will be in Gloucester.

Sub Group of the multi-agency Cabinet Transformation Committee

The Cabinet Transformation Committee now has a health sub group, the Committee will be kept up to date with their work and alerted with anything of interest.

Cllr Sheila Parker

Sheila Parker remains a member of the Committee until officially appointed as Portfolio holder for Adult Care. However she has already started work on her portfolio and so will be presenting a paper to the Committee today.

38 **Public Participation**

There were no questions submitted to the Committee and no members of the public expressed a desire to speak.

39a **Performance report on NHS 111**

The Committee welcomed Patrick Mulcahy, Associate Director of Commissioning for Urgent Care who presented the report, noting that there were three areas of concern:-

- Ambulance disposition rate
- Activity sent to Accident and Emergency
- Warm transfer rate

Although slight improved had been seen there were still concerns, mainly seen at weekends.

The ambulance disposition rate was seen to rise on Saturdays and Sundays, where the increase in activity to the ambulance trust was causing them issues. Activity sent to Accident and Emergency was in breach of the 5% target.

He noted that Harmoni had just come through a difficult staff consultation on realignment which had resulted in a number of staff leaving. It had been a difficult launch to the contract, however the KPI holiday had now ended and the CCG were now in a position to apply financial penalties if required.

The Committee asked for clarification on the realignment consultation and it was explained that the peaks in activities did not align with the shift patterns. Staff had been consulted with regards to new patterns, and it was presumed that staff had left as the new shift patterns did not suit them, meaning staff numbers were lower than expected, and they would be recruiting.

The Committee commented that it was not a satisfactory position and Mr Mulcahy explained it was a consequence of the nature of the contract, noting that the potential to implement financial penalties now available may focus Harmoni to improve their performance. At busy times calls are re-routed to 'Conduit', an approved NHS contractor based in Milton Keynes, trained on Care UK's clinical systems. The Healthcare professional line was also available as a back-up.

The Committee hoped that improvements would be seen in the coming months as a result of the new shift pattern and new staff that had started. It noted a disconnect with weekend referrals which required all partners to work together to address. The CCG confirmed that they were working on a 7 day practice through enhanced general practices predominantly in towns. There was a need to understand why there were queues in hospitals on Saturdays and Sundays which required further investigation.

The Committee asked Mr Mulcahy to comment on the graph seen on page 19 of the agenda which detailed the performance of NHS 111 callers referred to A&E. It was his view that acuity levels had increased and this view was supported by A & E colleagues. He noted a data issue which meant that A&E referrals could not be separated from minor injuries unit referrals. Harmoni had been asked to rectify this.

The CCG were working with colleagues to understand whether patients were being sent to A&E due to gaps in provision elsewhere. If identified these would be addressed strategically.

The Committee thanked Mr Mulcahy for attending and asked for a further update to be brought to the next meeting.

Resolved:

The Committee noted the performance report on NHS 111.

39b Meeting with Harmoni re NHS 111

Cllr Noeken noted the meeting held on 23 April between Harmoni and members which had provided a good understanding on how Harmoni were moving forward.

The Committee hoped to see the positive impact of changes during their visit to a call centre which would take place between 10–12 June 2014.

40 Development of the Bath, Bristol and Weston Vascular Network - recommended model of care for approval

The Committee welcomed Lou Farbus, Steve Sylvester and Debbie Hart from NHS England, Marcus Brooks – Consultant Vascular Surgeon, University hospital, Bristol and Jonathan Earnshaw – Consultant Vascular Surgeon, Cheltenham General Hospital.

Dr Farbus showed the Committee a short video which summarised the local case for change and what is being proposed, a link to which can be found below:

<http://www.england.nhs.uk/south/south/bnsssgat/vascular-services/>

She introduced the report which explained that the population of Wiltshire was served by three vascular networks – the Dorset Vascular Network, The Gloucestershire and Swindon Vascular Network and the Bath, Bristol and Weston Vascular Network. The report related to proposed changes to the Bath, Bristol and Weston Vascular Network.

The proposal was to improve outcomes for vascular patients by commissioning a ‘hub and spoke’ model of care that concentrated in-patient vascular surgery in an arterial centre. The hub for the Bath, Bristol and Weston Vascular network was a new state of the art arterial surgical hub being built at Southmead, Bristol. All other vascular diagnostic, day case surgery and outpatient care would still

be kept in local 'spoke' services, as currently. The proposal allowed the vascular services currently providing support for people from Bristol, North Somerset, parts of Somerset, South Gloucestershire, parts of Wiltshire and Bath and North East Somerset (BANES) to work together as a network to jointly meet the criteria outlined in the national service specification that is to be implemented across England in a way that is safe, sustainable and increases access to centre level care for some people.

The Committee heard that the proposal was supported by the CCG, with discussions over how local provision was retained, and local GP's were involved with pathway development.

Dr Rowlands, Chair of the CCG explained that the proviso that local pathways are developed that GPs can support.

In response to questions it was confirmed that current there were mixed outpatient clinics at RUN, however they would be keeping a purely vascular clinic at a location yet to be determined. Although it was clear on a national level that the direction was moving to a 7 day service, this was currently not commissioned and the proposal was Monday to Friday. A decision had to be made on how surgeons were used during work, under current funding arrangements it did not allow weekend clinics although surgeons were on call at weekends. The Committee noted that provision of a full 7 day service was a direction of travel they would like to see.

The Committee highlighted concerns over travel and also if any thought had been given to carers and relatives. It was explained that at a public consultation event where the majority of people had come from Wiltshire and all but 5 of the public were either patients or carers, they had indicated that they would be prepared to travel up to an hour for an outpatient appointment and up to 90 minutes for surgery. A new non-emergency patient transport service, provided by Arriva, was available, which was a shared service with BANES. Feedback on the service had not been positive and plans were in place to meet with Arriva and review. The trust now reviewed transport protocols across the whole area.

The Committee questioned the breadth of the public consultation and whether recent patients and national charities had been involved. The proposals were based on the national service specification and therefore the consultation process was in two parts, the national aspect which did involve charities and the local impact which included local patients.

The Committee asked whether accommodation and support for families was part of the proposal and heard that NHS England would seek support for the concept and points such as these would be addressed at the delivery level.

The Committee noted that, based on current figures, an additional outpatient facility was required in Wiltshire. It was agreed that this would be provided, its

exact location to be confirmed. As a result, it was agreed that point 5 in the report's recommendations should be amended to read:

Consider that arrangements for outpatient and day case surgery will remain as currently, with the additional of an extra outpatient facility, to enable as much care as is safe and appropriate to be provided in 'spoke' vascular services at various sites closer to people's homes;

Resolved:

The Committee:

- 1. Considered the evidence based improvements in patient outcomes the new model of care being offered by the Bath, Bristol and Weston Vascular Network is able to deliver;**
- 2. Considered the likely impact of the proposed model (to concentrate in-patient surgery at the new Southmead hospital as opposed to Royal United Hospital in Bath, the old Southmead and Bristol Royal Infirmary Hospitals as currently) upon some Wiltshire residents had been kept to a minimum as only some in-patient surgery was being concentrated at Bristol to provide some Wiltshire residents with a full 24/7 service whilst all other vascular support (outpatient, day case surgery etc.) will remain at Royal United Hospital, Bath (RUH) as currently. Moreover a proportion of people from Wiltshire already need to go to Bristol for their vascular surgery as the service at RUH is only available during working hours, Monday to Friday. In addition, the people from Wiltshire can access two further vascular networks: The Gloucestershire and Swindon Vascular Network and the Dorset Vascular Network which were summarised in the report for information;**
- 3. Considered the increased access to centre level in-patient vascular surgery for Wiltshire patients from 5pm provision, Monday to Friday as currently to 24/7, 365 days in the future;**
- 4. Considered the support and involvement of local clinical leaders, patients, carers and members of the public in developing the recommended model of care**
- 5. Considered that arrangements for outpatient and day case surgery will remain as currently, with the additional of an extra outpatient facility, to enable as much care as is safe and appropriate to be provided in 'spoke' vascular services at various sites closer to people's homes;**

- 6. Considered that the dedicated vascular hybrid vascular theatre and 42 bed dedicated vascular ward that the new Southmead hospital will provide;**
- 7. Noted the consideration that had been given to protecting the financial stability of Trusts and future development of vascular services; and**
- 8. Endorsed the implementation of the proposal to move to a more elective and emergency vascular surgery to the new arterial centre in Bristol starting in the autumn of 2014.**

Jonathan Earnshaw, Consultant Vascular Surgeon at Cheltenham General Hospital provided an update on the Gloucester and Swindon Vascular Network. They had planned and moved to a single centre based in Cheltenham in February 2014, with spoke sites in Gloucester and Swindon. He noted both good points and difficulties with the move.

The Committee asked what some of the difficulties had been and he explained that demand had been underestimated with a large number of patients coming from Swindon. Waiting times for outpatients were also a concern.

Mr Earnshaw agreed that their support for families was poor and he would report back the Committee's comments regarding greater support for families and carers.

Steve Sylvester from NHS England provided an update on the Dorset Vascular Network in the absence of a representative. The network covered part of the south of the county including Salisbury, and had a staged plan for the emergency pathways. The CCG would like to see a local focus running through the pathways.

He confirmed that he would take back the Committee's comments regarding the support for families and carers.

41 Contenance Services Task Group - final report

Cllr Jeff Osborn, the chairman of the task group, presented the task group's final report and recommendations to the Committee.

He noted that incontinence was the second highest reason for people going into care, after dementia. It was an issue of human dignity – a hidden embarrassing problem.

Medequip currently ran the service and whilst the initial transfer had not been handled well most problems had been resolved within eight weeks and currently there were few complaints about deliveries.

The task group found that there was not sufficient choice in provision, which was a result of cost. The recommendations were focussed around commissioning, which was the joint responsibility of the CCG and Wiltshire Council.

The Committee heard that there had been mistakes made on decisions around the services, with no real public consultation. There was an apparent lack of concern regarding dignity, no account of personal needs and no understanding of the social and personal impact. The delivery service of 8 weeks was questioned, being not practical for some users, especially those in sheltered accommodation.

A motion to amend the third recommendation seen in the report, adding the words 'by the task group' to read:

- c) That the home delivery service of incontinence products is reviewed by the task group after 6 months to assess progress made

was seconded and agreed.

Concern was raised that health and social care plans mentioned in paragraph 17 of the report were separate. Attention was also drawn to the 'false economy' mentioned in paragraph 56; this would be addressed by the joint commissioners.

The Committee heard that incontinence could also be linked to increased risk of pressure ulcers.

Cllr Keith Humphries, Cabinet member for Public Health, Protection Services, Adult Care and Housing (excluding strategic housing) addressed the Committee and gave his thanks for the comprehensive report which had raised grave concerns. He explained his intention to bring all parties involved together to work towards a better solution. These intentions were echoed by Dr Rowlands from the CCG.

Mr Wheeler, Healthwatch representative, stated he would take the report to their meeting next week and ask for their support for the recommendations.

An update would be brought to the July meeting on future plans for the service.

Resolved:

The Committee agreed:

- 1. That the joint commissioners re-evaluate the home delivery service of incontinence products currently being offered, taking into consideration the issues raised above;**

2. That the task group meets with Wiltshire Clinical Commissioning Group to discuss their findings

3. That the home delivery service of incontinence products is reviewed by the task group after 6 months to assess progress made

42 Wiltshire figures for delayed transfer to care

The Committee welcomed Cllr Humphries who presented the report, noting it was a complicated issue and explained that the figures were used to identify trends.

James Cawley, Associate Director – Adult Care Commissioning, Safeguarding and Housing then addressed the Committee. When asked if a future report could contain a comparison with neighbours he explained that each community was with different cultures, and what was working in one community may not be appropriate to use in others.

Improvement had been seen in the overall figures for 3 months however this was not going down as fast as was wanted. The Better Care plan would help address this, and there was ongoing work on both systems and culture. An external provider had been engaged to work with teams in the south of the county to look at culture change, and how to avoid a 'blame culture' at a local level. The systems thinking team were looking at how the systems work within the Salisbury Hospitals Foundation Trust, to bring the culture and systems together.

He noted that there were three CCG locality groups each with their own ideas, giving three pathways around three different communities. There would be more work around the Better Care plan, for example the review of the STARR bed system and a 25% in the delayed transfer to care figures had to be achieved in the next two years. The Committee's input would be welcomed throughout the process.

Dr Rowlands from the CCG noted that hospital avoidance would also be looked at, to support more people at home.

Although health and social care were not yet joined, Dr Rowlands recognised that joint funding was the way forward, meaning problems were addressed together.

The Committee queried the role that community hospitals could play and Dr Rowlands confirmed there was no intention to open community hospitals other than those existing. The same level of care could be provided in care and nursing homes closer to patient's homes. Data had shown that length of stays had been no shorter in Trowbridge Community Hospital than it was in RUH.

Mr Cawley confirmed that there was no issue with the Salisbury Foundation Trust not reporting delayed days weekly as stated in paragraph 18c of the report.

The Committee welcomed the work being done to address cultural issues. It noted the need for discharge nurse and care co-ordinators to be joined into the integration agenda, and gave Mr Cawley and his team every support. With regard to the layout of the report it asked that in future versions the charts were made bigger

Resolved:

The Committee:

- 1. Noted the report; and**
- 2. Gave its full support to the work Mr Cawley and his team were undertaking in this area.**

43 Older People Accommodation Development Strategy - update

Councillor Keith Humphries presented the report which provided an update on the progress of the implementation of the Older People Accommodation Development Strategy.

He drew attention to the new bungalow project which had funding of £2 million per year over the next 10 years. This project would build old peoples bungalows in rural villages, allowing older people to stay within their communities. This could potentially release larger family homes and provide possible carer employment within the community. There would be a basic design which would be modified around the communities and would be quickly built using a modular 2D / 3D system, subject to the relevant planning consent.

The Committee asked whether these would be sheltered accommodation and who would own them. It was explained these would not be sheltered accommodation but council owned with affordable rent, clustered in small rural communities. A different approach could be taken with having care contracts linked to clusters, possibly including tied houses for care workers, thereby linking communities and care into the rural location.

The first ten sites had been identified; – a site in Malmesbury was already started and money had been allocated to another in Devizes.

Cllr Rogers noted that he was not aware of the scheme planned for the Fugglestone Red development mentioned in paragraph 26. It was agreed that a briefing would be arranged.

Resolved:

The Committee noted the progress of the Older People's Accommodation Development Strategy.

44 Mental Health Strategy - update

Cllr Parker, Portfolio Holder for Adult Care, including Learning Disability and Mental Health presented an update to the Committee on the work of Public Health to produce a joint Mental Health Strategy for the county with the Clinical Commissioning Group.

The Committee noted the lack of mental health beds and the importance of having beds in communities, highlighting these must be in the right place.

Resolved:

The Committee noted the report.

45 CQC inspection of AWP - 9 June 2014

The Chairman drew attention to the letter seen at pages 83-84 of the agenda, which provided details of their inspection programme for April – June 2014. In Wiltshire one organisation, the Avon and Wiltshire Mental Health Partnership NHS Foundation Trust would be inspected, starting from 9 June. Any feedback relevant to the quality of care provided by AWP and any of the services it provides could be shared with the CQC by emailing mhinspection@cqc.org.uk with the subject line: Avon & Wiltshire Mental Health Partnership NHS Foundation Trust Q1 Mental Health Inspections.

The Committee raised concern over the Charterhouse facility in Trowbridge which had been closed as a temporary measure due to the building being not fit for purpose.

Resolved:

The Committee agreed to raise the issue of the requirement for additional mental health beds with the inspectors.

46 Committee Membership

The Chairman noted that Brian Warwick's new appointment to become Chairman of the steering group on Older People's Strategy meant he would be stepping down as a member of the Health Select Committee. The Southwest Seniors Network, of which Mr Warwick was a member, would hold their AGM in September, at which they would appoint a new representative.

The Committee thanked Brian for his long term service and wealth of knowledge.

In reviewing the non-voting stakeholder membership of the committee it was suggested that an additional non-voting stakeholder, Swan Advocacy be invited to join the Committee.

Resolved:

To proposed to Council the following non-voting stakeholder membership:

Wiltshire Healthwatch – Steve Wheeler
Wiltshire and Swindon Users’ Network – Diane Gooch
SWAN Advocacy – Irene Kohler
Southwest Seniors Network - TBC

47 Task Group Update

Transfers to Care Task Group

Due to the resignation of two members of the Task Group, an invitation for additional members was extended.

Avon and Wiltshire Mental Health Partnership / Dementia services

Cllr Noeken highlighted the excellent meeting held at the beginning of March in Salisbury with a carer’s group. The dementia strategy consultation had slightly overtaken other work, and they awaited the outcome of the consultation.

Help to Live at Home Task Group

The inaugural meeting of the Help to Live at Home Task Group is to be arranged shortly, once the report from the peer review of Help to Live at Home is received.

The Committee heard that the number shown on the back of the pamphlet – 0300 456 6011 may not be working correctly and needed checking, which the task group would address.

The Chairman congratulated the Continence Services task group on its work and final report, minute no. 41 referred.

48 Forward Work Programme

The Committee noted the forward work programme.

49 Urgent Items

Draft responses from the Committee to the Quality Accounts for the South West Ambulance Trust and Salisbury Hospital had been circulated prior to the

meeting. Amendments were agreed and the final responses would be forwarded to the respective providers.

The Committee had not yet received the Quality Accounts from the RUH and GWH.

Resolved:

The Committee agreed that Cllr Noeken would draft a response on the quality accounts for RUH and GWH and circulate to members for comment.

50 **Date of Next Meeting**

The date of the next meeting was confirmed as being Tuesday 15 July 2014, at 10.30am and would be held in the Kennet Room at County Hall, Trowbridge, Wiltshire BA14 8JN.

(Duration of meeting: 10.32 am - 1.00 pm)

The Officer who has produced these minutes is Kirsty Butcher, of Democratic Services, direct line (01225) 713948, e-mail kirsty.butcher@wiltshire.gov.uk

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

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BRIEFING NOTE FOR WILTSHIRE HEALTH SELECT COMMITTEE MEETING 15TH JULY 2014

1 CONTEXT

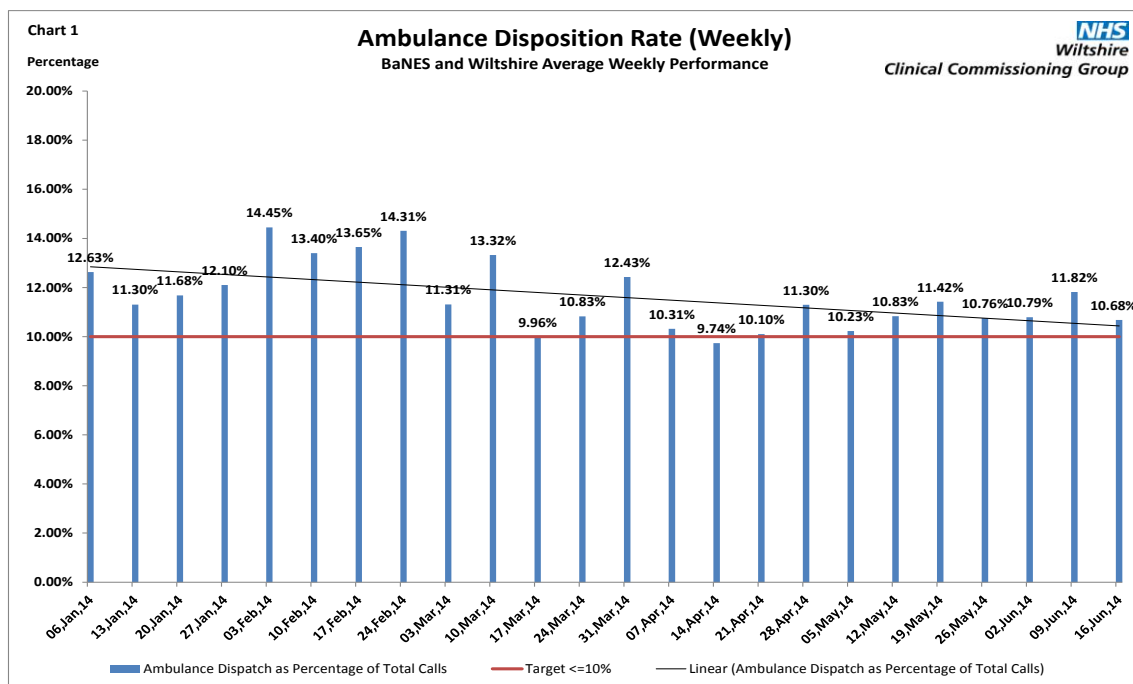
Further to the report presented to the Health Select Committee on 6th May 2014, this briefing note provides the Committee members with a position update on aspects of local performance of NHS 111, provided by Care UK Limited.

Members will be aware that the prime areas of concern for the CCG for current performance continue to be around;

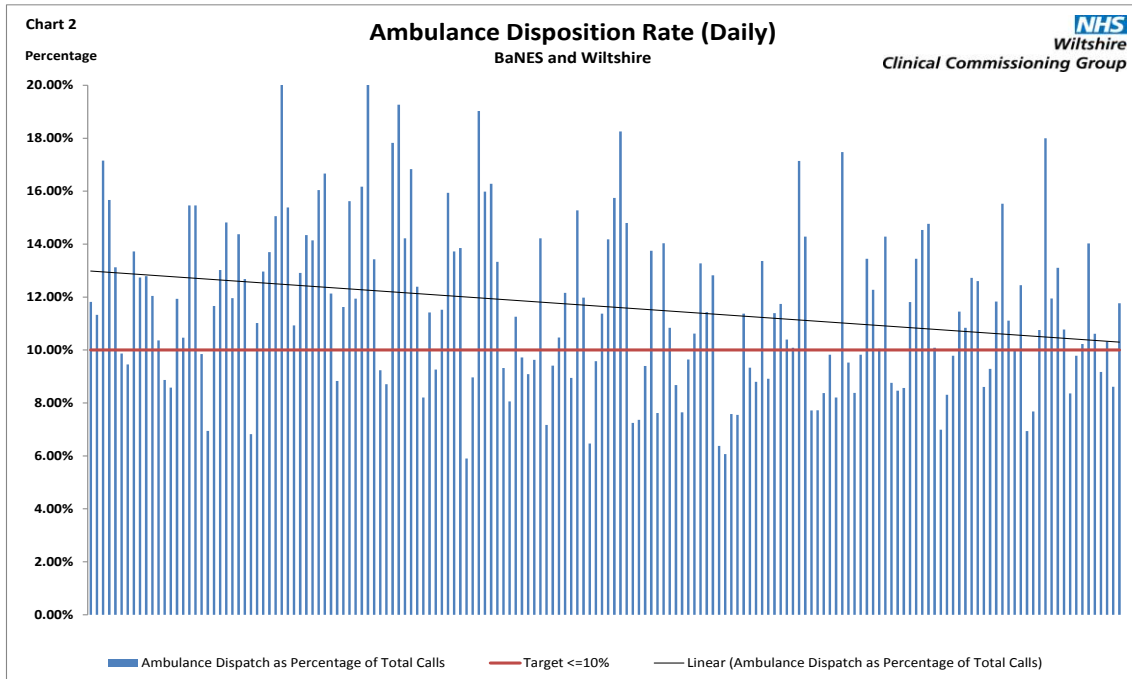
- Ambulance Disposition Rate (ADR)
- ED referral rate (EDRR)
- Warm Transfer Rate (WTR)

2 LOCAL PERFORMANCE

Members will be aware that within the contract a number of performance measures potentially impact upon other NHS providers. The Ambulance Disposition Rate (ADR)¹ for January 2014 to June 2014 shows that although still slightly above the target threshold of less than 10%, fewer calls, as a percentage¹ are resulting in an ambulance being requested. Although, as previously noted there remains spikes in disposition activity at weekends. (Charts 1&2)

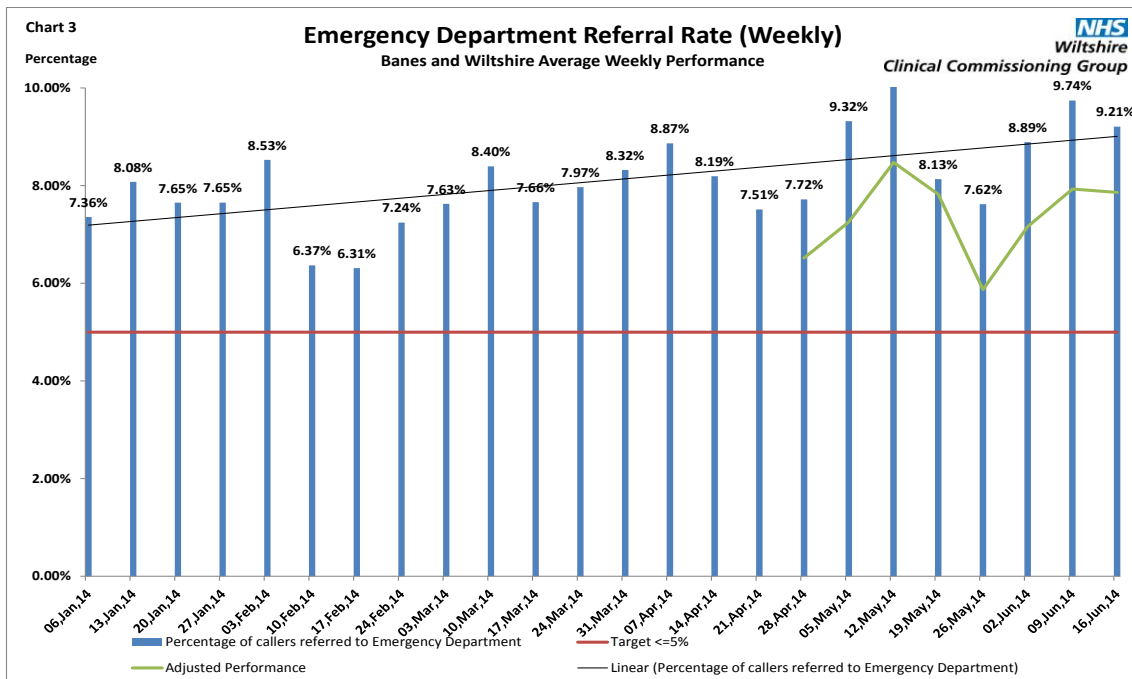


¹ The rate at which NHS 111 calls result in an ambulance response being requested



The CCG continues to facilitate joint working between Care UK and South Western Ambulance NHS Foundation Trust to ensure that shared learning is taking place and regular audits are in place to review the appropriateness of referrals from NHS 111.

The Emergency Department Referral Rate (EDRR)² has, disappointingly, not met the performance target of less than 5%, see Chart 3.



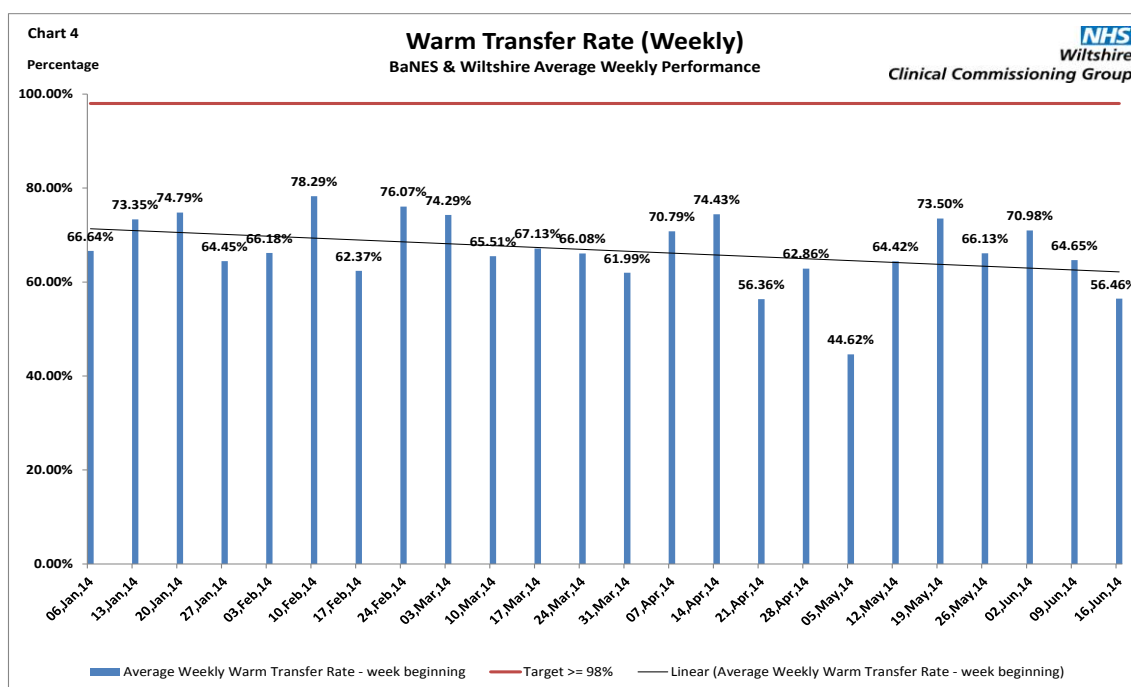
² The percentage of calls that result in the patient being referred onto their local emergency department for follow on treatment

From the end of April Care UK have been able to provide an adjust picture based on extracting persons who have been referred to a Minor Injuries Unit or Urgent Care Centre when clinically appropriate and when these facilities are available.

The CCG, within the overall monitoring of the wider urgent care system has been aware that throughout the presented data period both primary and secondary care have seen a marked rise in non-elective admissions and it is suggested that this increase in patient acuity is likely to impacting upon the Care UK EDRR performance.

Warm Transfer Rate (WTR)³ continues to be below performance. This is predominantly as a consequence of impact Care UK's staff consultation required to realign shift patterns to call profiles. This resulted in a high degree of staff attrition and although a major recruitment programme is underway it is unlikely that clinical staffing numbers will improve until August / September. Until the reduced number of Clinical Advisors can potentially result in none being available to take a referral from a health Advisor, which may then result in that Health Advisor advising the caller to attend an Emergency Department based on the Pathways disposition.

In June 2014, Care UK will upgraded to NHS Pathways version 8 which is likely to improve disposition outcomes across a number of domains that will result in more appropriate routing of patients.



This challenge is shown in Chart 5 and 6, supplied by Care UK as part of the normal contracting monitoring process. These show the days when the rota gaps occur and performance is likely to be stretched.

During these periods Care UK has the ability to automatically switch calls, based on demand, to other Care UK NHS 111 centres in order to mitigate against performance dips.

³ A telephone call that is transferred from one individual to another (usually a call advisor to a clinical advisor) while the caller is still on the line

Clinical Commissioning Group

Chart 5 - Expected hours required V the number of actual Health Advisor hours on rota May 2014

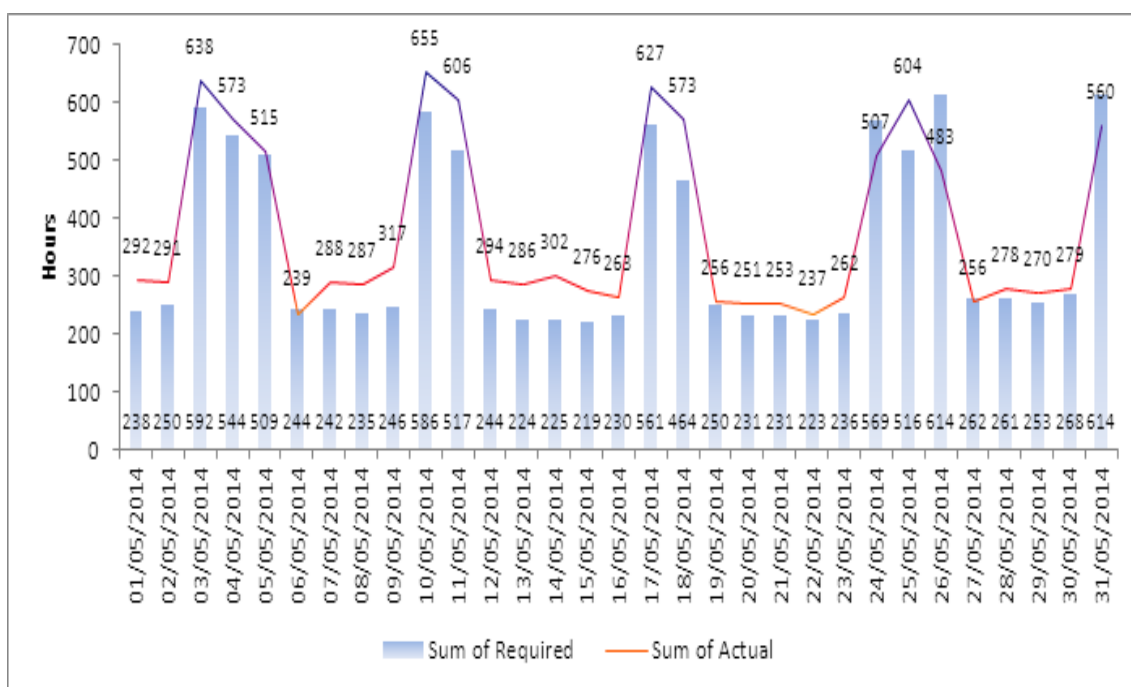
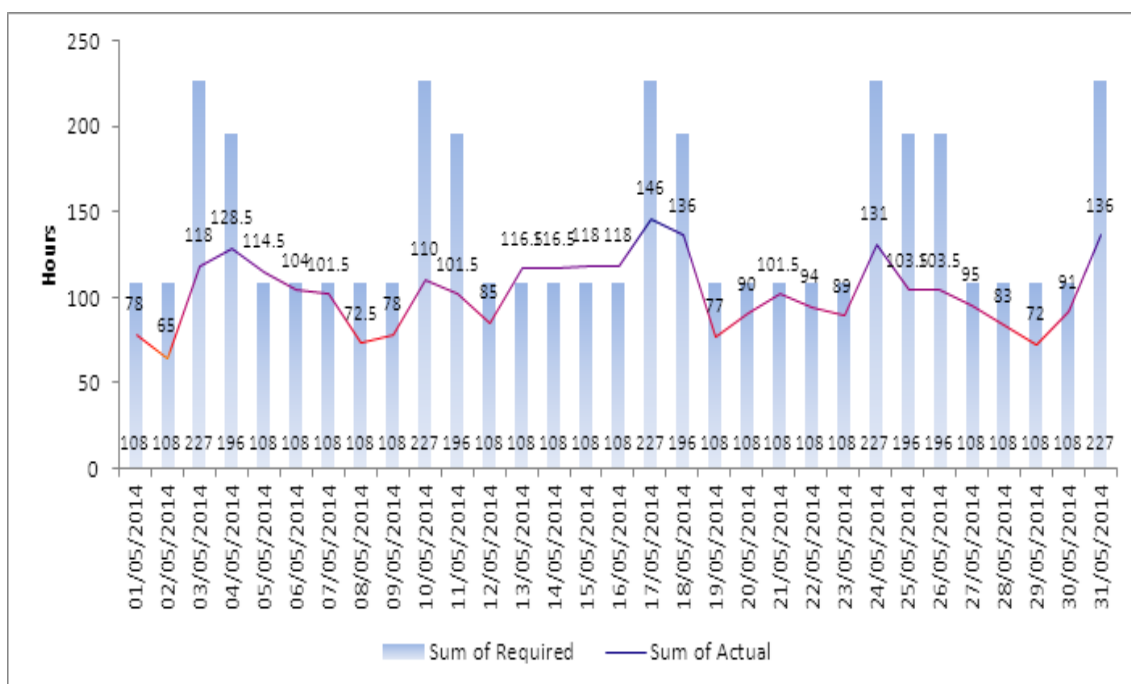


Chart 6 - Expected hours required V the number of actual Clinical Advisor hours on rota



Care UK is now undertaking a monthly patient experience survey, using a random 5% sample of service users. The return rate for May was 31.60%, a slight increase from the previous month. Of

Clinical Commissioning Group

these 55.3% of respondents indicated that they would be extremely likely to recommend NHS 111 to a friend or family member (up 5.3% from April's figure).

3 NEXT STEPS

Wiltshire CCG is continuing to work closely with co-commissioners and NHS England to monitor this contract. We are working with Care UK to review progress against the recovery plans tabled and expect performance to improve once staffing levels have improved.

From May 2014 the contract now allows the CCG to implement financial penalties for non-delivery against a number of key performance indicators, and in conjunction with neighbouring CCG's with whom we work collectively in relation to the contract management we fully intend to exploit this aspect, whilst continuing to support Care UK improvement plans.

4 CONCLUSION

Local performance and lack of progress within a number of areas is likely to be linked to both local recruitment challenges for Care UK within a very buoyant local market for clinical staff within the North Bristol area and an unseasonal increase in patient acuity. Whilst not reducing the seriousness of these performance gaps, it needs to be viewed within the overall context of the wider health system, where the majority of providers are experiencing demand pressures and it should be noted that the Care UK Bristol centre now deals with well in excess of 50,000 calls per month, the majority of which are appropriately managed.

Patrick Mulcahy
Associate Director of Commissioning
Date 1st July 2014

DRAFT

**Wiltshire Dementia
Strategy**

2014 – 2021

Introduction

This strategy has been developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in conjunction with various local partners from the statutory and voluntary sector, as well as through talking to people with dementia and their carers and families about their experiences in Wiltshire (see appendix A).

The main purpose of the strategy is to ensure that people with dementia and their carers and families are able to live well and are supported to do so through being able to access the right services and support at the right time, whether that be from organisations or their local community.

However, it is recognised that minimising people's risk of developing dementia is also an important aspect of care for the population as a whole. Thus this strategy also highlights the links to other relevant strategies and health promotion activities and services that target the risk factors.

We want the message of this strategy to be that it is everybody's business to support people with dementia and their carers and families in Wiltshire and not just the reserve of specialist care services.

For this to happen we need to understand:

- where we are now
- where we want to be by 2021
- how we get there and what success will look like

This document will address each of the above points so that people can understand the commitments and priorities of Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations that support people with dementia and their carers and families in Wiltshire.

The focus of this strategy is all people with dementia and their carers and families, right from the point that they have concerns about their memory through to the end of their lives. For clarity, several different phrases will be used within the document to describe different groups of people:

- People with dementia – People who have dementia (whether diagnosed or undiagnosed)
- Carers – People who provide unpaid support to people with dementia – they are normally family members, partners, friends or neighbours.
- Care workers - Care workers – Paid staff who support the person with dementia and their carer(s).

The word 'dementia' describes a group of symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease and vascular dementia, amongst others. Symptoms of dementia vary but often include loss of memory, confusion and problems with speech and understanding.

Dementia is progressive and as it advances so do the symptoms, up to the point that people will have difficulty in undertaking everyday tasks and will need increasing support and assistance from others.

In Wiltshire dementia is seen as a long term condition, although it is acknowledged that many specialist dementia services are provided by a mental health organisation (Avon and Wiltshire Mental Health Partnership) and that people with dementia may also have needs relating to their mental health.

Whilst there is currently no cure for dementia, there are a number of types of support that can help someone to live well with dementia. Support and treatment can also often help to alleviate symptoms or to slow the progression of the dementia for many people.

Section 1: Where we are now

National and local policy, legislation and guidance

Within recent years there has been an increased focus on dementia at a national level due to a number of factors, including a rising older population and therefore increasing number of people with dementia coupled with a lack of awareness and understanding of dementia leading to stigmatisation and poor quality care.

As a result of this, there is now a substantial body of national policy, legislation and guidance that advises and directs organisations on how to best support people with dementia and their carers and families (see Appendix B for more detail). Amongst this there are two pieces of policy which are most relevant to this strategy:

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

The strategy focuses on driving improvements for people with dementia and their carers and families in three main areas:

- Awareness and understanding – Improved public and professional awareness and understanding of dementia and the stigma associated with it.
- Early diagnosis and ongoing support – Good quality early diagnosis and intervention; good quality information for those with diagnosed dementia and their carers; and easy access to care, support and advice following diagnosis and follow on medication management.
- Living well with dementia – High quality health and social care services so that people can live well with dementia until the end of their lives.

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

This aims to deliver a number of actions that focus on three main areas:

- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

Locally, the previous Wiltshire Dementia Strategy developed in 2009 has provided the context and direction for health and social care provision for people with dementia and their carers and families. However, many people with dementia and their carers will have needs that can be met by non-specialist services and/or have other needs that do not relate to their dementia e.g. housing, other long term conditions etc. There are a number of other local strategies (listed in Appendix B) which cover these areas and so this document should be read in conjunction with them.

People at risk of developing dementia

Age is considered the highest risk factor for dementia, and the percentage and numbers of older people in the population is increasing. However, there are a high number of people who have modifiable risk factors for dementia who can be targeted.

In addition to age, risk factors for developing dementia include vascular disease such as cardio-vascular disease and stroke plus smoking, excessive alcohol use, obesity, diabetes, hypertension and raised cholesterol levels (NICE, 2013). Those who have depression are also at higher risk of developing dementia. There are also those who have a genetic risk for dementia, though this area is not yet fully understood. There are people who will have more than one of these risk factors.

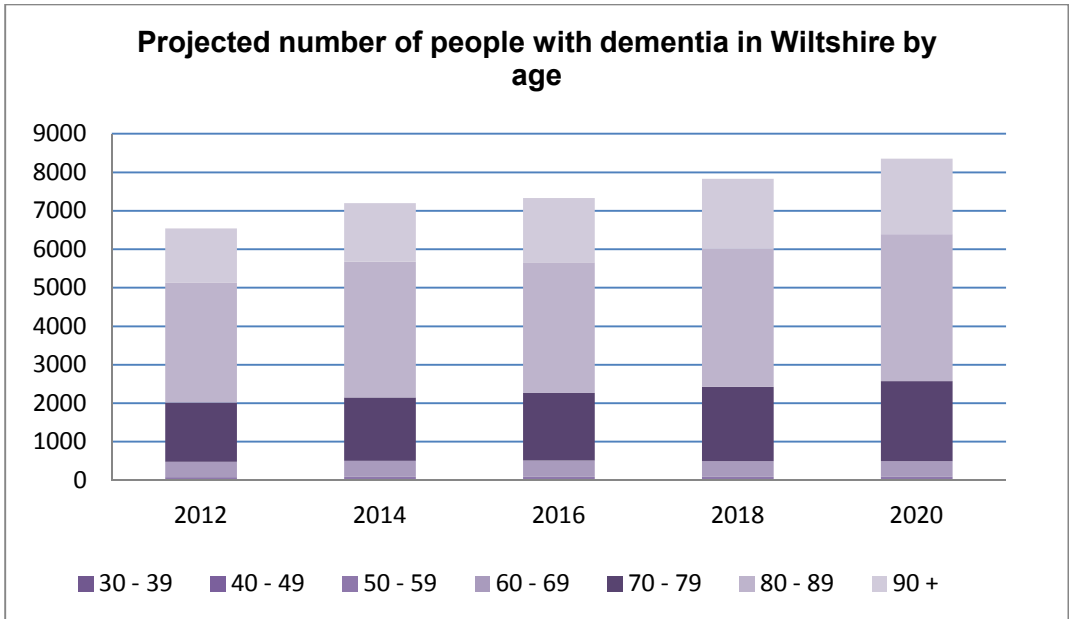
It has also been found that keeping one's mind active and also being socially active can also help reduce the risk of dementia. There is concern that due to the rural geography of Wiltshire, people are more likely to be socially isolated.

People with dementia and their carers and families in Wiltshire

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ years for men and 60+ years for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalence rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an additional 1800 people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.



Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

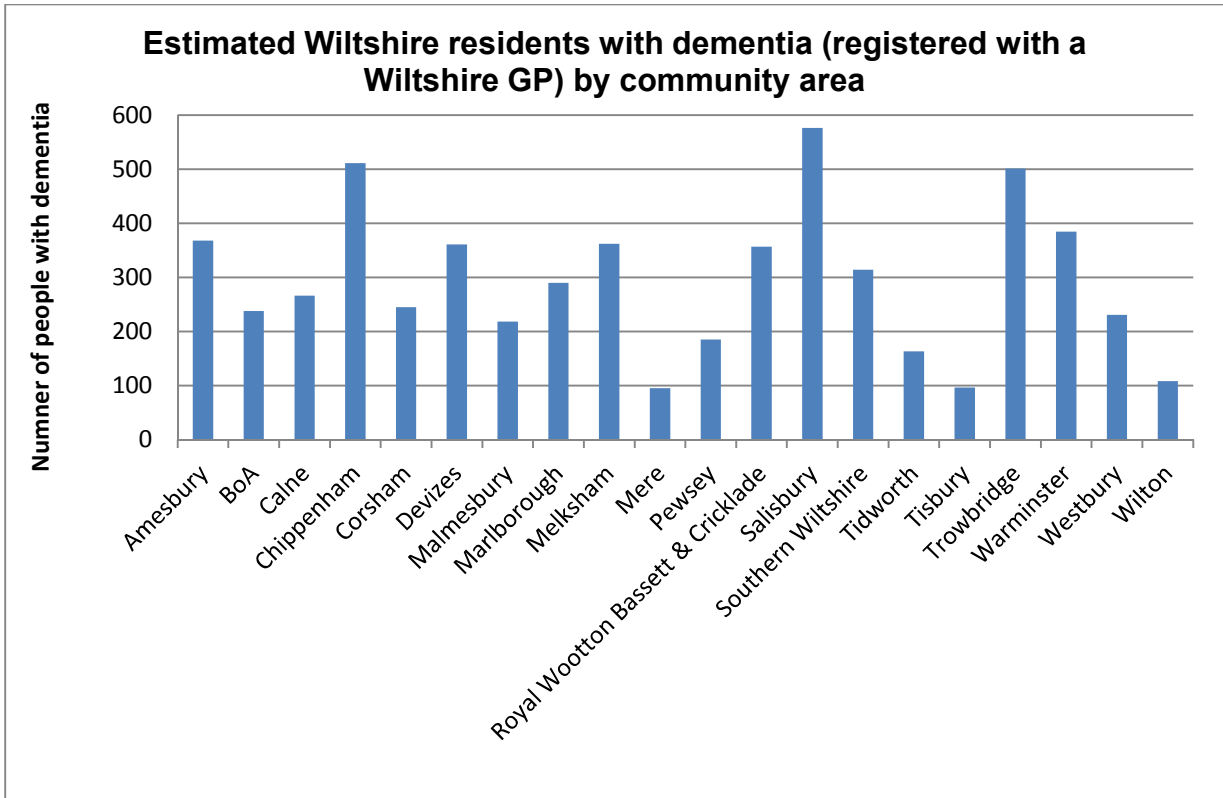
The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia through a tool called the Dementia Prevalence Calculator. This tells us that in 2013/14 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C):

Diagnosis

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 62.6% of the population who have a dementia do not have a diagnosis i.e. this is an unmet need. Nationally there is a drive to promote early and timely diagnosis to ensure that people can access the care and support they require, as well as being able to plan for their futures.

Community areas

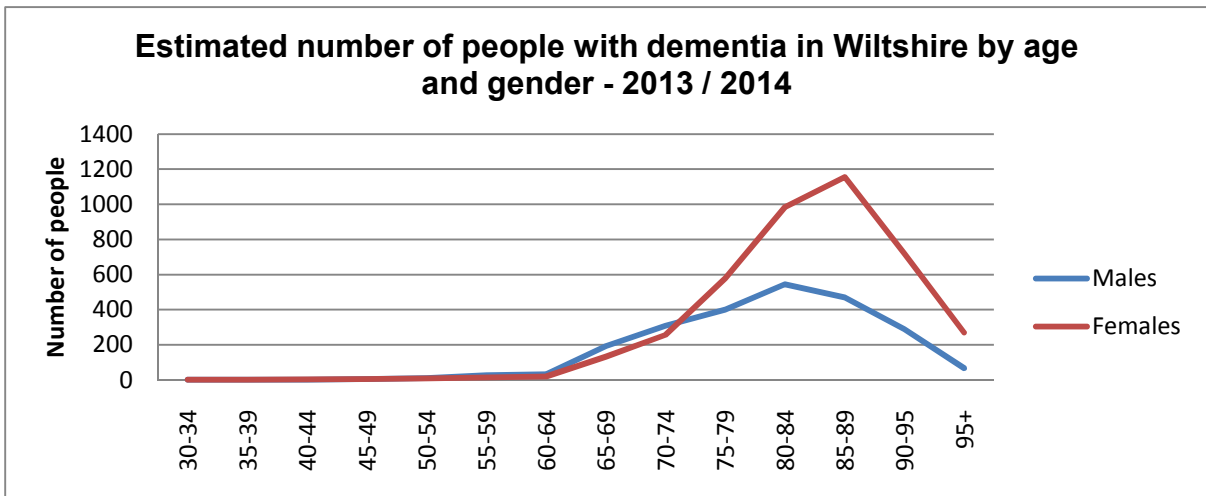
The following graph provides a picture of where Wiltshire residents who are registered with a Wiltshire GP surgery and have dementia live.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2012)

Age and gender

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

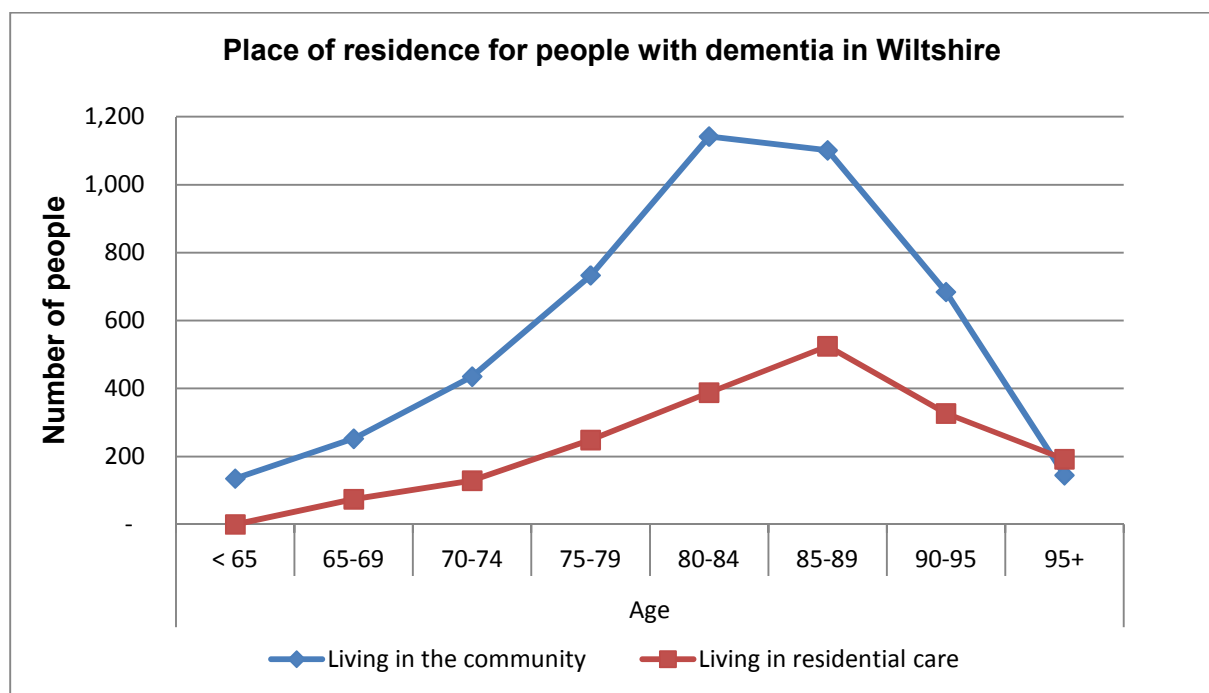
Severity of dementia

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In 2013, the Dementia Prevalence Calculator identified that of the population with dementia in Wiltshire:

- 55% have mild dementia
- 32% have moderate dementia
- 13% have severe dementia

Place of residence

According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer's Society (2012) estimate that one third live alone.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008 - 2010 in 18.3% of deaths in Wiltshire, the cause of death on the death certificate mentioned Alzheimer's, dementia and senility. This compared to the England average of 17.3%.

In Wiltshire this represented an average of 766 deaths per year and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer's Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Other aspects of the Wiltshire population

In relation to ethnicity and religion, there is no specific data about the population of Wiltshire who have dementia. However, we do have information from the 2011 Census which relates to the whole population. Whilst we need to take in to consideration that this may not be truly reflective of people with dementia, it would indicate that:

- The majority of people are White British (93%) followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).
- The majority of people are Christian, followed by having no religion or not wishing to state their religion.

It is vital to remember that there are certain groups of people with dementia in Wiltshire who may be small in number, but whose needs are as equally as important to meet as the wider population of people with dementia and . further work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People with dementia and other health conditions e.g. Parkinson's, sight or hearing impairments
- People who live in rural areas and / or lack transport

An equality analysis (Appendix H) provides more information.

Investment in services

Using estimates from Knapp and Prince (2007) and the Dementia Prevalence Calculator, the annual financial cost of dementia in Wiltshire in 2013/14 is approximately £152 million. This includes accommodation, care provided by formal care agencies, as well as approximately £55 million from informal care by family and friends.

In 2013/14 NHS Wiltshire Clinical Commissioning Group project they will invest £7.5 million into supporting people with dementia, their carers and families. This sum includes memory services, the dementia Local Enhanced Service (LES), voluntary sector services, inpatient accommodation, community support and acute hospital liaison services.

During the same period, Wiltshire Council project they will spend £14.8 million supporting people with dementia and their carers and families. This sum includes commissioning specialist voluntary sector services and individual social care packages and placements where people have a recorded dementia that has been diagnosed.

There is also approximately £0.1million invested through a budget that contains pooled funding from Wiltshire Council and NHS Wiltshire Clinical Commissioning Group that is targeted at supporting carers of people with dementia.

In addition to the amounts identified above, it should be noted that many services funded by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group which people with dementia and their carers and families access are not specialist and so it has not been possible to include the associated costs within these figures. Examples include non-specialist carer support services, hospital care and community services for older people. In addition many people who have dementia do not have a formal diagnosis and so have not been included in the figures above.

In addition to this, there is a notable contribution from the voluntary sector with specialist dementia organisations bringing approximately £395,000 of fundraising in to the county in 2012/13. Alzheimer's Support also estimates that their unpaid volunteers give an average of 101 hours support each week. According to the formula recommended by Volunteering England, this volunteering activity is worth £1,324 per week or approximately £69,000 annually.

Current service provision in Wiltshire

The services currently available to people with dementia and their carers and families have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Successes that have been delivered during this time can be found in Appendix E.

The Wiltshire Dementia Delivery Board has been responsible for mapping current service provision for people with dementia and their carers and families in Wiltshire. This exercise was undertaken in 2013 and the model of care developed by Dr Edana Minghella (2012) was used as the framework (see Appendix D). This model of care identifies the following six phases that people are likely to experience when living with dementia:

- Recognising memory problems
- Learning it's dementia
- Planning for the future

- Living well with dementia
- Managing at more difficult times
- Care at end of life

Minghella identifies a range of proposed services within each of the above phases that should be in place if people are to receive the care that they may need when living with dementia. It was agreed that this was the desired model of care in Wiltshire and so was used as the basis for looking at the services that already exist in the county and where there were gaps or further improvements were required. A further phase of 'Reducing Risk' has also been added to cover the work taking place to promote health and wellbeing, and therefore reduce the risk factors within the general population associated with the development of dementia.

It was identified that many of the current services accessed by people with dementia and their carers and families are non-specialist services i.e. they support people with a range of needs. These services include support for carers, hospital care, Help to Live at Home etc.

There were also a number of current specialist services identified that are designed to specifically work with people with dementia and their carers and families and these include dementia community activities, the dementia adviser service, specialist mental health service etc.

In addition there are a number of services that support people to reduce their risk of developing dementia. These focus on reducing the risk of cardiovascular disease, stroke and diabetes and aim to reduce the levels of obesity, smoking, excessive alcohol use, cholesterol and mental health conditions such as depression.

These current services can be seen in the table below on page 12.

The Wiltshire Delivery Board also looked at where the gaps were in provision for people with dementia and their carers and families and where there could be improvements made to existing services in order to deliver better care and support. These gaps and improvements included support for specific groups of people with dementia (including people who live alone, people with early onset dementia and people with learning disabilities), advanced care planning and out of hours support during a crisis.

Appendix E provides more information about the services and gaps that were identified, as well as describing what current services look like.

Reducing risk	Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life
NHS Health Checks ~ Wiltshire Stop Smoking Service ~ Wiltshire Substance Misuse Service ~ Active Health ~ Lift Psychology	Memory Service - Dementia assessment, diagnosis and treatment				GP out of hours service ~ Complex Intervention & Therapy Team	
	Primary care - Dementia assessment, diagnosis and treatment			Day services ~		
	Dementia CQUIN in acute hospitals		Life Story Groups (Alz Support) ~	Specialist Home & Community Support Service ~	Acute hospital liaison service ~	My Home Life programme in care homes ~
	Awareness raising activities and resources	RUH Community geriatrician	Home improvement agency – part of Help to live at Home service (Equipment ICESS)	Movement for the Mind ~	Acute hospitals ~	Continuing Health Care ~
				Singing for the Brain ~	Inpatient assessment service ~	Hospices
				Active Health Programme ~	MH Care Home Liaison Service ~	
			Counselling	Emergency Duty Service ~		
				STARR scheme ~		
				Extra Care Housing ~		
				Care homes ~		
				Respite		
				Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection		
			Support for people who fund their own care			
	Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens' Advice Bureau ~ Health Matters sessions					

What do people with dementia and their carers and families tell us?

There is a large amount of research that has taken place at a national level that shares the experiences of people with dementia and their carers and families and much of this can be applied to Wiltshire.

However, in developing this strategy, work has taken place to meet with people with dementia and their carers and families in Wiltshire to find out what is important to them in relation to their lives with dementia and what their experiences of care and support services have been locally.

The things that people with dementia and their carers and families said are important to them and are going well include:

- Community activities such as memory cafes and Singing for the Brain
- Support from the voluntary sector
- Being able to meet and socialise with other people living with dementia
- Day care
- Telecare

The things that people told us are important to them and need improving include:

- Support for people living alone
- Support to plan for the future
- Direct payments
- Transport
- Support for carers
- Understanding of professionals of the challenges of living with dementia
- Processes, paperwork and the language used
- More time
- The general public's understanding of dementia
- Support from businesses
- Person centred care

There were some things that people with dementia and their carers and families told us are important to them, but people have had mixed experiences:

- Support from GPs
- Specialist mental health services
- Knowing where to go for information and help
- Carer involvement
- Acute hospitals
- Care in care homes

More detailed information about the experiences of people with dementia and their carers and families can be found in Appendix F.

Section 2: Where we want to be by 2021

Ambition

It is our ambition that all people with dementia and their carers and families in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people's independence, health and wellbeing and quality of life

It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. In the model of care developed by Mingehlla (2012) these phases are as follows:

- Recognising memory problems
- Learning it's dementia
- Planning for the future
- Living well with dementia
- Managing at more difficult times
- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting. It is also the intention of this strategy to ensure that services are joined up so that it is easy for people to access the care and support that they need without falling in to gaps between services.

The ambition will be achieved by taking a proactive approach to supporting people to stay within their home and community wherever possible through the provision of care and support so that they can live well on a daily basis. At difficult times, such as crisis or illness, if people do need to travel to health or care services that cannot be delivered within their community, e.g. acute hospitals and/or specialist inpatient hospitals, this will be for as short a time as possible, with the aim to get the person back to their home as soon as possible.

Whilst it is acknowledged that there will be periods of time when people will require specialist dementia care services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and families.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.



This ambition and the following objectives, outcomes and principles will contribute to the service model that this strategy will deliver. In terms of delivery these elements will be structured across the phases of care identified by Minghella (2012) to form an action plan that organisations will sign up to (see Section 3 for more information).

With regard to reducing people's risk of developing dementia, we will ensure that this strategy is linked in to the various other relevant strategies for risk factor reduction.

Objectives

The objectives of the strategy are to:

- Keep up to date with the latest knowledge and research regarding dementia prevention, services and care and ensure these are integrated as appropriate into the initiatives and services provided
- Ensure that there are awareness raising resources within all sectors and generations of the community to support and encourage people to seek advice when they have concerns about their memory
- Ensure that there are processes in place across services to identify people who may have concerns about their memory

- Work with primary care and specialist health services to ensure that people are able to obtain a timely and quality assessment and diagnosis
- Ensure that following diagnosis, people (including those who fund their own care) are able to access good quality information and advice so that they can make informed and timely decisions and plan for their future
- Ensure that people have access to dementia community based services and activities that support them in their local communities
- Ensure people with dementia have access to appropriate specialist therapeutic services
- Ensure that people have access to peer support opportunities so that they can share their experiences and socialise with people in similar circumstances
- Support people to remain in their own home (whether that be a family home, extra care or residential care setting) for as long as possible through the provision of a range of care and support services
- Support people to remain independent for as long as possible through the use of telecare (assistive technology) and dementia friendly environments
- Ensure that there are a range of appropriate housing options for people with dementia, where their care needs can be met appropriately
- Ensure that carers are recognised and supported to care for as long as they are able and willing to do so through providing appropriate care and support.
- Work with local communities so that they are inclusive and supportive of people with dementia and their carers and families
- Ensure that there are good quality services in place that are able to appropriately support people with dementia and their carers at more difficult times in their lives e.g. access to specialist hospitals for assessment and treatment
- Ensure that people have access to support so that they are able to plan for end of life and have a good death
- Ensure that staff who work with people with dementia and their carers and families have the skills, knowledge and support to do so
- Ensure that people with dementia are encouraged and supported to make decisions and remain in control of their lives for as long as possible
- Ensure that people with dementia and their carers and families are kept safe, whilst a proactive approach to risk enablement is maintained.
- Ensure that services are joined up and have good communication routes so that people are provided with coordinated care and do not fall in to gaps.

Outcomes

Wherever organisations, services and support may be involved in a person's life, by becoming signatories to this strategy, they are committing to improving services so that people with dementia and their carers and families in Wiltshire are able to agree with the following outcomes:

- I am encouraged and given the opportunity to have a healthy, active lifestyle.
- I was diagnosed early and with the correct medication and treatment package.
- I understand the implications of my diagnosis in order for me to make good decisions and provide for future decision making.
- I get the treatment and support which are best for my dementia and my life.
- I am treated with dignity and respect.
- I know what I can do to help myself and who else can help me, especially in times of crisis.
- Those around me and looking after me are well supported.
- I can enjoy life.
- I feel part of a community and I'm inspired to give something back.
- I am confident my end of life wishes will be respected. I can expect a good death.

These outcomes were developed by the Department of Health (2010) for use by local areas to ensure that they are working to the standards in the National Dementia Strategy.

Principles

All organisations are committed to ensuring that in the delivery of the services and support to people with dementia and their carers and families they will:

- Promote health, wellbeing and social inclusion.
- Work together with partners to develop and deliver reliable, high quality and sustainable services that put the individual at the centre of delivery.
- Be person centred and recognise and understand the individual and their identity, wishes and abilities.
- Enable people to maintain their independence and have freedom to live as they wish to do so for as long as possible and appropriate.
- Provide support and services to people with dementia and their carers and families that are compassionate, honest, accessible and equitable.
- Help to keep people safe from harm, whilst also taking a positive approach to risk.
- Listen to people with dementia and their carers and families and communicate with them effectively.
- Involve people with dementia and their carers in service delivery and recognise that involvement will look different for different people.
- Treat people with respect and dignity.
- Learn from their experiences of supporting people with dementia to inform future service improvements.
- Be flexible to the changing needs of people with dementia and their carers and families, whilst promoting continuity of care.

Section 3: How we get there and what success look like

Priorities

A number of areas have been identified as priorities for the initial period of this strategy. These include, but are not limited to:

Reducing risk

- To ensure that the strategy is linked to other relevant strategies involved in minimising people's risk of developing dementia, emphasise the dementia prevention aspect of their activities and that their outcomes are being achieved with any support that dementia services are able to provide.

Recognising memory problems

- Awareness raising within the general public and across mainstream services e.g. leisure and libraries to tackle the stigma about dementia and ensure that there is improved understanding of dementia and the impact that it has on people's lives
- Ensure that health services, e.g. GPs and hospitals, have in place standard processes to identify, diagnose and treat people when they may have problems with their memory.

Learning it's dementia

- Monitor and review the delivery of timely and quality assessments and reviews by GPs and the memory service and make improvements as necessary.
- Undertake a research project to identify the understanding of dementia within black and minority ethnic communities and access to services in order to inform future service delivery.
- Work to make primary care dementia friendly.
- Develop a pathway within primary care through to community services.

Planning for the future

- Monitor and review the effectiveness of the dementia adviser service in supporting people to access good quality and timely information
- Monitor and review the interface between the dementia adviser service with other GP based services and make improvements as necessary.
- Commission a generic information portal linked to the Council's website and which will also be available in GP practices and libraries. Information included on the portal will include community services, universal services as well as registered services.

Living well with dementia

- Continue to work to promote and improve services for carers, including carers breaks
- Continued oversight and maintenance of treatment packages by general practitioners.
- Establish dementia friendly communities across Wiltshire.
- Work with mainstream care and health services, including Help to Live at Home, Neighbourhood Teams and GPs to ensure that they are able to appropriately support people with dementia and their carers and families.
- Work with public services, e.g. libraries and leisure, to ensure that they are able to appropriately support people with dementia and their carers and families to access their services.
- Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.
- Implement personal budgets and develop a personalisation policy.
- Develop links with the Community Campus programme.
- Develop community therapeutic activities.
- Develop new care homes delivering specialist dementia and nursing care.
- Support to improve the quality of care in different settings including care homes.
- Develop new extra care schemes, designed to meet the needs of people with dementia.
- **Explore the use of Staying Well plans and Crisis plans**

Managing at more difficult times

- Work to shape and develop dementia related specialist mental health services, including the role and model of advanced dementia care, to ensure timely access to specialist assessments and treatment as required, including the support specialist services provide to other services e.g. care homes and hospitals.
- Ensure that all emergency / response / intermediate care services are skilled and knowledgeable about working with people with dementia
- Monitor and review progress within hospitals to deliver high quality dementia care in all relevant departments and disciplines.
- Analysis of triggers for people reaching crisis / requiring a move of home to receive appropriate care in order to inform future commissioning.
- Further develop and implement care options to support people with dementia when carers become unwell and unable to provide care

Care at end of life

- Implementation of the End of Life Strategy, which will include people with dementia as a target group.

Overarching

- Development of a needs assessment for people with learning disabilities and dementia to inform future service developments and commissioning.
- Development of a needs assessment for people with early onset dementia to inform future service developments and commissioning.
- Ensure that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard both in relation to how they support people with dementia, but also how they involve and support carers and family members.
- Ensure that there is good quality information and support to people who fund their own care
- Work to ensure that whilst people are supported to maintain their independence, safeguarding is a key consideration in all activity, including identifying and addressing underlying factors that contribute to abuse and to increasing people's awareness of abuse and the steps to take when someone has concerns
- Ensure that there is provision of good quality advocacy services in Wiltshire.
- Ensure that services are developed upon an equitable basis across Wiltshire.

Action plan, measuring success and governance

Supporting this strategy is an action plan that will be implemented (see Appendix A), which not only looks to address the priorities listed, but also the gaps identified within the mapping exercise and improvements required by people with dementia and their carers.

The action plan will be led by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group and will be delivered in partnership with the organisations from which they commission services through commissioning and contract management processes and partnership working. It is also acknowledged that a number of organisations bring in to Wiltshire a significant income through fundraising activities. Wherever possible, Wiltshire Council and NHS Wiltshire Clinical Commissioning Group will work with these organisations to ensure that any new service developments complement existing service provision and strategic approaches.

This action plan will be accompanied by a set of success measures, which will be updated on an annual basis and overseen by the Wiltshire Dementia Delivery Board. The success measures will provide the Board with information to identify whether the implementation of the action plan has made a difference to people with dementia and their carers and families. In addition, there will be an engagement plan that will sit alongside the strategy to ensure that there are processes in place for the general public and all interested parties to receive progress updates on the strategy and to provide feedback on services. The Wiltshire Dementia Delivery Board is a multi-agency board that is chaired by NHS Wiltshire Clinical Commissioning Group and consists of representatives from Wiltshire Council, health and social care organisations and the voluntary sector. It meets bi-monthly and is accountable to the Joint Commissioning Board.

Also in existence and with a role in delivering this strategy are the following groups:

- Carers Reference Group
- Wiltshire Alzheimer's Partnership Group
- Salisbury Foundation Trust Dementia Steering Group
- Transforming community services

References

The following documents and information have been used in the development of this strategy:

Alzheimer's Society (2012) Dementia 2012: A National Challenge

Department of Health (2009) Living well with dementia: a National Dementia Strategy

Department of Health (2010) Quality outcomes for people with dementia: building on the work of the National Dementia Strategy

Department of Health (2012) Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015

Knapp, Martin and Prince, Martin (2007) Dementia UK. Published by Alzheimer's Society

Minghella, Dr Edana (2012) Transforming models of care for people living with dementia: Improving experiences and outcomes for people with dementia and their carers and families

National End of Life Care Programme (2012) National End of Life Care Profiles for Local Authorities: Wiltshire. Published by National End of Life Care Intelligence Network

NHS Commissioning Board and NHS South of England (2013) Dementia Prevalence Calculator - www.dementiaprevalencecalculator.org.uk/

NICE (2013), Dementia Pathway Overview,
<http://pathways.nice.org.uk/pathways/dementia#content=view-node%3Anodes-risk-factors-and-prevention>

Our Health South West (2013) Dementia Care
www.ourhealth.southwest.nhs.uk/service-data/indicator/diagnosis-rate.html?id=12253

Oxford Brookes University and Institute of Public Care (2013) Projecting Older People Population Information System - www.poppi.org.uk/

Oxford Brookes University and Institute of Public Care (2013) Projecting Adult Needs and Service Information - www.pansi.org.uk

Wiltshire Council (2012) Wiltshire's diverse communities: Results from the Census 2011

Wiltshire Council (2013) Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority

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Wiltshire Council

Health Select Committee

15 July 2014

Subject: Healthwatch Wiltshire Annual Report 2013/14

Executive Summary

Healthwatch Wiltshire (HWW) was established as a new independent organisation in April 2013 in order to provide the role of consumer champion for health and social care. Over the last year, HWW has set down the ground work including organisational infrastructure to fulfil its role and deliver its statutory functions which are set out in legislation (Health and Social Care Act 2012).

The legal requirement to publish an annual report provides an opportunity to demonstrate to local people and other stakeholders, including the Health Select Committee, the progress which has been made in 2013/14 and to look forward to 2014/15.

Proposals

It is recommended that Health Select Committee:

- i. recognise the progress which has been made to establish an independent and credible local Healthwatch in Wiltshire which is able to fulfil its role as consumer champion for health and social care
- ii. note the content of the Annual Report 2013/14
- iii. recognise the unique and valuable contribution which Healthwatch Wiltshire can make, on behalf of local people, to the work of the Health Select Committee.

Reason for Proposals

Healthwatch Wiltshire welcomes the opportunity to sit on the Health Select Committee in order to promote the voice of local people in respect to both health and social care issues. Healthwatch Wiltshire's statutory role in scrutinising health and social care services mean that there are some common areas of responsibility with the Health Select Committee. As such it is important that the Committee receive the Healthwatch Wiltshire report in order to make any comment and recognise the work undertaken to date. It also provides an opportunity for the Health Select Committee to confirm its commitment to listen to the voice of patients, carers and the wider community in its future work and through Healthwatch Wiltshire.

Subject: Healthwatch Wiltshire Annual Report 2013/14

Purpose of Report

1. The purpose of this report is to present to the Health Select Committee the Healthwatch Wiltshire (HWW) Annual Report for 2013/14 in order to invite any comment, recognise the progress achieved during the last year, and confirm a commitment to listen to and take account of the views of local people in respect to health and social care services.

Background

2. The Health and Social Care Act 2012 established local Healthwatch and Healthwatch England. Healthwatch England is the national body which provides leadership and support to a network of 151 local Healthwatch organisations. Local 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.
3. Local authorities were required to establish local Healthwatch by April 2013. A report was submitted to Wiltshire Council Cabinet in October 2012 to recommend an approach. This led to the creation of HWW as a social enterprise with an independent Board of five directors. The Independent NHS Complaints Advocacy service was contracted, and continues to be contracted, to SWAN Advocacy (a Wiltshire based charity).
4. Wiltshire Council provides core funding to HWW through a contractual agreement which is subject to quarterly monitoring and performance reporting. It is important to note the Council does not direct the work plan of HWW and instead contracts the organisation to deliver the statutory activities for local Healthwatch (see appendix 1).
5. In many other parts of the country local Healthwatch has developed from the local involvement network (the pre-cursor to local Healthwatch) or is being delivered through an existing and therefore well-established organisation. However, the decision to establish a brand new organisation in Wiltshire to deliver Healthwatch functions has inevitably meant that time has been needed to set in place the organisational infrastructure. The Board of HWW believe that the time taken during 2013/14 to put in place the necessary infrastructure will be rewarded by an effective and

independent organisation which is respected as the credible voice of patients, service users, carers, and the wider community.

6. The Chair of HWW was appointed in February 2013 followed by the appointment of four Board Directors in March. The first year work plan was agreed and has been implemented. The annual report sets out progress and outcomes in 2013/14 (see appendix 2). In terms of organisational set up, HWW has been registered as a community interest company (social enterprise), a small office secured, and 1.5 full time equivalent staff team transferred across from the Wiltshire Local Involvement Network. A Chief Executive Officer was appointed and started in post in late January 2014. The Board of Directors has worked incredibly hard giving time significantly over and above that which would be expected. Priority has been given to raising awareness of HWW through a range of methods but particularly through engagement at Area Boards, Community Area Joint Strategic Assessment Events, and through a number of other community forums. Time has been taken to put in place processes for effective engagement (with patients, service users, carers and the wider public) and to monitor the quality of services.
7. HWW is already being recognised as an example of good practice (by the Local Government Association, Healthwatch England, and Patient Voice South (NHS England)). Although the organisation would want to take some credit for this, HWW Directors recognise that this is partly because local commissioners have provided the context for HWW to operate as an independent body. Healthwatch in local authorities close to Wiltshire do not enjoy the same autonomy and the very real risk is that they will not be regarded as an independent and powerful voice for consumers of health and social care. Wiltshire is to be commended for taking the necessary steps to ensure that HWW is developing to be what the legislation intended local Healthwatch to be.

Main Considerations

8. Local Healthwatch must prepare an Annual Report by 30 June for the financial year 1 April 2013 to 31 March 2014. The report must be submitted to a number of bodies including Healthwatch England, The Care Quality Commission, NHS England, Wiltshire Clinical Commissioning Group, Wiltshire Council, and Wiltshire Health Select Committee.
9. The Annual Report must include information across a range of areas including:
 - delivery of statutory activities (see appendix 1)
 - engagement with local people
 - the role of volunteers and lay people
 - use of statutory powers (this includes Enter and View inspections of health and social care services)
 - responses from the system (for example if the Care Quality Commission undertook an investigation following a recommendation from Healthwatch Wiltshire)

- being effective on the Health and Wellbeing Board
 - financial information
10. Wiltshire's Health Select Committee is asked to note these particular areas of progress and impact (over and above the set-up of the organisation):
- development of the HWW volunteer network with close to 50 individuals having been recruited, trained and tasked with a role (volunteers are important to HWW's engagement and representation functions)
 - engagement with local people through a range of forums (including Area Boards and Community Area Joint Strategic Assessment events) which has raised the profile of HWW and provided useful intelligence on what people think about health and social care
 - support for the Care Quality Commission inspection of the Royal United Hospital in Bath which resulted Wiltshire people having the opportunity to share their views about the quality of care they received
 - commissioning of a children and young people's engagement programme
 - raising with commissioners and providers issues about poor experiences of services (for example the non-emergency transport service)
 - effective use of the HWW's place on a range of strategic bodies including Health and Wellbeing Board, Clinical Commissioning Group Governing Body, NHS England Quality Surveillance Group, and Health Select Committee
 - provision of an information and signposting service for members of the public including taking up issues raised about any poor experiences of health and social care services.
11. The Annual Report was agreed by the HWW Board of Directors at its meeting on 14 May 2014. It was presented to the Health and Wellbeing Board as a draft, on 22 May 2014 in order to allow the opportunity for comments which could be taken into account in the preparation of the final version. The Annual Report covers the first year of HWW. However, HWW was not organisationally operational until July 2013 (it had no staff or office base before this time) and therefore activity before this time was inevitably limited. Despite this, a great deal was achieved in 2013/14 and provides a good basis on which to build. An ambitious strategic work plan for HWW is in the process of being prepared.
12. HWW intends to share its Annual Report with local people and this will include special meetings with its 50+ volunteers in the summer 2014. These meetings will provide an opportunity for the organisation to meet with local people and to find out what they think about the HWW strategic work plan. The following are key areas of the work plan for the future:
- Enter and View Programme ('lay' inspections of the quality of health and social care services will commence in September 2014)
 - 'Phase 2' engagement with local communities through Area Boards and working with the Community Area Partnerships
 - Closer working with the local voluntary and community sector including the development of protocols for information sharing and joint engagement

- Development of the information and signposting service
- Engagement programme for the Better Care Programme (in order to find out people's experiences of integrated services)
- Development of the volunteer programme and lay person involvement in the work of HWW

Financial Implications

13. There are no financial implications. HWW is contracted by Wiltshire Council to deliver its activities and receives core funding under an agreement which will expire in June 2017. This provides welcome financial certainty and a significant window of opportunity to develop HWW so that it is a real asset for Wiltshire people.

Christine Graves
Chair, Healthwatch Wiltshire

Steve Wheeler
Director, Healthwatch Wiltshire

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30 June 2014

Background Papers

Wiltshire Council Cabinet, Local Healthwatch and NHS Complaints Service, October 2012.

<http://cms.wiltshire.gov.uk/documents/s52716/Healthwatch%20and%20Local%20NHS%20Complaints%20Service.pdf>

Appendices

Appendix 1: The Statutory Activities of Local Healthwatch

Appendix 2: Healthwatch Wiltshire Annual Report (circulated separately)

Appendix 1

The statutory activities of local Healthwatch¹:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. providing advice and information about access to local care services so choices can be made about local care services
6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007





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Introduction



The aim of Healthwatch Wiltshire is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their area.

Healthwatch is the new consumer champion for both health and social care. The Health and Social Care Act 2012 set out that a Healthwatch should be established in each local area by April 2013. There is also a national body called Healthwatch England which provides leadership and support to the network of 148 local Healthwatch organisations around the country.

In Wiltshire a completely new organisation was created called Healthwatch Wiltshire. Healthwatch Wiltshire is a social enterprise (a community interest company limited by guarantee) and is responsible for the statutory activities of a local Healthwatch organisation.

These activities are set out in law:

- Promote and support the involvement of local people in the commissioning, provision, and scrutiny of local health and social care services.
- Enable local people to monitor the quality of local health and social care services and whether and how they could and ought to be improved.
- Obtain the views of local people regarding their needs for, and experiences of, local health and social care services and importantly to make these views known.





‘It’s so useful to talk to other people about the issues. It helps to clarify what you think, and sometimes, change your point of view’

Someone who came to a Dementia event

- Make reports and recommendations about how local health and social care services could or ought to be improved.
- Provide advice, information and signposting about access to local health and social care services so choices can be made by local people.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations.

This is the first Annual Report of Healthwatch Wiltshire and it will tell you what has been achieved during its first year.





Reflections from the Chair: Chris Graves



As we come to the end of the first year of Healthwatch Wiltshire it is time to reflect on the challenges we faced and our achievements....

It has been an exceptional time of change, not just for us but also for many of those organisations we work with to meet our goals. All new organisations take time to form themselves so that they can deliver their work programme. It has also taken time to work with other organisations to develop a culture where the public is a full partner in our activities. I am confident that we have all laid the necessary foundations and next year there will be real achievements delivered with pace.

We are grateful for the welcome we received from the Wiltshire Involvement Network which was our predecessor organisation. We have taken on-board its legacy and incorporated it into our work programme. The Chair and members of the Wiltshire Involvement Network offered us active support when we needed it - to them we give our thanks.

The local voluntary sector could have seen Healthwatch as an unnecessary duplication.

Instead it has seen it as an opportunity to collaborate and share our information and knowledge to tell the Wiltshire Story in the most effective and accurate way. We thank the voluntary sector for its support and recognise the increased quality that our relationship with it will give to our work.

Next year will see further change. It is clear that we must all take an active part in delivering the changes that are needed to achieve the best quality of service with the available resources. The progress Healthwatch Wiltshire has made in engaging with these changes, on the public's behalf, is also a testament to the openness with which Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group have greeted our active involvement.

My final thank you is to the Directors, staff, and volunteers of Healthwatch Wiltshire. It has been a demanding year and people have given unstintingly of their time and skill to achieve the progress we have made. The information you are now about to read in our Annual Report is a credit to them all.

I invite you to read on and if you are interested in what we do then please join us in making a difference. Whether you have an hour a month and communicate by email, or have a day a month and want to meet others and enter a debate, we have a role for you. Please contact us!

Chris Graves



A word from the Chief Executive: Emma Cooper



**It is an important and
exciting time to be part
of Healthwatch
Wiltshire.....**

When I joined Healthwatch Wiltshire in early 2014, it didn't take me long to realise that not only had a great deal been achieved by volunteer Board members and the very small staff team in the space of a few months but also that we have a big and important job to do in the future.

When I spoke to my family and friends about Healthwatch and my new role I often had to explain what the organisation is set up to do. In plain words I said that we are all about listening to and using the voice of local people to influence and challenge those who plan and deliver health and social care services. Ultimately, it's about improving and making the best of services. You will start to see the impact of our work having spent a large part of our first year setting up the organisation and raising awareness so people know what we are.

This annual report tells you about our first year. Our second year is the one which will give evidence of the value we bring to the table when we are talking on your behalf to the people who plan and deliver health and social care services in Wiltshire. But without your voice we can't do the job we've been set up to do - so talk to us, tell us what you think, tell us about your experiences of health and social care services.

Emma Cooper

Facilitated Table Discussions

Question 1

people living with dementia and their carers want to be involved in the future with refreshing the strategy?

Question 2

would you like to see the investment in services prioritised?

Question 3

can carers be supported to support people living with dementia?



Our Activities



Healthwatch Wiltshire was established as a new independent organisation in April 2013 to provide the role of consumer champion for health and social care.

It has been a very busy year with much time and energy invested in setting up the organisation and then delivering against an ambitious work plan. The organisational set up included appointing volunteer Directors and paid staff, finding an office, and arranging all the things which were needed for Healthwatch Wiltshire to operate.



'I spent 20 years caring for my mum so I reckon I know a bit about what it feels like to use health and social care services'

A Healthwatch Wiltshire Volunteer

Healthwatch Wiltshire supporting the Care Quality Commission in its inspection of the Royal United Hospital



Healthwatch Wiltshire works with all three of the acute hospitals used by the people of Wiltshire: The Great Western Hospital (Swindon), The Royal United Hospital (Bath) and Salisbury District Hospital.

More than half of people who use services at the RUH are from Wiltshire. The RUH was chosen to be part of the pilot group to trial the new Care Quality Commission (CQC) inspection regime. This presented them with a very significant task in preparing for the inspection. Initially CQC did not seem to understand fully the challenges for a hospital serving such a large rural area. After intervention it was agreed that 'listening sessions', an opportunity for the public to share their views of the services, would also be held in Wiltshire.

The inspection was carried out over a number of days with a large number of people representing interested groups including clinicians and 'patients by experience'. We were invited to attend a Quality Summit where the inspection results were presented and stakeholders were invited to offer their support in delivering the improvements required. Generally it was agreed that the experience of the new inspection process had been positive, whilst recognising it also presented a number of learning points.

The CQC will carry out inspections using the new system from April 2014. We will ensure that the voices of local people who have used the services they inspect, are heard.



The impact of Army Basing

The military presence is one of the defining characteristics of Wiltshire, with over 30,000 military personnel and their dependants estimated to be living in the county. This presence is set to grow as between now and 2018 the Government plans to relocate approximately 4,000 service personnel and 3,000 dependants from Germany into the Bulford, Tidworth and Larkhill areas on the edge of Salisbury Plain. This will involve building over a thousand new homes at various locations in these areas. There will clearly be an impact on the delivery of healthcare in the area and Healthwatch Wiltshire has been monitoring the progress of planning for this relocation of service personnel to ensure that arrangements to meet the increase in the numbers using health and social care services in the area will be properly put in place.

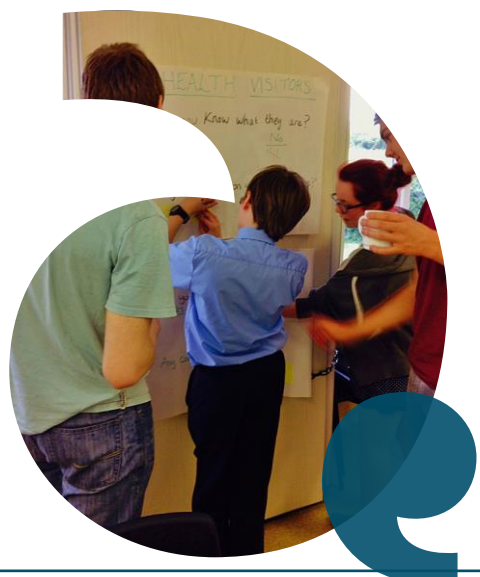
The three principal areas which Healthwatch Wiltshire is particularly keen to see addressed are:

- provision of GP and Dental services in the community.
- maternity facilities at the Salisbury District Hospital Foundation Trust (the hospital serving the relocation areas).
- Ambulance Trust and emergency services.

To this end, Healthwatch Wiltshire has attended a number of meetings at which the Ministry of Defence has shared its plans and the implications have been discussed.

We are now awaiting the outcome of the public consultation process into the actual location of the new housing for families which will to a certain extent dictate where the impact on local healthcare services will be the greatest.

We will also follow Salisbury District Hospital Foundation Trust's plans to meet the anticipated increase in the demand for maternity services and continue to discuss with the Ambulance Trust how it plans to meet any increased demand on its services.



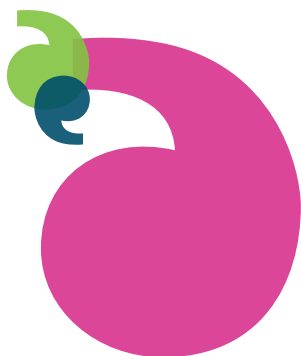


‘What would get you talking about health and social care issues?’
‘If I thought it would really help to make a difference’

A question answered by a Wiltshire citizen

Information and signposting

Healthwatch Wiltshire has a role to play in providing local people with an information and signposting service so they can make choices about health and social care services. Local people have told us that they struggle to find the information they need and don't always want to rely on the internet. This is an important issue and a challenging one too given that Wiltshire is a largely rural county. Healthwatch Wiltshire will be working with other organisations over 2014 to work out a better solution for health and social care information and signposting.





Our Activities - Engaging people



Engaging with local people is a key part of Healthwatch Wiltshire's work.

But what does that mean exactly?

It means working with local people in their communities to find out about their experience and views of health and care services. During the last year Healthwatch Wiltshire, along with its volunteers, has done this in a range of different ways:

- Area Boards
- Community events on the Community Area Joint Strategic Assessments
- Local voluntary sector
- Children and young people's project



Area Boards

There are eighteen Area Boards in Wiltshire and they were set up in 2009 to take responsibility for their community area. Each community area generally includes a market town and its surrounding villages. Healthwatch Wiltshire decided that it would be a good way to start raising awareness about the organisation and its role if it went to the Area Board meetings to introduce itself. During the last year Healthwatch Wiltshire has established contact with all of the Area Boards and talked to local people at their meetings. Health and social care issues are a regular topic for discussion at the Area Board meetings. Through engagement at these important meetings Healthwatch Wiltshire has been able to identify specific issues that are of concern to local communities such as:

- difficulty in making appointments with GP surgeries
- problems with transport, particularly when tests or treatment require travel over significant distances in a rural county
- delays in discharging elderly patients from hospital
- confusion about organisational changes within the National Health Service

- social isolation facing older people

Healthwatch Wiltshire contributed to Wiltshire Council's review of Area Boards and proposed that in future health and social care should be included as a major item for discussion at least twice a year, and that GPs should be encouraged to attend and to play a more active role. It is Healthwatch Wiltshire's view that the Area Boards offer a good opportunity for health professionals to communicate, consult and engage with local people about issues that are of interest and concern.





‘I found it really hard to find the information I needed especially as I was under a lot of stress at the time’

Someone who attended a meeting on their Community Area Joint Strategic Assessment

Community Area Joint Strategic Assessments

Healthwatch Wiltshire was invited to take part in discussions about health and wellbeing in each community area through special meetings which were held to look at the Community Area Joint Strategic Assessments. These important meetings helped to identify the key priorities in the area of health and social care. As you would expect, they are different for each community area. However, there were some common themes:

- the need to improve the provision of information and advice, bearing in mind those who do not have internet access
- support for unpaid carers
- increase in the number of people living with dementia and the challenge this will present to services and communities
- issues to do with access to mental health services
- improving the way services work together (for example between primary care, social services, and hospitals)

- the importance of promoting healthy lifestyles, and to tackle ‘health inequalities’, to prevent poor health in the future

The issues and common themes which Healthwatch Wiltshire gathered through its engagement with Area Boards and the Community Area Joint Strategic Assessment events are important. Healthwatch Wiltshire will be taking up a number of these in its work plan in 2014/15





Working with the local voluntary sector

Healthwatch Wiltshire needs to work effectively with local voluntary sector organisations that have an interest and commitment to achieving health and social care outcomes. In September 2013 Healthwatch Wiltshire invited a wide range of voluntary sector groups to a special event. The aim of the event was to provide an update on the development of Healthwatch with an opportunity to work with partners on our key challenges as an organisation. This helped us to decide how we could work collectively across Wiltshire to build and share a coherent picture of health and social care services from the perspective of the user.

After considering all the information and feedback from the discussions tables the following common themes emerged:

- Healthwatch Wiltshire has an important leadership role
- there needs to be clear information about Healthwatch Wiltshire and what it does
- Healthwatch Wiltshire needs to work with local groups to collect information and patient and service user 'stories'

- Healthwatch Wiltshire must not duplicate what local voluntary sector groups do
- Healthwatch Wiltshire should play a role in sharing its knowledge and expertise with local groups
- Healthwatch Wiltshire must be independent, credible and hold the trust of Wiltshire people

Following this event Healthwatch Wiltshire has sought to develop collaborative ways of working with voluntary sector groups. There is more which needs to be done in this area and this will feature as a key area of the 2014/15 work plan.





‘They should listen to me because I know how I feel’

A 10 year old Wiltshire child

Children and young people’s project

Healthwatch Wiltshire is not just about the experiences and voices of adults but also children and young people. This is an important area of Healthwatch Wiltshire’s work. Following some initial work and discussion with children and young people, we took the decision to commission a special engagement programme.

During 2014/15 we will be listening to what children and young people think about health and social care services and working with them to understand what the key issues are for them. This information will help to direct the future work plan for Healthwatch Wiltshire in respect to children and young people.





Our Activities - The role of volunteers and lay people



Volunteers are vital to the success of Healthwatch Wiltshire

- They help us to reach out and engage with people across what is a large rural county made up of diverse communities
- They help the organisation to represent effectively local views because they tell us what people are saying in their areas
- They help us to make decisions about our activities

The Healthwatch Wiltshire Board is made up of volunteer Directors who have a variety of backgrounds and bring to the work of the organisation their significant experience. The Directors invested considerable time in setting the direction and work plan for the first year of Healthwatch Wiltshire.

One of the first priorities for early in 2014 was to put in place our volunteering programme. We attracted, recruited and trained over 45 local people as Healthwatch Volunteers. Some of our volunteers have a professional background in health and social care services but most do not and instead are 'lay people'.

All of our volunteers have an important role to play by talking with and listening to local people about their experience and views of health and social care issues in a variety of settings. This helps us to identify any issues and also to build the 'Wiltshire Story'. Many of our volunteers have been asked to take on specialist roles. These are some examples of the contribution Healthwatch Wiltshire volunteers have made:

- To provide a lay perspective on a review panel on complaints at the Royal United Hospital in Bath
- Volunteers are members of the NHS England Citizens' Assembly which is part of the South West Clinical Senate. The Assembly debates issues of strategic importance and looks at areas of concern to patients and the public
- A number of volunteers participate in PLACE visits at local hospitals. PLACE stands for 'Patient Led Assessments of the Care Environment' and is a way of inspecting the quality of the environment within which patients are treated
- Volunteers with an interest in Dementia talked to people in their local communities on the draft Wiltshire strategy to find out what they think about services

- An Enter and View working group includes a majority of volunteers (see below for more information)
- Others have attended their local Area Board meetings to listen to what people in their communities are expressing about health and social care services

Healthwatch Wiltshire will develop its volunteer programme further in 2014/15. This will include involving our volunteers and other lay people in helping to direct our topic-specific work





Our Activities - Our statutory power to Enter and View

Local Healthwatch organisations have legal powers to go into health or social care services to check the quality of those services, particularly focusing on listening to service users, patients and unpaid carers to find out about their experience

This is called the power to 'Enter and View' and extends to care homes, GP and dental practices, and hospitals. During 2013/14 Healthwatch Wiltshire was not in a position to exercise this power. However we plan to start Enter and View visits from September 2014. A group has been set up, chaired by a Healthwatch Wiltshire Director and including some of our volunteers, to put everything in place so we can start our programme of visits.

Healthwatch Wiltshire regards its 'Enter and View' power as an important way, but not the only way, it can check the quality of services. We also use the following methods to monitor the quality of services:

- Monitoring the inspection reports from the Care Quality Commission on a weekly basis
- Participation in 'patient led assessments of the care environment' (PLACE) at hospitals
- Monitoring of the non-emergency transport service on an ongoing basis including Healthwatch Wiltshire Directors meeting with the provider of the service
- Monitoring quality of the Ambulance service including Healthwatch Wiltshire Directors meeting with the provider
- Effectively using our place on the Wiltshire Health Select Committee (by a Healthwatch Wiltshire Director)
- Participation in the NHS England Quality Surveillance Group by the Chair of Healthwatch Wiltshire
- Regular dialogue with the Clinical Commissioning Group Governance Lead to raise any concerns about services and learn about the improvement actions being taken.



Our Activities - Responses from the system



Healthwatch Wiltshire has powers to:

- Recommend to the Care Quality Commission that it carries out a review or investigation
- Call on providers of services to provide information on request and to report on any failures to give that information

These are called 'responses from the system' and Healthwatch Wiltshire will report on them in future Annual Reports. During 2013/14, Healthwatch Wiltshire did not make any recommendations to the Care Quality Commission about carrying out investigations.

However, during the same period Healthwatch Wiltshire made several requests for information from commissioners and providers and the information was provided. Here are some examples of requests we have made for information:

- Provision of Parkinson Nurses for Wiltshire
- Access to primary care services
- Access to dental services
- Performance information about the non-emergency transport service



Our Activities - Complaints & Concerns



‘My advocate spoke for me when I lacked the confidence to do so.... Helped me feel more independent and speak up for myself’

A SWAN Advocacy service user

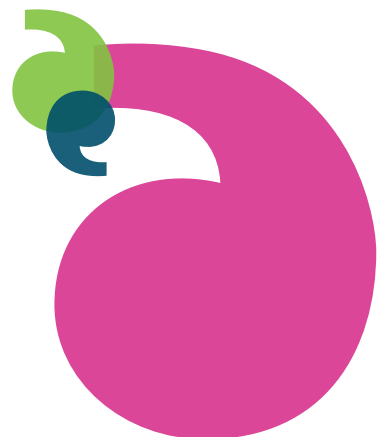
Healthwatch Wiltshire has a responsibility to ensure people have access to advocacy services

Healthwatch Wiltshire is contacted by people who have had a poor experience of health and social care services. In these cases we advise about how to make a complaint and, where you feel you may struggle to do so on your own, ‘signpost’ to SWAN Advocacy which is a local charity providing an independent advocacy service for NHS complaints.

The NHS Complaints Advocacy Service is a statutory service - a right for all NHS users. You can complain/appeal about your own treatment, or, with their permission, you can complain on behalf of relatives, friends or loved ones, and you can complain if they cannot give their permission, because they are too young, too ill or are deceased.

SWAN’s specially trained advocates provide a free, confidential and independent service and help service users to make a complaint or appeal to the appropriate NHS organisation.

Although Healthwatch Wiltshire does not take up individual complaints we are nonetheless interested to hear about people’s experiences and they help us to spot whether there is a trend with many people sharing the same or similar experiences. We also work with SWAN Advocacy to spot any trends. This helps to build our evidence base so that when we speak to commissioners and providers of services we can make a strong case on behalf of local people.





Our Activities - Health and Wellbeing Board

Healthwatch Wiltshire has taken up its place on the Health and Wellbeing Board

Like Healthwatch Wiltshire, the Health and Wellbeing Board was one year old at the end of March 2013. The Board is where key leaders from the health and care system work together to improve the health and wellbeing of their local population and to reduce health inequalities. Healthwatch Wiltshire has a place on the Board. We have taken up the opportunity to contribute to and influence the decision making process and ensure that the voice of the patient, service user and wider public is heard. We have:

- Challenged the authors of plans to write in plain English, making sure they are understandable, not too long, and accessible to the public
- Called for a commitment that consultation and engagement is carried out with the public on any plans for the future including the action (or operational) plans which follow. This engagement must provide information so people understand what is changing and the impact on individuals and local communities

- Requested active monitoring on large pieces of work so that progress can be checked and we can be sure that what was agreed is delivered.

The year saw some very significant decisions and pieces of work pass through the Board:

- Health and Wellbeing Strategy
- Draft Dementia Strategy
- NHS Wiltshire Clinical Commissioning Group's five year plan
- Better Care Plan
- The proposals to re-commission a range of children's services

Healthwatch Wiltshire will communicate with the wider public on the big issues which come to the Health and Wellbeing Board. The dates of the meetings are published on the Council website and they are held in public. You are very welcome to attend and listen to and be informed by the debate.

Healthwatch Wiltshire also has a place on the Wiltshire Council Health Select Committee. This committee is dedicated to scrutinising local NHS and social care policy, planning, and the impact and performance of services. We use our place to promote the voice of the patient, service user, and carer.



Financial information



Healthwatch Wiltshire CIC is social enterprise

In 2013/14 Healthwatch Wiltshire received all of its funding from the Government through Wiltshire Council.

The total core funding was £205,000.

How was this spent?

£68,211	Employee salaries and Board Member costs
£22,000	Children and young people's project
£15,694	Organisation set up costs including rent

£105,905	

Healthwatch Wiltshire did not spend 48% of its core funding during 2013/14 financial year because it needed to work through a set-up plan to recruit staff and expand in a careful and realistic way. Wiltshire Council has agreed Healthwatch Wiltshire can retain this funding to be spent in 2014/15 and 2015/16 to allow us to continue to build our capacity to deliver against our statutory activities.



Contact information

**Healthwatch Wiltshire
CIC is a community
interest company
limited by guarantee**

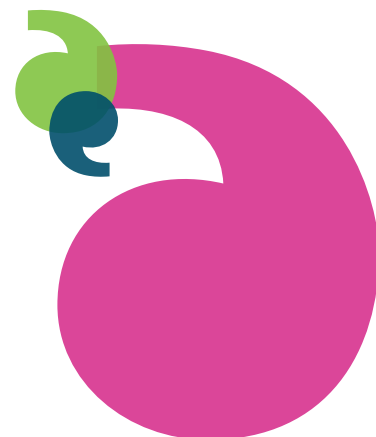
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Acknowledgements

Healthwatch Wiltshire would like to thank all of those organisations and individuals with whom it has worked for their generous and ongoing cooperation and support over the past year. In particular, thank you to local people who took the time to share their views and experiences of health and social care services.

‘Your Voice is Our Voice’



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Part 1:

NHS Wiltshire CCG
Five Year Strategic Plan
2014-2019

Document Control Sheet

Document History			
Version	Date	Author	Comments
1.0	05/02/14	GM	Document Creation
1.1	05/02/14	GM	Population of initial draft
2.0	06/02/14	JD	Revision of initial draft
3.0	10/02/14	GM	Significant revision and editing of draft structure and content
4.0	11/02/14	JD	Revision of System Vision and Delivery
5.0	12/02/14	GM/JD/RB	Revision of remaining sections
6.0	12/02/14	MW	Review and amendments
7.0	12/02/14	GM/JD/RB	Further refinement and revision of all sections
8.0	12/02/14	GM/JD	Further refinement and revision of all sections
9.0	12/02/14	JD	Review and amendments – submission to DN
9.1	12/02/14	DN	Review comments
9.2	12/02/14	JD	Changes following DN review
9.3	12/02/14	JD	Typo corrections and submission to DF, ST and SR
9.4	12/02/2104	RB	Formatting amendments
9.5	13/02/14	JD	Changes following Simon Truelove review
10.0	13/02/14	JD/GM/RB	Further refinement and revision of all sections
11.0	13/02/14	JD	Further refinement and submission to DF
12.0	13/02/14	JD	Final Draft Version submitted to NHS England
13.0	07/03/14	DN/GM/MW/RB	Incorporation of NHSE feedback and other content refinements
13.1	07/03/14	GM	Revision to incorporate DN amendments
13.2	07/03/14	DN	Amendments made by DN
14.0	13/03/14	GM	Incorporation of changes received – various sections
15a	17/03/14	GM/RB/JD	Final Revision and Refinement of all Sections
16a	19/03/14	MW	QA review and amends
17	20/03/14	DN/GM/MW	Final Review and Amends
18	21/03/14	DN/GM	Incorporation of further DN amends

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FOREWORD

We are delighted to present our first Five Year Strategic Plan for Wiltshire Clinical Commissioning Group (CCG), which is being developed with partners and stakeholders across the County and covers the period 2014/15 to 2018/19.

The introduction of Clinical Commissioning gave us, in Wiltshire, an unprecedented opportunity to realise our simple but bold vision, to ensure the provision of a health service which is high quality, effective, clinically led and local. Perhaps the most significant achievement of the last year has been the progress made, in very close collaboration with Wiltshire Council, towards establishing joint arrangements to deliver far better integrated health and social care services in the future.

Building on the achievements of our first year, this plan projects the vision and describes a road map to the future delivery of sustainable, integrated services to help the people of Wiltshire establish and maintain their wellness, as well as supporting those experiencing ill health. The delivery of our vision and the achievement of better outcomes for the people of Wiltshire will require further progressive and strong integration between local NHS organisations, our close partners in Wiltshire Council, the voluntary sector and the wider community.

Key to the successful implementation of our vision is putting individuals in control whilst ensuring that every opportunity is provided to improve the health and wellbeing of the population. We aspire to create a model within which, when care is needed it can be delivered closer to home, creating a system built around individuals and local communities, with a focus on the most vulnerable people, supporting them appropriately to reduce or avert crises. Key to achieving this will be multi-disciplinary teams based in small community based clusters, working across community health, social care, mental health, the voluntary sector and friends and family networks to provide integrated and accessible care.

The dispersed and rural community of Wiltshire means that we need to understand and reflect local needs, in order to ensure the benefits of this localism are maximised Wiltshire Clinical Commissioning Group will continue to operate as three local groups. The geography of Wiltshire naturally divides into three areas of population separated by the sparsely populated Salisbury Plain.

The three groups cover the natural communities of South Wiltshire centred around Salisbury, (Sarum Group) with its population mostly choosing to use Salisbury Foundation Trust for its hospital based services, the community of North and East Wiltshire, mostly choosing to use the services provided by Great Western Hospital (NEW Group) and the area covering the market towns of West Wiltshire (WWYKD Group) where the population mostly choose Royal United Hospital in Bath for its services.

We are confident that this plan is patient focused and its implementation will be led by a range of very able and enthusiastic local clinicians supported by a creative, dynamic and experienced management team. We look forward to discussing and evolving our work via an-going programme of public and stakeholder engagement.

Deborah Fielding
Accountable Officer
NHS Wiltshire CCG

Dr Steve Rowlands
Chair
NHS Wiltshire CCG

Executive Summary

The purpose of this document is to:

- Set out the strategic direction for the development of health and care services across Wiltshire over the five year period 2014-2019
- Show in detail for the first two years how we will deliver our objectives between 2014 and 2016, and lay the foundations for transformational change
- Demonstrate how over the five year horizon of this plan, 2014 to 2019, we will deliver transformational change that provide high quality, effective, clinically led and local services for people in Wiltshire

This Five Year Plan builds upon the many successes of our first year, achieved in partnership with colleagues from across the local NHS organisations and Wiltshire Council, to develop and improve services across Wiltshire, and incorporates a range of national and local ambitions and their associated outcomes.

The table below sets out how the structure of the following sections:

Laying the foundations – 2014/15 to 2015/16	
Section	Content
Beginning the Journey	Sets out the current position in Wiltshire and why we and our partners need to undertake our transformational journey
System Vision	A summary of our strategic vision for health and care in Wiltshire, including some of our key priorities
Ensuring Safe and Effective Services	This section sets out our commitment to safe and effective services for our patients, and some of the key actions we are taking to ensure this
How Will We Do This?	A summary of the key system interventions needed to transform the health and care system in Wiltshire, including our plans for the period 2014-16
Governance	Sets out the main governance arrangements that underpin this five year strategy

This document is designed to be read in conjunction with “**Part 2: Finance Plan**”, which sets out the financial assumptions and projections associated with realising our five year vision for Wiltshire.

NHS Wiltshire CCG – Five Year Strategic Plan 2014-2019: Our “Plan on a Page”

Clinical Commissioning Group

Our vision is that Health and Social Care services in Wiltshire should support and sustain independent healthy living



Increased investment and support into developing and maintaining personal responsibility. Focus on education, prevention and support to develop and maintain healthy and independent living

- Delivered through a range of interventions including:
- Understanding and tackling the wider determinants of health
 - Health promotion and education programmes re lifestyle
 - Increased use of technology, providing advice guidance and signposting
 - Patient engagement and awareness of clinical pathways
 - Increased and proactive use of personalised care and treatment plans
 - Shared Decision Making
 - Parenting skills and support

Enhanced and integrated community care with a broader range of services provided in a local setting

- Delivered through a range of interventions including:
- Developing integrated community services, wrapped around the individual, accessed and co-ordinated through extended primary care teams
 - Shared data and information
 - Core and consistent Primary Care Provision
 - Expanded Primary Care Services
 - Extended skills in community teams to manage higher acuity patients
 - Proactive identification and management of patients with chronic conditions in Primary Care, supported by care co-ordinators
 - Increase use of technology for monitor & review and advice and

Improved productivity and effectiveness of care with a reduced reliance on bed-based solutions

- Delivered through a range of interventions including:
- Investment in alternative community based solution – Enhanced ‘out of hospital care’ (beds and/or services) with Rapid Response, Simple Point of Access and Care Co-ordination to support admission avoidance and earlier discharge
 - Increased ambulatory care management or emergency admission – Ambulatory Care Sensitive Conditions, plus use of Rapid Assessment and Diagnostics services with emphasis on early discharge out of acute setting
 - Systems in place to facilitate early supported discharge to reduce length of stay and tackle Delayed Transfer of Care
 - Improved efficient and appropriate use of planned care beds – applying enhanced recovery programme principles, and moving care from inpatients to day case and day case to outpatients

The design of our future system is based on three key design principles:

1. **People encouraged and supported to take responsibility for, and to maintain / enhance their well-being**
2. **Equitable access to a high quality and affordable system, which delivers the best outcome for the greatest numbers**
3. **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)

- Measuring Success:**
1. **Increased personal responsibility**
 2. **Improvements in quality**
 3. **Increased patient/carer satisfaction**
 4. **Increased efficiency and sustainability**
 5. **More integrated services**
 6. **Reduced health inequalities**
 7. **Reduced avoidable unplanned/urgent care**

- Overseen through the following governance arrangements**
- **CCG Programme Management Office (PMO)**
 - **Regular CCG Programme Governance Group (PGG)**
 - **CCG Executive Management Team**
 - **CCG Clinical Executive**
 - **CCG Governing Body**
 - **Wiltshire Health & Wellbeing Board**

Section 1: Beginning the Journey

The National Context

As described in NHS England's recent "Call To Action" campaign, across England there are a range of pressures which deliver unprecedented challenges to maintaining high quality and sustainable health and care services to all: **an ageing society, increasing expectations, the rise of long-term conditions, increasing costs of providing care, limited productivity gains and constrained public resources.**

Older people are forming a larger proportion of the population, with the greatest growth expected in the number of people aged 85 or older. This group are the most intensive users of health and social care. The health needs of the elderly are particularly apparent in non-elective care within the acute sector where:

- Nearly two-thirds of people admitted to hospital are over 65.
- Unplanned admissions for people over 65 account for nearly 70% of hospital emergency bed days.
- When they are admitted to hospital, older people generally stay longer and are more likely to be readmitted.

In addition to the ageing population, lifestyle choices amongst the rest of the community are impacting demand. Around 80% of deaths in England are from major diseases, such as cancer, many of which are attributable to lifestyle risk factors such as excess alcohol, smoking, lack of physical activity and poor diet. Forecasts indicate that 46% of men and 40% of women will be obese by 2035. This is projected to result in 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease nationally.

Over 15 million people in England have a Long Term Condition (LTC), around 25% of the population and this cohort currently utilise:

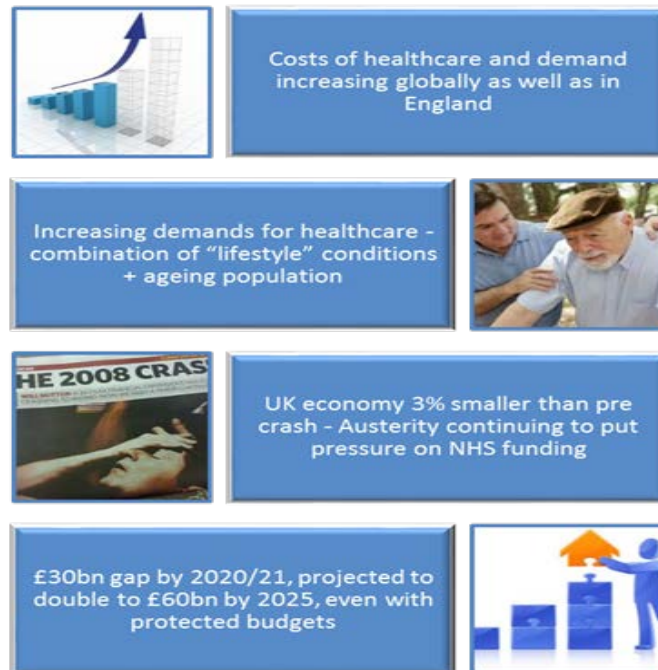
- 50% of all GP appointments
- 70% of all hospital bed days
- 70% of the total health and care spend in England.

People with one or more long-term conditions are the most important source of demand for NHS services:

- The 30% who have one or more of these conditions account for £7 out of every £ 10 spent on health and care in England.
- Patients with a single long-term condition cost about £3,000 per year whilst those with three or more conditions cost nearly £8,000 per year.

The number of patients with long term conditions is projected to grow by 50% in a decade.

This growth in demand is taking place at a time of austerity, which continues to put pressure on NHS funding. Even with NHS budgets protected in real terms, current forecasts point to a £30bn gap in funding by 2020/21.



The above diagram sets out the key drivers that affect the future sustainability of the NHS without transformational change, and reflects wider international trends in the developed world of:

- Healthcare spending taking up increasing proportions of GDP across developed countries
- Changes in demographics, particularly a growing proportion of older people, driving up the demand for, and overall cost of, healthcare
- Increasing life expectancy which, whilst very welcome, does not reduce the cost of healthcare, but instead postpones the high costs associated with healthcare at the end of a person's life

To address both the quality and sustainability challenge posed by this combination of trends, the NHS has set out several high level ambitions to ensure quality is improved and services designed around patients and their needs in the future:

Securing additional years of life for the people of England with treatable mental and physical health conditions
Improving the health related quality of life of the 15 million+ people with one or more long-term conditions, including mental health conditions
Increasing the proportion of older people living independently at home following discharge from hospital.
Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.
Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital , in general practice and in the community
Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital

The Local Context in Wiltshire

We have a deep understanding of the structure, nature and health position of our local population. This has been developed from a wide range of sources both within and outside the CCG including:

- Public Health analysis, through the JSA looking at the structure and health of the current population, as well as projected changes identified through ONS projections
- Joint work with Public Health through the Health and Wellbeing Board, drawing on a range of indicators such as those in the Public Health Outcomes Framework to understand the state and needs of different population groups
- Joint work with the Council through the Community Transformation Team to understand the health position and care needs of the elderly population
- Our own quantitative analysis such as the evaluation of health and outcome indicators, Atlas of Variation, CCG/Local authority “profiles” from NHS England, SPOT and our assessment of the impact of population projections, overall and within age bands, which helps us understand health needs and relative performance

What Do We Know About Our Population?

The Joint Strategic Assessment (JSA), developed by our partners at Wiltshire Council, provides us with detailed information about the population across the County. Wiltshire is a large,

predominantly rural and generally prosperous County with a population of 479,992. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the County is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Avebury, the Kennet and Avon canal, Stonehenge and Salisbury Cathedral. The relationship between the city of Salisbury and the larger towns in Wiltshire and the rest of the County has a significant effect on transport, employment, travel to work issues, housing and economic needs. With 141 people per sq. km, Wiltshire has a lower population density than the South West or England overall. The rural nature of the County has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community.



In order to design health services that provide the right care for people both now and in the future, it is important to understand some basic information about the make-up of the population, and how this is going to change in the future. Using this, and other information that we have about the prevalence of disease we can build up a picture of what services we need to develop or change in order to keep our population as healthy as possible.

The JSA shows four key messages:

Our population is relatively healthy:

Our analysis of Wiltshire's population shows that overall; people in Wiltshire are healthier than comparative groups in England, with lower than average rates of:

- Mortality from causes considered preventable
- Smoking related deaths
- Premature deaths from cancer

What our analysis also demonstrated is that there is a growing challenge in terms of the ill health effects from lifestyle conditions and needing to improve engagement with healthcare services to address preventable illness. Examples include areas such as:

Number of overweight and obese children – 20% 4 to 5 year old children classed as overweight or obese, increasing to 29.6% of 10 to 11 year olds

- Vaccination rates for under-3s which are falling whilst the England average is improving
- Over 40% of adults failing to achieve the guidelines for weekly exercise
- Falling rates of screening for cancer and low take up of NHS health check

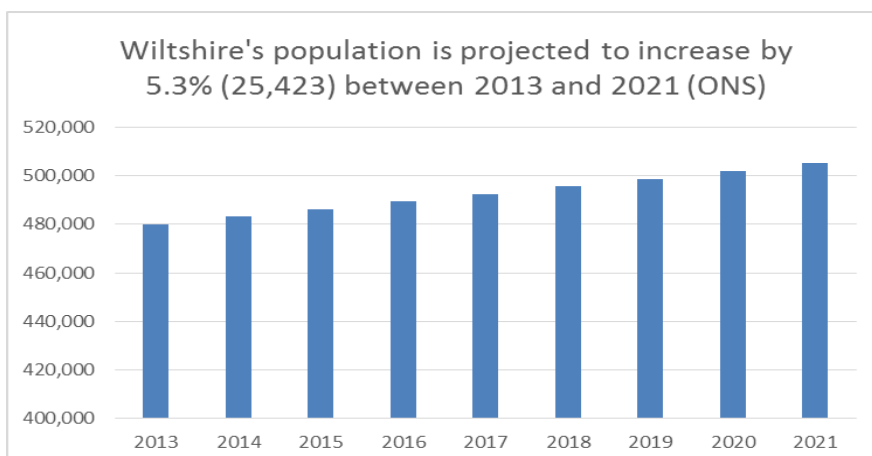
Therefore whilst our population is relatively healthy, we recognise our future approaches will need to incorporate measures around:

- Prevention
- Early intervention
- Developing the individual's personal responsibility for healthy lifestyle choices, health and well-being to keep them in health

These themes feed directly into our developing strategy and approaches for improving health and outcomes within Wiltshire.

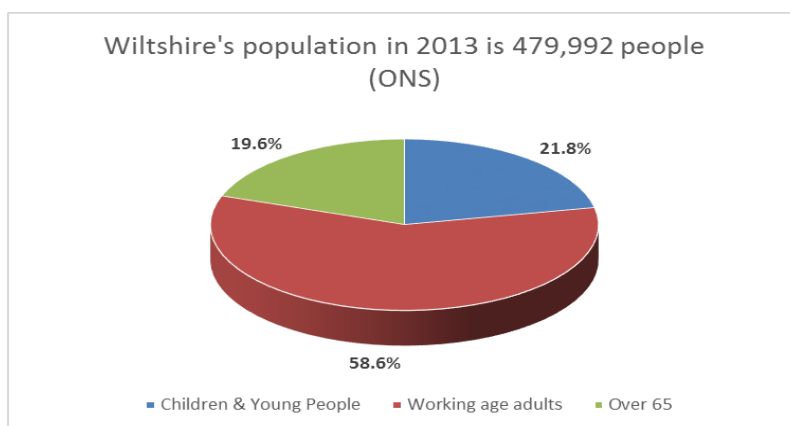
Our population is growing:

The CCG's current population is 479,992 (2013), and forecast to grow by an additional 3.3% (15,603) by 2018, and by 5.3% (25,423) to 505,416 by 2021. This excludes some additional 10,000 people because of military restructuring and developments in the County.

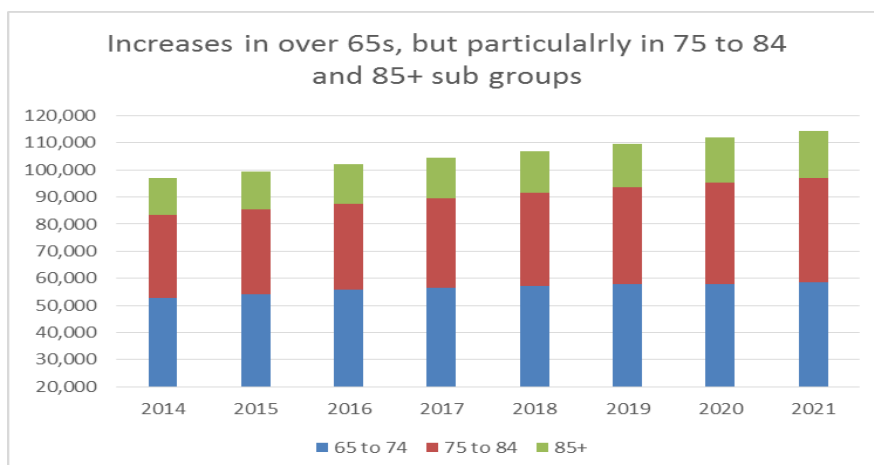


Our population is changing:

By 2021 there will be proportionately more children & young people (+5533) and less working age adults (-632). People over 65 make up 20% of the County's population and will make up 22.5% of the County's population within the next 7 years, and the number of older people is rising much faster than the overall population of the County (+20,253 by 2021).



Within our over 65s age group, there will be a particular increase in the number of Wiltshire residents aged >75 (+13,086), and >85 by 2021.



There are specific areas we need to focus upon, including inequalities:

The implications of an ageing population are great in terms of people living longer into older age, with an increased demand for health services, a higher burden of chronic disease and susceptibility to the negative impacts of social isolation. In parallel to this there will be a reduction in working age people, a reduced contribution to the economy and lower incomes, and an increased need for care services (paid and unpaid carers).

Older people are more likely to need health and care services and we know that nearly half of Wiltshire’s NHS financial resources (47.4%) are used by people aged over 65. Much of this resource is needed for frail and vulnerable older people. Dementia can affect people of any age, but is most common in older people. One in 14 people over 65 have a form of dementia and one in six people over 80 have a form of dementia. The prevalence of dementia in Wiltshire is predicted to rise due to our ageing population. Oxford Brookes University and the Institute of Public Care (2013) estimate that there are approximately 6,538 people with dementia in Wiltshire. It is predicted that this number will increase by 27.8% by 2020 – equating to an additional 1,800 people with dementia and will nearly double by 2030 to 11,878 people. It is also estimated that there will be an increase in those people with severe dementia from approximately 800 in 2012 to 1,600 in 2030.

Additionally, while overall health outcomes in Wiltshire are very good, this masks some specific local issues that we need to address. Some of our Lower Super-output Areas are among the most deprived in England, with significantly lower life expectancies in the poorest parts of Melksham, Salisbury, Trowbridge, Royal Wootton Bassett and Cricklade. The County also has the second-largest military population in the UK and some unique establishments that affect the way we must plan emergency health services, like Porton Down.

Our Financial Position

Wiltshire CCG has a strong financial position at the end of 2013/14 with a reported surplus of £5m and successful implementation of QIPP initiatives totalling £9.3m. Looking forward, the financial future is characterised by austerity, with current national forecasts pointing to a £30billion gap in

funding by 2020/21, despite NHS budgets being protected. The biggest factor that creates this pressure is from demographic change, especially increases in the elderly population.

Our population analysis has already shown that the number of people in Wiltshire in the over 65 population group is rising each year and we identified:

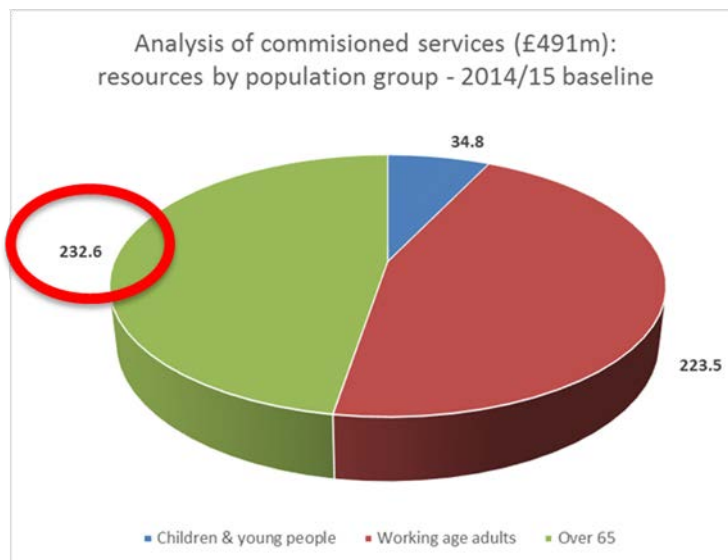
- The relative resource use by different population groups
- The impact that this would have on our resources
- The implications of this change for the services we provide

Relative resource use by population groups:

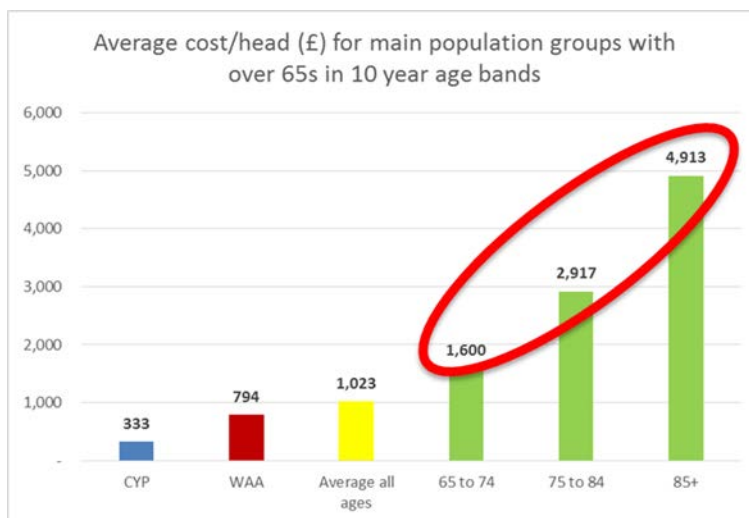
Our financial baseline for 2014/15 shows that £491m of resources were allocated for commissioned services, which included acute, community, mental health, local authority and jointly commissioned services.

The breakdown of resources by population group showed that:

- The smallest overall spend is on Children & Young People (£34.8m)
- The largest overall spend is on over 65s (£232.6m)
- Over 65s consume the largest proportion of CCGs resources (47.4%)



The average spend per head for Wiltshire CCG was £1,023. However, the pattern of spend by population group was significantly different, with a marked distinction between under and over 65s.



This analysis demonstrated that:

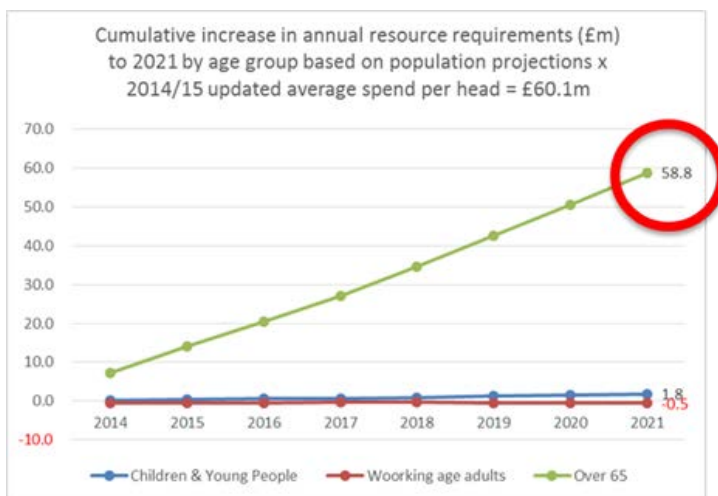
- Over 65s consume the largest volume of resources per head, as well as the largest overall proportion of the CCGs resources
- Once individuals have exceeded their Disability Free Years of life, average consumption of healthcare resources increases to between three and five time the CCGs average spend per head (from £2,917 to £4,913)

The conclusion is that the resource consumption of over-65 age group is significantly higher per head than that of other age groups and that the impact of population changes will therefore have a profound impact on the CCGs future resource needs, which is shown below.

Impact of population change on resources:

This demographic pressure is projected to result in a profound increase in health needs and costs within Wiltshire and by 2021:

- The estimate of the overall additional cumulative resource requirement resulting from population growth is £60.1m
- The impact of the changes in the over 65 population is a cumulative additional resource requirement of £58.8m – the vast majority of the projected overall requirement of £60.1m

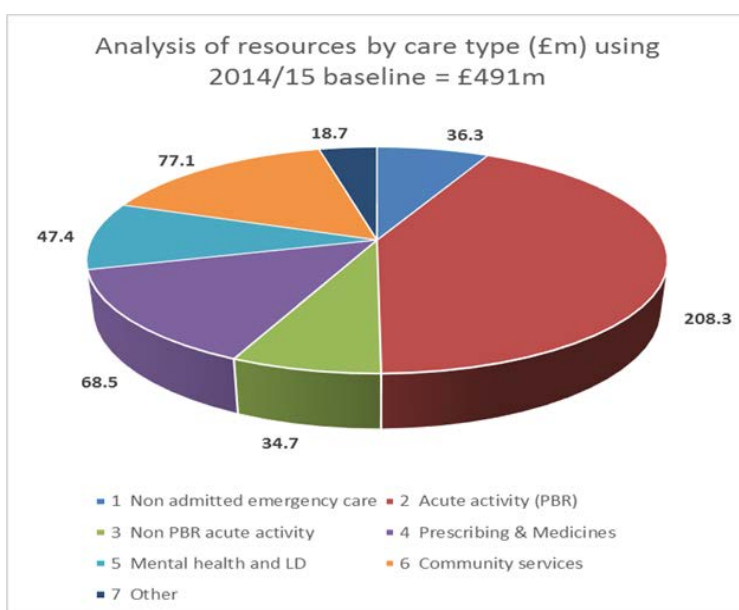


Implications of population change and resource use on services:

As a County we will not be able to absorb this projected increase in cost within our constrained resources, despite the current strength of our financial position, without implementing transformational change. To effectively address the healthcare needs of people in Wiltshire, we need to commission care that both meets the needs of an increasing number of elderly and frail people, but can also be delivered affordably.

Our current allocation of resources is skewed towards the acute sector, with

- 57% of resources concentrated on emergency and acute sector (£279.3m)
- Over 65s taking up high levels of resource per head in both PBR and non-admitted emergency care
- Community based services excluding MH/LD comprising only 16% (£77.1m) of spend



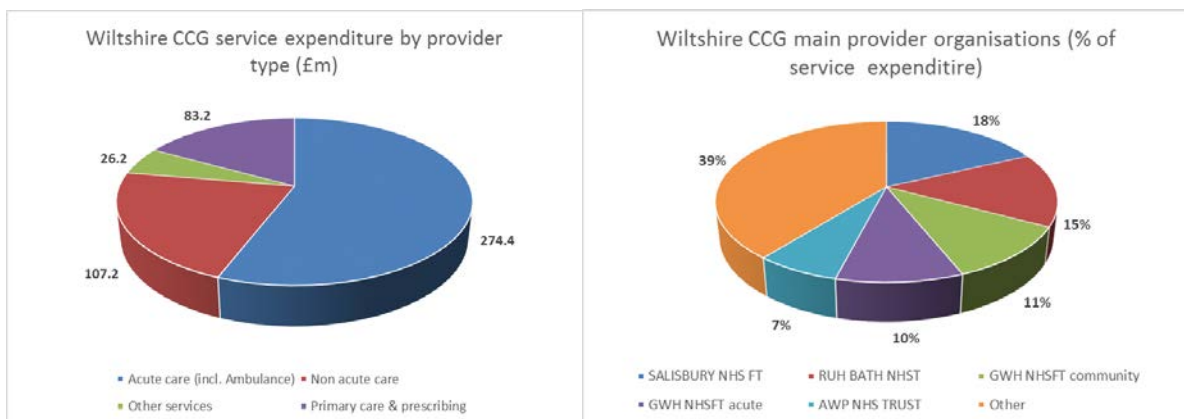
Our aim is to change the nature of the healthcare we commission, moving away from care that is largely reactive and focused on acute secondary care as the default care model. Our plans over the next five years will support this transformational change and by frontloading the proposed changes, we anticipate early benefits.

Our approach in this strategic plan builds upon our analysis, primarily focusing on the over 65 group - particularly over 75s - as this is likely to have the greatest impact. Over 75s are a relatively small proportion of the population that consumes per head the largest amount of resource.

Without this type of fundamental change through a shift in the balance of care, relying less on reactive acute services and more on proactive community care, the CCG's financial position will become unsustainable and we will not have the resources available to commission the healthcare needed by people in Wiltshire.

The Provider Landscape

In common with most health systems, our provider sector is dominated by acute providers who make up 56% (£274.4m) of service expenditure. Non acute care, which includes community and mental health services makes up the second largest element of expenditure, 22% (£107.2m) of overall service expenditure.



We do not “face” a single provider as some rural commissioners do. Our provider landscape is dominated by four main providers, which make up 61% (£298.2m) of service expenditure. In essence each of our Groups faces one acute provider, with community and mental health services provided across the CCG.

The following table sets out the current position:

Provider	Services
Salisbury NHS Foundation Trust (£88.3m)	Provides general and acute services to a local population of some 0.25m people, mainly delivered from Salisbury District Hospital The Trust also provides specialist regional services including burns, plastic surgery, cleft lip and palate, genetics and rehabilitation and cross regional spinal services across most of southern England
Royal United Hospitals Bath NHS Trust (£72.9m)	Provides acute healthcare services for a population of some 0.5m people mainly in Bath but also in North East Somerset and Western Wiltshire. The Trust provides a broad range of acute services including medicine and surgery, services for women and children, accident and emergency as well as diagnostic and clinical support services, mainly from the Bath Hospital site, plus other services at local community hospitals
Great Western Hospital NHS Foundation Trust (£54.3m acute; £49.6m community)	Provides acute hospital services from the Great Western Hospital site, as well as community services across Wiltshire, Bath and North East Somerset. A full range of acute services is delivered from the Great Western Hospital site with community service provided from community hospitals as well as primary care centres and community based teams
Avon & Wiltshire Partnership NHS Trust (£33.1m)	Provides mental health services across a wide geography from Wiltshire to Gloucestershire. Services include general mental health, needs relating to drugs and alcohol, mental health services for people with learning disabilities as well as secure services. An increasing range of services are provided in community settings or people's homes

Overall, the quality of services across providers is good with a range of patient feedback indicators including NHS Choices, Friends and Family test and the National Patient Survey showing scores that range from normal to best. Analysis of a range of other indicators shows that whilst some performance measures vary, there are no underlying structural issues around poor or unacceptable service quality across the CCGs providers.

We have identified scope for improving resource utilisation in a number aspects of acute provision, such as non-elective length of stay, higher than expected levels of non-elective activity and scope for redesigning care pathways to deliver elements of planned care that are more in line with best practice norms. These form part of our two year delivery plan and will be extended into more strategic changes arising from this five year strategy.

There are demand, capacity and resource pressures in areas such as A&E waiting times, although these are being managed by providers and specific plans are being implemented to address particular performance issues such as plans at Bath to improve A&E performance. The section on the NHS Constitution below provides a more in depth analysis of the CCGs performance against specific areas and gives additional details on provider performance.

Although this assessment of quality, performance and resource utilisation has not highlighted any fundamental underlying performance concerns, our analysis is that:

- Current services are too heavily focussed upon the acute sector and bed-based hospital services
- There is scope to develop further community and home based services as credible high quality alternatives to the current default of acute inpatient care
- We should build further on joint work with Wiltshire Council through Neighbourhood Teams to deliver home based services

Whilst current provider performance is reasonable and stable, the current state of acute inpatient care as the expected care setting is neither desirable nor sustainable over the next five years. Looking forward, there is an urgent need to change the provider landscape to deliver services designed around patients and carers, and ensure our specialist centres are used to treat the most sick.

Our approach will be to work positively and constructively with providers in the health and social care system to deliver new services. This will represent a fundamental shift in both the nature of care provided and the setting within which it is delivered, particularly as the initiatives underpinned by the Better Care Fund take effect. We aim to use the skills and expertise within our current provider base to best effect as we develop the future shape of services.

Our Current Performance

Wiltshire CCG and its partners begin their transformational journey from a strong starting position in terms of the overall performance of the health and care system. The table below summarises in particular our performance against the NHS Outcomes Framework for England, and in delivering against the pledges and rights our patients should expect as part of the NHS Constitution.

The NHS Outcomes Framework:

The NHS Outcomes Framework describes the health outcomes required from NHS organisations under 5 domains. These requirements are reflected in the CCG and JSA priorities for the plan period and various initiatives have been developed to help achieve these outcomes.

The CCG Outcome Indicators Set shows that, in most cases and against four of the five domains, our relative performance against the England median is either better than average or much better than average.

In one domain the measures adopted indicate that there is substantial scope for improvement as the current measures show performance worse than that planned. This is similar to the position for locally adopted indicators in 2013/14, where performance is also generally worse than plan.

The table below sets out our main performance headlines against each area of the framework:

NHS Outcome Domain	Key Priorities for 2014-16
<p>Domain 1 Preventing people from dying prematurely</p>	<p>Our outcome in this domain, using a range of nationally measured outcomes, is much better than average with fewer potential years of life lost (PYLL) than the England average and a lower mortality rate from preventable causes for under 75s.</p> <p>This reflects the general public health analysis of the local population, which shows a better position against a range of health indicators than the England average for under-75s, which is reflected in the position in this domain.</p>
<p>Domain 2 Enhancing quality of life for people with long term conditions (including dementia)</p>	<p>Our outcome in this second domain is again much better than average, with higher health related quality of life for people with long term conditions than the England average and lower rates of unplanned hospitalisation than the England average for a range of long term conditions.</p> <p>This is reflected in the OIS data that shows a higher proportion of people feel supported to manage their condition and positively reinforces our ambitions around self-care and self-management.</p>
<p>Domain 3 Helping people to recover from episodes of ill health or following injury</p>	<p>OIS data shows we have a lower level of non-elective admissions and re-admissions than the England average; and better than average reported outcomes reported by patients for four common planned surgical procedures</p> <p>This is a positive position and our strategy will continue to build upon this.</p>
<p>Domain 4 Ensuring that people have a positive experience of care</p>	<p>Our position relative to the England average is much better or better than average for most OIS measures in primary and secondary care, which is positive. One acute provider scores as below average, which is the single instance of below average performance in this domain, and will be a focus for improvement over the next 12 months</p>
<p>Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>An area of focus for the CCG over the next 12-24 months will be to continue to work with our acute and community providers to eradicate any instances of avoidable healthcare-acquired infections (HCAIs)</p>

The NHS Constitution

We recognise our obligations to patients in Wiltshire as set out in the NHS Constitution. Our patients have a right:

- To non-emergency treatment starting within a maximum of 18 weeks from referral
- To be seen by a specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected
- To a choice of a number of hospitals for elective care
- To view their personal health record
- To be treated with dignity and respect, including single sex accommodation
- To have complaints dealt with efficiently and investigated properly

Our plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment not just for 2014/15 and 2015/16, but over the whole five year plan period.

The below sets out our main performance headlines against each area of the Constitution:

Referral-to-Treatment Times (RTT)

The CCG has performed well in ensuring most of our patients receive treatment within 18 weeks of referral by their GP, with the exception of two patients waiting more than 52 weeks. QIPP plans that form part of this strategic plan will help maintain and improve performance in this area as further developments in triage and referral management reduce the volumes of referrals, making this commitment easier for providers to achieve. Improvements in community based treatments, such as through changes to the MSK pathway, will also have an impact on reducing referrals. The issue of over 52 week waiters is part of current contract discussions and providers will be required to provide explanations and commitments that processes are in place not only to identify long waiters, but to ensure remedial actions is taken far earlier than the 52 week target. Our expectation is that the actions taken will address the issue of over 52 week waiters and ensure that there are no further breaches of this standard.

Diagnostic Waiting Times

This aspect of performance shows whether patients have timely access to treatment, by highlighting delays resulting from not having the required diagnostic tests undertaken promptly. The CCG has consistently met its commitments in this area, and is working closely with providers to understand current trends and patterns in diagnostic activity now that tariff arrangements for diagnostics have been implemented. We will review this in detail in the current contracting round to ensure that these changes do not adversely impact upon waiting times. It is therefore expected that we will continue to achieve the current levels of performance and either meet or exceed expectations in this area.

A&E Waiting Times

This standard shows whether patients are promptly treated in an urgent care setting, whether in A&E or an MIU. In 2013/14 the CCG is close to achieving the target for all A&E departments, although some adverse performance during the year has impacted on overall year to date performance:

- Royal United Hospital Bath has experienced difficulties in several months, leading to a position at the end of November of 94.3% and a 2013/14 forecast of Amber.
- Great Western Hospital has experienced difficulties in several months, leading to a position at the end of November 93% although the 13/14 overall forecast is green.

Our main focus over the next 12-24 months will be to work with these two providers, particularly RUH Bath, whose performance in 2013/14 followed unsatisfactory performance in 2012/13 (when the Trust only achieved 91.9% on this target). RUH Bath have been taking positive measures to address performance with a successful bid for winter pressures funding. The planned improvements in processes are designed to effectively address rather than just acknowledge pressures and form part of a whole system solution that positively involves commissioners too.

Cancer Waiting Times

This standard shows the speed with which patients are treated across the cancer pathway and includes both referrals and definitive treatment for patients with cancer or suspected cancer. The CCG has consistently achieved the required level of performance in this basket of targets, whether at two weeks, 31 days or 62 days. We are confident that over the course of 2014-16 we will continue achieve or exceed expectations in this area.

Ambulance Calls

The Ambulance calls standards are designed to show the speed of different types of emergency response as well as the time taken to hand over patients from the ambulance service to an acute hospital's A&E. Performance around Ambulance calls and response times to date in 2013/14 shows that the CCG has not achieved the required standard of performance we expect for our patients. Our main area of focus to resolve this over 2014-16 will be around Category A Red 1 incidents, which were adversely impacted in April by the transition to the new NHS 111 system. There are still a significant number of breaches at Great Western Hospital; however performance has improved with minimal breaches at Salisbury FT and RUH Bath.

Mixed Sex Accommodation

This standard measures whether patients are in mixed sex accommodation during a hospital stay as part of the privacy and dignity agenda. Performance around this standard in 2012/13 was poor, with

only Great Western Hospital achieving the target. There has been some improvement with a much smaller number of breaches, through 2013, mainly in July and September. Our determination to address this issue and the plans put in place should result in performance being either Green for all providers or a mix of Green or Amber.

Cancelled Operations

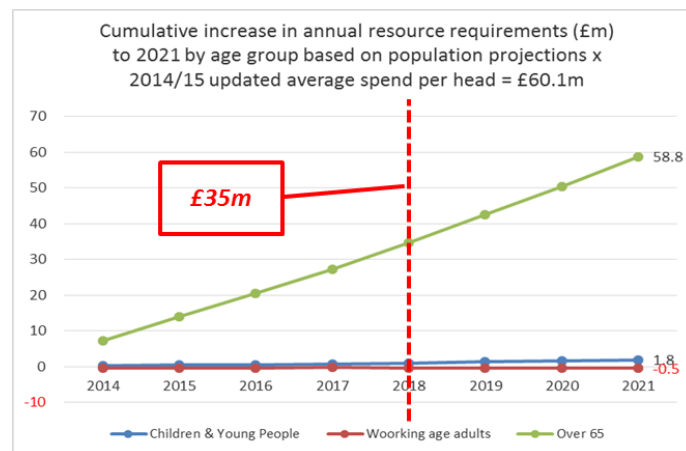
This standard measures the number of operations cancelled for non-clinical reasons upon or after admission to hospital. Overall our providers have performed very well in this area, with minimal cancellations for our patients. Currently only RUH Bath has had difficulty due to short-term operational problems that have since been addressed. We will be reviewing this with all providers as part of the contracting round to ensure that patient flows are proactively managed to avoid the need for cancellations.

Mental Health

This standard measures the proportion of people who were promptly followed up after discharge that were treated using a Care Programme Approach. The NHS Constitution requirements for this indicator have been met consistently in 2012/13, to date in 2013/14 and we expect this standard to be met or exceeded in 2014/15 and 2015/16.

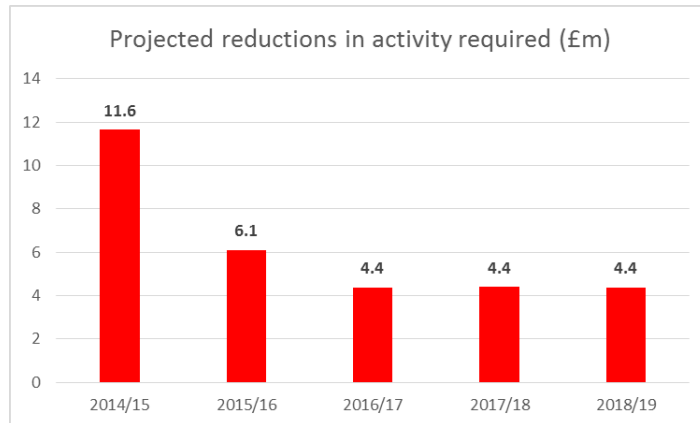
The Imperative for Change

Our analysis of the “do nothing” position in the financial position section of this strategy has identified significant requirement for additional resources, which reflects the pressures faced by the broader NHS. By the end of the period of this five year plan, the anticipated requirement for additional resources is some £35m, based on the growth in population and the cost per head within each population group.

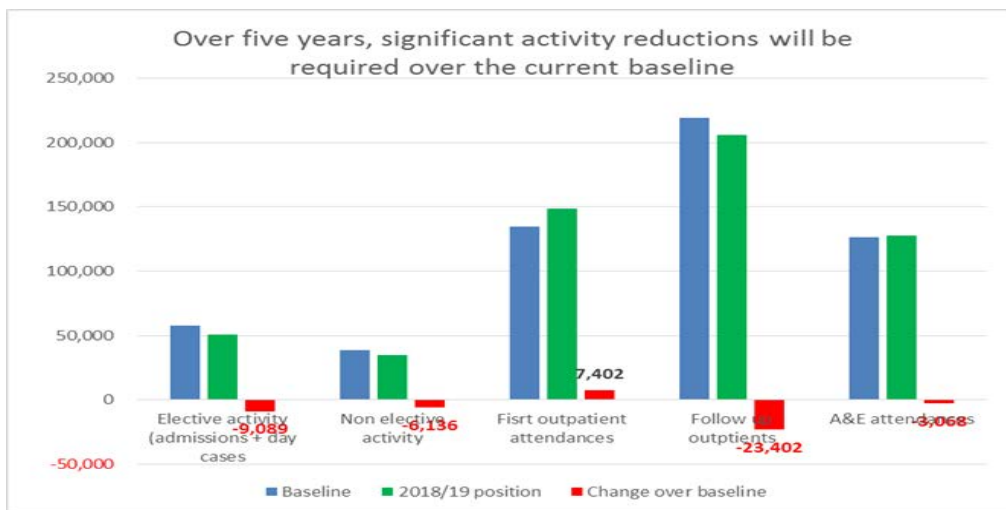


Although we will receive a measure of growth over the coming five years, our projections show a gap of £31m between demand and available resources.

We have already undertaken detailed modelling to plan how we will manage this change and have formulated a plan that anticipates significant reductions in acute activity through transformational change over the coming five years. The approach is to “front load” the changes taking advantage of the Delivery Plan initiatives that are already in train, linking these with the development of a series of new transformational initiatives. These changes will result in a shift on the balance of care previously discussed in this strategy to deliver high quality care for our patients, whilst staying with our available resources.

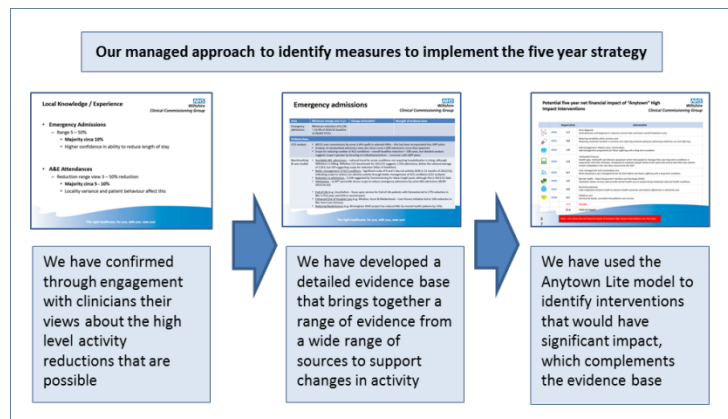


Our activity projections show that at the end of five years, in most acute care settings, activity will be lower or similar to baseline activity at the beginning of the five year plan period. Therefore, even though we anticipate growth in demand, this will be offset by activity reductions to make acute activity in absolute terms lower or similar to what it is now.



The table above indicates the scale of change required against existing NHS activity patterns across Wiltshire, with a move over five years to over 6,000 fewer emergency admissions, over 23,000 fewer follow-up outpatient appointments, and over 9,000 fewer elective admissions/day cases.

This scale of reduction requires significant transformational change, which is reflected in the ambition of this strategic plan. To make sure our plans are robust, we have used a structured approach to develop a rich knowledge base of potential interventions that will help develop and successfully achieve these transformational changes. The approach is illustrated below:



Highlights of the ideas, interventions and approaches that we will use to develop the transformational schemes to fulfil our strategic objectives include:

- **Local clinical knowledge and experience** – which demonstrates confidence in the ability of local clinicians to influence and reduce the rates of emergency admissions and A&E attendances through a series of initiatives and interventions targeted in these areas
- **Our existing analysis and benchmarking** – have identified scope to change settings of care within planned care as well as reducing the scale of planned care in line with best practice norms, particularly within MSK services. There is also scope to address the level of demand for unplanned care based on analysis that shows areas of significant over commissioning
- **Assessment of best practice case studies** – which has identified a range of best practice initiatives targeted at both specific patient groups and broader care settings that improve the quality of patient care as well as reducing levels of demand for and activity within acute care settings
- **Anytown Lite**, which shows significant scope for improvement through High Impact Interventions such as Case Management/Co-ordinated care and reductions in variability within primary care. These suggested interventions are congruent with CCG plans to develop primary care at scale and work within the Better Care Fund framework to improve the scale and intensity of home based services. This would be particularly focused on the over 65s, which is the age group that drives significantly the requirement for additional resources. The detailed outputs from the Anytown Lite model are shown in Appendix 2

As we bring together our detailed plans for the five year period we will ensure that there is a clear understanding of how plans within Health and Social Care work together, particularly making sure that initiatives through the Better Care Fund are not double counted elsewhere.

We already have clinical buy in to and understanding of the scale and type of change in acute care that will be required over the coming years. We have involved CCG staff, local clinicians as well as the provider sector in workshops to develop the strategy and to articulate the nature and scale of change required. The result of the workshops was agreement to:

- The need for fundamental change within the local health and social care system, as the current system is not sustainable
- The scale of change needed within the acute sector, which represents significant reductions in activity over the coming five years
- The direction of travel in this strategy as the way in which services would develop in future

We will continue working with the clinician body and providers to develop and agree the specific strategic measures that deliver the changes in acute activity and the new model of care within this strategy. These changes will be aligned to our financial plans, to ensure our use of resources remains within the available envelope.

Whilst increased life expectancy is a cause for celebration, the high rate of growth in the number of elderly people and people with dementia in Wiltshire is placing a burden on care budgets, creating financial pressures and capacity issues for health and social care. For NHS services, we have estimated that without transformational change, we would need an additional £60.1m by 2021 – of that 97.85% (£58.8m) would be required for people aged 65 and over. The scale of this challenge is beyond traditional QIPP and similar interventions. It requires fundamental system redesign. There must be a major shift in focus and resources into prevention and care at, or close, to home. As part of the new model it is essential to increase people's sense of personal responsibility for their wellbeing and to engage with friends and families and local communities to change lifestyles and deal with root causes (such as loneliness) which, if unaddressed, lead to demands on the social and health care system. Such fundamental change will not be easy. It requires a different mind-set, deep engagement with the public, communities and partners and a collective resolve to bring the new system to life. However, a failure to achieve such transformational change will result in a reversal of many of the societal gains that the health and social care system has delivered over the years, particularly to the quality of life.

As a result of this imperative for change, it is crucial that we work with our partners across Wiltshire over the next 2 years to lay the foundations for the transformational change that is required.

Key Challenges

The main challenges we and our partners face in Wiltshire in bridging this gap and delivering transformational change are:

- Developing a robust and sustainable integrated system - Care and support is often fragmented, so people experience gaps in care and patients are treated as a series of problems rather than as a person. Care and support plans do not link together, which is inefficient and frustrating for people on the receiving end of our services. People have to repeat their stories to different agencies and are not always kept informed.

- Too many people make a decision about their long-term care and support whilst they are in hospital often resulting in frail elderly people being rushed into decisions and possibly an unnecessary admission to a residential or nursing home.
- Developing and implementing a robust model of primary and community based care - Acute hospitals, specialist hospitals and emergency departments are under pressure, with unacceptably high levels of delayed transfers of care and extended lengths of stay in hospital.
- Increasing personal responsibility for health and well-being - The health and care system gives a higher priority to treatment and repair rather than prevention or early intervention. Often, people are not eligible to receive services until they reach a point of crisis, when a little support earlier may have avoided the crisis from developing.

Section 2: System Vision

*Our 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 numbers
- 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

It is paramount that we maintain our focus on improving quality and ensure the future sustainability of our system. We are wholly committed to developing a truly integrated system, and accordingly our plans have been jointly developed with our partners in Wiltshire Council and across the County.

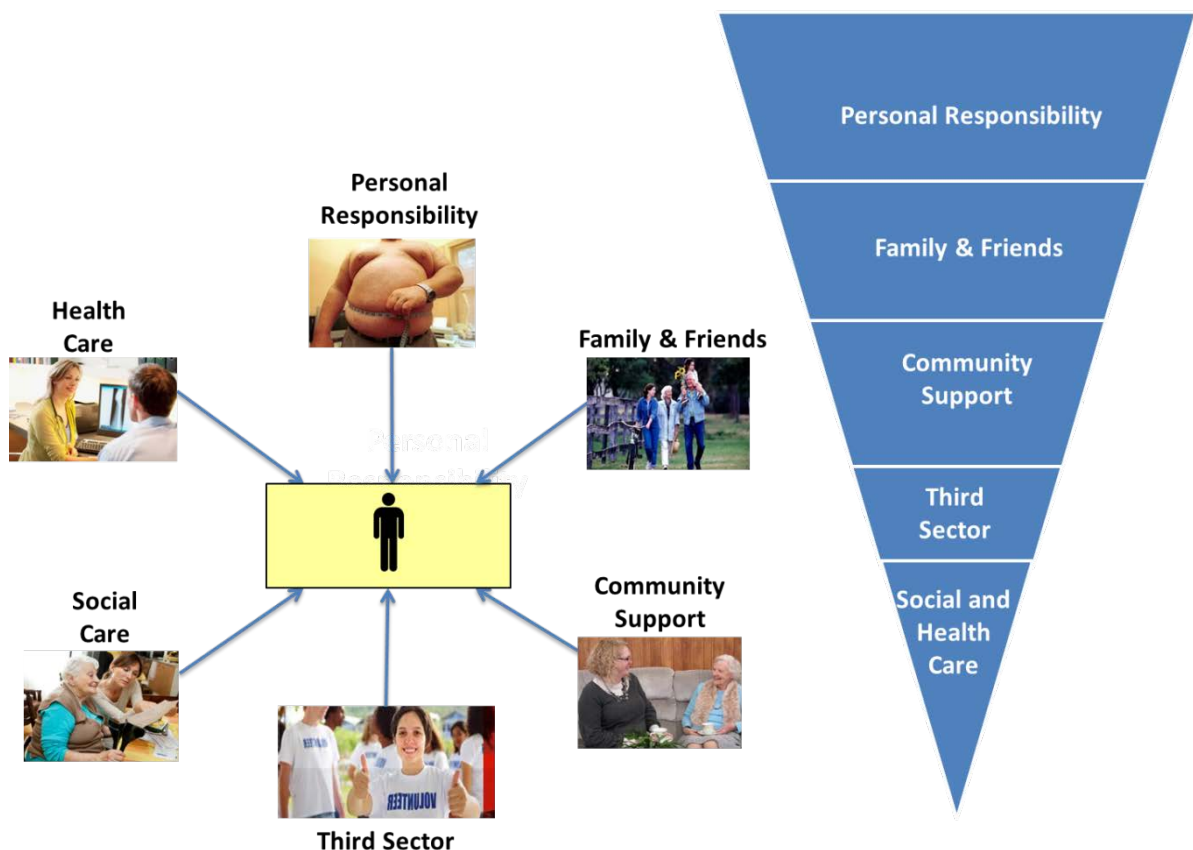
The financial and quality drivers mean that more of the same is not an option for us in Wiltshire. We have been transparent with our partners about the challenge that lies ahead and have a common understanding of the need for radical transformation and a shared responsibility to deliver the system change and manage the associated risks. This includes the need to use the next two years to lay the foundations for the required changes.

Building on the existing work and relationships we intend to make the most of this rare opportunity and design a system that reflects what our population requires and changes the nature of the contract with people around responsibility for their own health and well-being.

We know from our public and stakeholder work that the people in Wiltshire want more joined up services available in their communities and, at the same time, we know we cannot sustain the current proportion of our expenditure that is spent on hospital services. We therefore want to support people to be well and independent, and to take control of their own care. When intervention is needed we want this to be provided in people’s homes, in primary care or in the community. Only when there is a good reason why this should not be the case should care be provided in our local acute hospitals. All services in Wiltshire will be delivered in an integrated way, led by primary care working with our social care partners, and to the highest standards of safety, quality and safeguarding.

Future Care Model

As we move towards 2018/19 we will see increased investment and support to develop and maintain healthy and independent living. The starting point for our future model of care is personal responsibility with people supported to be more in control of their lives and increasingly confident to draw on their personal resources and those of their families and communities.



Establishing and sustaining wellness and independence

In developing this model, we are aware that we need to look at the traditional health and care system differently, refocussing our investment, giving greater priority to prevention, early intervention, shared decision making and self-care.

We recognise that the wider determinants of health, including isolation, housing, and lifestyle choices can be equally, if not more, important than the health and care services in terms of keeping people well and healthy.

To ensure we can provide the population of Wiltshire with access to the high quality, responsive and sustainable health and care services they need to manage ill-health or address a care need within our available resources, we will shift the focus of our investment towards tackling the root causes of demand and support people to establish and sustain wellness and independence.

Alongside our commissioned services we will seek to develop healthy community networks and promote well-being by moving away from a medical model of care, promoting a sense of community, as well as signposting support and activities in the community which are available and may be more appropriate for themselves and those they care for.

Health and Care Service Design

Where interventions from Health and Social Care are required, our integrated Primary, Community and Social Care services will be wrapped around the individual, accessed and co-ordinated through Extended Primary Care Teams, delivering a proactive and preventative approach to healthcare. There will be a resilient Acute sector, dealing primarily with those patients that cannot be cared for in a community setting and services in the Acute sector will provide both in reach and outreach services. Highly specialised services will be focused at centres of excellence, reducing variety, improving quality and safety and ensuring the future of Health and Social Care services.

Services will be provided as close to home as possible from good, well-resourced facilities, robustly monitored and able to demonstrate excellence in all standards. The system will be high quality, lean and sustainable for future generations, delivering appropriate services to our population.

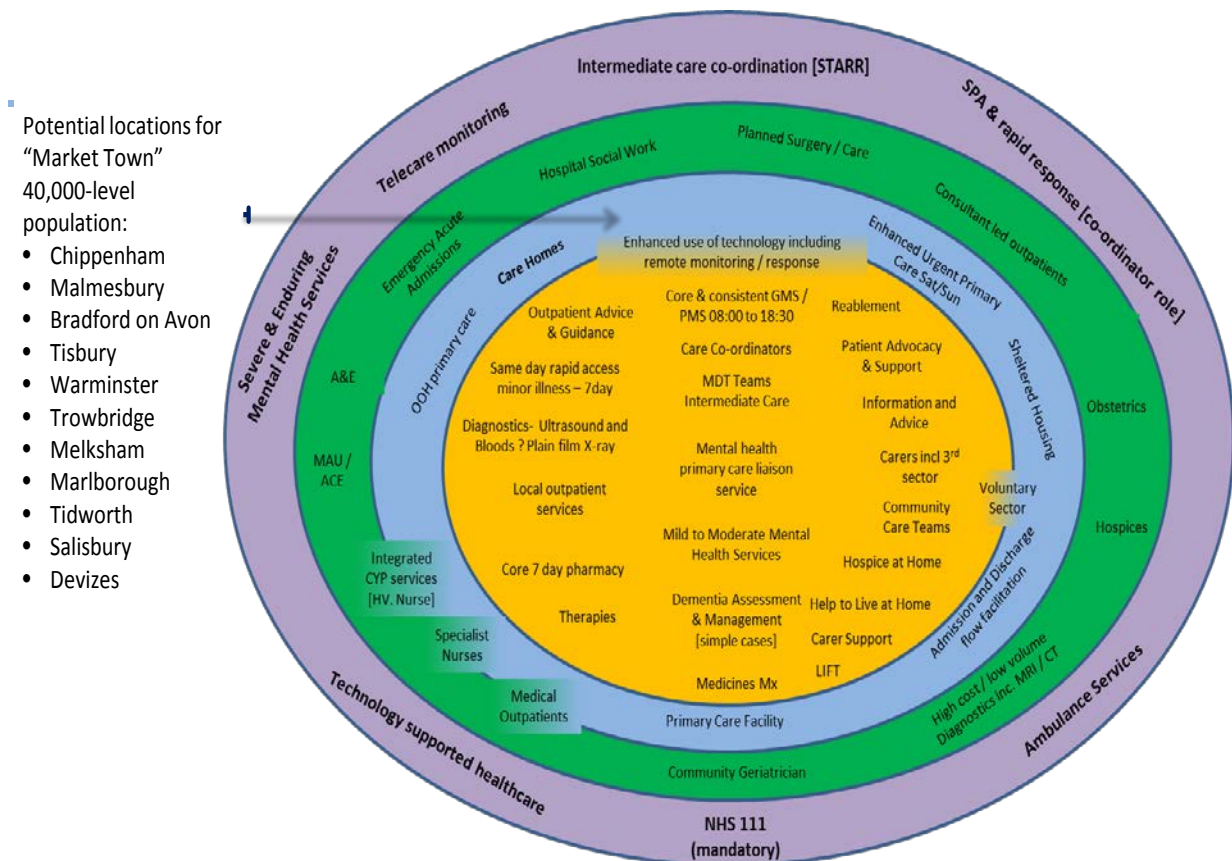
Commissioning for Outcomes

We will approach the implementation planning of our vision using an outcomes based approach in order to deliver the desired end state while allowing for tolerable variation within the bounds of our guiding principles to accommodate the specific needs of our localities. In this way we aspire to deliver the best possible outcomes in a manner tailored to the distinct and diverse needs of our populations with services specifically designed by their local clinical leaders, and so deliberately tailored to take account of local issues and need.

Our Model:

The diagram below sets out, at-a-glance, the key features of our future vision for wellbeing, care and health across Wiltshire. Due to the large, rural nature of our County, we have focussed upon using building blocks of 20,000 people as the core of our model (a very broad average list size for a GP Practice). The outer layers of the model then progressively move up towards a market town level (40,000 population), a Group level (consistent with our being divided into three natural geographical areas in NEW, WWYKD and Sarum), and a County-wide level. In this way we have brought together health and care services to work with stakeholders in mapping out the most sustainable way to deliver the outcomes we aspire to over the next five years:

Future Health and Care Service Vision

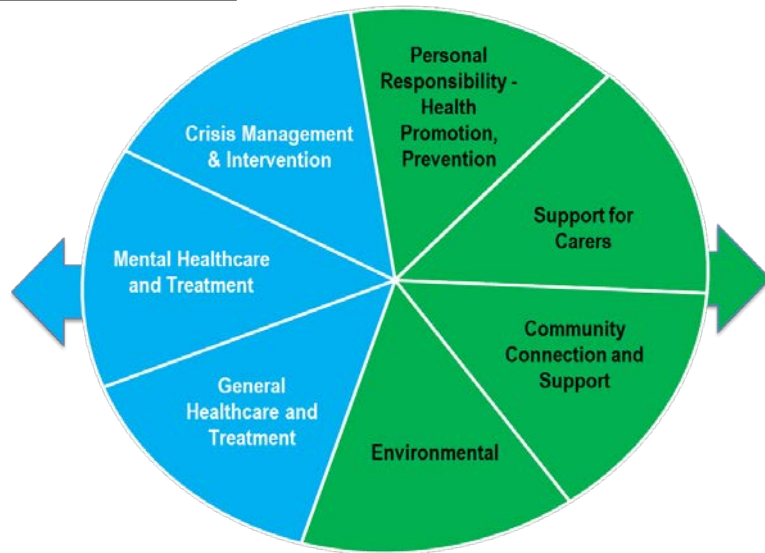
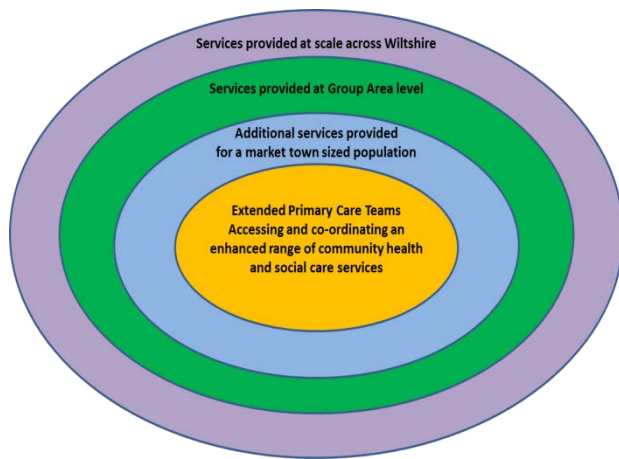


In addition to the above model, we have also worked extensively with our partners to produce the additional model below which builds upon this, but adds a range of ambitions and interventions (the right-hand side in green) which are targeted at the broader determinants of wellbeing and health, such as support for carers and developing community assets.

Health and Care services in Wiltshire supporting and sustaining independent healthy living

Strategic Priorities

Establishing and sustaining wellness, health and care service redesign, and delivering against statutory priorities are all key features of the new model of care



Commissioned Services

- Community day centres for older people
- Other older people services - e.g. Age concern, Community First, Good Neighbour Scheme, Alzheimer's and Stroke Association
- User led networks
- Carer support
- Learning Disabilities – including day centres, social centre, training / employment support, community support and outreach, housing and travel support
- Mental health – supported housing, information and advice, day services and supported employment
- Disabilities – day and social activities, communication centre, supported employment, living with HIV support
- Drug and Alcohol – support for families and carers, dry houses and rehabilitation
- Housing related support and community alarm service
- Homelessness – hostels, refuges, temporary accommodation, teenage parents and the homeless
- Children's Centres
- Youth Development Schemes
- Parenting and Family Support
- School Nursing
- Activities for the under 5s
- Health promotion and prevention schemes

Community Based Assets

- Healthy Communities Network
- Developing independent communities

Statutory Responsibilities e.g. Safeguarding

In delivering our vision the key components of the new integrated system are:

- 1. Increased investment and support into developing and maintaining personal responsibility. With a focus on education, prevention and support to develop and maintain healthy and independent living**
- 2. Enhanced and integrated community care with a broader range of services provided in a local setting**
- 3. Increased productivity and effectiveness of care with a reduced reliance on bed based solutions**

Further detail on the interventions and system changes required to deliver our vision can be found in the 'How will we do this?' section of this document. Appendix 1 also contains a further example of the application of the new care model with respect to Mental Health.

Characteristics of a high quality, sustainable health and care system

Our Five Year Plan builds on, and takes lessons from, our existing work to develop and improve integrated services provided as close to home as possible across Wiltshire. We are confident that we are developing plans and an implementation methodology that will demonstrate the six characteristics of a high quality, sustainable health and care system

Ensuring patients and citizens will be fully included in all aspects of service design and change and that patients are fully empowered in their own care

We have ambitious plans to redesign and integrate services and we know that patients and members of the public across Wiltshire want to be fully engaged in making choices about their health and lifestyles, participate in the shaping and development of health and care services and influence the planning and design of local healthcare services at each stage of the process. We have a strong track record of engagement in development of strategies and programmes, however we recognise this is an area where improvement can always be made and we are keen to ensure that patients and the public are at the centre of our healthcare service commissioning from planning to delivery. This is outline further in the section on "Engagement" on page 44.

Wider Primary Care, Provided at Scale

In order to realise our vision we are aware of the need to extend and enhance our primary care services. Primary Care will play a key role in the leadership, co-ordination and provision of services across Wiltshire. This will require investment in workforce development, investment in technology to support innovative care delivery, improved utilisation and development of our community estate infrastructure and education and refocus patients' behaviour. This will require a step change in the way in which services are designed, commissioned and provided.

Our Five Year plan places Primary Care, alongside patients, at the centre of the health and social care economy. The aim being that not only will Primary Care continue to lead the design of the

healthcare system via clinical commissioning, but also provide a greater range and improve the quality and safety of services delivered to patients and to support our plans for integration, moving care out of hospital and our reconfiguration of community services.

The development of primary care is required due to a wide range of national and local drivers which include demographic pressures, rising prevalence of chronic disease, rising demand for primary care services, constrained funding growth and rising patient expectations.

As a CCG we will work in collaboration with NHS England and the Local Area team to implement the recommendations in the strategic framework for commissioning of general practice services, due to be published in the autumn, stimulating new models of care and developing innovative forms of commissioning and contracting to support these new models.

A Modern Model of Integrated Care

A coordinated, care system with services wrapped around the patient using integrated care services and support accessed and co-ordinated by Primary Care teams is the foundation stone for our strategic vision, and across Wiltshire the CCG and the Council are already engaged in a programme of Community Transformation aimed at developing integrated community health and care services. As a system we have used the Better Care Fund as an opportunity to further strengthen this work and deliver at greater pace and scale.

More detailed information can be found in within our Better Care Fund documentation. We are, however, confident that the investment and joint working in place builds on our success to date and will make a significant impact in addressing what we see as the key challenges / barriers to delivering modern integrated care in Wiltshire (see page 28).

Access to the highest quality urgent and emergency care

Wiltshire CCG are committed to ensuring the delivery of high quality effective urgent and emergency care services for our population and are keen to develop a proactive, robust systems for patients that redirects significant levels of urgent care into planned or managed care.

Unscheduled care can broadly be segmented into three categories of users:

1. Those with **urgent care** such as minor trauma and illnesses needing an experienced primary care response for the initial assessment and treatment
2. Those with **chronic illness** such as mental health, elderly care, end of life care and long term conditions
3. Those who require **emergency care** e.g. trauma, needing immediate access to fully staffed hospitals with senior clinical capability

We are currently undertaking a review of the **Urgent Care** system across Wiltshire – A&E, Walk in Clinics, Minor Injury Units and the opportunity to manage more Urgent Care patients within an enhanced primary care setting, in order to define an optimum service pathway for patients. The aim

is that patients see the most appropriate clinician in the most appropriate setting, taking into account national examples and evaluation of the local pilots that are taking place in and around Wiltshire.

The solution is likely to be a combination of patient education and self-care, enhanced primary care and community services to increase the range of patients that can be managed safely in an out of hospital setting and a pragmatic solution, possibly involving a more multi-disciplinary primary and secondary care team approach in A&E. Building on our early success with regards admission avoidance using Risk Stratification, Simple Point of Access / Rapid Response and the new team of Care Co-ordinators, our model for Primary, Community and Social Care services wrapped around the individual, accessed and co-ordinated through the Extended Primary Care Teams, will support proactive management of patients with a **Chronic Illness**, identifying those patients who are at risk of a hospital admission and providing necessary care and support to maintain the patient care in the community.

Where patients require **Emergency Care** our aim is to increase the levels of ambulatory care management, rapid diagnostics and treatment so that patients do not require admission to a hospital bed. For those patients who do require admission, our aim is to develop our community based services to be able to manage an increased level of acuity in the community to reduce the pressure on acute hospital beds and ensure that patients are discharged as soon as possible.

Key enablers to successful delivery of our vision in this area are our plans for enhanced / extended Primary Care and Community services and seven day working across Health and Social Care.

A step-change in the productivity of elective care

Wiltshire CCG spend over £86M a year on planned care (elective inpatients, day cases and outpatient care) and we committed to the commissioning of timely and effective elective care services for our patients, working with our providers to deliver a significant step change in elective care.

We are adopting a systematic approach to developing and commissioning new pathways for elective care to support the development of evidence based, high value care pathways that:

- Promote self-management, supported by care management plans which ensure the patient knows where and when to access support, rather than routinely see all patients as follow-ups
- Reduce unnecessary secondary care use and maximise what can be managed in primary care through the commissioning of 'tiered' services, moving away from the only opportunity to access consultant support being via the traditional face to face consultant contact to commissioning different service levels e.g. Results only clinics, telephone advice and guidance to increase ability to manage patients within primary care.
- Improve access to diagnostics services and agree pre-clinic work ups that ensure when a patient see a specialist for the first time they are able to get maximum benefit from that appointment.

- Reduce unwarranted variation in intervention rates (Dr Foster indicates a higher than expected elective admission rate for MSK conditions within Wiltshire, and the last Programme Budgeting report (2011/12) confirmed that Wiltshire spent more per head on MSK than their peers.
- Support patients to review the treatment options available to them and make an informed decision which best suits their needs and expectations (Shared Decision Making)
- Apply Enhanced Recovery Programme principles to elective procedures to reduce length of stay
- Move interventions to the most effective care setting i.e. Inpatient Procedures to Day Case and Day Case to Outpatient Procedures.

Specialised services concentrated in centres of excellence (as relevant to the locality)

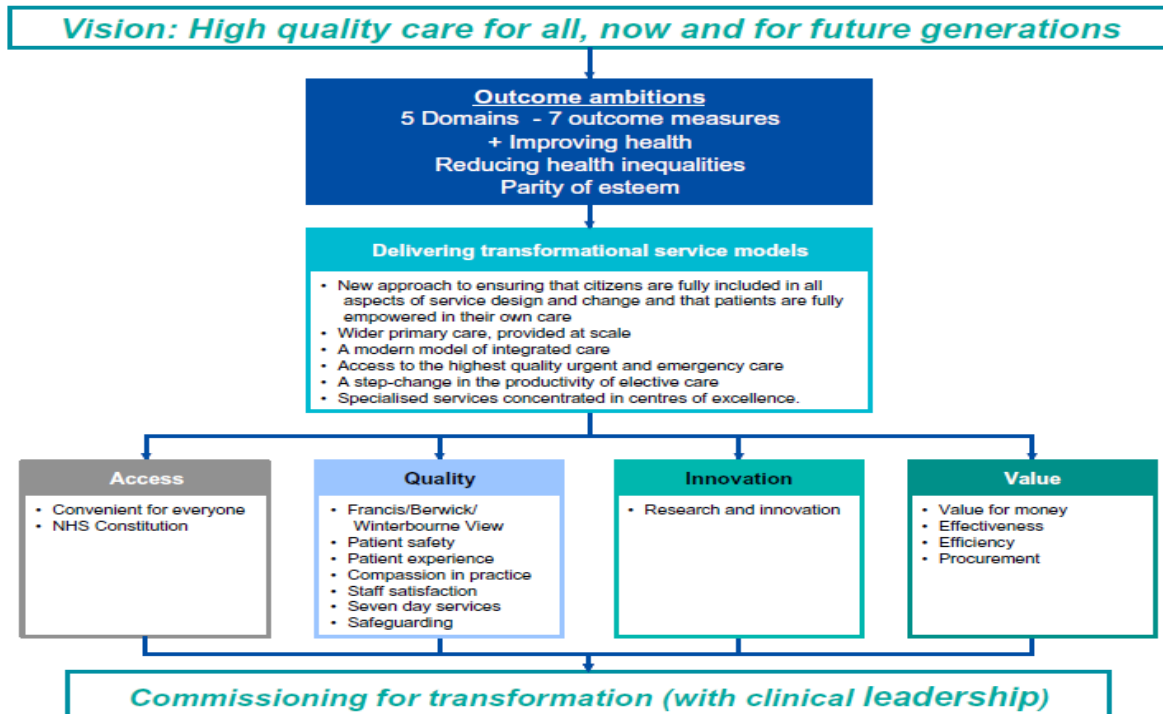
Although the responsibility for commissioning of specialised services sits outside of the CCG, the majority of specialised services form part of a patient pathway. In Wiltshire, we are keen to work in collaboration with NHS England to ensure that patients can access specialised care promptly and also, once clinically ready for discharge, can move out to intermediate step down or more community based care settings.

NHS England has developed a set of principles to support their approach to specialised commissioning, which focus on ensuring patients receive the most appropriate care in the optimum care setting with the most effective use of specialised resources. These principles are aligned to our wider approach to commissioning and reinforce and build upon patients' rights under the NHS Constitution.

- Right patient - In order for patients to receive optimum care, they need to be assessed and referred appropriately.
- Right provider - Ensuring patients are referred to the most appropriate provider will support achievement of 18 weeks as well as the most effective use of resources.
- Right treatment - The national service specification compliance process, together with the implementation of national clinical policies, will ensure that only the most effective treatments are commissioned from compliant providers, supported by outcome based evidence.
- Right place - Patients should receive their treatment in the optimum care setting. This means that patients should receive care within designated centres that meet national clinical standards, and that delayed admission and discharge into and out of specialised care should be considered a priority for action.
- Right time- This recognises the importance of early referral and prompt treatment, with a particular emphasis on compliance with national waiting times and delayed discharges.
- Right price - The development of local and national tariffs that represent best value for money whilst ensuring appropriate levels of reimbursement is fundamentally important.

Improving Quality and Outcomes

The national quality and sustainability agenda for the NHS is captured in the schematic below:



Wiltshire CCG is committed to ensuring sustainable health and care services for our population both now and in the future, and are confident of working with our partners to achieve this agenda. The table below sets out our local outcome ambitions (in addition to those contained in our Quality Premium, other local objectives such as Improving Access to Psychological Therapies, and working with our partners at Wiltshire Council to meet the ambitions set out in the Wiltshire Health & Wellbeing Strategy):

Wiltshire CCG Ambition	NHS England Ambition	Outcomes
<p>Increased investment and support into developing and maintaining personal responsibility. Focus on education, prevention and support to develop and maintain healthy and independent living</p>	<p>Securing additional years of life for the people of England with treatable mental and physical health conditions</p>	<p>Potential years of life lost (PYLL) are an estimate of the average years a person would have lived if he or she had not died prematurely. It is therefore a measure of premature mortality. The lower the score, the fewer years our patients have lost through ill health.</p> <p>Our current PYLL per 100,000 population in Wiltshire is 1902. Over the next five years we will improve this to 1827.7.</p>
	<p>Improving the health related quality of life of the 15 million+ people with one or more long-term conditions, including mental health conditions</p>	<p>EQ-5D is a survey tool for use as a measure of health status or health-related quality of life developed by the EuroQol Group. The higher the score, the more positive the individual's assessment of their own quality of life.</p> <p>Our current average EQ-5D score in Wiltshire is 75.8. Over the next five years we will improve this to 76.4.</p>
<p>Enhanced and integrated community care with a broader range of services provided in a local setting</p>	<p>Increasing the proportion of older people living independently at home following discharge from hospital.</p>	<p>We will work with our Health & Wellbeing Board to set an ambition in this area, which is at the heart of our Five Year Strategic and Better Care Fund Plans</p>
	<p>Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community</p>	<p>Patients who use GP or Out-of-Hours (OOH) services are asked to provide feedback on their experiences via structured surveys. This is reported as the proportion of patients reporting that they have received a “poor” experience of care. Therefore, the lower the score, the less dissatisfied patients.</p> <p>Our current average feedback score</p>

		in Wiltshire is 5 . Over the next five years we will improve this to 4.9 .
Increased productivity and effectiveness of acute care with a reduced reliance on Bed Based Solutions	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	Patients who use hospital services are asked to provide feedback on their experiences via structured surveys. This is reported as the proportion of patients reporting that they have received a “poor” experience of care. Therefore, the lower the score, the less dissatisfied patients . Our current average feedback score in Wiltshire is 128.5 . Over the next five years we will improve this to 113.5 .
	Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.	Section 3 sets out in more detail the range of initiatives we are adopting to ensure safe and effective services for Wiltshire patients

In addition to these overarching ambitions, the CCG also has several further local ambitions that flow from this, our local JSA and policies in other care areas, including Parity of esteem, personal health budgets, reducing health inequalities and seven day working.

Parity of Esteem

As we look to improve the health services for Wiltshire we recognise the importance of ensuring parity of Esteem for Mental Health, not only in the services that are commissioned specifically for the treatment of mental health but also by ensuring parity of accessibility to physical health services for those with mental health conditions.

In order to ensure parity of esteem for mental health we aim to address the 25 areas identified in ‘Closing the Gap: priorities for essential change in mental health’, DoH, January 2014. This information, together with the Wiltshire specific information that will be contained within the Wiltshire Mental Health Strategy, (draft due to be published early February 2014), will allow commissioners to ensure that commissioning decisions are informed by local context and the drive to ensure parity of esteem for Mental Health.

In addition, together with Wiltshire Council, we have signed up to taking forward Mental Health Commissioning jointly. The exact mechanisms for joint commissioning will be explored and agreed during 2014/15. Both organisations are clear that by working together services commissioned can be better planned and delivered resulting in better outcomes for the people of Wiltshire.

Wiltshire CCG and Wiltshire Council have a joint commissioning arrangement in place for children's health services, including improving children and young people's emotional well-being and mental health. The Emotional Wellbeing and Mental Health Strategy (2011 – 2014), overseen by the Children's Trust Partnership, has focussed on a small number of priorities to ensure that children and young people with emerging mental health difficulties and diagnosable mental health conditions are identified and have access to effective support. Since the Strategy was approved, a number of changes have been made to mental health support.

The Emotional and Wellbeing Strategy will shortly be updated and, based on feedback from GPs, schools and other professionals, future areas for development in the next 2 years are:

- Further development of the Primary Mental Health Service, building on the experience of Oxford Health running an IAPT pilot project;
- Creating a single point of access for the Primary Mental Health Service and Wiltshire Council early intervention services to address the cross-over between an emerging mental health difficulty and behavioural issues;
- Looking at the role of School Nurses in delivering a short term intervention to respond to emotional difficulties;
- A pilot project with CAMHS for the Outreach Service (OSCA) to continue intervention with young people they are supporting beyond the age of 18. This will ensure that some vulnerable young adults, including looked after young people, will still receive a mental health service beyond the age of 18 even if they do not meet the criteria for the adult mental health service.
- During 14/15 the CAMHS service provider will work with the adult MH service provider to look to improve the transition for young people into adult mental health services. This is an area of concern nationally and NHS England is currently developing a service specification which should aid in the work that is already being taken forward locally. The first step in our piece of work locally is an audit of some of the cases that have transitioned recently and the learning from this work will inform the next steps.

Within the 14/15 secondary mental health contract there will be a CQUIN about physical health checks. This should help with the early identification of physical health problems and subsequent treatment.

In 2013/14 Wiltshire CCG invested heavily into Acute Liaison Services, resulting in acute liaison services being in place at the Royal United Hospital Bath, The Great Western Hospital Swindon and Salisbury District Hospital, 7 days a week 9-5. These services are having a positive impact on services in ED, including the services for individuals who have self-harmed, but also services on the wards for patients with dementia and other mental health conditions. In the next few months the services will be evaluated to best understand how to further improve services in the future.

As part of the Transforming Community Services work in 14/15 the community services will be tendered. Within the specifications of the services it will be explicit that physical health services must be equally as assessable to individuals with mental health needs as those without.

Appendix 1 sets out our vision of the new health and care model as it applies to Mental Health.

Safe, appropriate, and high quality care for those with Learning Disabilities

As part of improving health services for Wiltshire we also recognise the importance of ensuring parity of esteem for those with Learning Disabilities, not only in the services that are commissioned specifically for the care and treatment of those with learning disabilities but also by ensuring parity of accessibility to physical health services.

The Government's Mandate to the NHS Commissioning Board sets out that "The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people."

We aim to transform health and care services and improve the quality of the care offered to people of all ages with learning disabilities or autism and address the areas identified in the Winterbourne view national reports. During 2014/15 we will also develop joint commissioning arrangements to ensure we are commissioning safe and appropriate care. Further details about how we will ensure we deliver safe services are in Section 3 below.

Personal Health Budgets

The Government pledged to roll out Personal Health Budgets to patients in receipt of Continuing Healthcare funding who ask for one, from April 2014 and to all those in receipt of CHC from October 2014. Our aim in Wiltshire is to refine the Personal Health Budget process so that it becomes an integral part of the CHC assessment process and therefore an 'opt out' rather than an 'opt in' for patients at the point of eligibility as a default position.

We are committed to the national development programme and have identified a small cohort of individuals who we believe would benefit from a PHB. We have started working with these individuals and their families and the outcomes will be monitored locally and via the national Personal Outcomes Evaluation Tool (POET) and the CCG's progress against implementation is being monitored against the National Markers of Progress.

Reducing Health Inequalities

Wiltshire is a largely rural area and people in minority groups are often not present in sufficient numbers to form coherent groups. This can result in an unknown demand for services and hence unmet need which the CCG is aware of in planning services. Analysis to identify the groups of people and areas of our County where health inequalities exist is facilitated by the Health and Wellbeing element of the Joint Strategic Assessment (JSA) for Wiltshire. In Wiltshire the programme provides a hierarchy of needs assessments, the most strategic being the JSA for Wiltshire, which is underpinned by a range of detailed needs assessments including the JSA for Health and Wellbeing and JSAs for each of our twenty local communities. Naturally the CCG is strongly represented in the entire process.

The JSA for Health and Wellbeing provides an opportunity to look ahead three to five years so that:

- inequalities within our population are reduced
- services are shaped by local communities
- social inclusion is increased
- the above outcomes are maximised at minimum cost

There is a range of wider determinants of health that impact on inequalities including rurality, transport deprivation, service deprivation and housing deprivation. The increased needs of particular groups such as families, young people, the elderly, disabled persons and carers¹⁴, the military, prisons, black and minority ethnic groups and Gypsies and Travellers and the way these are met can also affect the inequality gap. Tackling health inequalities (including infant and child mortality) requires local service providers to work in partnership to address the wider determinants of health such as poverty, employment, poor housing and poor educational attainment.

Wiltshire shows high levels of relative deprivation with regards to barriers to housing and services, reflecting the rural nature of the County. The indicators comprising the barriers to the housing and services deprivation domain are structured into two groups, representing 'geographical barriers' and 'wider barriers'. Geographical barriers are generally the greater issue in Wiltshire. 78 of Wiltshire's 281 Lower Super Output Areas (28%) are within the 10% most deprived in England for geographical barriers and 12 of Wiltshire's LSOAs (4%) are within the 1% most deprived in England for this theme.

Seven Day Services

We are committed to implementing the 10 Seven Day Clinical Standards and are embedding them in our contracts with providers in the 2014/15 contracting round. These standards are critical to ensuring services are safe and effective regardless of when our patients need to access them. We expect our providers' Service Development & Improvement Plans (SDIPs) to be robust and compliant with these key standards, and have been working closely with them to ensure this will be achieved – e.g. our work with the Royal United Hospital Bath to implement the initiatives recommended by the national Emergency Care Intensive Support Team (ECIST) review of their emergency department, as

well as our continued work with Avon & Wiltshire Partnership Mental Health Trust to implement standards 7 (psychiatric liaison) and 9 (support services).

This work will be complemented by our own work on Urgent Care review and redesign, Rapid Response and Early Supported Discharge - focussing on the primary, community and social care response aligned to Seven Day Working. Our plans around utilising the Better Care Fund and Community Transformation have fully integrated, 24/7 services at their heart, with a focus upon enhanced primary care across Wiltshire with improved services wrapped around general practice (social, community and mental health services). This will particularly focus upon care for the frail and vulnerable elderly at high risk of unplanned hospital admission.

System Sustainability

Our vision provides a clear direction and focuses us all jointly on the delivery of a sustainable system. We have a significant financial challenge and have to put plans in place to identify significant savings by the financial year 18/19, we are clear that this will only be delivered through radical change and working together.

Current services will need to be redesigned so that investment can be freed up to develop the necessary infrastructure and services out of hospital to deliver this vision, and create the necessary savings to remain within our budgets. The CCG will need to ensure that there is a managed process of transition for all organisations impacted by the redesign of services to maintain the clinical safety, quality, safeguarding and financial viability of their remaining services to ensure long term sustainability is achieved.

Engagement

Engaging Our Wellbeing, Health and Care Partners:

We have a structured approach to engagement with partners across the Wiltshire health and social care system, including both commissioners and providers. Whilst we have not developed a formal framework of principles and values of joint working, we do use the following values in all our engagement and joint working:

- Delivering change that genuinely improves people's health and lives
- Using clinical judgement and expertise as a primary driver for shaping our change
- A commitment to sustainability, so change delivers quality and excellence within available resources across the whole system
- Openness and transparency through honest engagement in initiating, developing and implementing change

As a CCG we are committed to collaboration with all of our partners and stakeholders, building consensus around the need for change and working together to deliver this. Our vision and ambitions have been created in conjunction with clinicians across the system, we are clear that both will only be achieved if we take a clinically-led approach. As part of this we have worked closely at every stage with the Wiltshire Clinical Executive, a body comprised of GPs from across our three Groups. Clinicians have also been at the heart of a series of workshops and Group-based engagement sessions throughout the development of our five year strategy.

Our strategy for the future of health and care in Wiltshire has also been produced with extensive engagement and working with our partners at Wiltshire Council, our local Healthwatch and other key stakeholders across the County. This follows a robust stakeholder analysis and engagement plan produced to ensure plans are inclusive and reflective of wider views and needs. We have worked hard to ensure coherence of approach with close neighbours in Bath & North East Somerset and Swindon CCGs, via their involvement in the derivation of our plans and a series of Board to Board discussions between the CCGs and Acute providers. It is vital that all of our plans, while reflecting local Health & Wellbeing Board priorities, are complementary.

We have closely engaged our local Health and Wellbeing board in the development of our vision and ambitions, ensuring close co-ordination between strategic plans and those for the Better Care Fund. We have clear outcomes we jointly wish to achieve for the population of Wiltshire, as set out in our joint Health & Wellbeing Strategy.

We are aware that this level of transformational change to service delivery and system design will have significant implications for our provider market. Throughout the development programme we have been working with our key providers including Acute, Mental health, Primary Care, Out of Hours and the Ambulance Trust to ensure that they are aware of, able to influence and respond to our strategic intent.

This engagement has been through direct involvement in our programme of workshops and we have held executive level discussions to discuss the alignment of strategic intent on a one to one basis. We are delighted that our provider partners are fully supportive of our direction of travel and are ready to take on the challenge that new service models of delivery will bring. As many of our providers serve more than one commissioner, we have adopted a similar model of one to one discussions and invitations to our development workshops and as a result are confident that our priorities align.

Engaging Our Communities:

We have Patient Participation Groups (PPGs) linked to GP practices across Wiltshire, Local Area Boards and a Service Users' Network. Using Area Boards developed across Wiltshire also builds upon our commitment to involve every community, and to work in partnership with our Local Authority

colleagues. We also work in partnership with community groups and voluntary organisations to reach and understand the communities we are seeking to work with. The CCG is continually seeking to improve mechanisms to capture patient and public insight so that it can underpin and inform CCG decision-making processes. Complaints and patient feedback are used as an important indicator of the quality and safety of services and we have direct user involvement in service redesign projects. All of the information received through our engagement with patients informs our Patient and Public engagement strategy and we constantly strive to improve the ways in which we engage our population, avoiding a one size fits all approach.

The following table provides some examples of public and patient engagement that has been, or will be, undertaken as part of our current delivery programmes:

Programme	Patient / Public Engagement Description
Community Transformation	Workshops including patients and the public were held across Wiltshire to look at the 'As Is' and 'To Be' models of care. The resulting care model has been developed using the data gathered from these workshops.
Dementia	The dementia strategy was developed with input from members of the Wiltshire Dementia Delivery board, which includes Alzheimer's Society and Alzheimer's Support, Carer Support organisations and Advocacy organisations. Additionally as part of this work the CCG visited and collected views and feedback from people with dementia and carers at various local groups in Wiltshire.
End of Life	The strategy for End of Life which the CCG developed in partnership with providers included patient representatives as key members of the group. The strategy was also discussed at our November stakeholder event, which included both patients and the public
Planned Care MSK and Ophthalmology	<p>Rheumatology – an event held across Wiltshire and BaNES CCG, facilitated by the British Society of Rheumatology, including patients and patient group representatives identified service and quality issues as well as best practice which will inform our commissioning intentions this year.</p> <p>MSK and Ophthalmology - Patients will be involved in the planning and subsequent development of the new service pathways in 2014/15</p> <p>We are also keen to work with patients to get a better understanding of the ways in which we can improve communication and information to support active involvement in decisions about treatment and care – particularly Shared Decision Making, where clinicians and patients discuss together which treatment, tests or management options for a particular condition is best for the patient</p>

Programme	Patient / Public Engagement Description
Long Term Conditions - Diabetes	The newly formed Diabetes Steering Group has Diabetes UK, acting as the patient representative in the first instance and will then be seeking to widen patient and public engagement to better understand the support people need in terms of prevention and self-management and in the planning and development of new service pathways
Urgent Care	The review of Urgent Care services will collect patient views on their use and awareness of Urgent Care services and also gauge the level of comfort with an increased personal responsibility model. Redesigning the urgent and emergency care system is likely to be highly challenging and as part of this process the CCG will be developing a structured patient and public engagement and communication programme to support the planning and development of a new model

To further develop our Public and Patient Involvement processes we will be working closely with Healthwatch, who will provide advice and guidance as to the most effective engagement methods. Having reached the stage of being able to clearly articulate our vision for the future we will shortly embark on a broad and deep public engagement programme, which will not just consult on our Five Year Plan, but as part of an enduring commitment to consult and engage on how services are delivered across Wiltshire. The guiding principle for internal and external stakeholder participation in the our Five Year Plan can be put simply thus:

“ We must put citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services.”

Tim Kelsey
National Director of Patients and Information, NHS England

By following this ethos throughout the evolution of our Five Year Plan, the result should be wellbeing and health services which are understood, supported and embraced by the majority of our staff, public and patients. Taking them on the journey with us, step by step, making it their new model of healthcare for Wiltshire as much as it is that of the CCG.

Every part of our health and care system is shaped and improved by involving those who use and care about our services. Everyone contributes their distinctive perspective, especially those who face the greatest health disadvantage and the poorest health outcomes. Progressing from listening and understanding to collaboration and responsiveness, we all benefit from a rich understanding of what is needed and how to co-design and deliver services that meet these needs. People have a voice at different levels throughout our structures, from board level to frontline services, and we are committed to ensuring that all voices are heard.

Building on the significant engagement work to-date, the CCG is now able to move into the next phase of the engagement process. The aim is to enable as wide an audience as possible to understand the financial challenges which lie ahead at both a national and local level and to share their views on the future of health services in Wiltshire. We want to reach as wide an audience as possible, going beyond the regular voluntary sector input that regularly contribute to these discussions. Working in partnership with Wiltshire Council and Wiltshire Healthwatch, the CCG will develop and implement a meaningful and sustainable programme of stakeholder participation.

The engagement events will be designed to capture all feedback, and whilst local commissioners may not necessarily be in a position to put some of these ideas into practice, they will be included to fulfil the need for a complete response. Inclusion may also indicate that an appetite for innovation and new ways of thinking about the future NHS amongst those consulted should not be underestimated.

The programme of engagement on our Five Year Plan will be divided into three phases.

Phase 1

To be held during April 2014

The aim of this phase will be to improve awareness and understanding among internal and external stakeholders of the basic principles of the Five Year Plan.

Phase 2

To be held during May 2014

The aim of this phase will be to further develop awareness and understanding of our Five Year Plan with specific focus on the proposals for the future models of care

Phase 3

To be held between September 2014 until January 2015

This is yet to be developed but will focus on a more formal consultation process on the Five Year Plan, and the key strands which emerged from the previous phases of intensive participation and information sessions

To achieve these aims we intend to further develop and our engagement activity (including online) which supports Wiltshire CCG to:

- Build a community of interest through membership
- Engages with people on their chosen topic of interest
- Tracks relationships and member activity
- Records and analyses feedback from online, social media and other engagement activity
- Let's people know the outcomes
- Creates a continuous dialogue that is available 24/7.

As a result this will:

- Build community interest and involvement
- Improve accessibility and increases participation by broadening our reach and the variety of channels in which the public can engage through
- Ensure we're talking about what really matters to the public
- Share outcomes; enabling continuous and flowing dialogue
- Capability to track, connect, record and analyses activity, behaviours, demographic etc. which will feed into reporting.

The benefits to the CCG mean that we will:

- Access quick and cost effective community dialogue and feedback
- Ability to target different groups and individuals for specific topics, e.g. Long term conditions
- Reach new audiences through multiple platforms and new media
- Gather a body of evidence on patient and public activity and participation
- Use tools to analyse and report on online AND traditional engagement, e.g. focus groups, meetings, correspondence - to save time and money
- Promote and easily publish outcomes - what is heard and what is done as a result.

We will continue to fully involve our health and care community, and our patients/carers, as we move forward on our transformational journey over the next five years together.

Section 3: Ensuring Safe and Effective Services

NHS Wiltshire CCG sees the improvement of quality and patient safety to be at the heart of what we do. We will ensure that the services we commission provide high quality safe care to patients and their families and carers. We will do this by focusing our monitoring of quality on patient experience and patient outcomes, as well as an overview of the CQC's current essential standards and its emerging new methodologies in 2014/15.

We use the three fold approach within the international definition of quality, namely:

- Safety
- Effectiveness
- Patient experience

Within this definition we continue to review quality metrics and strengthen the links with performance and contracting so that we can be sure the impact on and experience of patients is heard and that improvements are made as a result. In the last year a number of seminal reports and recommendations have influenced the quality and safety agenda in England, most notably the Winterbourne View Concordat, the report of Robert Francis QC, the Government's response

“Patients first and foremost” and the Berwick Review of patient safety: “A promise to learn – a commitment to act: Improving the safety of Patients in England”.

We have embraced the recommendations of the Francis Report, from its development of a complaints management process, the identification and monitoring of trends and early warning signs of changes. We will strengthen the quality and safety reporting to include further trend information and benchmarking data. Although the implementation of the recommendations from these reports is still “work in progress” we are committed to commissioning safe, high quality services whether in acute or community settings. We hold providers to account for the quality and safety of services with structured reports across providers using a range of indicators and metrics from a number of sources, which are regularly reported to our Governing Body.

As the nature and focus of services changes, particularly through the developments arising from this Strategic Plan, quality and safety will continue to be at the heart of services and service developments.

Patient safety

We will continue to drive improvements in patient safety through projects such as Harm Free Care and the National safety thermometer with a particular focus on local priorities and clinical risks. We will strengthen the reporting of harm across Wiltshire, and encourage a greater reporting of clinical incidents and investigating incidents. We will participate in the National Patient Safety Learning “Collaborative”. We note here our intention to implement the recommendations of the over-arching report by the National Advisory Group on the Safety of Patients in England, A Promise to Learn – a Commitment to Act, Improving the Safety of Patients in England. This approach supports that Patients and their carers should be involved at all levels of healthcare organisations

We will also continue to use all available tools and systems available to us to ensure patient safety is as robustly and proactively monitored as possible, including the **National Reporting and Learning System (NRLS)** and the **National Patient Safety Alerting System (NPSAS)**. We will ensure that mechanisms are in place for all alerts issued by the NPSAS to be received by Central Southern Commissioning Support Unit and brought to our attention as necessary. NHS England publishes monthly data on their website showing Provider’s compliance with the alerts and we will use this information as part of the Clinical Quality Review Meetings with contracted Providers.

We are currently strengthening the reporting of harm across Wiltshire and supporting providers to comply with NPSA guidance with regard to reporting and investigating incidents. In 2014-15 Incidents which occur during NHS funded care in primary care organisations that do not have access to STEIS (e.g. individual care homes) will be supported to complete a RCA, and we will report on to STEIS on the provider’s behalf. RCA training will be offered to support this process. By linking with the care home forum, learning can be shared collaboratively. (Everyone Counts <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>)

Management of Serious Incidents

Serious incidents requiring investigation in healthcare are rare, but when they do occur we have systematic measures in place to respond to them. These measures are designed to protect our patients and ensure that robust investigations are carried out, which result in organisational learning from serious incidents to minimise the risk of the incident happening again.

Our policy has been written with reference to the national guidance framework issued by NHS England in April 2013 and the revised Never Events Policy Framework.

Providers are required to notify us of a Serious Incident Requiring Investigation (“SIRI”) within two working days. The provider consults with us as the commissioner to decide on an initial grading of the incident in terms of seriousness and severity, and the incident is reported on the STEIS and National Reporting and Learning Systems. We can decide whether or not to be represented on the provider’s investigation panel and it can also require the provider to implement an external review. We oversee and hold providers accountable for their reporting and investigations processes, including adhering to timescales, deadlines and the implementation of actions and learning, holding monthly Serious Incident Committee meetings to review the root cause analysis reports (RCA’s) submitted by the providers. The Committee review the reports received from the providers and ensure during the review of the reports that the root cause of the incident has been identified and that lessons have been learned and actions are in place to mitigate the risk of the incident occurring again. We give feedback to the provider requesting further information if necessary and support closure when assurance received and continue to monitor closed incidents to ensure that the actions are completed.

Harm Free Care

Harm free care is a national programme that helps NHS teams in their aim to eliminate harm in patients from four common conditions:

- Pressure ulcers
- Falls
- Urinary tract infections in patients with a catheter
- New venous thromboembolism (VTE).

These conditions affect over 200,000 people each year in England alone, leading to avoidable suffering and additional treatment for patients and a cost to the NHS of more than £400M. The programme supports the NHS to eliminate these four harms through one plan within and across organisations. It helps us in Wiltshire to consider complications from the patient's perspective, with the aim of every patient being 'harm free' as they move through the system. This moves away from the more usual approach of addressing these patient safety issues in silos.

Through using the **NHS Safety Thermometer** during their working day teams can measure harm and the proportion of patients that are ‘harm free’, for example at shift handover or during ward rounds.

The Safety Thermometer provides a ‘temperature check’ at any particular point in time and can be used alongside other measures of harm to measure progress.

Both SFT and GWHFT were below both the national and regional average in December 2013 for Harm Free Care. SFT were below the national and regional averages for four months, however, since November 2013 there has been improvement.

Compassion in Practice

The values and behaviours of Compassion in Practice are: Care, Compassion, Competence, Communication, Courage and Commitment; the 6Cs. As well as the clear focus on the 6Cs, Compassion in Practice sets out six areas of action to concentrate our effort and create impact for our patients and the people we support. These six areas of action will be delivered together as one programme to achieve the values and behaviours of the 6Cs.

As a CCG we will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans by monitoring action plan and specifically:

- Increase % of Care makers at providers and commissioner
- Identify metrics and indicators reflecting compassion and effective care
- Develop the Safety Thermometer in mental health, learning disabilities, children and young people

We have obtained national funding to support the Help to Live at Home Providers in Wiltshire to deliver compassionate care to those individuals in receipt of care at home. These individuals in receipt of care will range from frail elderly to those people requiring complex care packages and palliative care. This particular front line work force are often excluded from specialist training and support and we would wish to offer the four main providers an opportunity to share case scenarios, experience in practice through a structured set of training events. We would also aim to use nationally available training material which could be used and modified if necessary to meet the specific cohort needs.

Safeguarding

We have governance arrangements in place to ensure that the organisations from which we commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes:

- Safeguarding children and safeguarding adults schedule in all provider contracts
- Oversight of safeguarding children and adult arrangements in commissioned services
- Robust systems to follow up concerns about care and protection of children and adults
- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements

- Effective arrangements in place for information sharing
- Commissioning the services of a designated doctor and employing nurses for safeguarding children, a named GP and a safeguarding adults lead, and a lead for the Mental Capacity Act (supported by the relevant policies and training)
- Arrangements for supporting the Child Death Overview process, including sudden unexpected death in childhood
- Work underway between the CCG and Wiltshire Council to ensure that we can fulfil our specific responsibilities for looked after children

We are represented at a senior level and by designated safeguarding children professionals on the Local Safeguarding Children Board (LSCB) and are fully engaged and represented at a senior level on local Safeguarding Adults Board (SAB), working in partnership with local authorities to fulfil their safeguarding responsibilities. We also have robust processes in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This includes contributing fully to Serious Case Reviews (SCRs) which are commissioned by LSCBs/SABs and also, where appropriate, conducting individual management reviews.

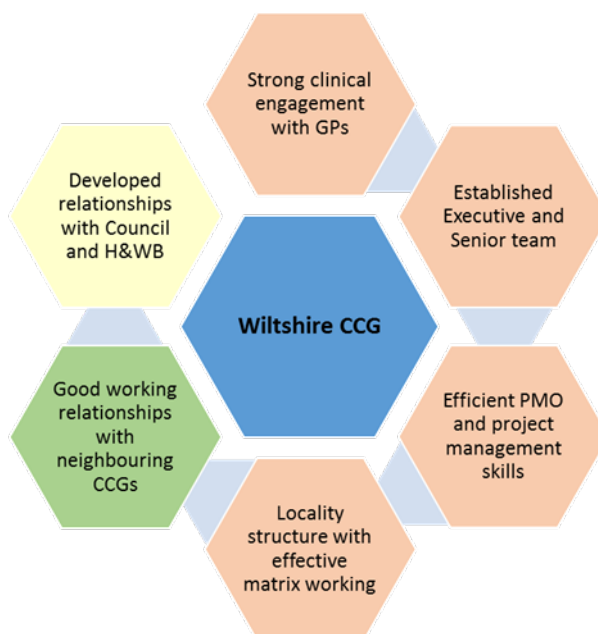
We have designated clinical experts, embedded in the clinical decision making of the organisation, with the authority to influence local thinking and practice. They provide clinical advice, to other health professionals, in complex cases or where there is dispute between practitioners.

We employ a Mental Capacity Act (MCA) lead with responsibility for supporting commissioners and providers by ensuring clarity about MCA requirements in safeguarding adults' schedules within all provider contracts.

Section 4: How Will We Do This?

Our plans require us to implement significant changes to the way care is delivered to the people in Wiltshire, including an increased focus upon prevention and personal responsibility. We have established structures and positive relationships that support the delivery of these ambitions:

- Internally we have a strong team, clinically led and supported by an effective management structure centrally and at locality level through matrix working
- There are good relationships with co-commissioners to help develop impactful plans with neighbouring CCGs together acting in concert to be an effective agent when dealing with strong providers
- We have a strong track record of co-operation and partnership working with non NHS bodies, particularly Wiltshire Council, with whom the CCG has worked collaboratively with for some time



We are also able to call upon the resources of the Central Southern Commissioning Support Unit to complement our own expertise with service, analytical or other support as may be required. We will augment this capability with additional planning and delivery capacity and capability, as required. Overall this provides a well-rounded and complete package of relationships, skills and capabilities

We have set ourselves an ambitious vision, which we are committed to delivering over the next five years, including laying the foundations for change during 2014-16.

Health and Social Care services in Wiltshire should support and sustain independent healthy living

Our future care model places a new emphasis on personal responsibility, with people supported to be more in control of their lives and increasingly confident to draw on their personal resources and those of their families and communities (as seen in our Plan on a Page at the beginning of this document). This, together with a health and care system wrapped around the individual, accessed and co-ordinated through Extended Primary Care Teams, will require true transformational change, with significant impact on our providers. It will also require a managed shift in the balance of resources, from acute-based treatment to community-based prevention.

The key components of the new care model are:

1. Increased investment and support into developing and maintaining personal responsibility. With a focus on education, prevention and support to develop and maintain healthy and independent living
2. Enhanced and integrated community care with a broader range of services provided in a local setting
3. Increased productivity and effectiveness of acute care with a reduced reliance on bed based solutions

We are confident that our priorities for the first two years will both address the financial challenge within the system and lay the foundations for the delivery of our strategic vision for five years' time. Our development of operational priorities for the next two years is primarily focused around the six workstreams set out below. These workstreams were identified using a structured and robust prioritisation process that involved:

- Identifying scope for improvements through a range of benchmarking and analysis to ascertain clinical areas where the scope for improvement was judged to be the greatest
- Assessment of evidence to confirm that there was supporting clinical evidence and best practice experience that supported the deliverability of these improvement areas
- Clinical engagement with GPs to review, assess and sift priorities to establish a workable shortlist using an open and objective scoring process
- Review of the final shortlist of workstreams to confirm their "fit" against local and national priorities

In addition to these, we will work with our partners across the Wiltshire health and care system to develop and implement a more detailed programme of work designed to pilot, test, evaluate and roll-out our ambitious agenda to increase the focus upon wellbeing as well as traditional healthcare. This will build upon and be integrated with the our 6 key operating plan workstreams articulated below, with the aim of using the next two years as an opportunity to test and evaluate our new care model, which will put Wiltshire in a position to develop a detailed sequencing plan for years 3, 4 and 5.

The prioritised workstreams are discussed below, showing the rationale for the proposed change and the outcomes expected.

1. Urgent Care – including Rapid Response & Early Supported Discharge
2. Community Teams
3. Primary Care
4. End of Life
5. Planned Care
6. Long Term Condition Management

We also intend to use these first two years to develop and begin the implementation of the new care model.

The CCG priorities are aligned with those within the Better Care Fund which are based on four priority outcomes which are set in our Joint Health and Wellbeing Strategy:

- I will be supported to live healthily
- I will be listened to and involved
- I will be supported to live independently
- I will be kept safe from avoidable harm

Our plans around utilising the Better Care Fund and Community Transformation have fully integrated, 24/7 services at their heart and are consistent with our CCG priorities focusing on enhanced primary care across Wiltshire with improved services wrapped around general practice (social, community and mental health services), with a particular focus upon care for the frail and vulnerable elderly at high risk of unplanned hospital admission.

(Full details of the Better Care Fund can be found in our BCF submission).

The key components required to deliver our system vision are set out in the table below with interventions aligned to the Operating Plan workstreams.

Key Component	Intervention / System Change	Operating Plan Workstream
Increased investment and support into developing and maintaining personal responsibility. Focus on education, prevention and support to develop and maintain healthy and independent living	Health promotion and education programmes re lifestyle choices	Public Health
	Understand and tackle the wider determinants of health	Public Health
	Increased use of technology - virtual support chat rooms, advice & guidance and signposting / awareness raising and well as assistive technology	Planned Care, Urgent Care and LTC
	Patient engagement and education in clinical pathways - knowing where and when to access help and supporting early discharge from care with self-management guidance / advice reducing the need for follow-up appointments	Planned Care, Urgent Care and LTC
	Increased / proactive use of Individualised Care Plans, including 'Ceiling of Treatment' and 'what to do if I get worse' LTC plans	EoL and LTC
	Shared Decision Making to ensure that patients are informed, empowered and have clearly managed expectations	Urgent Care, Planned Care and LTCs
	Parenting skills and support	Children's
	Build local assets to encourage healthier active lifestyles	New Care Model

Key Component	Intervention / System Change	Operating Plan Workstream
Enhanced and integrated community care with a broader range of services provided in a local setting	Core and consistent Primary Care provision - including reduced unwarranted variability re. referrals and prescribing	Planned Care, Primary Care
	Expanded Primary Care Services (7 day working)	Urgent Care, Primary Care
	Extended skills in community teams to manage increased acuity of patients e.g. IV antibiotics	Primary Care, Community Teams
	Proactive identification and management in Primary Care to ensure condition remains stable and can be managed without need for admission	LTC, Primary Care
	Increased use of technology - for monitor and review (Telecare and Telehealth)	LTC
	Increased use of technology - for advice and guidance to support clinician to clinician and clinician to patient interaction, reducing the reliance on face to face care	Planned Care
	Moving secondary care services into community setting including outpatients and diagnostics	Planned Care
Increased productivity and effectiveness of acute care with a reduced reliance on Bed Based Solutions	Invest in alternative community based solutions - Enhanced 'out of hospital' care (beds and/or services) with Rapid Response, SPA and Care Co-ordination to support admission avoidance and earlier discharge	Community Services, Rapid Response and Early Discharge
	Improved efficiency and appropriate use of planned care beds - enhanced recovery programme, move care from inpatients to day case and day case to outpatient procedure	Planned Care
	Improved efficiency and appropriate use of beds - increased ambulatory management of emergency conditions - ACS conditions, plus use of Rapid Assessment and Diagnostic services with emphasis on early discharge out of acute setting	Urgent Care
	Reducing variability in care - Intervention Rates and Length of Stay	Planned Care

Operating Plan Workstream Summaries

Urgent Care (Including Rapid Response and Early Supported Discharge)

Pressures on Urgent Care have increased substantially across the NHS and this has become an area of national interest. During January to March 2013, waiting times were the highest since 2004, with 90 Trusts (40%) reported breaching the waiting times target, an increase in 50% over the previous quarter and the proportion of patients waiting longer than four hours before being admitted from A&E to hospital rose to almost 7 per cent, also the highest level since 2004.

Wiltshire CCG's Emergency admissions and A&E attendances have remained fairly stable over the past 16 months, yet the attendances at the WICs, MIUs and in Primary Care are reported to have increased. This would appear to represent an overall growth in the demand for urgent care in Wiltshire. SFT sees more Wiltshire patients arrive at A&E; however RUH sees the most Emergency admissions for Wiltshire patients. RUH also admits the most patients via A&E, has the highest number of zero day Length of Stay Emergency admissions and as a result, has the highest conversion rate from A&E attendance to admission of the three providers.

The pressures on Urgent Care have increased substantially across the NHS and there is a strong national focus with funding identified to support NHS A&E departments through this winter. This is essentially a short-term fix in terms of funding and the system needs to address the rising urgent care attendances and associated emergency admissions.

Year one of this workstream seeks to review the Urgent Care system across Wiltshire – A&E, Walk in Clinics and Minor Injury Units in order to define an optimum service pathway for patients. The aim being to ensure patients see the most appropriate clinician in the most appropriate setting, taking into account national examples and evaluation of the local pilots that are taking place in and around Wiltshire.

The structured approach will:

- Review urgent care demand and supply of existing service provision including MIU, WIC and A&E
- Evaluate all existing urgent care pilots and evidence from examples from across the country around improving urgent care system
- Identify preferred options and consult
- Commission redesigned services and streamline components of provision (Primary Care, A&E, Walk in Clinics, Minor Injury Units, 111 and Out of Hours)

Rapid Response

We will build on the 24/7 service that acts as the principle contact point for a range of care providers that is currently being run as a pilot. It co-ordinates the care for a patient in crisis

arranging packages of care and support to prevent avoidable admission to the acute hospital, and/or support a timely discharge.

Our Simple Point of Access (SPA) works in partnership with all key stakeholders, enhancing existing pathways and developing new ways of learning through the expansion of the service. The frequency and intensity of support is determined through need and their support plan. At present the service provides support for up to 72 Hours with a one hour response time from referral. The 6 month pilot launched on the 4th of November was designed to support winter pressure by preventing inappropriate admissions to hospitals, and supporting early discharges. In the early stages of the pilot the service averaged circa 8 cases per week, now just three months later the average is now double that and rising, with referrals coming from all areas of health, emergency and social care

Although the pilot was a soft launch during its first three months it has received 152 referrals, and of those in just over 85% of cases the patient was either discharged early due to the support provided by the SPA or avoided and unnecessary trip to hospital and possible admission.

The first three months has seen the service provide a rapid intervention with average response times of less than an hour from the point of referral, in addition we have introduced community nursing as an important element of the rapid response, established three bases across Wiltshire from which the RR teams can operate, though logistics made available both simple support aids and Telecare response technology which can be provided immediately, and seen the service evolve to fill the gap between EDD and a package of care starting.

We expect to see the SPA continue to grow and develop during the remainder of the pilot, working closer with key stakeholders such as AWP etc. to ensure that the service does become a fully supportive service

Linked to this workstream is the investment made through the **Better Care Fund** to support the development of Simple Point of Access and Telecare support to improve access to services whilst retaining the delivery of care within primary care as far as possible.

Early Supported Discharge

There is evidence across the system of problems with patients not being discharged in a timely manner (Appropriate Place of Care Audit) - the study showed that the main problem was not patients being admitted inappropriately, rather the main issue was patients staying too long.

In support of this study work carried out prior to the Transfer of Care Pilots (in Reach) being established show in one sample of ten patients the average difference between the

Estimated Discharge date and the Actual Date was 56 days i.e. 5.6 days per patient longer in hospital.

The rationale for the project is therefore to work within the acute hospitals supporting the timely discharge of patients and reducing the bed days.

The benefits expected to be delivered through this project are that real focus will be brought to bear to deliver the philosophy of Right Team, Right Time.

The project consists principally of three dedicated teams, one per acute hospital with the teams working across each hospital, liaising with the various departments including A&E to facilitate the discharge of patients either on or before their Expected Discharge Date (EDD). Each team will become the single point of discharge whose principle objective will be to:

- Improved Patient experience
- Increase focus on EDD resulting in reduced bed days
- Work to reduce system delays
- Reduce readmission risk by ensuring that appropriate community support is in place

Linked to this workstream is the investment made through the Better Care Fund to support weekend capacity across the whole health system as well as actions through social care to speed up appropriate discharge from acute care.

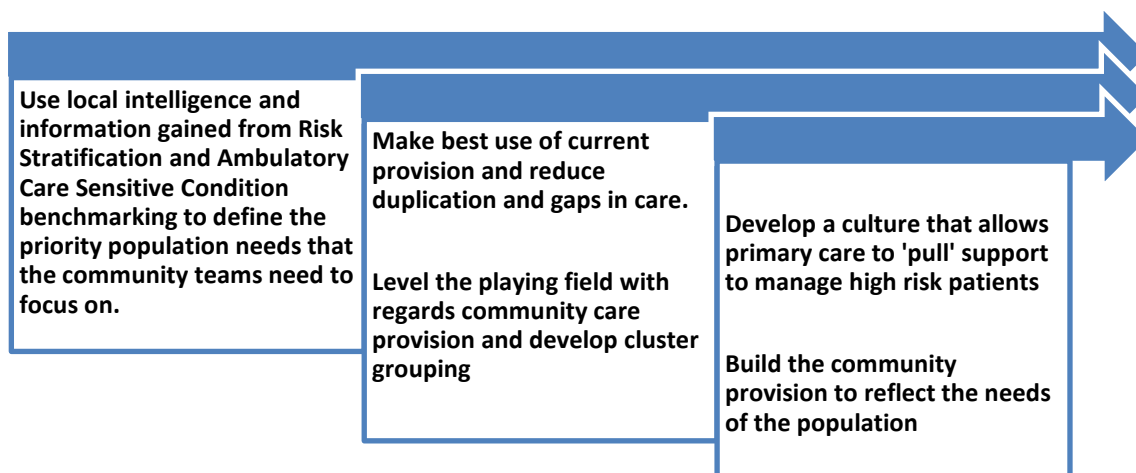
Community Teams

Our goal is to ensure that people are better supported in the community so they can age more healthily and put less demand on hospital services. To support the delivery of this vision locally based services which ensure that healthcare meets the needs of the population with integrated services will be commissioned around the three Groups. In addition to reviewing and addressing capacity constraints within the community teams the Wiltshire Better Care Fund plan identified that there are challenges in the system, including disconnection between the referrers and the community teams and the potential in the current system for duplication and gaps for some care groups.

The Community Transformation team are working on the development of new service specifications; however these new services will not be in place and delivering benefits for 2014/15. The first year of this workstream will build on the existing Risk Stratification work and the deployment of the Care Co-ordinators, making best use of the existing teams and services to provide a co-ordinated and integrated service that supports primary care to manage their priority patients and bridge the gap between the current situation and the implementation of the new community service model. Care Coordinators are attached to a cluster of practices and work closely with Primary, Community, Social Secondary Care and voluntary agencies to help manage patients, including those that go outside the Primary Care setting, and help facilitate their return to it. Over the next two years the service will develop to include a mental health worker and aligned social care worker to create a dynamic multidisciplinary team that links with the Community Care Teams. The Care Coordinators

support those patients that are identified as at risk using practice based data and the Devon risk tool.

The Community Care Teams (CCTs) are being rolled out across Wiltshire to deliver services to patients in or very near their homes. They will replace existing Neighbourhood teams and serve clusters of populations linked to the Care Coordinators. Each CCT will comprise a Clinical Lead, team leader, Nurses, HCA, OTs, Physiotherapists, Social Worker, Voluntary Sector representative and an administrator. They will receive additional training and support to enable staff to deal with an increased level of acuity and complexity in the community. This should enable patients to be treated in their home as opposed to an acute setting to reduce hospital admissions and lengths of stay.



Linked to this workstream is the investment that the CCG has made through the **Better Care Fund** to support the development of step up and step down care plus increased reablement capacity, designed to shift the balance of care and reduce demand in the acute sector.

Primary Care

Our vision for primary care centres around building an effective and sustainable model of care, wrapped around general practice in localities of about 20,000. To deliver this model, we will work alongside NHS England in implementing the Primary Care Strategy, and in particular in developing general practice at the heart of wider systems of more integrated out-of-hospital care to facilitate:

- improved care for vulnerable older people;
- seven day working;
- reduced avoidable admissions;
- continuity of care and
- improved overall quality and productivity of services.

Plans are in place within the CCG for developing this model and delivering services at locality level, building up primary, community and social care services. GP Practices have also participated in a

number of schemes under the winter pressures funding in providing additional primary care capacity, such as weekend working focussed on providing continuity of care for the vulnerable and frail elderly, and other local initiatives testing new models of care in each of the Groups of NEW, WWYKD and Sarum.

The CCG will support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by commissioning additional services which practices, individually or collectively (i.e. as a town/cluster/in federation with others) have identified will further support the accountable GP in improving the quality of care for older people. We will also work to ensure individual practices have as much influence as they need over the commissioning of associated community services – e.g. community nursing, district nursing and end of life care.

Linked to this workstream is the investment made through the **Better Care Fund** to support the “accountable GP” model and the development of integrated “wrap-around” services in the community.

End of Life Care Pathway

Research shows that the majority of people would prefer to die at home but in reality this is not the case. With an aging population End of Life is one of the key priorities for commissioners. Wiltshire CCG is in the process of developing an End of Life Strategy to meet the needs of people requiring End of Life Care in Wiltshire.

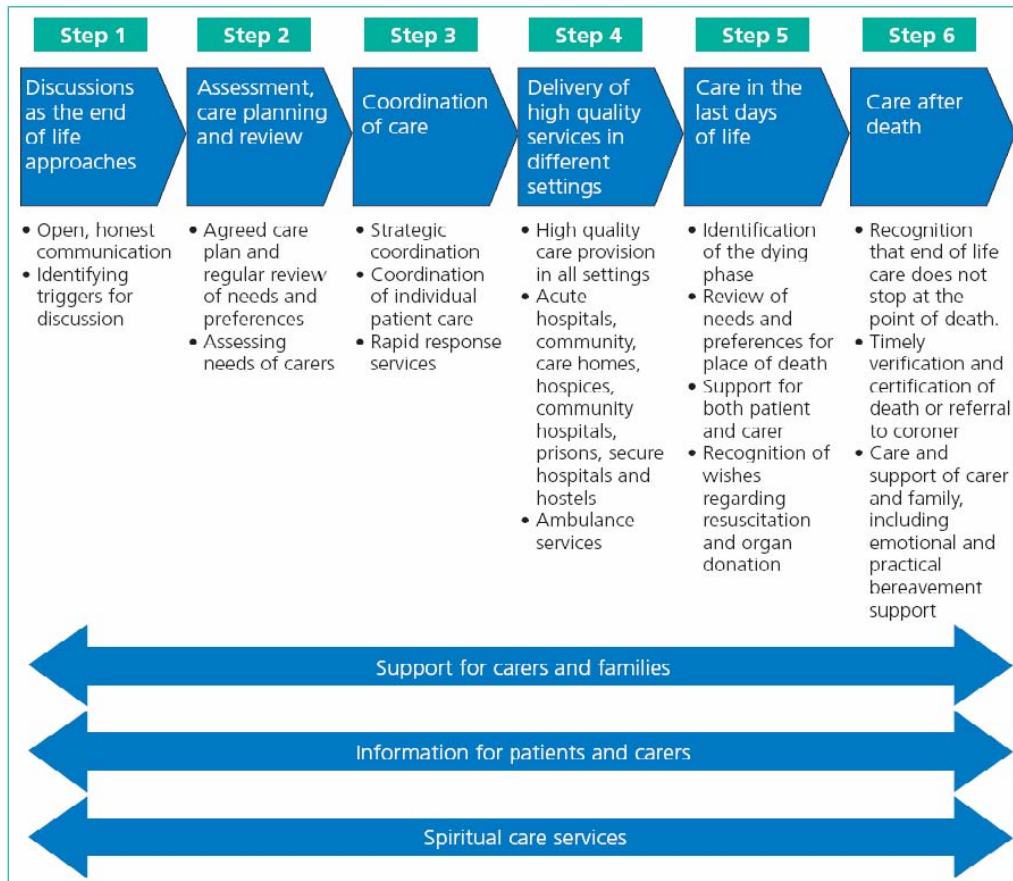
The Wiltshire Joint Strategic Needs Assessment identified that, on average over the last three years, 4145 Wiltshire residents have died each year (1936 men and 2209 women). The majority of deaths occur in adults over the age of 65, following a period of chronic illness. These figures contrast with national data on people’s expressed preferences about place of death, with 64% of people preferring to die at home, 21% in a hospice and only 4% in hospital.

The vision for end of life care is that 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.

Our strategy aims to:

- Support people to be cared for and die in their preferred place of care.
- Improve patient and family experience.
- Ensure all providers are skilled and competent in delivering high quality EOL care.
- Encourage and support people to start thinking and planning for end of life at the earliest opportunity and whilst they are well able to contribute to decisions affecting their future care.
- Reduce inappropriate transfers of care from all settings.

Once agreed, implement of our strategy will be implemented over the next two years and will be consistent with the key elements contained in the National **End of Life Care Strategy**, as shown below. Further detail can be found in the latest version of our End of Life strategy:



Planned Care

This project proposes the systematic development of a new approach to planned care using Muscular Skeletal conditions (including T&O, Rheumatology & Pain specialities) and Ophthalmology to develop prototype pathways in year one.

Supporting the development of evidence based, high value care pathways that:

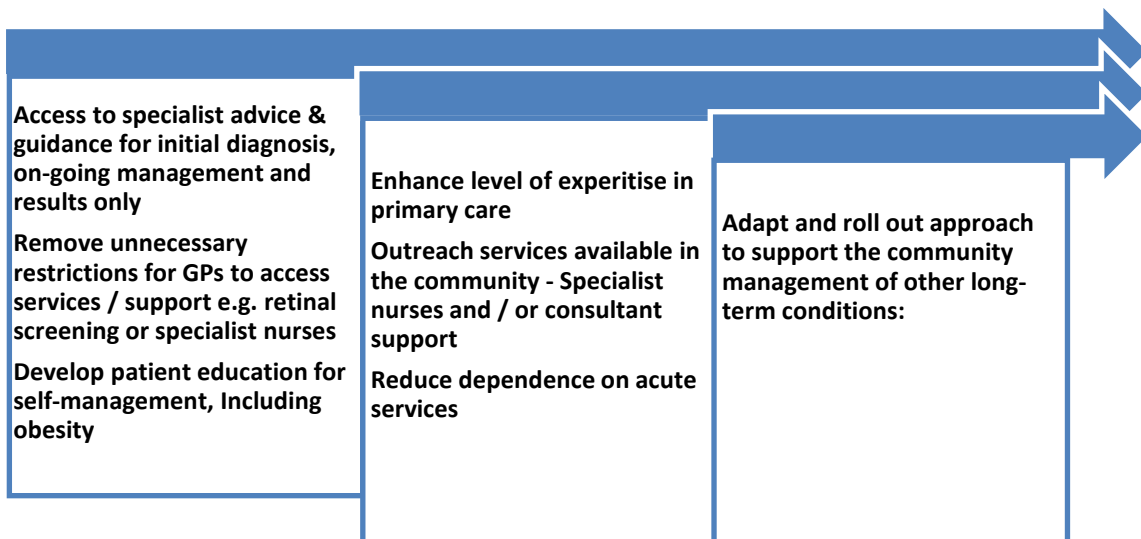
- Promote self-management
- Reduce unnecessary secondary care use
- Maximises what can be managed in primary care through the commissioning of ‘tiered’ services, moving away from the only opportunity to access consultant support being via the traditional face to face consultant contact to commissioning different service levels e.g. results only clinics, telephone advice and guidance to increase ability to manage patients within primary care.

- Remove restrictions to GPs being able to access some diagnostics services directly and agree pre-clinic work ups that ensure when a patient sees a specialist for the first time they are able to get maximum benefit from that appointment.
- Reduce unwarranted variation in intervention rates (Dr Foster indicates a higher than expected elective admission rate for Musculoskeletal conditions within Wiltshire, and the last Programme Budgeting report (2011/12) confirmed that Wiltshire spent more per head on MSK than their peers).
- Support patients to review the treatment options available to them and make an informed decision which best suits their needs and expectations (Shared Decision Making)
- Provide community based alternatives where better value and better care can be demonstrated

Additionally this workstream will address productivity in planned care, particularly around New: Follow-Up ratios in Outpatients and apply effective contract management to ensure best value commissioning and the application of coding rules and national case mix benchmarks

Long Term Conditions

The development of improved care pathways for long term conditions is a key priority within the CCG's Strategic Plan. The programme focuses on the systematic development of a primary care led approach to managing long term conditions, with diabetes as the prototype in year one, followed by Congested Heart Failure, Cardiovascular Disease and / or COPD in year two. The new approach will place primary care in partnership with the patient at the centre then define and develop the required access to supporting services. There will also be an initial focus upon pathway redesign to improve the quality and choice of service available for adult obesity.



Children and Young People

Our prioritised work streams are cross cutting, delivering benefits to the Children, Working Age Adults and Elderly population groups for both physical and mental health conditions. Additionally we have a joint programme of work with Wiltshire Council, which is clearly aligned to the delivery of our strategic vision but specific to Children and Young People, aiming to improve outcomes; ensuring good safeguarding practice; reduce, prevent and mitigate the effects of child poverty; and enable resilient individuals, families and communities.

Based on our needs assessment and what children and young people tell us, it is suggested that improvement in the life chances and outcomes for children and young people can be achieved by multi-agency working across these three schemes:

1. Prevention and early intervention
2. Raising aspirations and narrowing the gaps
3. Promoting healthy lifestyles

Within the prevention and early intervention scheme we will:

- Maximise the potential of our Children's Centres and Health Visiting Service to provide support to vulnerable families, including antenatal support, to ensure all children in Wiltshire receive the best possible start in life
- Introduce a developmental checks for all children at 2 ½ years
- Intervene and at earlier stage to support parents (and young people) and enable families to manage their problems before they become too big and complex and require social care intervention
- Continue to focus on domestic abuse and 'hidden harm' as two of the key issues that need to be addressed in order to keep children safe within their families, and ensuring there are effective links between children's and adult's services
- Ensure that everyone who works with children and young people has access to information about available family and parenting support services
- Continue to develop and embed the Common Assessment Framework as the process for early identification of need amongst children and families

Within the raising aspirations and narrowing the gap scheme we will:

- Continue with the improvement in Early Years to ensure that achievement for all increases and that children vulnerable to underachievement continue to make good progress
- Accelerate the improvements at Key Stage 2 and Key Stage 4 to meet the goal of attaining in the top quartile of national figures
- Continue the work on narrowing the gap between those vulnerable to underachievement and the rest. This is especially so for pupils with free school meals; looked after children; some black, Asian and minority ethnic groups; some service children; those with Special Educational Needs; pregnant teenagers and teenage parents

- Support young people to move into employment and training. This includes developing mentors through the flexible support fund for young people who are aged 18 – 24, who meet relevant criteria
- Raise aspirations by enabling and increasing young people’s participation. We are currently developing a Participation and Involvement Strategy for Wiltshire
- Address the key elements of the Green Paper on Special Educational Needs and Disability on integrating assessments and care plans across education, health and social care in line with feedback from Wiltshire Parents Carers Council
- Provide early support to vulnerable young people, including young people with disabilities, to support a successful transition to adult life

Within the promoting healthy lifestyles scheme we will:

- Ensure there is greater multi-agency working at a strategic level on child accident prevention, focussing on accidents in the home and at school
- Continue to promote healthier lifestyles through schools, young people, support services and Children’s Centres. This includes the roll-out of multi-agency Health and Wellbeing drop-ins in every secondary school in Wiltshire
- Support anti-bullying initiatives and counselling services to ensure children and young people have appropriate adults to talk to if they are experiencing difficulties
- Provide clearer information on both local and national support available for children and young people with emotional and mental health difficulties
- Invest in early support for vulnerable young people including those engaging in risky behaviours, particularly through alcohol consumption, and those at risk of teenage pregnancy
- Promote the Wiltshire Healthy Schools programme as a key local driver for improving the health of young people and implementing evidence based practice as part of a joined up approach in the school setting

Further detail, including how we will monitor our progress can be found in the Wiltshire Children and Young People’s Trust plan

Developing and beginning the implementation of the new care model

Building Community Capacity

This involves making best use of the resources & skills within the voluntary sector and local communities to make a positive, co-ordinated contribution to the care of people in their own homes. The projects will be based around Local Area Teams. This will contribute to self-management and people taking more responsibility for themselves, their families and their communities.

Appropriate Place of Care

In 2013 Wiltshire CCG commissioned a Patient Flow Audit. The project was focussed on the appropriateness of the level of care for the patient in the acute hospital, community hospital or STARR (reablement) facility. The reviews revealed that at each facility, a proportion of patients were not at the appropriate place of care i.e. their needs could have been met in an alternative level of care, or in a few cases the patient could have been discharged home with follow up from their GP. Building on these findings the Appropriate Place of Care workstream will look across the health and social care system to:

- undertake an analysis of bed demand, capacity, quality and price;
- review of published bed management best practice;
- undertake consultation & engagement with customers, carers & care home providers;
- identify opportunities for financial savings through joint procurement & rationalisation of contracts & contract management; look at the impact of transferring investment to non-bed based services; review and revision of bed related processes;
- seek an outcome based payment by results approach;
- identify and quantify whole system impact;
- look at utilisation of suitable ICT systems for procurement & paying for services;
- develop contract management and brokerage;
- create a joint commissioning strategy for beds only;
- develop a service specification & choice policy review & revision.

Linked to the development and implementation of our new care model is investment made through the Better Care Fund into three schemes:

1. Support communities to be more resilient – funding for carers and home support with the council and voluntary sector to develop community level support capacity
2. Data sharing and joint assessments – developing shared records to improve patient experience, quality and service efficiency
3. Service user feedback and involvement – support to Healthwatch to develop an effective ‘patient voice’ and develop effective public involvement in services and decision making

Recognising the scale of change required in the system we plan to phase the work over next five years. As much of this work requires innovative change it is therefore, as yet, untested to manage this risk our implementation plan will be subject to regular review and refinement both internally and with our wider stakeholders.

We have shared our expected impact of the new care model with our key providers, which are summarised below with the activity and finance information captured in the Finance plan for 14/15 and 15/16.

Expected Impact of the Model – Urgent Care:

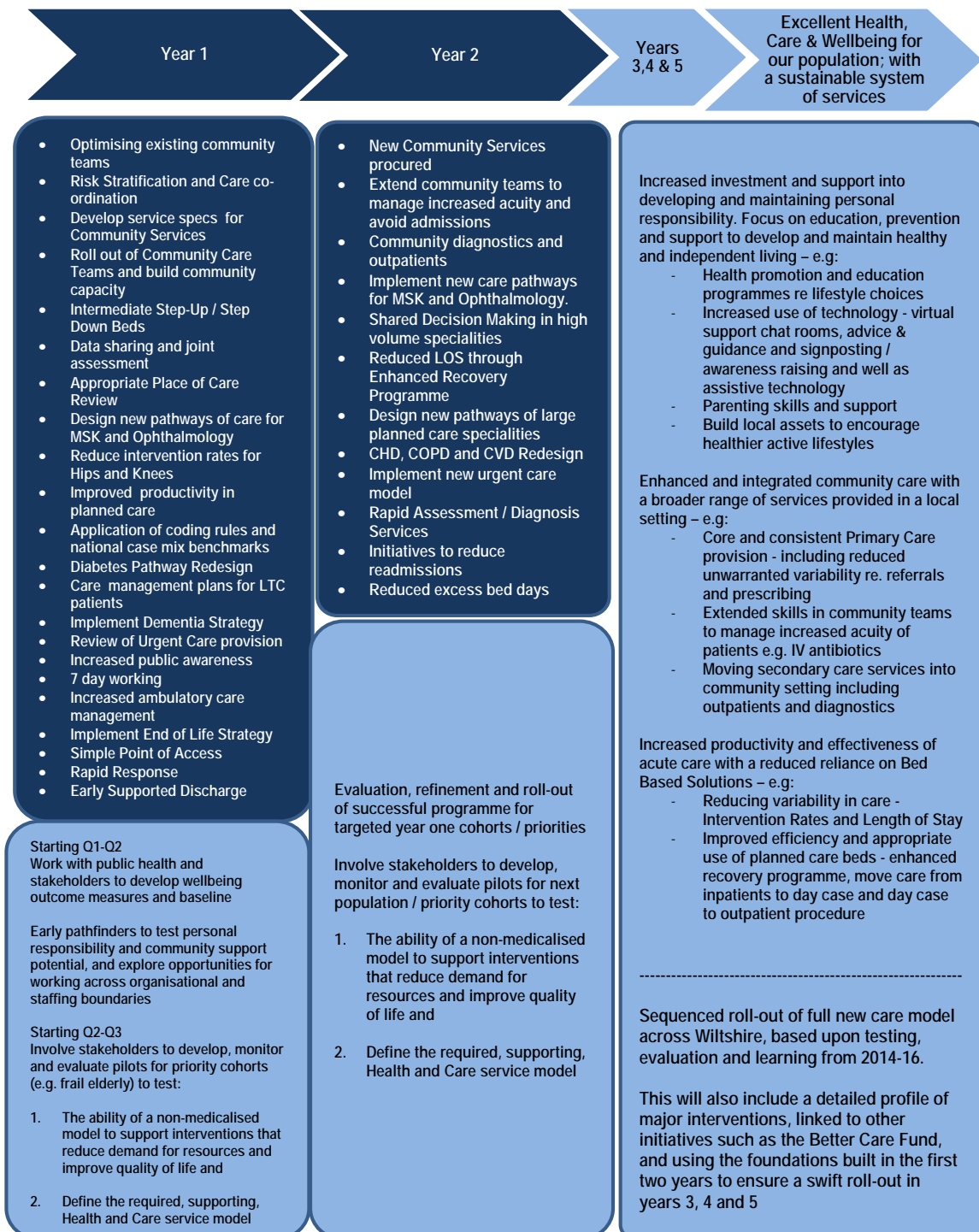
Reduction
<ul style="list-style-type: none"> • Hospital emergency admissions • Length of bed based stays • Hospital A&E attendances
Increase
<ul style="list-style-type: none"> • Personal support networks – public health, voluntary , third sector and social care • Enhanced / extended hours Primary Care • 7 day working – health and social care • Community Nursing / Rehab Teams • Ambulatory Care – Rapid diagnostics, assessment and treatment • Community ‘step up’ and ‘step down’ beds • Technology supported advice and guidance (public and professional applications) • Community and direct access Mental health services

Expected Impact of the Model – Elective Care:

Reduction
<ul style="list-style-type: none"> • Surgical intervention rates • New and Follow-Up outpatient attendances • Length of bed based stay for elective procedures
Increase
<ul style="list-style-type: none"> • Use of technology to support Medical outpatients being undertaken in a community setting • Personal support networks – public health, voluntary , third sector and social care • Enhanced Primary Care • 7 day working – health and social care • Community Nursing / Rehab Teams • Ambulatory Care – Rapid diagnostics, assessment and treatment • Community ‘step up’ and ‘step down’ beds

High Level Phasing Plan

In order to realise our vision for the future of health and care across Wiltshire in five years' time, it is vital that the building blocks are laid through our work over the next 24 months. The high-level plan below sets out how the next two years will be used to lay the groundwork for the required transformational changes, including engagement, pilots, evaluation and the working up of further detailed plans:



Strategic Enablers

There are a series of strategic enablers that will be pivotal in ensuring the strategic vision for Wiltshire is realised by 2019, and much of the preceding period will be about laying the foundations and ensuring these enablers are fit for purpose. These include:

- **Market innovation** – conducting a rigorous analysis of our local provider markets, particularly for non-acute and smaller providers, to inform areas that need extra support and stimulus to build capacity and capability.
- **Capacity and demand modelling** – including robust assessment of provider investments/disinvestments
- **Contract change and innovation** - new contractual forms such as alliance contracting, prime contracting, and commissioning for outcomes present important potential levers for change
- **Key provider workforce design implications** – ensuring the right workforce for the future is critical to developing more community-based health and care services, and this will involve close working with our co-commissioners and our Local Education and Training Board.
- **IT and estates** – a sufficiently strategic assessment will need to be made of the required infrastructure for supporting the delivery of models that use shared records, the ability of more tele-health and other innovations for patients
- **Clinical Workforce Development** – working with our partners to ensure the clinical workforce is able to deliver the future vision, with appropriate training, education and recruitment programmes

Developing our Workforce and Organisation

Our people, with their combination of talent, skills and commitment are our greatest asset. Our Governing Body recognise that a happy, motivated, well supported and appropriately skilled workforce is key to the achievement of our objectives.

Communicating with our people is clearly vital, and we use a system of weekly team meetings in each Directorate to cascade information and brief on developments. Naturally we also utilise an internal staff brief and our web-site, and we hold regular whole CCG staff briefs hosted by our Chair and Chief Officer at least 3 times a year.

Throughout our first year of operation, we have worked hard to establish an output based performance management regime in order to allow the effective management and development of our business. This comprises three elements:

- A monthly integrated Performance Report
- A robust system for the identification and management of key risks
- A staff appraisal system built upon cascaded objectives, so that every employee can identify the contribution their work makes to the achievement of our strategic goals.

As well as providing the mechanism for annual performance appraisals to highlight areas of strong performance and identify development needs, our system includes six monthly mid-period appraisal face to face discussions. The system also includes the requirements for each employee (in conjunction with their line manager) to identify annual objectives, which must be linked to those of their line manager. Hence, by ensuring that the strategic objectives of the CCG are clearly articulated within the annual objectives of our senior management, we can ensure that our efforts are targeted at achieving them at every level. The suite of appraisal documentation also provides a Personal Development Plan, which support employees and their managers in identifying training and development needs arising from both their post and those which support future career development.

Throughout the last year we have successfully taken up leadership training opportunities presented by the NHS Leadership Academy as part of our talent management regime. We have also provided some bespoke professional training to our Commissioners, in order to better equip them for their roles, and we host regular lunchtime learning events to deliver specific updates on an opportunity basis. We have developed a comprehensive Induction Training process, which includes both briefings and a written guide, as well as completing a full Training Needs Analysis, which has supported the delivery to all staff of a full suite of statutory and mandatory training.

Our aim, of course, is to ensure our workforce are fully able to deliver better patient outcomes. To support this, we are developing a radically refreshed Organisational Development plan in order to better formalise our approach, and which will most likely focus upon:

- Clinical Leadership
- Internal & External Communications and Engagement
- Workforce & Team Development
- Performance Management
- Talent Management & Succession Planning
- Programme & Project Management
- Values and Behaviours

The CCG senior management team has regular quarterly meetings with the NHS England Area Team in order to provide Assurance against the CCG Assurance framework. Accordingly, we have developed our own Integrated Performance Report to be fully coherent with the areas which we are assessed against. We achieve transparency on our performance in this regard since the Integrated Performance Report is produced monthly, and is always discussed at our Governing Body meeting, which are held in public, as well as being posted on our web-site.

Research and Innovation

Wiltshire CCG is committed to using innovation and research as much as possible in order to drive the system wide transformation we aspire to. In this way we believe we will be able to be at the cutting edge of the most transformational and innovative ideas, and be able to use evidence to drive best practice into the outcomes for our people, delivered by an effective and efficient system approach. Our Community Transformation programme, with a clear focus on the delivery of

community services integrated across health and social care, drawing upon best practice from pathfinder areas such as Torbay is a clear example of this. Our intended procurement strategy for this service is designed to maximise innovation and creative solutions. Furthermore, our aspiration to introduce a single health and social care record aims to exploit technology to the full across a large ruralised community.

By virtue of our geography, the CCG is fortunate to be represented on two Academic Health Science Networks (West of England and Wessex). This enables us to share information across a very wide network of NHS, higher education institutions and industry partners to focus on improving the identification, adoption and spread of innovative health care across our County. Accordingly we are able to draw on the collective experience in linking clinical service and research networks to improve clinical outcomes and utilise the network to translate discoveries into clinical care rapidly. The priorities set by both West of England and Wessex are broadly coherent with our own aspirations, and include improving the health and wellbeing of the entire population; implementing radical new ways to face the challenge of an ageing population (and the consequent rise in Dementia); and managing long term conditions.

The Governing Body of the CCG already manage performance in an empirical manner by virtue of a data rich monthly integrated performance report. This along with our robust business risk management regime and a system of cascaded objectives within our appraisal system linked to our organisational priorities forms our integrated performance management system. This enables the Governing Body to monitor our progress against our plans, and forecast future issues, so facilitating decisions and corrective action in a timely manner.

Our Commissioning Support Unit provides regular benchmarking and Horizon Scanning support to identify areas where we may be an outlier in terms of activity, finance and quality. Accordingly we are able to compare ourselves with others nationally depending on the measure and data source. This information comes from a variety of sources including Dr Foster and a host of other benchmarking tools and takes various forms, either through specific requests from individual CCG members or as part of the regular Horizon Scanning work.

We are also investing in continuous education and training for our staff; by professionally up skilling our workforce we seek to create an environment where new ideas and concepts can flourish. We have also made a strong commitment to leadership training and development of our people to give them the vision and confidence to be leaders of change.

Section 5: Governance

Our strategic vision and plans have been developed in close collaboration with partners and stakeholders across Wiltshire, including working proactively with our co-commissioning colleagues in neighbouring CCGs. We have also worked collaboratively with our local Area Team and Providers to ensure we develop a shared vision of the future in Wiltshire, and agree on a set of tangible system interventions to realise this vision.

We have used a wide range of analytical and data tools to inform them. This includes:

- CCG Outcomes Tool
- Levels of Ambition Atlas
- Commissioning for Value Atlas & Packs
- Local Authority Outcome Information Packs
- Right Care website and case studies
- Any Town CCG guidance (particularly the guidance for “rural CCGs”)

The CCG has a well-established and functioning programme and project management methodology in place to ensure the delivery of its objectives via our dedicated Programme Management Office (PMO) team. This extends to the publication of protocols and standard operating procedures within a blueprint for programme management, which guides our people, as well as a rigorous step by step guide for the compilation of business cases. Naturally, our project approach encompasses all the performance metric, risk management and benefit realisation structure in common use. We will track progress against clearly defined deliverables in each workstream area, enabling us to bring together all elements of the required transformational change in one place, thus facilitating an intelligent understanding of what is actually happening across Wiltshire. The PMO will also provide support to develop the skills and knowledge in the local Groups so that the right data is being collected and the team are able to convert it into meaningful information to manage current contracts and inform future commissioning. Reporting on outcomes will continue through to the governing body of the CCG and from there through to the Local Area Team of NHS England. Part of our well established governance structure for the oversight of projects is a regular Programme Governance Group (PGG), which meets monthly. This group comprises the entire Executive of the CCG, and drives the delivery agenda for the range of projects being implemented, as well as providing process control. The main purpose of the PGG is:

- Monitoring delivery of existing projects
- Unblocking barriers to project delivery with commitment of resources as required.
- Making recommendations about cessation of projects in order that resources can be diverted and reprioritised.
- Signing off of new projects with approval of Milestones, Quality Impact including Equality, Deliverables including Financial
- Process control of new projects so that resources are allocated appropriately to enable delivery of objectives.
- Sharing learning and good practice from across the organisation.

In addition, the Executive Management Team (which meets weekly) always has a status report and review of the progress against our current projects. Governance extends through the organisation, with regular reports on progress being provided at each Locality Executive meeting across our three Groups, and the CCG's own Clinical Executive is regularly apprised on both progress against project objectives and new initiatives under consideration. Naturally, the CCG Governing Body is fully engaged in oversight of delivery, which is achieved via our Monthly Integrated Performance Report. This enables the Governing Body to keep fully abreast of the organisation's progress in delivery of the strategy. Our Integrated Performance Report is published monthly on the CCG web-site. In the critical area of integrated working, then naturally the Wiltshire Health and Wellbeing Board has the lead.

The **Health and Wellbeing Board** will oversee the delivery of the Wiltshire Better Care Plan and has endorsed this plan, since delivery will be a key element in the implementation of the Wiltshire Health and Wellbeing Strategy, and ultimately our aspiration is for a better integrated health and social care system. Health providers all sit on our Health and Wellbeing Board as well as other partners such as Wiltshire Council, Wiltshire Police, NHS England and HealthWatch. Supporting the Health and Wellbeing Board we have a well-established **Joint Commissioning Board** for Adults' Services and many of the currently emerging service changes have been developed and overseen by this Board, which comprises key Executives from the CCG and the Lead Councillor & Officers of Wiltshire Council.

Indeed for delivery of the Better Care Plan, which is naturally coherent with this plan, we have agreed new joint arrangements for project management and oversight, including the establishment of a bespoke Better Care Fund Programme Governance Group as a subcommittee of the JCB. This group will have an entirely similar remit to the CCG's established PGG, and bring the same level of scrutiny and control to all those projects within the Better Care Fund. Many of these are coherent and inter-dependent on projects arising from this plan, and accordingly we are committed to working with our Council Partners to work smartly and collaboratively to deliver the best possible effect without duplication of staff effort. Each project will require a team of people working together to deliver on objectives. Each of these teams will be joint between health and social care. Teams will be led by either commissioners from the Council or the CCG (work streams have been allocated on the basis of which organisation is likely to have the most professional/clinical expertise in the area in question) and will engage with existing service providers (e.g. acute hospital trusts, social care, Help to Live at Home providers, out-of-hours services etc) to ensure that new arrangements can be co-produced to get the best results.

Since both the CCG and the Council have well-established programme and project management methodologies in place, programme office support arrangements will come from whichever organisation has been allocated the lead role. Naturally, our arrangements in this area include robust performance management processes, and the Health and Wellbeing Board will be kept fully apprised of progress against our joint objectives, via a report from the Joint Commissioning Board.

The future model for the delivery of integrated health and social care described earlier in Section 2 presents a potential opportunity in the future for the development of new governance arrangements which might be considered in due course as the system design within this plan matures.

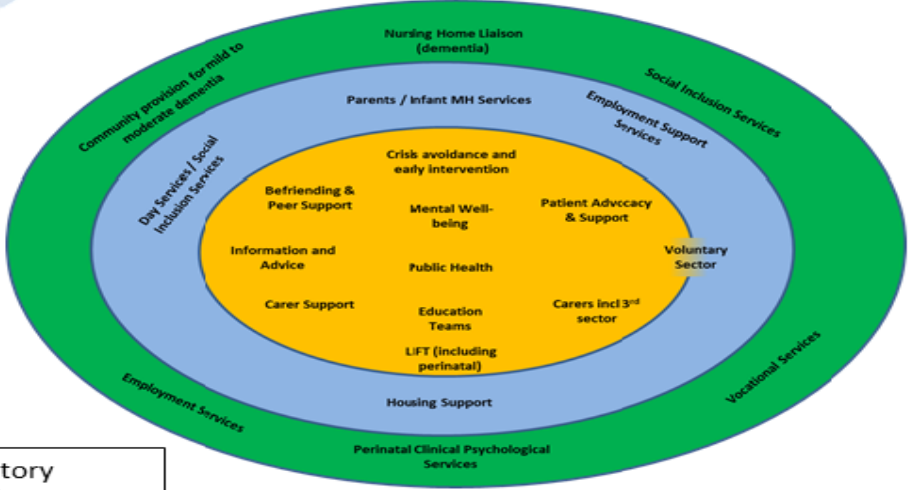
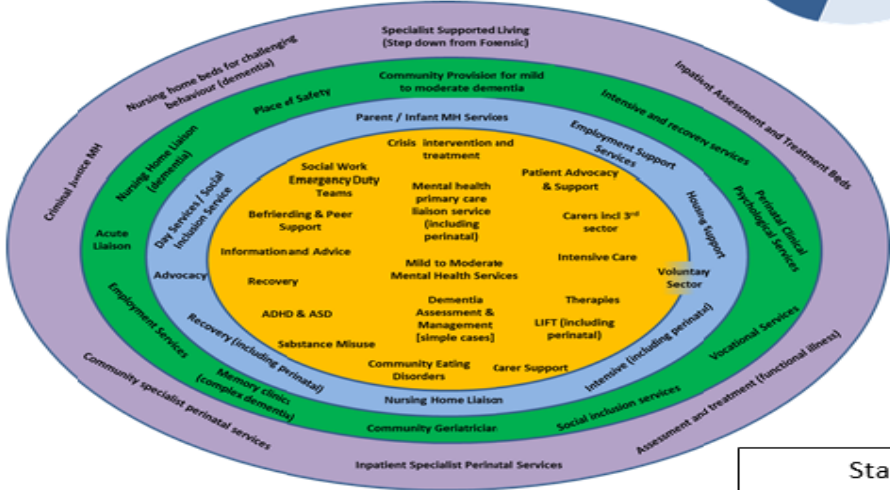
Appendix 1: Future Health & Care Model – Mental Health

**Future Health and Care Model
 Mental Health**



Managing Ill-health

**Establishing and sustaining
 wellness and independence**



**Statutory
 Responsibilities – e.g.
 Deprivation of Liberty
 (DOL) & Safeguarding**

Appendix 2: Application of “Anytown” CCG Modelling Tool

Potential five year financial impact of “Anytown” Interventions

- NHS England has made the Anytown tool available to CCGs to understand the impact of suggested interventions on individual CCGs
- The results of the analysis are indicative and based on a range of assumptions, to provide an indication of the scale and relative impact of individual interventions and a mix of different types of interventions
- The model does not provide a definitive projection of the financial impact of interventions
- The financial impacts shown are based on:
 - a) A five year horizon – this is the cumulative impact over five years, with different start points for the different interventions
 - b) The net financial impact – the impact after costs
 - c) Impacts including overlap – there is overlap between interventions, which is deducted on a “bottom line” basis
- The following slides show the impact of:
 - a) High Impact Interventions (HII) only
 - b) A mix of HII and Early Adopter Interventions
- The analysis does not include the potential impact of additional military personnel being relocated into the area. This is consistent with the CCGs planning approach which does not include the impact of this demographic change











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Potential five year net financial impact of “Anytown” High Impact Interventions

	Impact (£m)	Intervention
	HII01 1.7	Early diagnosis <i>Early detection and diagnosis to improve survival rates and lower overall treatment costs.</i>
	HII02 9.0	Reducing variability within primary care <i>Reducing unwanted variation in primary care referring and prescribing by optimising medicines use and referring.</i>
	HII03 1.9	Self-management: Patient-carer communities <i>Self-management programme for those suffering with a long-term condition.</i>
	HII04 1.9	Telehealth/Telecare <i>Health apps, telehealth and telecare equipment which help people to manage their own long-term conditions in conjunction with their clinicians, introduced to empower people whilst at the same time ensure that their own actions remain embedded in the care they receive from the NHS.</i>
	HII05 6.7	Case management and coordinated care <i>Multi-disciplinary case management for the frail elderly and those suffering with a long-term condition.</i>
	HII06 1.5	Mental Health – Rapid Assessment Interface and Discharge (RAID) <i>Psychiatric liaison services that provide mental health care to people being treated for physical health conditions.</i>
	HII07 0.9	Dementia pathway <i>Fully integrated network model to improve health outcomes and achieve efficiencies in dementia care.</i>
	HII08 0.7	Palliative care <i>Community based, consultant-led palliative care service.</i>
	-2.7	Overlap
	21.6	Total net impact

Note – this shows the net financial impact of Anytown High Impact Interventions over five years.
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**Potential five year net financial impact of a mix of “Anytown”
High Impact Interventions and Early Adopter Interventions**

		Impact (£m)	Intervention
	HII02	9.0	Reducing variability within primary care <i>Reducing unwanted variation in primary care referring and prescribing by optimising medicines use and referring.</i>
	HII05	6.7	Case management and coordinated care <i>Multi-disciplinary case management for the frail elderly and those suffering with a long-term condition.</i>
	EAI05	4.2	Acute visiting service <i>Reducing demand for emergency care through providing a rapid-access doctor at home.</i>
	EAI02	2.6	GP tele-consultation <i>Systemic approach to tele-consultation in primary care, as a complement to practice-based consultations.</i>
	HII04	1.9	Telehealth/Telecare <i>Health apps, telehealth and telecare equipment which help people to manage their own long-term conditions in conjunction with their clinicians, introduced to empower people whilst at the same time ensure that their own actions remain embedded in the care they receive from the NHS.</i>
	EAI06	1.2	Reducing urgent care demand <i>Acute GP unit to triage emergency arrivals; occupational therapists in A&E to reduce low-risk admissions.</i>
	EAI08	0.8	Service user network <i>Mental health co-designed support service developed for and by people with emotional/behavioural problems.</i>
	EA11	0.6	Integration of health and social care for older people <i>Integrating care through organisational, procedural and cultural changes.</i>
		-0.5	<i>Overlap</i>
		26.5	Total net impact

Note – this shows the net financial impact of a mix of Anytown High Impact Interventions (HII) and Early Adopter Interventions (EII) over five years.

References

Document	Content
Joint Strategic Assessment (JSA) http://www.intelligencenetwork.org.uk/joint-strategic-assessment/	A joint assessment of population needs, produced for different audiences, including local community area information
Joint Health and Wellbeing Strategy (JHWS) http://www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm	Setting out the priority outcomes and actions for the year ahead
Wiltshire Council Business Plan http://www.wiltshire.gov.uk/council/howthecouncilworks/plansstrategiespolicies.htm	The Plan sets out priorities for the next four years, as follows: <ul style="list-style-type: none"> • Protect those who are most vulnerable • Boost the local economy • Bring communities together to enable and support them to do more for themselves
Joint submission for Local Vision: Systems Leadership programme	This document elaborates on our intention to improve urgent care, through the story of Gwen Wiltshire, a persona developed to illustrate the current and future system to reduce inappropriate hospital admissions
Community Campuses in Wiltshire http://www.wiltshire.gov.uk/communityandliving/communitycampuses.htm	A series of documents describing the Council's proposals for innovative community campuses across the County. Campuses will help deliver services which are value for money, tailored to local need and influenced by local people and partners. They are a key opportunity for health and social care integration at a community-level.
Help to Live at Home Service: an outcomes approach to social care http://ipc.brookes.ac.uk/publications/index.php?absid=691	This paper by Professor John Bolton of the Institute of Public Care, describes Wiltshire Council's approach to developing its Help to Live at Home Service for older people. The approach has focussed on the outcomes older people wish to gain from social care and involved an overhaul of care management and contracting within the Council.

Document	Content
Wiltshire Dementia Strategy 2014-2021 http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=141&MId=7216&Ver=4	This is a joint strategy, currently out to consultation. The aim of the strategy is that all people with dementia in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia and can remain independent and living at home for as long as possible within supportive communities
NHS Wiltshire CCG/Wiltshire Council "Better Care Fund" proposal 2014-16	Proposal setting out schemes to improve integrated system working that Wiltshire CCG and Wiltshire Council would implement
Wiltshire End of Life Care Strategy 2014-17	This strategy, developed by NHS CCG and Wiltshire Council, in collaboration with statutory and voluntary partners and local stakeholders, sets out a vision for high quality care across Wiltshire for all adults approaching the end of life

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Overview and Scrutiny Work Plan

Committee	Review / Task Group	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Scrutiny Officer	STATUS (incl. date)
		Cabinet 18th Mar	Cabinet 22nd April	Cabinet 20th May	Cabinet 17th Jun	Cabinet 22nd Jul		Cabinet 16nd Sep	Cabinet 7th Oct	Cabinet 11th Nov		
				Council 13th May		Council 29th Jul			Council 21st Oct			
HEALTH	Transfers to Care Task Group	Review in progress									ED	Task Group reviewing impact of measures to reduce DtoC figures.
	Continence Services Task Group	Review in progress		Health May 2014							MM	Final report to Committee May 2014. Following up recommendations with CCG.
	Review of AWP/Dementia Services	Review in progress						Health Sept 2014			MM	Task Group reviewing provision of revised dementia services.
	Help to Live at Home										MM	Task Group to commence July 2014 to consider Peer Review on HTLAH.
	Local Safeguarding Adults Board Annual Report							Health Sept 2014			MM	Annual Report to Committee Sept 14
	Public Health Annual Report							Health Sept 2014			MM	Annual Report to Committee Sept 2014

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