AGENDA

Meeting:	**HEALTH AND WELLBEING BOARD**
Place:	The Kennet Room - County Hall, Trowbridge BA14 8JN
Date:	Thursday 13 July 2017
Time:	**10.00 am**

Please direct any enquiries on this Agenda to Will Oulton, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713935 or email william.oulton@wiltshire.gov.uk

Voting Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of Council
Dr Peter Jenkins	CCG Chairman
Dr Andrew Girdher	CCG -Co-Chair of NEW Group
Dr Toby Davies	CCG - Chair of SARUM Group
Christine Graves	Chairman - Healthwatch
Nikki Luffingham	NHS England
Angus Macpherson	Police and Crime Commissioner
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Dr Richard Sandford-Hill	CCG - Chair of WWYKD Group
Cllr Ian Thorn	Liberal Democrat Group Leader
Cllr Jerry Wickham	Cabinet Member for Adult Social Care, Public Health and Public Protection

Non-Voting Membership:

Dr Gareth Bryant	Wessex Local Medical Committee
Mike Veale	Wiltshire Police Chief Constable
Carolyn Godfrey	Corporate Director, Wiltshire Council
Peter Hill	Salisbury General Hospital
James Scott	Bath RUH
Linda Prosser	Wiltshire - CCG
Toby Sutcliffe	AWP – Mental Health Partnership
Nerissa Vaughan	Great Western Hospital
Tony Fox	South West Ambulance Service Trust
Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection

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AGENDA

1 **Chairman's Welcome, Introduction and Announcements** *(Pages 7 - 8)*

- Announcement - Pharmaceutical Needs Assessment 2018

2 **Apologies for Absence**

3 **Minutes***(Pages 9 - 16)*

To confirm the minutes of the meeting held on 18 May 2017.

4 **Declarations of Interest**

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

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda 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 on the front of this agenda no later than 5pm on Thursday 6 July 2017 in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on Monday 10 July 2017. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Statement of Intent on Integration***(Pages 17 - 22)*

To outline a collective statement of intent on integration of health and social care in Wiltshire and some of the initial steps that are being taken.

Baroness Scott of Bybrook OBE & Dr Peter Jenkins

7 **Carers***(Pages 23 - 40)*

To adopt the national Memorandum of Understanding on assessment of carers' wellbeing needs and receive an update on the Carers' strategy.

Responsible Officers: Sue Geary

8 **End of Life Care Strategy***(Pages 41 - 100)*

To approve the refreshed End of Life Care Strategy.

Responsible Officers: Carolyn Godfrey, Linda Prosser
Report author: Kate Blackburn, Ted Wilson, Emma Cooper

A verbal update on End of Life Care provision for children and young people.

Responsible officers: Julia Cramp, Ted Wilson

9 **Implementation of GP Five Year Forward View in Wiltshire***(Pages 101 - 128)*

A presentation, updating the Board on the progress of the five year plan.

Responsible Officers: Linda Prosser, Carolyn Godfrey
Report author: Tray Strachan

10 **Integrated Urgent Care Procurement***(Pages 129 - 146)*

A presentation, updating the Board on the procurement of integrated urgent care.

Responsible Officers: Linda Prosser, Carolyn Godfrey
Report author: Jo Cullen, Sue Geary

11 **Joint Strategic Assessment***(Pages 147 - 150)*

To approve the process for the development and delivery of the Wiltshire Joint Strategic Assessment (JSA) for Health and Wellbeing and receive an update on the use of Community Area JSAs.

Responsible Officers: Carolyn Godfrey, Linda Prosser.

Report author: Tracy Daszkiewicz and Kate Blackburn

12 **Healthwatch Wiltshire Annual Report***(Pages 151 - 188)*

To receive the Healthwatch Wiltshire Annual Report.

Responsible Officers: Christine Graves, Chair, Healthwatch Wiltshire
Report author: Lucie Woodruff, Manager, Healthwatch Wiltshire

13 **Wiltshire Safeguarding Adults Board Annual Report***(Pages 189 - 232)*

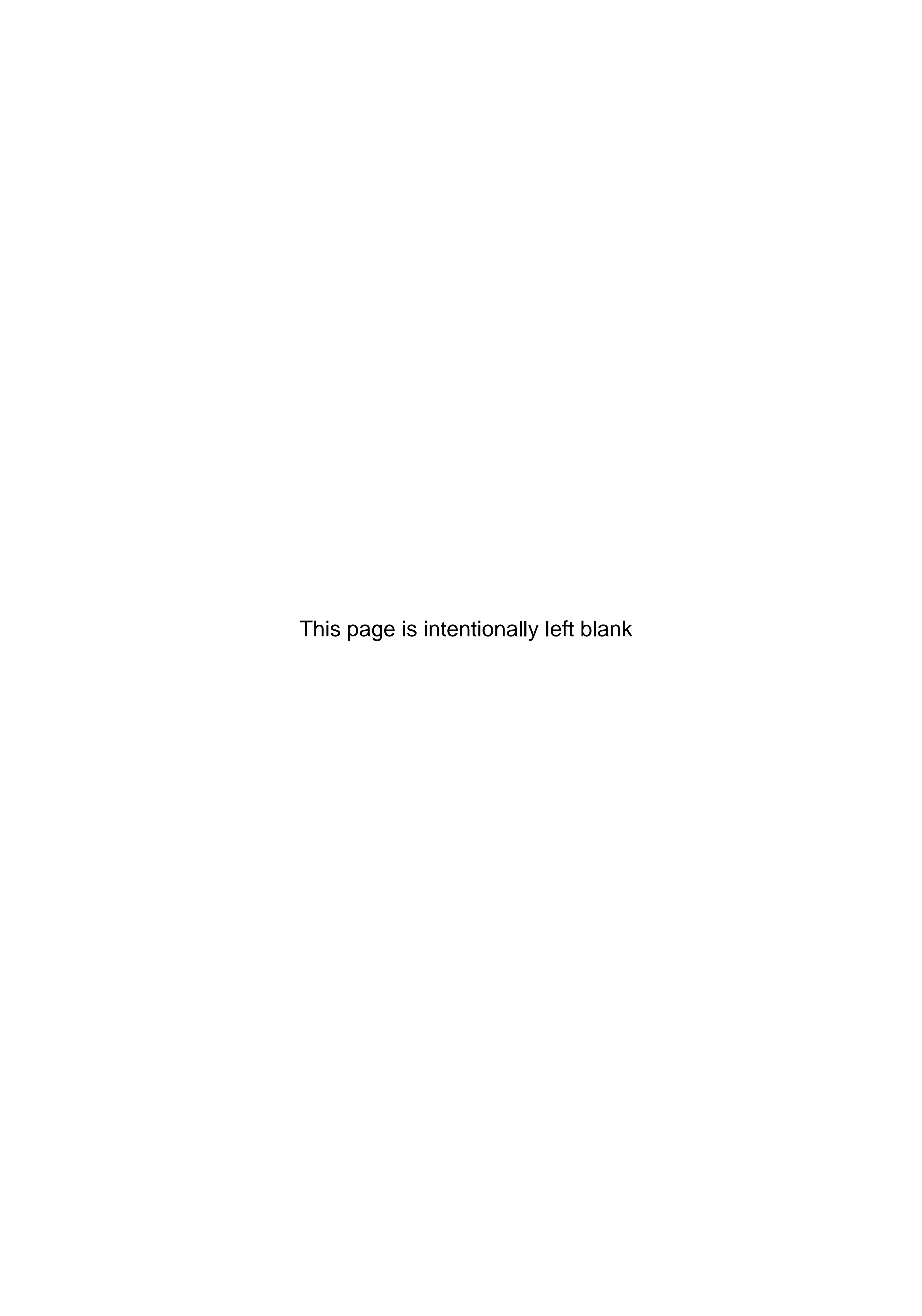
To receive the annual report of the Wiltshire Safeguarding Adults Board for 2016/17.

Responsible Officers: Richard Crompton, Independent Chair

14 **Date of Next Meeting**

10pm, Thursday 28th September 2017.

15 **Urgent Items**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Chairman Announcement

Pharmaceutical Needs Assessment 2018

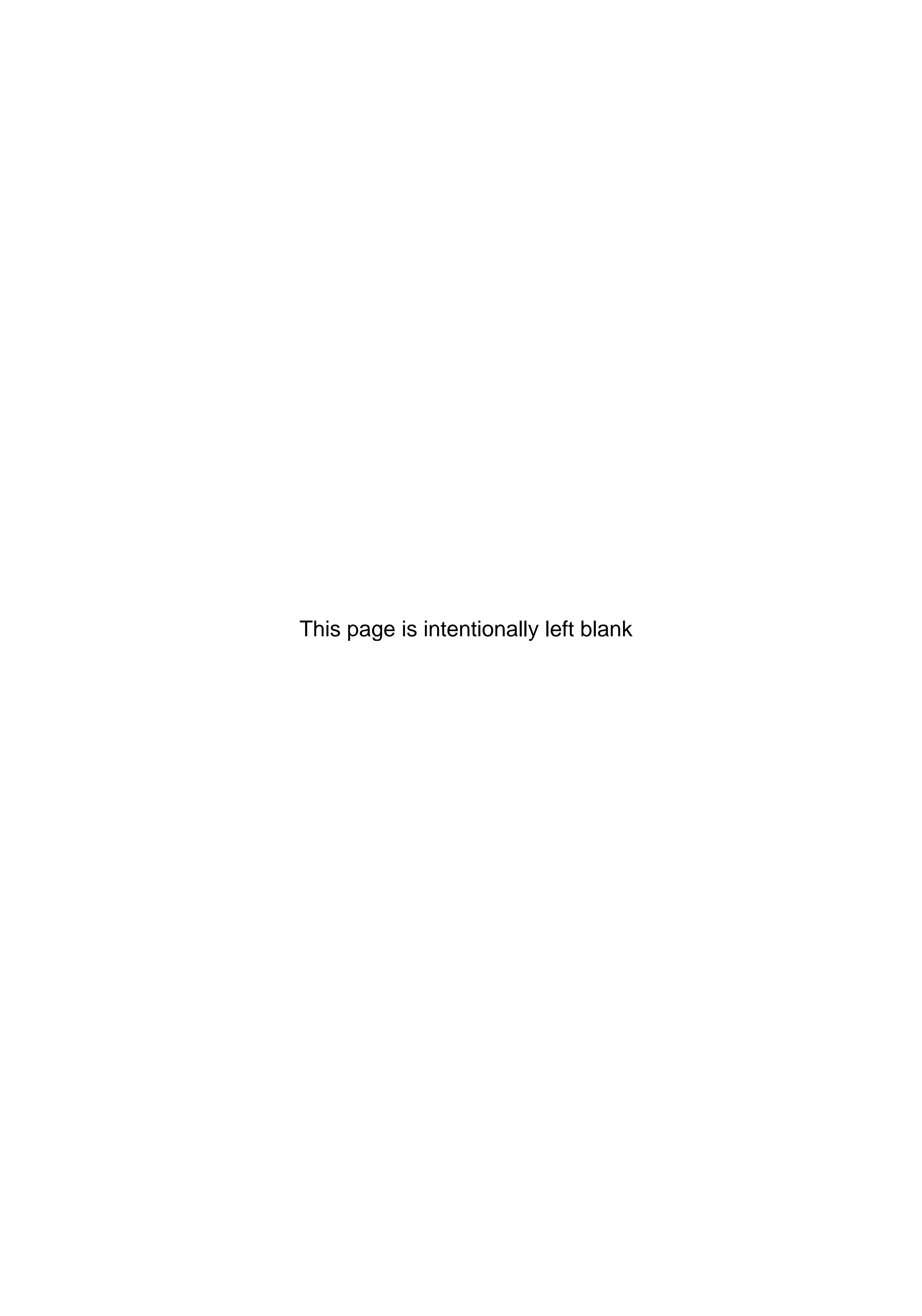
Under the Health and Social Care Act 2012, Wiltshire's Health and Wellbeing Board has a 3-yearly statutory responsibility to undertake a Pharmaceutical Needs Assessment (PNA) - a document used by NHS England to support the legal decision making in the provision of pharmacy services across the county.

The development of the PNA is led by public health (Steve Maddern) at Wiltshire Council and is supported by a steering group of key stakeholders including the Cabinet Member for Adult Social Care, Public Health and Public Protection (Cllr Jerry Wickham), the Chair of NHS Wiltshire Clinical Commissioning Group (Dr Peter Jenkins), and representation from Healthwatch Wiltshire, the Local Pharmaceutical Committee and NHS England.

A draft PNA document will be presented at the September Health and Wellbeing Board for approval to go out to public consultation for three months. A final draft of the PNA will return to the Health and Wellbeing Board for final sign off in January 2018.

As part of the PNA process a population survey is undertaken and welcomes Wiltshire residents to respond by 21 July 2017. The survey is available by clicking this link: General Community Pharmacy Services Survey*. Hard copies can be made available on request.

Author:
Steve Maddern, Acting Consultant, Public Health (steve.maddern@wiltshire.gov.uk)
* https://surveys.wiltshire.gov.uk/snapwebhost/s.asp?k=149736062553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HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 18 MAY 2017 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Dr Peter Jenkins (Vice Chairman), Dr Andrew Girdher, Dr Toby Davies, Dr Richard Sandford-Hill, Christine Graves, Dr Gareth Bryant, Carolyn Godfrey,
Chief Executive or Chairman Salisbury Hospital, Chief Executive or Chairman Bath RUH, Tracey, Toby Sutcliffe, Chief Executive or Chairman Great Western Hospital,
Cllr Laura Mayes, Cllr Baroness Scott of Bybrook OBE (Chair) and Cllr Jerry Wickham

95 Chairman's Welcome, Introduction, Appointment of Vice-Chairman and Apologies

The Chairman welcomed all to the meeting. Apologies were noted from Dr Andy Smith, Mike Veale, Nerissa Vaughan and Cllr Ian Thorn.

Election of Vice-Chairman

The Chairman invited nominations for the position of Vice-Chairman. Councillor Jerry Wickham, duly seconded, that Dr Peter Jenkins be appointed as Vice-Chairman.

There being no further nominations, and following the agreement of the meeting, it was;

Resolved

That Dr Peter Jenkins be appointed Vice-Chairman of the Health & Wellbeing Board

96 Minutes

The meeting considered the minutes of the previous meeting.

Resolved

That the minutes of the meeting held on the 9 February 2017 be approved as a correct record.

97 **Declarations of Interest**

There were no declarations of interest.

98 **Chairman's Announcements**

The Chair drew the meeting's attention to the announcement on the Sustainability Transformation Plan.

99 **Public Participation**

There were no questions submitted, but the Chairman reiterated her wish that if a member of the public had a question during the meeting they were encouraged to raise it.

100 **Update on recent Healthwatch Wiltshire Engagement Activity**

Emma Cooper, Chief Executive and Lucie Woodruff from Healthwatch Wiltshire presented an updates on: the latest engagement with people that are living with dementia; and the Young Listeners project which is engaging with children and young people. A volunteer young listener gave their perspective on the impacts of the scheme on service users and for volunteers themselves.

Issues highlighted in the course of the presentation and discussion regarding dementia included: how other advocacy groups are worked with to avoid duplication; that primary care is, often, the main point of contact for people accessing services; that people value a clear diagnosis and information, along with a further review and ongoing support; the approach of the GP practice to these issues, and that taking a carer-friendly approach, significantly impacted on the quality of life; the further engagement work and how providers would use the information; the further work with Alzheimers Support, and the next steps to identify where support groups are and where gaps in provision are; the reluctance of individuals to acknowledge the reality of their diagnosis.

Issues highlighted in the course of the presentation and discussion regarding the young listeners project included: where support is available in educational settings; that since the project had started, Healthwatch Wiltshire had decide to launch dedicated youth arm which would be launched during volunteers week; the continuing work with schools to identify students to undergo further training to become Young Listeners; that Police, CCG and Council had helped to deliver a Youth Summit to spread the word about youth involvement; the need to give young people a platform, and how training allowed young listeners to develop rapport to enable people to open up; the efforts to address waiting times for services, and how digital solutions had been used to improve access.

Resolved

i) **To note the outcomes of the extensive engagement that has taken place in Wiltshire since March 2016**

ii) **To note the key messages within the 3 reports included as appendices**

iii) **To recognise the commitment of Healthwatch Wiltshire's Young Listeners and the part they have played in listening to children and young people across the county;**

iv) **To recognise the constructive partnership approach between the voluntary sector, commissioners and providers which ensure that local people's experiences are collected and taken into account;**

v) **To confirm its commitment to the voice of local people influencing the commissioning and provision of services**

101 **Update on Children's Community Healthcare Services**

Jayne Carrol and Val Scrase, Virgin Care, presented an update on progress made one year after the recommissioning of Children's Community Healthcare Services. Stuart Hall, Wiltshire Parent Carers Council, also attend to offer the view of families receiving services.

Issues highlighted in the course of the presentation and discussion included: that work had been undertaken, over the year since the start of the contract, to bring together 15 services and 4 organisations to create a single service for Wiltshire; that these included universal services, such as school nurses, and targeted services; the need to create a consistent model of provision; the need to listen to the views of families and carers; the journey to create a single electronic record for patients to communicate needs better; the vision to create a single point of contact and to co-locate teams; the efforts to work with teams to establish shared visions and values – including team spirit and empathy; the road map for change over the 5 year life of the contract, and what had been achieved in the first year; the challenges in bringing teams together; that a CQC inspection had taken place, the results of which would be published; how staffing gaps were addressed; how waiting times were addressed; and how views from children and families are recorded and other engagement work.

The Chair thanked the officers from Virgin for the presentation and Mr Hall for offering the perspective from parents and carers.

102 **Outcomes Based Commissioning Peer Challenge**

Carolyn Godfrey, Wiltshire Council, provided an update on the findings of the recent Outcomes Based Commissioning Peer Challenge and the implications for delivery.

Issues highlighted in the course of the presentation and discussion included: the key matters that came out of the peer challenge; the need for clarity on engagement; the positive work down by the Area Boards and the potential to do more; the need for joined up workforce issues; how access to Adult Social Care (ASC) can be confusing and required more work; the action taken to address these issues; and that these will be included in the developing ASC transformation plan.

Resolved

To note the update.

103 **Better Care Plan Commissioning Intentions**

James Roach presented the report, which sought the Board's approval of the proposed commissioning intentions for the Better Care Plan (BCP)in 2017/18 and the use of additional money for adult social care.

Issues highlighted in the course of the presentation and discussion included: the progress made since 2014; the record on integration and how increased investment had aided transformation; the changes to governance made following a recommendation from the Scrutiny Task Group; how the BCP had been expanded to include some equipment issues; the performance compared to other authority areas; the challenges that remain, particular in DTOCs; the demographic challenges and the increase in care needs; the major challenges in dealing with workforce issues;

In response to the issues raised about workforce challenges, the Chairman suggested that this could be a topic for further discussion at the Board.

The Chairman thanked Mr Roach, who was leaving his post, for his hard work in the area.

Resolved

1. **To approve the priorities outlined in the BCP strategy for 2017/18;**

2. **To approve the commissioning intentions for 2017/18;**

3. **To approve the themes and priorities outlined for the use of the additional £5.8 million into adult social care during 2017/18;**

4. **To approve the BCP budget for 2017/18 including the alignment of the community equipment budget;**

5. **To approve the governance process outlined in the document and continuation of the section 75 agreement; and**

6. **To agree that any further changes to the BCP plan for 2017/18 due to pending national policy guidance will be subject to Chair and Vice Chairs action and sign off.**

104 **Right Care**

Mark Harris and Tracey Cox, Wiltshire CCG, presented an update on the Right Care Programme.

Issues highlighted in the course of the presentation and discussion included: how the programme used national benchmark intelligence to reduce unwarranted variation where that impacts on patient outcomes in Wiltshire; the aim to ensure commissioning for value; how the programme and its information are integrated with other work programmes; the relative spend on early intervention and the outcomes achieved; the links to projects piloted in the Strategic Transformation Plan; the next steps in the programme and the involvement of public health; and the possibility of further reports once more outcomes achieved.

Resolved

To note the update.

105 **Health Education England**

Clare Hines, Associate Director, Health Education South West (HESW), gave a presentation on the role of Health Education England (HEE), the latest local Business Plan and workforce activity in the STP; and the development of Community Education Provider Networks.

Issues highlighted in the course of the presentation and discussion included: the composition of the workforce in the NHS in the South West; that unpaid/voluntary workers and carers represented three quarters of all health care workers but that there appeared to be no formal training being made available in this area; that annual demand forecasts were undertaken for workforces; the likely increase in demand for paramedics; the links to specific regional and national recruitment programmes including those for Pharmacy and Maternity services; the impact of moving nurses from bursaries to loans, and that training posts would be filled; that smaller courses, such as podiatry, may have viability issues to address; that other post-registration and post-graduate course are supported outside of the student loans; other programmes for recruitment including apprenticeships and those returning to work; the implications of financial restraints; and the funding support for training up paramedic staff.

In response to issues raised during the discussion, James Scott stated there was a workforce workstream as part of the Strategic Transformation Plan, and

that she would refer the matter of creating multi-skilled heath and social care workers.

The Chairman thanked officers for their update.

Resolved

To note the update.

106 Mental Health and Wellbeing

a) Francis Chinemana, Wiltshire Council, and Ted Wilson, Wiltshire CCG, gave an update on progress implementing the Mental Health and Wellbeing Strategy Action Plan.

Issues highlighted in the course of the presentation and discussion included: that information had been presented to the Joint Strategic Assessments (JSAs) at the Community Area level; the six main areas of focus in the strategy, including early intervention and awareness raising; the increased priority given, across the Community Areas, to mental health in the plans developed in response to the JSAs; the closer engagement work with users, carers and families; the potential for Healthwatch Wiltshire engagement on issues such as transitions and post traumatic stress disorder to fully inform work; and how integrated working, and shared training, can have positive impacts.

The Chairman thanked officers for their update.

Resolve

To note the update.

b) Julia Cramp, Wiltshire Council, gave an update on the provision of Child and Adolescent Mental Health Service.

Issues highlighted in the course of the presentation and discussion included: the recent national report measuring performance of local authorities; that Wiltshire was one of only a third of local areas to meet its targets, on a relatively low spend; the opportunities for pastoral care in schools; increased use of tools such as online counselling and other digital resources; the improved performance to address waiting times; that the local performance scorecard would be published; that Oxford Health were the preferred bidder allowing the council to refocus their work in target areas such as vulnerable children and eating disorders; how national funding has been beneficial to help drive change; and how early intervention can reduced strain on other services.

Resolved

1. **To note the progress to date on the implementation of the CCG Local Transformation Plan for Children and Young People's Mental Health and Wellbeing;**

2. **To scrutinise the Local Transformation Plan and its performance to ensure it is reflective of local needs, is compliant with national expectations and is targeting efforts and resources in the right way to improve services;**

3. **To note the progress being made to develop a new child and adolescent mental health service, to go live on 1 April 2018.**

107 **Mental Health Crisis Care Concordat**

Ted Wilson, Chair of the Concordat Action Group, presented the update which followed the September 2016 Mental Health Crisis Care concordat paper, detailing progress in Wiltshire to improve Crisis Care Pathways. Dr Toby Sutcliffe, AWP, and Keith Pople, Alexander Technique, were also in attendance to provide additional information.

Issues highlighted in the course on the presentation and discussion included: the focus on completing the actions agreed for the first year; that the year 2 action plan, going forward, is to be agreed; that a single suite with increased capacity would be achieved; the balance to be struck between the benefits of joint working across the region, whilst maintaining facilities for the use of Wiltshire residents; the excellent work that had taken place with under 18s in Wiltshire; how case studies were used to test the new models; and where processes have been improved to reduce duplication (such as triage).

Following a short debate, the meeting;

Resolved

1. **To note the development in combining the Swindon and Wiltshire Crisis Care Concordats.**

2. **To approve the draft Terms of reference for the Swindon and Wiltshire Crisis Care Concordat.**

3. **To considers the latest available data against key indicators at Appendix 3.**

108 **Military Healthcare**

Col Sharon Woodhouse, Defence Primary Healthcare Central and Wessex Region, attended the meeting to provide a verbal update, regarding developments in military healthcare – including support for army rebasing and transitions.

Issues highlighted in the course of the presentation and discussion included: the reorganisation of regional governance; the army rebasing programme and its impacts; the transition of some staff into the NHS; the use of e-learning for training staff in more remote locations; the challenges of getting people signed up as veterans and signed up to GPs; the impact of GP shortages; the good working relationship with CCG, PH and NHS England; whether the needs to the Wiltshire military and veteran community were being met; the challenges faced by veterans and the issue of substance abuse; and the potential to recruit health and social care staff from military families.

Resolved

To note the update

109 **Carers**

Due to time constraints, it was agreed that consideration of the item be deferred to the next meeting.

110 **Date of Next Meeting**

It was noted that the date of the next meeting would be 13 July 2017.

111 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.52 pm)

The Officer who has produced these minutes is Will Oulton, of Democratic & Members' Services, direct line 01225 713935, e-mail william.oulton@wiltshire.gov.uk

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

Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: Statement of Intent on Health and Social Care Integration

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Executive Summary

The Statement of Intent sets out the ambitions of partners for developing health and social care integration in the next few years.

Proposal(s)

It is recommended that the Board formally endorses the Statement of Intent.

Reason for Proposal

The Statement of Intent will enable the public and our partners to understand our ambitions for the development of health and social care in Wiltshire.

Baroness Scott of Bybrook OBE **Dr Peter Jenkins**
Chair and Vice Chair of Wiltshire Health and Wellbeing Board
Leader, Wiltshire Council **Chair, Wiltshire CCG**

Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: Statement of Intent on Health and Social Care Integration

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Purpose of Report

1. To outline a statement of intent on health and social care integration in Wiltshire.

Background

2. NHS England's Five Year Forward View states:

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.

Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. There is consensus that:

- *Increasingly we need to manage systems – networks of care – not just organisations.*
- *Out-of-hospital care needs to become a much larger part of what the NHS does.*
- *Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time."*

3. NHS England recently published "Delivering the Forward View", which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), and covers the period October 2016 to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

4. An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.

5. Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term ‘Accountable Care System’ (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.

6. The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.

7. There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

Wiltshire Context

8. Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.

9. Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the over-arching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

10. In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.

11. Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group, and our partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self- care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

Our Collective Intent

12. Wiltshire Council, Wiltshire CCG and our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care) have agreed to combine leadership to:
    - Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
    - Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes rather than a system which rewards increased contact;
    - Have a shared and transparent governance structure;
    - Establish joint outcomes and evidence based provision;
    - Provide a multi-skilled and joined up workforce.

13. These objectives for transforming the way in which business is done will help to deliver the triple aim of improved population health, improved quality and experience and reduced cost per capita.

14. The next steps to deliver this intent will be to:

- **Appoint a joint Chief Accountable Officer / Corporate Director (DASS)**

  The current situation whereby both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

- **Develop a Memorandum of Understanding which sets out the commitments of partners to the Accountable Care System.**
  The memorandum would clearly set out shared objectives and outcomes and test and develop arrangements for capitated budgets & outcomes based commissioning. Partners within the accountable care system will develop the ability to move finances around the system with the agreement of those involved. This will be taken to the Boards of the various organisations from autumn this year.

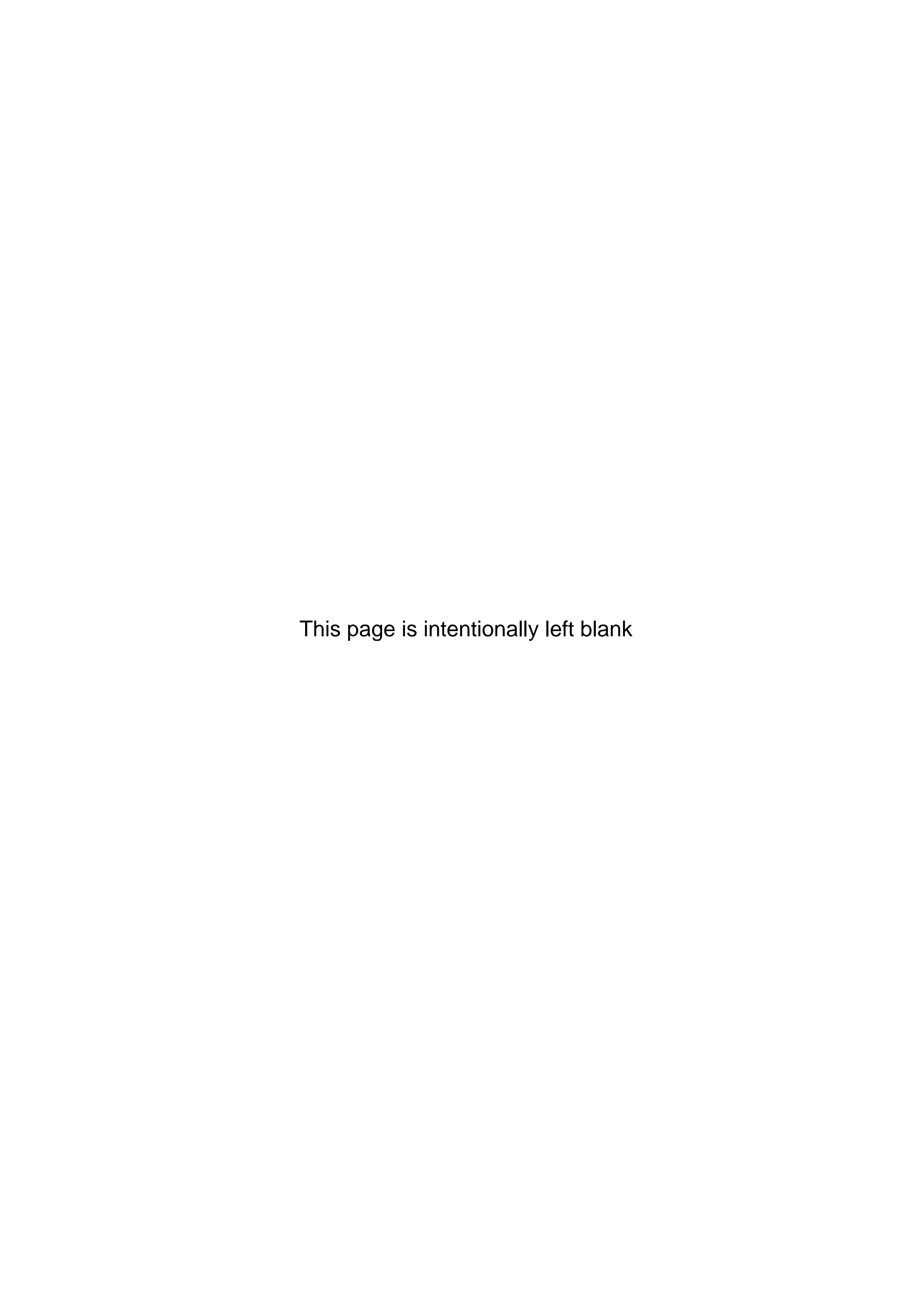
- **Align budgets and commissioning intentions to develop whole place commissioning**
  A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. This would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.

- **Develop the contractual vehicle for an accountable care system**
  This framework is likely to be based on the existing and evolving suite of contracts produced by NHS England for new care models. They will be long term contracts which incorporate new payment models, such as whole population budgets, improvement schemes and gain/loss share agreements.

15. The Board is invited to endorse the high level aims and proposed next steps for the development of an accountable care system in Wiltshire.

Baroness Scott of Bybrook OBE **Dr Peter Jenkins**
Chair and Vice Chair of Wiltshire Health and Wellbeing Board
Leader, Wiltshire Council **Chair, Wiltshire CCG**

Report Authors:
Mark Harris, Chief Operating Officer, Wiltshire CCG
David Bowater, Senior Corporate Support Manager



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Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: The national Memorandum of Understanding "An integrated approach to the identification of carers health and wellbeing needs"

Executive Summary

NHS England have published a template Memorandum of Understanding (MoU) to promote working together between Adult Care, the NHS and Third Sector organisations that support carers. It is proposed that the attached MoU, which is based on this national template, is adopted by the Wiltshire Health and Wellbeing Board.

Proposal(s)

It is recommended that the Board:

i) Notes the progress with regards to the draft Carers Strategy and Implementation Plan;

ii) Adopts the Memorandum of Understanding "An integrated approach to the identification and assessment of carers health and wellbeing needs" and commits to working together to deliver against the principles in the MoU.

iii) Endorses the MoU as a document to which all partner organisations supporting carers in Wiltshire could sign to show their commitment to the principles set out within the document, and to the delivery of the Carers Strategy and Implementation Plan.

Reason for Proposal

To demonstrate the commitment of all members of the Health and Wellbeing Board to the duties of co-operation and promotion of wellbeing in relation to carers, and to a wider commitment to recognise and support carers.

Sue Geary
Head of Service (Adult Care Community Commissioning)
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: The national Memorandum of Understanding "An integrated approach to the identification of carers health and wellbeing needs"

Purpose of Report

1. To present, and give context to, the attached Memorandum of Understanding - An integrated approach to the identification and assessment of carers' health and wellbeing needs – (the MoU) and propose that the MoU is adopted by the Wiltshire Health and Wellbeing Board and that the board commits to working together to deliver against the principles set out within it.

Background

2. Nationally, the Strategy for Carers has been delayed and its publication, originally planned for autumn 2016, has been postponed. Initially, the revised publication date was late November 2016, and then spring 2017. The current position on the national strategy is that there is no firm timescale for its completion.

3. Wiltshire undertook a large-scale consultation on its own Carers Strategy in the summer of 2016, but took the view that its publication should be delayed to take account of the new National Strategy. In order to maintain an impetus on actions to support carers, we have continued in the co-production of an implementation plan with representatives across the whole system, including carers' representatives.

4. The national template for a Memorandum of Understanding "An integrated approach to the identification and assessment of carers' health and wellbeing needs" is an NHS England document. Its development was informed by the contributions of members of The Association of Directors of Adult Social Services, the regional Carers Policy Network meetings, the Department of Health and NHS England and national and local carer support organisations. The template is intended to be a resource to help promote working together between Adult social care services, NHS commissioners and providers, and third sector organisations that support carers, irrespective of their age, with a specific focus on developing an integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care.

5. It's secondary purpose is to provide clarity and ensure consistency around the language of care and caring as, in some cases, different sectors of care are not clear about their duties under the relevant legislation, that the

duties of co-operation between agencies are not clearly understood, and that there are variations in understanding of some of the terms used.

5. Within Wiltshire, we would also hope that the MoU is a key document in setting out a commitment from all signatory organisations to work together in delivering on the Wiltshire Carers Strategy. Carer Support Wiltshire have been involved in the development of this MoU and support its implementation in Wiltshire. Spurgeons Young Carers also support the MoU. It has been circulated to all current members of the Wiltshire Carers Action Group including Wiltshire Parent Carer Council, hospices, acute hospitals and other statutory and voluntary organisations who provide support to carers in Wiltshire with a view to them being invited to sign up to the MoU following its adoption by the Health and Wellbeing Board.

6. The Council and the CCG have worked together on the commissioning of services for carers for over 5 years and there is a pooled budget in place which supports this. Progress had already been made against the principles within this new national MoU and this progress is detailed in Appendix 2 of this report.

Main Considerations

6. The national MoU published by NHS England, is a template to be adapted to suit local context and circumstances. Appendix 1 sets out a draft MoU for Wiltshire.

7. As outlined in the MoU, in order to fulfil our duties under the Care Act and Children and Families Act, local authorities, the NHS and third sector organisations that support carers must co-operate. The Care Act 2014 specifically requires local authorities and NHS organisations to do so. The MoU details the commitments which each member organisation of the Health and Wellbeing Board makes in order to meet this duty.

8. Within Wiltshire, the Wiltshire Carers' Action Group already exists and this would likely be the best forum to ensure that the principles within the MoU are applied and that the Wiltshire Carers Strategy is implemented. Work has been undertaken to review the membership of the Wiltshire Carers' Action Group to ensure it reflects membership across the whole health and social care system.

Recommendations

10. It is recommended that the Health and Wellbeing Board

    i) Notes the progress with regards to the draft Carers Strategy and Implementation Plan;
    ii) Adopts the Memorandum of Understanding "An integrated approach to the identification and assessment of carers health and wellbeing needs" and commits to working together to deliver against the principles in the MoU.

iii) Endorses the MoU as a document to which all partner organisations supporting carers in Wiltshire could sign to show their commitment to the principles set out within the document, and to the delivery of the Carers Strategy and Implementation Plan.

Sue Geary
Head of Community Commissioning
Wiltshire Council

Report Authors: Maria Keel, Community Commissioner, Wiltshire Council

Appendix 1

Memorandum of Understanding

Supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs

1. Introduction

This memorandum of understanding (MOU) sets out the agreed approach to supporting the implementation of an integrated approach to the identification and assessment of carers' health and wellbeing needs across Wiltshire. The document has been developed from a national template published by NHS England and others. It has been supported by key partners in the health and social care system who are committed to working together for carers of all ages.

2. What is a carer?

A carer could be someone of any age, including a child, who provides unpaid support (excluding voluntary work) to a family member or friend who could not always manage without help. This could be caring for a relative (a parent, grandparent, sibling, child, spouse, partner) or friend who is ill, frail, disabled or who has mental health or substance misuse problems.

Wiltshire carer definitions:

Carer: Someone (aged 18 or over) who helps another person in their day to day life, usually a relative or friend, who could not always manage without that support. This is not the same as someone who provides care professionally or through a voluntary organisation.

Parent Carer: A parent, or other adult with parental responsibility, who cares for a child or young person who requires more care and support than other children or young people of the same age.

Young Carer: A child or young person who cares for another person. This may be someone in their family who needs looking after because they have a disability or illness. It could be a brother or sister or a parent or grandparent. A young carer should not have to do so much caring that it makes them upset, unwell or miss school.

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3. Key principles

The integrated approach to identifying and assessing carers' health and wellbeing needs rests on a number of supporting principles.

3.1 Principle 1 - Carers will receive an integrated package of support in order to maintain their physical health and emotional well-being

The role of the GP, as the one person all carers have access to, is recognised as being paramount in supporting carers and maintaining the capacity of carers to care. There is a need to improve the registration of carers, including young carers, in primary care so that the needs of carers can be identified more quickly and before their health and wellbeing deteriorates. Thus GPs have a unique opportunity to make a telling contribution to improving the lives of carers of all ages and regardless of the age of the person they are caring for.

3.2 Principle 2 - Carers are supported and empowered to manage their caring role and their life outside of caring

- Referral to the local carer support organisation is the best way to ensure that carers receive the support they need when they need it.
- Carers will be supported to exercise choice and make well-informed decisions about the support options available to them.
- The wellbeing needs of the carer's family will be taken into account when identifying suitable support.
- The carer will be supported to plan for life beyond caring.
- Young carers will be seen as children first.

3.3 Principle 3 - All health and social care staff will be aware of the needs of carers and of referral routes to access local support. NHS staff will recognise signs of distress and diminished capacity that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. NHS staff will also be aware of local carer support organisations so that the carer can be sign-posted.

In some cases it may be appropriate for health and social care staff and education professionals to make the referral on behalf of the carer. It is acknowledged that, in order to identify carers and any needs for support they have, health and social care staff and education professionals would benefit from carer awareness training. Provision of carer awareness training in health and social care induction and ongoing professional development programmes is acknowledged to be desirable.

3.4 Principle 4 - Carers will be supported by the improved sharing of information between health, social care, education professionals and carer support organisations.

One of the biggest risks to carers is the failure to share information sensibly. We will work to remove the burden of carers having to repeat information and will reduce the barriers to effective sharing of information.

Improved sharing of information will help to identify vulnerable carers earlier, improve the identification of carers and their support needs, and improve the responsiveness of support to the changing needs of carers.

3.5 Principle 5 - Carers will be respected as expert care partners and will be involved in the planning of care for the cared for, including being involved in shared decision-making, and in the planning and redesign of services.

- Carers will be involved in the planning of care for the person they care for in a way that is appropriate to their age, understanding and circumstances.
- Carers will have their views taken into account when planning care in advance.
- Carers will be fully engaged in the planning, redesign and shaping of services. Services will be continuously monitored and reviewed, with carers' inputs, in order to demonstrate where desired health and social care outcomes are being achieved and to identify those areas in need of improvement.

3.6 Principle 6 - The needs of vulnerable carers, particularly those at key transition points, will be identified early.

This will enable carers to access preventive and other support resources to meet their needs as they approach key transition points:

- Being identified as, or identifying themselves as, a carer
- Changes in the condition of the person they care for
- Young carers as the leave primary school and approach secondary school
- Young carers as they move from adolescence to adulthood
- Parents as carers, particularly parents of children with physical or learning disabilities as they leave the family home
- Changes in employment status (reducing hours, leaving work or going back to work)
- Changes in their own heath
- Recognition of additional support needs towards the end of the caring role and of the needs of bereaved carers.

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4. Understanding the duty of co-operation

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children.

In several places, the Act makes provision for all carers, including young carers. This "whole system" approach bestows a duty of co-operation on local authorities and all agencies involved in public care.

What is the duty of co-operation?

The Care Act now makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, housing, and the Care Quality Commission (CQC).

Who has the duty to co-operate?

Relevant partners of a local authority include any other local authority with which they agree it would be appropriate to co-operate and the following agencies or bodies who operate within the local authority's area including:

- NHS England
- Clinical Commissioning Groups
- NHS trusts and NHS Foundation Trusts
- Any NHS-funded service
- Job centres
- Justice - the Police, prisons and probation services
- Education services
- Housing.

Source: Chapter 15 of the statutory guidance

The NHS England Planning Guidance, Five *Year Forward View into Action*, sets out how the NHS will seek to implement its duties under the above acts, including a clear expectation that, "CCGs alongside local authorities…draw up plans to identify and support carers and, in particular, working with voluntary sector organisations and GP practices, to identify young carers and carers who themselves are over 85, and provide better support".

Further, "In developing plans, CCGs should be mindful of the significant changes to local authority powers and duties from April 2015 under the Care Act 2013[sic]. Plans

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should focus on supporting young carers and working carers through the provision of accessible services, and services for carers from vulnerable groups".

Copies of the NHS England Planning Guidance can be accessed by clicking on the icon below:

5. Understanding the duty to promote wellbeing

The general duty of a local authority towards individuals, under Section 1 of the Care Act 2014 is "to promote that individual's well-being". Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person, and that person should be enabled to participate as fully as possible in decisions at every stage in their care.

What is "wellbeing"?

Wellbeing is a broad concept and it is described as relating to the following areas in particular:

- personal dignity, including treatment of the individual with respect
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation.
- the individual's contribution to society.

Source: Chapter 1 of the statutory guidance

There is no hierarchy to these areas, and all should be considered of equal importance when considering "wellbeing" in the round, for the individual concerned.
Further, wellbeing cannot be achieved simply through crisis management; it must include a focus on delaying and preventing care and support needs from developing and escalating, and on supporting people to live as independently as possible for as long as possible.

It is recognised that social care and voluntary sector care practitioners may not always be qualified to clinical assess a carer's physical or mental health. Where a health need is identified as part of the assessment, the carer should be referred back to their GP so

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that this health need may be addressed.

6. Understanding the duties to address the needs of Young Carers, Parent Carers and to adopt a "whole family approach"

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. The Children and Families Act 2014 sets out new rights to improve how young carers and their families are identified and supported, and extends the right to an assessment of their support needs to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

This change also introduces a requirement to make an assessment on the appearance of need. The new provision works alongside measures in the Care Act 2014 to enable a "whole-family approach" to assessment and support, for example in addressing the inter-related needs of young carers and their families.
The intention of the whole family approach is for local authorities and their partner agencies to take a holistic view of the person's needs, in the context of their wider support network. The approach must consider both how the adult or their support network or the wider community can contribute towards meeting the outcomes they want to achieve (see above), and whether or how the adult's needs for care and support impacts on family members or others in their support network.

There is a particular need for NHS bodies and the local authority to work closely when planning to support the discharge of patients from hospital and this is covered by Schedule 3 of the Care act 2014.

7. Delegation of authority for carers' needs assessments

The Care Act 2014 provides for local authorities to delegate some, but not all, of their care and support functions to other parties. This power to delegate is intended to allow flexibility for local approaches to be developed in delivering care and support, and to allow local authorities to work more efficiently and innovatively, and provide better quality care and support to local populations. However, as with all care and support, individual wellbeing should be central to any decision to delegate a function.

Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out.

The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

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Where a local authority delegates its responsibility for carers' needs assessments, it needs to assure itself that these assessments are compliant with the Care Act.

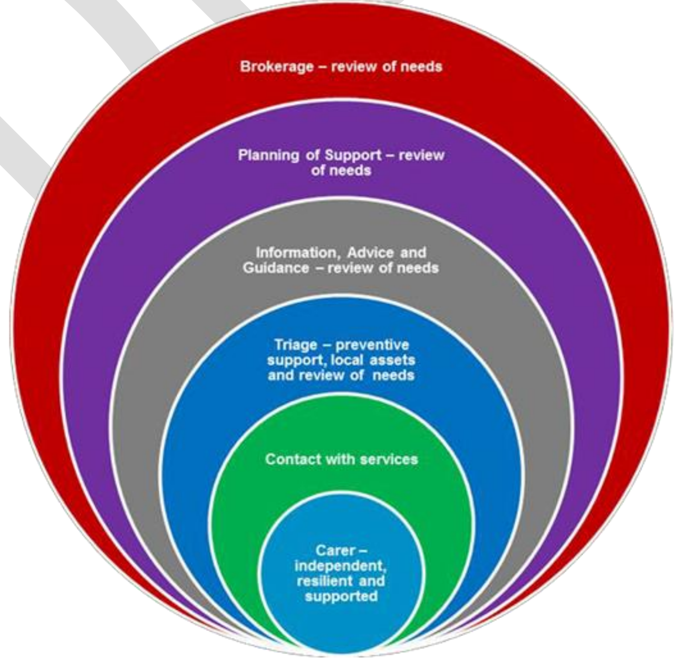
8. An integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care

The aim of this work is to develop an integrated approach to the identification and assessment of carers' health and wellbeing needs across health and social care to:

a. Maintain the independence, physical health and emotional wellbeing of carers and their families
b. Empower and support carers to manage their caring roles and have a life outside of caring
c. Ensure carers receive the right support, at the right time, in the right place
d. Respect the carer's decision about how much care they will provide and respect the carer's decision about not providing care at all

This pathway was co-designed with input from regional ADASS Carer Policy Network meetings, national and local carer support organisations, NHS England regional nursing staff and members of individual clinical commissioning groups. The proposed combined pathway sits on a number of supporting principles which are discussed more fully below and which will be used to support and promote the implementation of a combined process across health and social care.

The proposed integrated approach for identifying and assessing carers' and wellbeing needs



The central aim is to keep the carer at the centre, or core, of the “onion”. This preserves the carer’s independence, their family and social network relationships, and their ability to undertake their caring role. The carer’s GP has a crucial role in supporting and maintaining carer health and wellbeing and to initiate the discussion about the carer’s support needs.

9. Benefits of the integrated approach

- Focus is on supporting the independence of carer and the wellbeing of the carer and their families
- Needs of carer and their families are identified as, or before, they arise
- Fast track to preventive and low-level support, including wellbeing checks
- Safeguarding issues highlighted more quickly
- Reduced carer/family crisis and breakdown
- Avoids placing the carer in a potentially lengthy bureaucratic process that might not meet their actual needs
- Avoids unnecessary referral to more complex services and reduced unnecessary demand on these more complex (and more costly!) services
- Identification of other local assets available to support the carer
- Emphasis on meeting the needs of the carer as, or before, they arise
- Support needs of the carer are continually reviewed
- The carer is supported at key transition points, including as they approach the end of their caring role

10. Moving forwards

The commitment made by organisations who sign this Memorandum of Understanding will support the implementation of the Wiltshire Carers Strategy. The implementation of the strategy will be led and monitored by the Wiltshire Carers Action Group.

Implementation of the strategy will include improving awareness and understanding of carers, their families, and local carer support. This will include ensuring that professionals in the local authority and partner agencies are aware of the specific requirements concerning carers of the Care Act 2014 and amendments to the Children and Families Act and accompanying Guidance and Regulations. It will also include raising awareness and understanding of carers and the caring role in the wider community to contribute building resilient communities where carers feel understood, respected and supported within and by their community.

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11. Thinking Carer across the system

By supporting carers we are also supporting the person they care for. No one should have to care alone. In order to ensure that carers receive the right support at the right time and in the right place, carers should be referred to the local carer support organisation to have their immediate wellbeing needs addressed, regardless of which service or agency is contacted first.

Partnership working and co-operation is key to providing joined up seamless services. This will include joint working between the local authority, the NHS, voluntary organisations, education, public health, housing and local communities to support carers.

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Signature	Name and Role	Organisation	Date
		Wiltshire Council	
		NHS Wiltshire Clinical Commissioning Group	
		Salisbury Hospital Foundation Trust	
		Bath Royal United Hospital	
		Great Western Hospital	
		South West Ambulance Service NHS Foundation Trust	
		Avon and Wiltshire Mental Health Partnership	
		Healthwatch Wiltshire	
		Carer Support Wiltshire	

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Appendix Two

Progress to date in delivering against the principles in the Memorandum of Understanding

The draft Wiltshire Carers' Strategy was co-produced by Wiltshire Council and Wiltshire carers with input from a wide range of other stakeholders. It identifies the following as the priorities for Wiltshire over the next 4 years:

- *To maintain carers' health to enable them to continue caring (should they wish to)*
- *To holistically identify the needs of carers and the person they care for*
- *To continue to invest in early intervention and prevention services*
- *To improve the identification of young carers, carers of people suffering from mental health issues and carers of people who misuse substances such as alcohol and drugs.*
- *To support communities to become more carer aware and supportive of carers living within them*

It commits:

- *To ensure that the strategic direction for the commissioning of health and social care services reflect the local needs of carers whilst still reflecting national policy and guidance.*
- *To work together with carers, the people they care for and their families holistically to improve individual outcomes for carers, with a special focus on identifying 'hidden carers'.*
- *To encouraging Wiltshire communities to offer local services to meet the needs of carers close to where they live, with a clear focus on reducing isolation and providing early intervention and prevention solutions.*
- *To provide services that support carers in crisis.*

These will be measured against the following outcomes:

- *Carers have improved physical health, mental health and wellbeing*
- *Carers are empowered to make choices about their caring role and to access support and services*
- *Carers have the best financial situation possible, and are less worried about money*
- *Carers' needs, and the value of carers, are better understood in Wiltshire*
- *Carers influence services*

Below is a summary of progress already made towards delivering against the principles in the MoU.

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Principle 1 - Carers will receive an integrated package of support in order to maintain their physical health and emotional well-being

Through the Investors in Carers scheme, Primary Care in Wiltshire is already, in partnership with Carer Support Wiltshire, seeking to identify and support carers in a number of practical ways. GP surgeries are often the first port of call for carers and are often best place to identify them. This is a key theme within the carers strategy implementation plan.

GPs are encouraged to identify young carers so that they can receive an assessment which will enable young carers to be identified as Children in Need if caring responsibilities are inappropriate and detrimental to their health and wellbeing. Spurgeons Young Carers Wiltshire offers support and advice to educational settings to support the needs of young carers.

Principle 2 - Carers are supported and empowered to manage their caring role and their life outside of caring

Wiltshire produces a directory of services and organisations who can offer carers information, advice and support. Carer Support Wiltshire monitor referrals from source, enabling them, with support from commissioners, to offer targeted carer awareness to organisations who need it to improve their carer awareness and referrals to Carer Support Wiltshire who can then help the carer identify which organisations are best placed to give them further information, advice and support which is relevant to their personal circumstances. Where these circumstances are complex, the carer can be referred to adult care services, or children's services, in order that a joint assessment, both carer and cared for person, can be undertaken.

Carer Support Wiltshire take an asset-based approach, encouraging carers to consider what support is available to them from family, friends and the wider community, prior to considering whether the carer is in need of funded social care support.

Carers can access information, advice and support from Carer Support Wiltshire for up to 18 months after the caring role ends. This may be in relation to employment and volunteering opportunities or other support depending on the needs of the individual.

Principle 3 - All health and social care staff will be aware of the needs of carers and of referral routes to access local support. NHS staff will recognise signs of distress and diminished capacity that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. NHS staff will also be aware of local carer support organisations so that the carer can be sign-posted.

There is a carer awareness programme in Wiltshire, delivered by Carer Support Wiltshire with support from commissioners as needed, and for young carers delivered by Spurgeons Young Carers Wiltshire, which seeks to improve carer awareness, and awareness of our statutory duties towards carers and the sources of information, advice and support available to carers in Wiltshire

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Principle 4 - Carers will be supported by the improved sharing of information between health, social care and carer support organisations

Being identified as a carer on a GP record will generate a READ code on the carer's personal medical record and this will accompany that carer whenever and wherever they use the NHS (by being shown on the Summary Care Record). In addition to providing for 10 categories of carer, the SCR allows for the carer to identify who they care for.

Care First is used in Wiltshire by social care professionals and Carer Support Wiltshire to record when a carers assessment is undertaken and a relationship is set up within Care First linking the records of the carer and the person they care for.

Information sharing between Spurgeons Young Carers Wiltshire and the local authority is developing to better track and monitor young carers and the services they receive from young carer support services and children's services.

While the above enable information to a certain extent, it is acknowledged that this is an area with significant scope for development and improvement. This includes scope for exploring the potential of the Wiltshire Single View Programme to improve information sharing which will improve our ability to support carers

Principle 5 - Carers will be respected as expert care partners and will be involved in the planning of care for the cared for, including being involved in shared decision-making, and in the planning and redesign of services.

The draft carers strategy and implementation plan builds on work already undertaken for the Care Act and Children and Families Act to ensure that a holistic and whole family approach is taken when considering the needs of carers and the people they care for. The Carers' Strategy was co-developed with a wide range of carers and other stakeholders.

The Wiltshire Carers Involvement Group, administered and chaired by Carer Support Wiltshire and attended by adult care commissioning representatives, also gives carers the opportunity to raise issues both about carers' needs, and support available to them, as carers and the needs of, and support available to those they care for.

Principle 6 - The needs of vulnerable carers, particularly those at key transition points, will be identified early through improved risk stratification.

Currently, young carers who are transitioning from primary school to secondary school are supported by Spurgeons, the commissioned service for young carers in Wiltshire. Carer Support Wiltshire was successful in bidding for funding to work with young adult carers, aged 16-25, to support them in their transition from adolescence to adulthood and, as this project has come to an end, work is

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underway to commission assessments and support for young carers to meet our Care Act duty to them as they approach 18.

The SEND service works with families where young people are both under and over the age of 18. Whilst children are under the age of 18 the needs of parent carers are incorporated into the holistic single assessment which is in use across children's services. Provision is usually made as part of a Child in Need plan. As young people approach 18 years of age the service moves to adult services assessment and provision, this includes a separate carer's assessment if required. The child and adult legislation is different and the service works with families to make a seamless transition.

Carers who have been bereaved can access support from Carer Support Wiltshire for up to 18 months following the death of the person they care for. Those who are suffering from complex grief can be referred by their GP to Cruse for specialist counselling and support.

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Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: End of Life Care Strategy

Executive Summary

Wiltshire's overarching vision for End of Life Care (EoLC) has remained unchanged for several years, along with our core values, goals and ways of working. We want to ensure that the highest quality end of life care services are available, through integrated services which are personalised, well co-ordinated and empowers patients to make informed choices about their care.

First published in 2014, with a three-year plan for the development of EoLC for Wiltshire residents, it is now considered an opportune time to revisit the strategy, build upon achievements and reaffirm our priorities for the next three years to continue to enhance and improve EoLC services for the local population.

The (draft) refreshed strategy (**appendix 1**) sets out our aspirations for the coming years. It adopts a community approach to end of life care that integrates clinical, psychological, spiritual and social efforts in recognition that death, dying, loss and care take place in everyday life.

Following approval of this Strategy, an Implementation Plan will be finalised by the End of Life Programme Board that will outline the prioritised actions to be implemented within the next three years and will take into account the responses from recent public engagement activities. This will encompass specific outcomes, activities and deadlines to help to ensure that momentum is maintained and that the right progress is achieved in a timely manner.

Proposal(s)

It is recommended that the Board:

i) support the refreshed Wiltshire End of Life Care Strategy for Adults 2017-2020.

ii) Agree to an update on the delivery of the implementation plan with attendance from local hospices in the autumn

Reason for Proposal

For some time, End of Life Care has been a key area of focus for Wiltshire CCG and Wiltshire Council. A joint strategy was first published in 2014 and since this time significant progress has been made through working collaboratively with our providers to develop a range of innovative services.

There is encouraging evidence that these developments have contributed to positive outcomes for patients. For example, many people would prefer to die at home, but national data suggest that often this is not achieved. In Wiltshire, an increasing proportion of patients' choices are being met as due to the commitment of our End of Life Service providers, in 2015/16 Wiltshire CCG was ranked 1st in the region for the (lowest) percentage of deaths which take place in a hospital at 38.8% compared to 47% nationally and home deaths were 26.1% compared to a national average of 23.1%[1].

National and local guidelines and policies, best practice models, feedback from patients and insights from health and social care professionals also influenced this refreshed strategy development. The key objectives are to embed the recommendations from the National Palliative and End of Life Care Partnership ambitions framework, which builds on the 2008 Department of Health (DH) Strategy for End of Life Care.

Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector will be fundamental to our approach as we move forward. In an environment where resources are constrained, we are committed to make best use of those available and to deliver value for money. The work, led through Wiltshire's End of Life Programme Board, will continue to be taken forward by making the best use of the collaborative arrangements between the statutory, community and voluntary sector agencies and strengthened further through local and regional strategic planning. The improvement in service delivery that is expected from this strategy will therefore require ownership and leadership from across the system in partnership with carers, patients, families and others that are important to them.

Public Engagement

We are committed to hearing the voices and stories of patients in order to find out what is working well and identify areas for development. They help to reveal how progress in recent years has improved services and the quality of care for patients. This refreshed strategy therefore reinforces our commitment to improving and developing services through listening to the needs, wishes and preferences of our local population.

The draft strategy was shared with members of the Healthwatch Wiltshire readers' panel (volunteers who read and comment on documents) and was used to inform the version of the strategy used in the wider public engagement.

[1] http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

The draft Strategy, as detailed in appendix 1, was shared with the following groups:

- Wiltshire Dementia Delivery Board
- Carer Support Wiltshire
- Wiltshire Carers Involvement Group
- Spurgeons
- Wiltshire EoL Programme Board

In addition, Healthwatch Wiltshire facilitated three public events in Salisbury, Royal Wootton Bassett and Bradford on Avon in November 2016 called, 'Starting a Conversation about End of Life Care'. At each event, a representative from NHS Wiltshire CCG explained the strategy and plans for end of life services in Wiltshire and answered questions from members of the public. There was also an opportunity for people to feed their views and experiences into discussions in small groups and a chance to visit information stalls held by different organisations which deliver services and support to Wiltshire people at the end of their life (and their families). The full report is available as **appendix 2**.

In total, 91 people provided feedback which enables us to identify what is working well together with areas for development.

Strategy Delivery and Recommendation

An Implementation Plan is now being developed by the End of Life Programme Board and will be finalised following formal approval of this Strategy. This will outline the prioritised actions to be implemented within the next three years.

By working together to implement this strategy Wiltshire's End of Life Programme Board is confident improvements will continue in end of life care in Wiltshire.

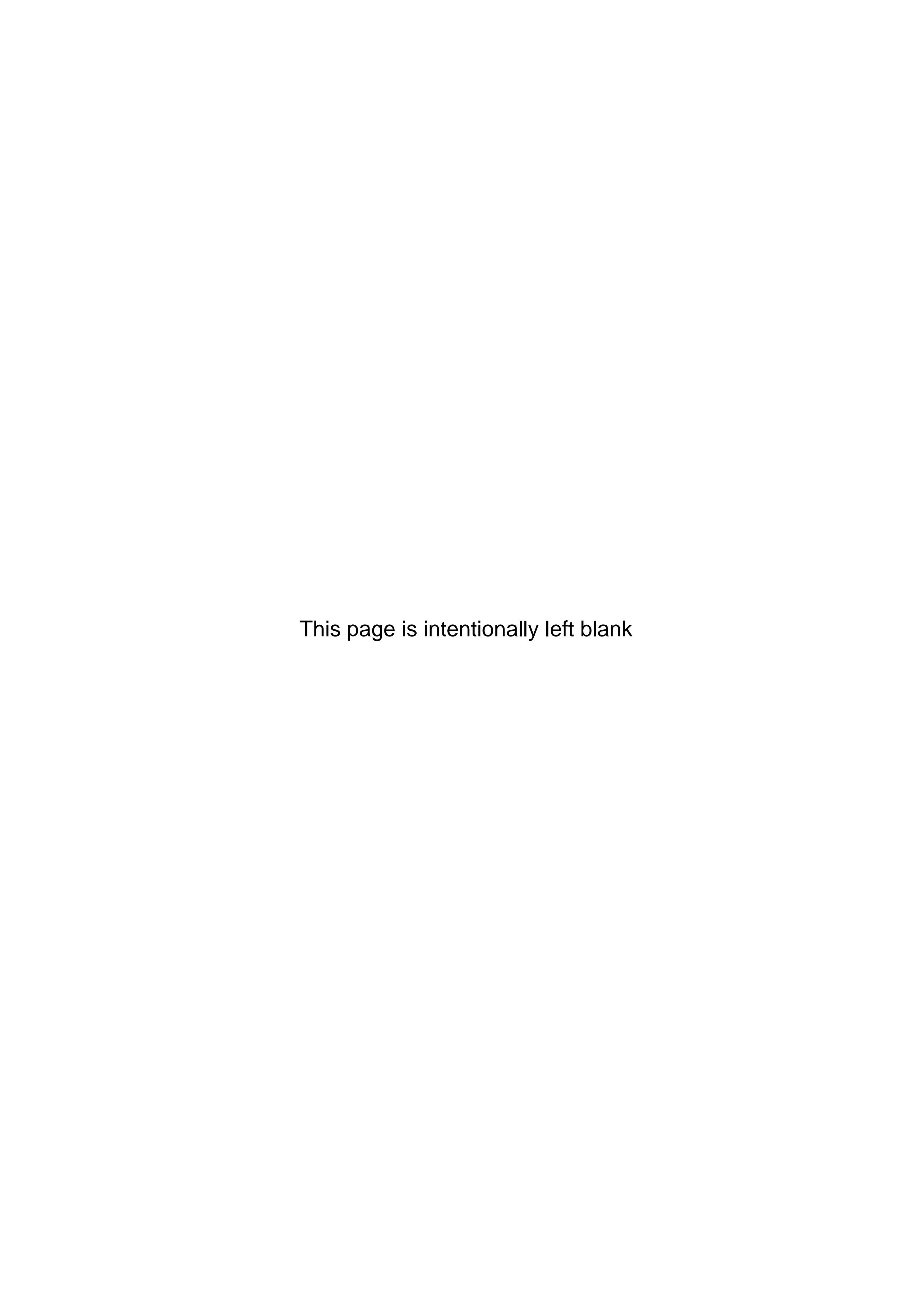
Wiltshire's End of Life Programme Board approved the refreshed strategy, as detailed in appendix 1, with the following recommendations:

- Ensure acronyms are fully explained
- Review sections with white writing on a colour background that can be difficult for some people to read

Wiltshire Council Cabinet, Joint Commissioning Board and Governing Body have additionally supported the adoption of this refreshed strategy.

It is therefore recommend the Health and Wellbeing Board supports the refreshed Wiltshire EoLC Strategy for Adults 2017-2020.

Ted Wilson	**Kate Blackburn**
Community and Joint Commissioning Director	**Public Health Consultant**
Wiltshire CCG	**Wiltshire Council**



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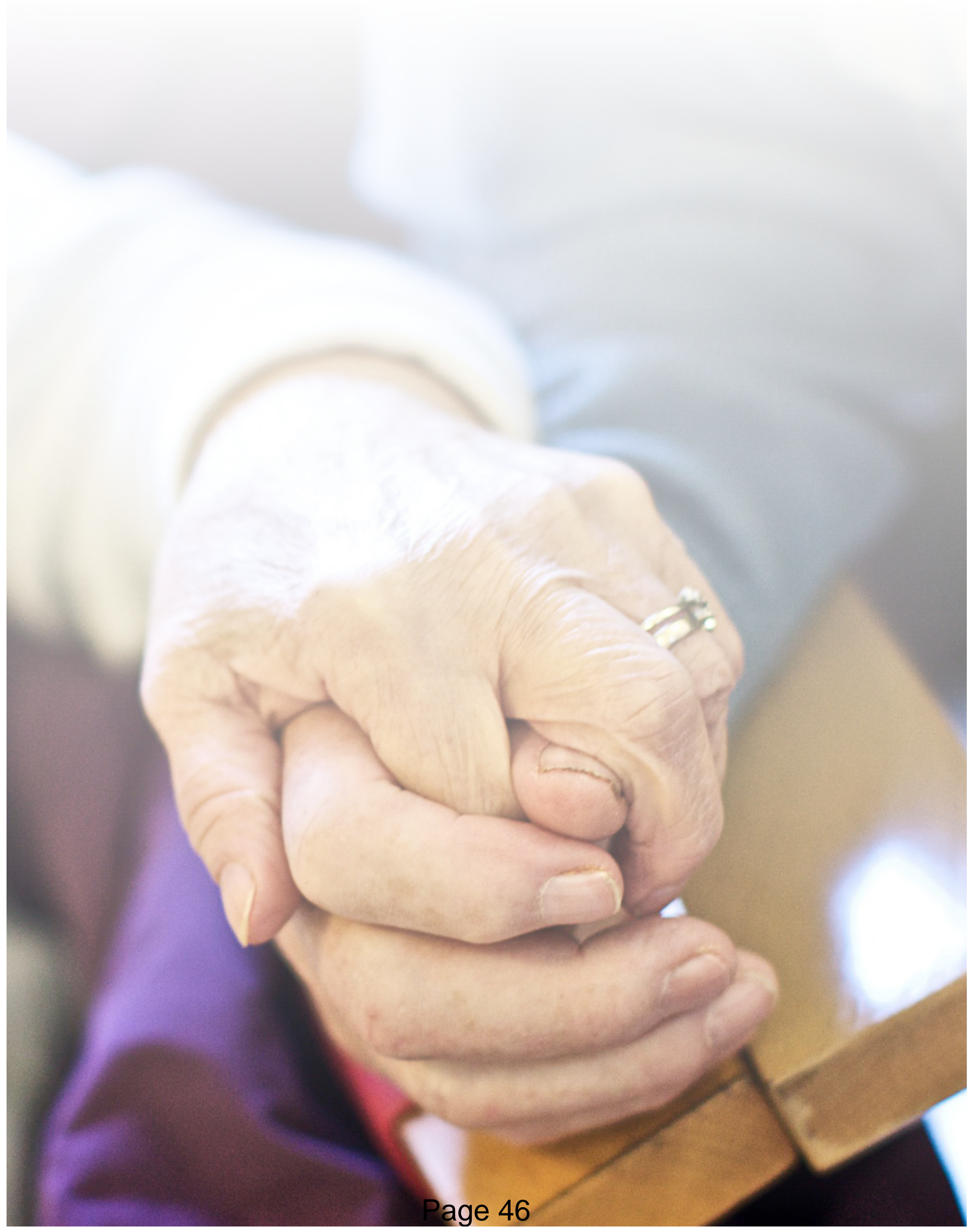
Wiltshire's End of Life Care Strategy For Adults 2017 to 2020

Strategy prepared by:

- Gail Warnes, End of Life Commissioning Manager, Wiltshire Clinical Commissioning Group
- Kate Blackburn, Public Health Consultant, Public Health, Wiltshire Council
- Jeremy Hooper, Public Health Scientist, Wiltshire Public Health



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How people die remains in the memory of those who live on.

Dame Cicely Saunders (1918–2005) founder of the modern hospice movement

Foreword

On behalf of Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group, we would like to welcome you to our joint, refreshed, End of Life Care strategy for adults.

The provision of Palliative and End of Life Care for our patients represents one of the most challenging areas of health and social care practice, but also one of the most rewarding for the professionals involved. No two patients are the same, and we are privileged to be able to support and care for patients and their carers at this unique time in their lives. But we only have one chance to get it right.

It is vital that in addition to effective clinical practice we are also developing approaches to end of life care that include a focus upon improving health and wellbeing in the face of life-threatening/limiting illnesses, caregiving and bereavement, and actively involve patients in their own end of life care concerns.

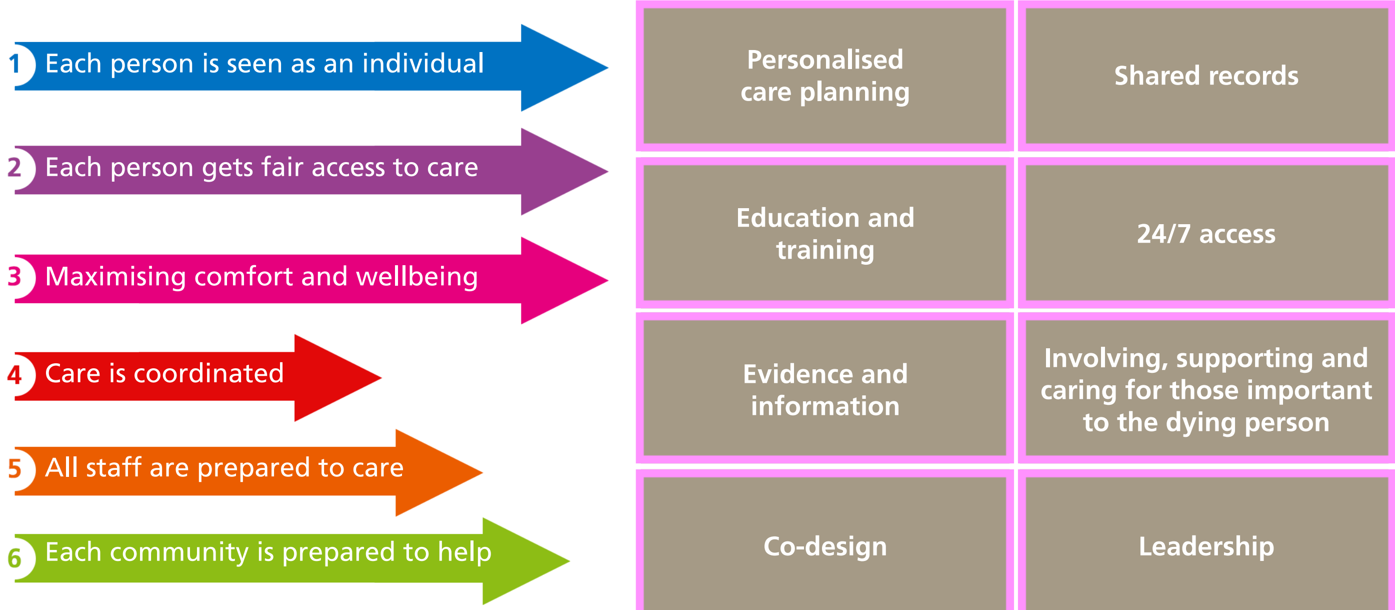
Wiltshire's End of Life Care Strategy sets out the local vision for end of life care which is personalised, well co-ordinated and empowers patients to make informed choices about their care. Our vision is that all patients at end of life, together with those closest to them, are able to express their needs and wishes, and that as far as clinically appropriate and practically possible, these needs and wishes are met.

This refreshed strategy reinforces our commitment to improving and developing end of life care and support services. It adopts a community approach to end of life care that integrates clinical, psychological, spiritual and social efforts in recognition that death, dying, loss and care take place in everyday life within the family and community. We will seek to raise awareness of death, dying, loss and care and provide a compassionate approach to end of life care which incorporates sustainable networks of care that adapt and are flexible depending on need and demand.

We will respond to national and local guidelines and best practice models, and listen to patients, carers and families so that we can continually enhance the quality of our services. This strategy builds on its predecessor that was first published in 2014. Since this time we have made significant progress and have worked collaboratively with our providers to implement a range of innovative end of life care services. Partnership working has remained key for many years in delivering improvements in End of Life Care across Wiltshire. Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector will be fundamental to our approach as we move forward.

This strategy clearly aligns with the aims of the Wiltshire Better Care Plan which is to provide more specialist care for the patient in their own home and community and take active steps to enhance the wellbeing and independence of the service user.

In September 2015, the National Palliative and End of Life Care Partnership published a national framework for local action 2015-2020[1] . This national framework for action sets out six 'ambitions' – principles for how care for those nearing death should be delivered at local level and eight principles which are the foundations to build and realise the ambitions:

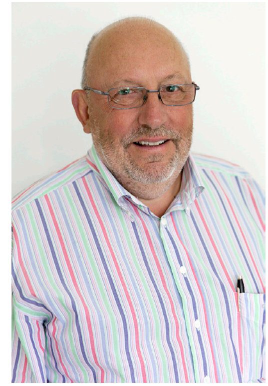


Responsibility for implementing the ambitions of the new framework spans the commissioner and provider spectrum, putting onus not just on CCGs, but on providers, NHS England, Public Health England, local councils, and third sector organisations to take action, monitor progress and influence change.

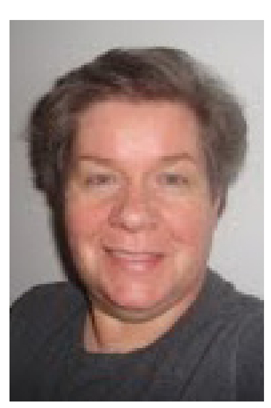
Acknowledging this, Wiltshire's refreshed End of Life Care Strategy sets out our aspirations for the coming years. We are also committed, in an environment where resources are constrained, to make best use of those available and to deliver value for money. This includes seeking the best experience possible for both patient and carers in the palliative period. As far as the patient's clinical condition allows, the aim is to deliver real choice for patients and meet their wishes, where possible, in the last phase of their life.

By working together to implement this strategy we are confident that we can continue to make a really positive difference to improved end of life care in Wiltshire.

Thank you



Dr Peter Jenkins
Chair, Wiltshire Clinical Commissioning Group



Frances Chinemana
Acting Director for Public Health, Wiltshire Council

End of Life Strategy on a page

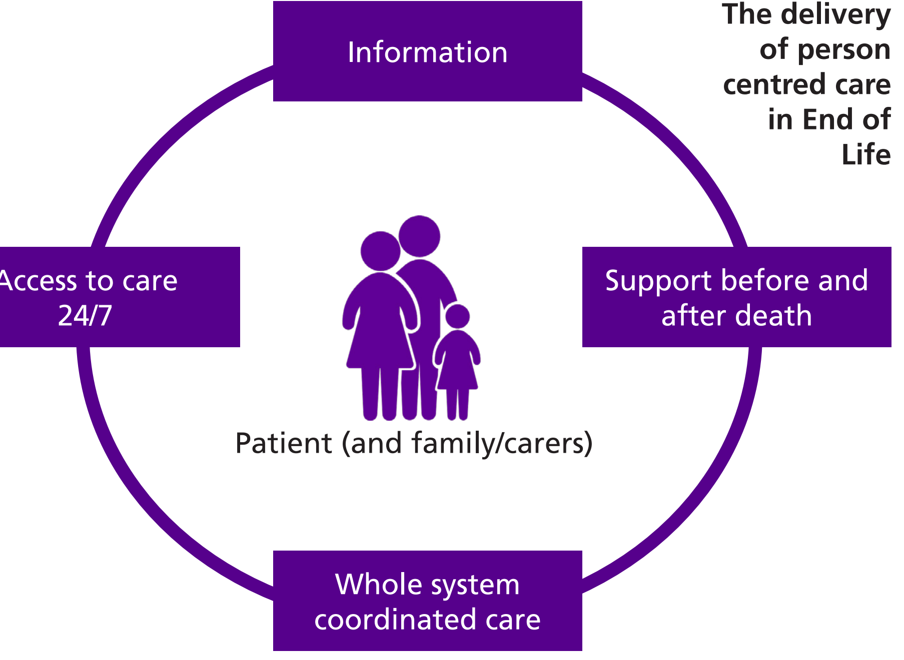
Vision: Our vision is that the patient and their family/carer receive the care and support that meets their identified needs and preferences through the provision of information, education and support and in the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patient's life

Priorities

- 24/7 accessible and appropriate high quality care
- Informed choice for patients and families
- Patient and family centred care.
- Integrated end of life care through further partnerships between all services and communities in recognition that end of life care requires a community approach
- Flexibility of services
- Value for money for services
- Empower individuals to plan for their end of life care
- Improve patient and family experience
- Skilled and competent providers delivering high quality end of life care
- Encourage and support people to think and plan for end of life at the earliest opportunity
- Support the people of Wiltshire to be cared for and die in their preferred place of care
- Reduce inappropriate transfers of care from all settings and faster discharge from hospital

What we are doing

- 72-hour service
- Enhanced Discharge Service
- Electronic Palliative Care Co-ordination systems
- Hospice @ Home
- Wiltshire Dying Well Community Charter
- Education and training
- Treatment Escalation Plans
- Advance Care Plans
- Community pharmacies



What we want to achieve

- Increase in advance care plans and Treatment Escalation forms
- Increase engagement with communities about end of life so that those affected by dying and death do not feel abandoned and socially isolated
- Reduction in emergency admissions to hospital of patients who are approaching end of life
- Increase in satisfaction of bereaved families and more support for them in times of crisis
- Increase in people who die in their preferred place
- Reduction in number of hospital bed days of patients wishing to die at home
- Improved care at home

Wiltshire's Aim

Our overarching vision for End of Life Care has remained unchanged for several years, along with our core values, goals and ways of working.

We want to make sure that the highest quality end of life care services are available, through integrated services which embed best practice to meet individual need, so that people at the end of their lives have a 'good death'. In addition we want to adopt a community approach to end of life care that integrates clinical, psychological, spiritual and social efforts to ensure that social isolation and stigma are reduced.

Effective and compassionate care and support will be in place for people who are approaching the end of life so that they can have a dignified, peaceful and supported end of their life. Carers and families will be supported through this time and after their loved one has passed away.

We want to ensure that people are given the support and information that helps them to make a clear choice about where and how they are cared for, supported and die. To make it possible for health and social care services to enable their wishes to be met as far as the patient's clinical condition allows.

Introduction

Wiltshire's End of Life Care Strategy was first published in 2014 and set out a three-year plan for the continued development of End of Life Care for Wiltshire residents. It is now considered to be an opportune time to revisit the strategy, to build upon achievements, and reaffirm our priorities for the next three years so that we will continue to enhance and improve End of Life Care services for the local population, at the individual, family and community level.

End of Life Care is an enduring priority at both national and local levels. At a national level, this is reflected by the fact that personalised and coordinated care are two areas identified in the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020[2].

At a local level, we remain committed to pursuing continuous improvement and identifying new innovations to drive developments in our services. This strategy has been jointly developed by Wiltshire CCG and Wiltshire Council. It seeks to strengthen elements of our previous End of Life Care Strategy and ensure that many of the commitments and aims to continue to remain relevant.

A range of factors influenced our refreshed strategy development, including national and local guidelines and policies, best practice models, feedback from patients and insights from health and social care professionals. The key objectives of this strategy are also to embed the recommendations from the National Palliative and End of Life Care Partnership ambitions framework, which builds on the 2008 Department of Health (DH) Strategy for End of Life Care[3].

It details the current understanding of need, reflects upon progress since the publication of the 2014 strategy, service provision within Wiltshire and the future plans to further develop integrated end of life care for adults. The improvement in service delivery that is expected from this strategy will require ownership and leadership from across the system in partnership with carers, patients, families and others that are important to them.

This strategy acknowledges the importance of current collaborative arrangements between the statutory, community and voluntary sector agencies and recognises that going forward these arrangements need to be strengthened further through local and regional strategic planning. This strategy will be implemented through the End of Life Programme Board and will report to Wiltshire's Clinical Commissioning Group Governing Body and Wiltshire Council's Health and Wellbeing Board.

Defining End of Life

The General Medical Council (2010)[4] has defined End of Life in the manner described below, and the National Institute for Health and Care Excellence adopted the same definition in their Quality Standard for End of Life Care for Adults[5], which was published in 2011.

Patients are 'approaching the end of life' when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

1. advanced, progressive, incurable conditions
2. general frailty and co-existing conditions that mean they are expected to die within 12 months
3. existing conditions if they are at risk of dying from a sudden acute crisis in their condition
4. life-threatening acute conditions caused by sudden catastrophic events.

General Medical Council (2010:8)

As noted in NICE's (2011) Quality Standard[6], "defining when a person needs end of life care is individual and dependent on the person's perspective and that of their health and social care professional".

As a result of the complexities associated with identifying when individuals enter the end-of-life phase, many patients will require access to End of Life Care services for a period of time that is greater than a year.

National End of Life Policy

Wiltshire endeavours to keep abreast of, and be responsive to, national strategy, policy and relevant guidelines on end of life care.

Involving people, carers, families and others who are important to them in decisions about their end of life care and improving access to high quality care closer to home at end of life are both key issues for policy.

The Government's mandate[7] to the NHS Commissioning Board in 2013 stated that one of the objectives is to 'pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives'.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Discussions as the end of life approaches	Assessment care planning and review	Coordination of care	Delivery of high quality services in settings	Care in the last days of life	Care after death
Open, honest communication Identifying triggers for discussion	Agreed care plan and regular review of needs and preferences Assessing needs of carers	Strategic coordination Coordination of individual patient care Rapid response services	High quality care provision in all settings Acute hospitals, care homes, hospices, community hospitals, prisons, secure hospitals and hostels, ambulance services	Identification of the dying phase Review of needs and preferences for place of death Support for patient/carer Wishes for resuscitation/ organ donation	Recognition that end of life care doesn't stop at the point of death Timely verification and certification of death/referral to coroner Care/support of carer and family

Social care

Spiritual care services

Support for carers and families

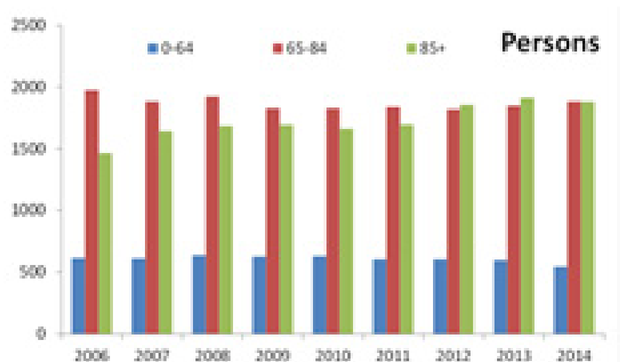
Information for patients and carers

Source: The National End of Life Strategy (DH 2008)

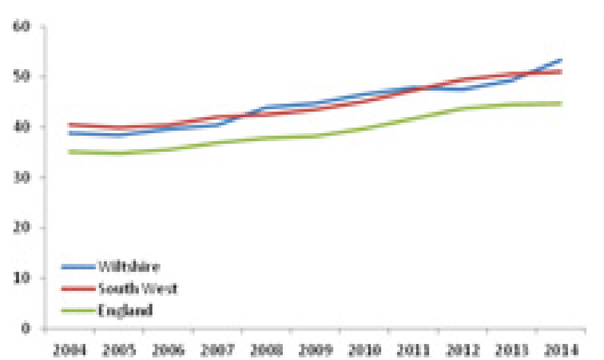
Included in Annex 1 are brief commentaries on some fundamental areas of guidance which have also had an influence on this strategy's development.

"[The carers] knew what to do, what to expect ... [and] were more confident in looking after someone who was dying. They cared for the family as well as the patient."

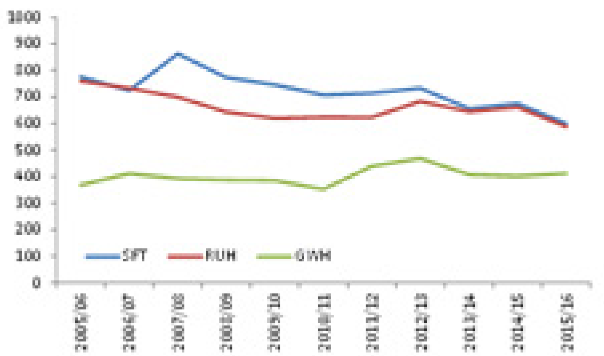
Healthwatch Wiltshire Evaluation of 72-hour pathway



Trend in the number of deaths



Annual trend for the percentage death in the usual place of residence



Trend in the number of deaths at the 3 main acute trusts

The Palliative care nurses were so professional and helpful – I really felt supported.

Healthwatch Wiltshire Evaluation of 72-hour pathway

National and Local Context

The What We Now Know Report[8] (reflected in Annex 2) illustrates the needs of the national population for End of Life Care:

- There are changing trends in the age of death, with increasing numbers of deaths in people aged 85 and over and a decreasing trend in people aged 65 to 84. The older age group has a greater likelihood of frailty and multiple illnesses
- 36.2% of deaths in England are in the 85 and over age group. Approximately 50% of all female deaths occur in women aged 85 and over, and 30% of all male deaths.
- Although 70% of the public say they are comfortable talking about death, most haven't discussed their end of life wishes or put plans in place.
- Home is the preferred place of care and death for the majority of people and most do not change this preference. However, a substantial minority do not make home their first choice or change their minds.

The population of Wiltshire in 2016 is approximately 475,870. This is predicted to rise to 492,630 by 2021 . Wiltshire's population is also aging, with the percentage of over 65 year olds predicted to rise from 20.6% in 2016 to 22.3% by 2021.

Around 4,000 Wiltshire residents die each year. The majority of deaths occur in adults over the age of 65, following a period of chronic illness. Information suggests there has been a decline in the percentage of deaths happening in hospital from around 55% in 2006 to around 40% in 2014 which correlates with the percentage of deaths in a hospice or at home increasing.

More detailed end of life demographics is captured under Annex 2.

Wiltshire's End of Life Care Strategy will link closely with a number of other key strategies and work programmes including the Dementia Strategy, Cancer Strategy and Carers Strategy.

Wiltshire's Strategy

The End of Life Care Strategy is a refresh to reaffirm the vision and direction of travel for end of life care in Wiltshire. The work has and will continue to be taken forward by making the best use of existing resources within the system. Delivering the strategy, building on the work to date will need the development of a multiagency plan and will require resources in terms of staff, technology etc within and across organisations to work differently.

The strategy is underpinned by the principle of an active and compassionate approach to end of life, that ensures respect for, and dignity of, the patient and their family and carers. The continuing key priorities are:

- For individuals to be able to access appropriate high quality care at all times.
- For individuals, families and carers to have access to information, education and support to inform decision making and choice relating to end of life care
- To ensure informed choice for patients, carers, families and others who are important to them.
- To provide patient, carer and family centred care.
- To develop a community approach to end of life care which include health promotion, prevention and harm reduction and reduces the risks of social isolation and stigma.
- To have flexibility of services.
- To provide value for money for services.
- To ensure individuals are empowered to plan for their end of life care.
- To improve the experience for patients, carers, families and others who are important to them.
- To ensure all providers are skilled and competent in delivering high quality EOL care.
- To 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.
- To support the people of Wiltshire to be cared for and die in their preferred place of care.
- To reduce inappropriate transfers of care from all settings.

Patient and Public Perspectives

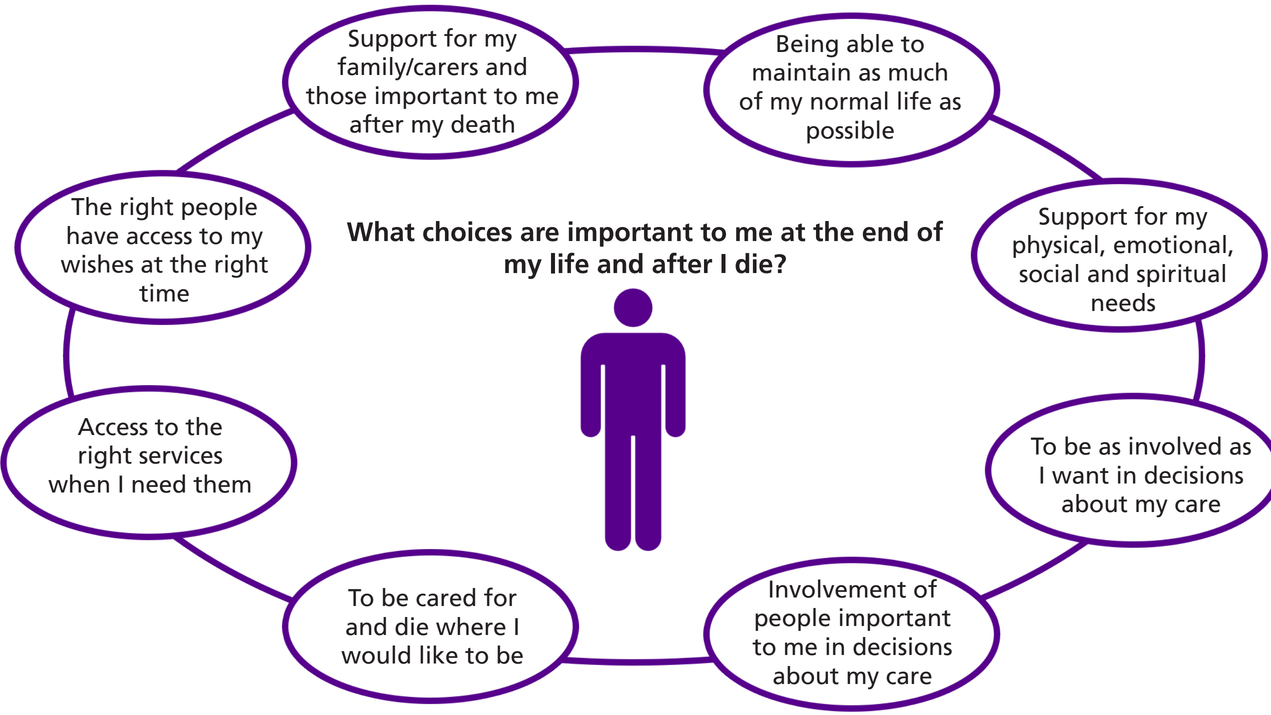
We are committed to hearing the voices and stories of patients in order to find out what is working well and identify areas for development. They help to reveal how progress in recent years has improved services and the quality of care for patients.

We intend to work with providers to ensure that feedback from patients who are approaching the end of life and their carers, families and others who are important to them is captured in a sensitive and meaningful way to ensure that it can be used to make continual improvements in the services which are offered and can help to inform commissioning decisions in the future.

So nice they didn't rush away [after the person had died]… but they stayed until they felt you were ready to cope

”

Healthwatch Wiltshire Evaluation of 72-hour pathway



Exploring the Experience of End of Life Care

The Patients Association[9], on behalf of Wiltshire CCG, carried out a project to help understand the experience end of life care from relatives of people who had died in Wiltshire in 2014.
The project had three elements:

- a review of the large-scale Office for National Statistics (ONS) Survey for Bereaved People in relation to data for Wiltshire;
- a specifically designed semi-structured questionnaire for relatives of those who had died within the last year in Wiltshire;
- a small number of telephone interviews with relatives.

Forty people replied to the 17-question survey either by paper or online with 10 telephone interviews with people who had replied to this survey, to provide additional depth and insight into the survey findings.

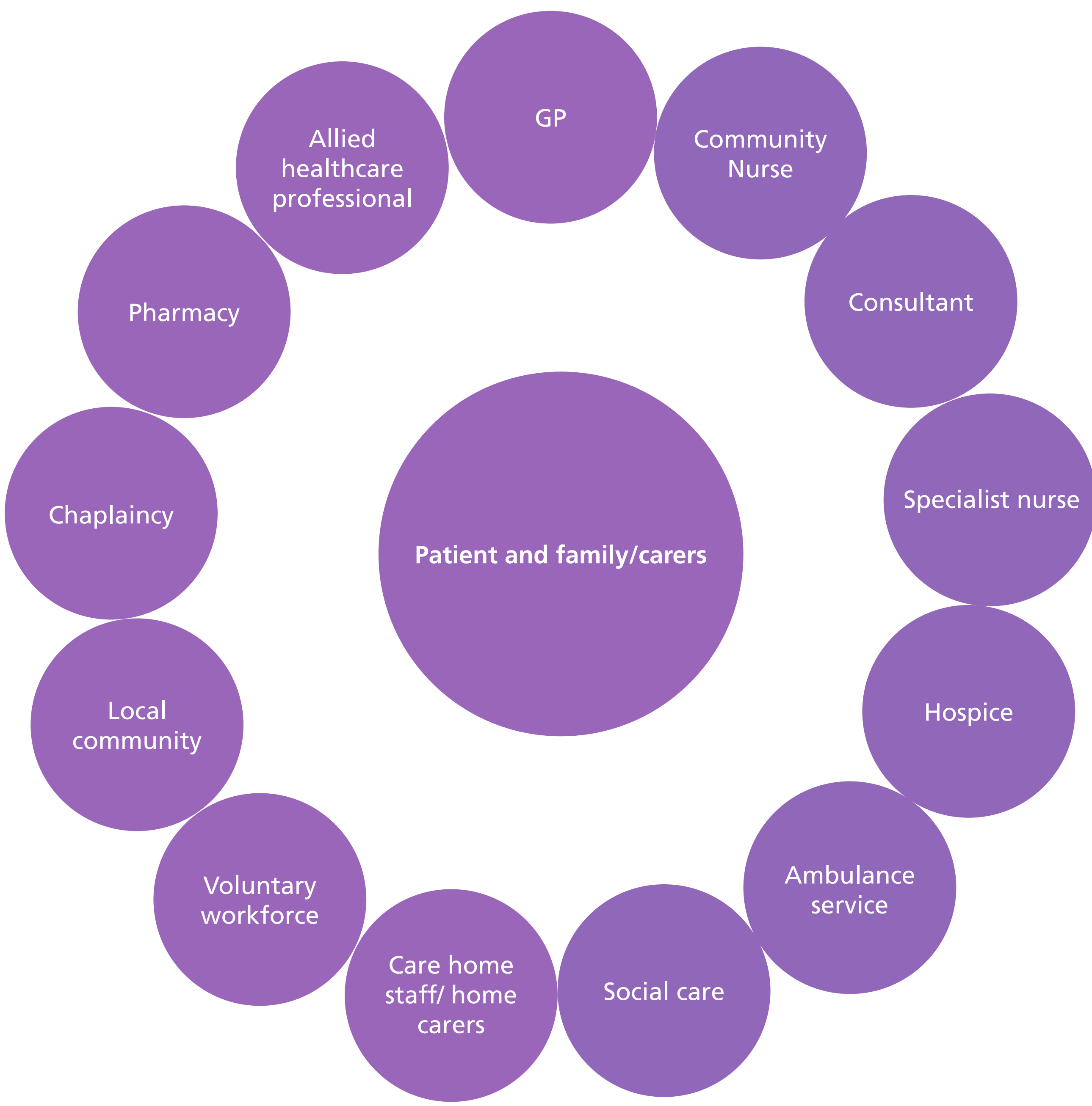
Most respondents to the Patients Association survey rated their relative's end of life care highly, with 24 people saying that care overall in the last three months before death was Outstanding or Excellent; 10 rating it Good; three Fair and two Poor.

The report concluded with 7 recommendations that the CCG, its partners on the End of Life Programme Board and the health community in Wiltshire more generally, review and use the learning from the relatives to help develop future programmes of improvement.

End of Life Care in Wiltshire

Services

End of Life Care is provided by a range of professionals and services and is delivered in a range of settings across Wiltshire. Bearing this in mind, collaborative working is of fundamental importance in order to meet patients' needs and wishes during the final stages of their lives. Mechanisms to support effective joint working across the local healthcare economy are frequently explored.



The range of health, social and voluntary sector providers involved in End of Life Care

The Wiltshire End of Life Programme Board, which meets bi-monthly, brings together representatives from local providers of end of life care services (including hospices, hospitals and community services) and commissioners to explore issues which span organisational boundaries in order for solutions to be collectively established and taken forward. There is also patient representation at this forum to help to ensure that patients' voices guide service developments and changes.

Outlined in Annex 3 are the key End of Life Care services which are currently commissioned in Wiltshire.

What we are doing

The Better Care Fund (BCF)

72Hour Service

The Better Care Fund pilot schemes provide us with the extended opportunity to improve the delivery of more integrated end of life care designed around individual need. Work to date has included creating local integrated community teams to change the way care is delivered locally, to be more proactive and reduce dependence on acute hospital provision and to enable health and social care resource to be placed around needs of individual.

We have made good progress through the Better Care Fund's 72hr pathway concepts. In order to better support the needs of those with End of Life care needs, two of Wiltshire's hospices (Dorothy House Hospice Care and Prospect Hospice) delivered a pilot for a 72 hour rapid response enhanced End of Life care service, to provide care at home, up to 24 hours a day for up to 72 hours. This has recently commenced at Salisbury Hospice.

The aim of the 19-week pilot was to establish demand, capacity and process for an enhanced service for people with End of Life Care needs. It was designed to prevent inappropriate admissions to hospital and increase timely discharge from hospital, thus reducing unnecessarily prolonged stays.

Each hospice provided a skilled hospice at home carer that was available 24 hours a day (if required) to support any patients within the last year of life who have been assessed as medically stable for discharge or to remain at home with appropriate support.

To enable a seamless service across Wiltshire, the pilot integrated closely with out-of-hours medical services and the existing Urgent Care @ Home service. Joint working with Medvivo enabled the service to be integrated and coordinated across the area.

The service was delivered to 191 people between December 2014 and December 2015. Prospect Hospice supported 101 people, while Dorothy House Hospice Care provided care to 90 people.

Enhanced Discharge Service

Following the successful evaluation of the Hospice at Home 72 hour pilot, but taking into account the ongoing needs of our patients when admitted to hospital, Dorothy House Hospice Care have started a rapid discharge service in collaboration with the Royal United Hospitals Bath NHS Foundation Trust (RUH) and again funded through the Better Care Plan.

This service provides up to 24 hours of care, 7 days a week to facilitate timely discharge for Wiltshire end of life patients who are in the RUH. Whilst this service can only be accessed through the RUH palliative care team we are positive about how this service will help more of our patients to leave hospital quicker to be at home with family and friends.

> *"I hope to have something similar for me"*

Healthwatch Wiltshire Evaluation of 72-hour pathway

Electronic Palliative Care Co-ordination Systems (EPaCCS)

The End of Life Care Strategy (2008)[10] identified the need to improve co-ordination of care, recognising that people at the end of life frequently received care from a wide variety of teams and organisations. The development of Locality Registers (now Electronic Palliative Care Co-ordination Systems known as EPaCCS) were identified as a mechanism for enabling co-ordination.

EPaCCs enable the recording and sharing of people's care preferences and key details about their care at the end of life. EPaCCs enables details of a person's illness and their wishes to be shared to improve coordination of care and allow people's choices to be known to emergency and out-of-hours services. EPaCCs, through SystmOne, is being used in Wiltshire GP practices, hospitals, hospices and community services. Plans are also being developed to extend access to ambulance services.

Hospice @ Home Service

Hospice at home is an integral component of community end of life care bringing the skills, ethos and practical care associated with the Hospice movement into the home environment, putting the patient and those who matter to them at the centre of the care.

Hospice at home services aim to enable patients with advanced illness to be cared for at home, and to die at home if that is their preference. Care may be provided to prevent admission to, or facilitate discharge from, inpatient care for crisis management or for longer periods of care. Care may support times of rapid change, or may be for longer periods of support.

Care is intended to be of the highest possible standard to enhance the quality of life of patients, while supporting carers and families. Hospice at home often works in partnership with many other health and social care professionals to achieve this.

It provides personal care and support for patients and their carers and is recognised to be an important component of End of Life Care service provision which supports patients to remain in their own homes. The needs of the carers are an integral part of the service which aligns with the recognition that emergency services may be more likely to be needed if carers feel unsupported.

The Hospice at Home teams, provided by all 3 of Wiltshire's Hospice providers, work closely with other professionals and organisations in order to meet patients' needs and wishes during the final stages of their lives.

Wiltshire Dying Well Community Charter

Wiltshire's End of Life Programme Board has prioritised developing a Wiltshire Dying Well Community Charter. This will set out to outline a visible commitment by individuals, communities and organisations, working together to support the community we all live in, the people with a life limiting illness, their carers, families and all those who are important to them.

The Charter is a nationally led idea, but the ideas and commitments within it need to be ones that many local organisations will recognise as important and valid for our local community of Wiltshire.

A partnership group has been established to understand how we could best create a Wiltshire Charter as there is more to do to engage communities in the end of life so that those affected by dying and death do not feel abandoned and socially isolated. Importantly, that care for one another at times of crisis and loss is not simply a task for health and social care services but is everybody's responsibility.

Education and Training

We recognise that staff need to have high quality training and support to enable them to care effectively for patients who are approaching the end of life. Wiltshire CCG has a website page dedicated to providing details of our providers that deliver End of Life Care training.

Wiltshire's Community care provider is also providing training for staff who work in care homes, primary care professionals and those who work for agencies who provide community care, and includes areas such as communication skills, advance care planning and Treatment Escalation Plans.

I am so grateful this service exists and that we were able to access it ”

Healthwatch Wiltshire Evaluation of 72-hour pathway

Treatment Escalation Plans (TEP)

Treatment Escalation Plans, to improve the experience of patients, carers, families and others who are important to them, was launched across Wiltshire in December 2014. The aim is to ensure the wishes of patients and their families are communicated between health providers. This was developed as part of the multi-agency End of Life Programme Board and involved patient representatives, hospital and hospice staff and GPs.

The implementation of the plan is being supported by an education programme for staff and information for patients, carers, families and others who are important to them. Patients who have a Treatment Escalation Plan will be able to discuss the plan at any stage with health professionals and the plan can be altered to mirror the potential changing wishes of patients. Extensive detail to further support the implementation of TEP and to hopefully increase the number of patients in Wiltshire who are able to die in their preferred place, is captured on Wiltshire CCG's website.

Advance Care Plans

The National Council of Palliative Care states that:

> *"Advance care planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. If the individual wishes, their family and friends may be included. It is recommended that with the individual's agreement this discussion is documented, regularly reviewed, and communicated to key persons involved in their care. An ACP discussion might include:*
>
> - *the individual's concerns and wishes,*
> - *their important values or personal goals for care,*
> - *their understanding about their illness and prognosis,*
> - *their preferences and wishes for types of care or treatment that may be beneficial in the future and the availability of these."* [11]

Wiltshire's community services are currently piloting an advance care plan and the evaluation of this, in its current format, is due early 2017 in order this can be formally launched and embedded into practice.

Community pharmacies

A number of community pharmacies, including some which operate a 100 hour per week service, provide an Emergency Access Drugs Service. The pharmacists provide up-to-date information and advice on prescription writing and dispensing to support carers and relatives obtaining supplies of medicines needed for end of life care.

Next steps

In order to continue to deliver our end of life strategy and realise the benefits for patients, their carers and their families a more detailed implementation plan will be developed each financial year by the End of Life Care Programme Board. The plan will work to ensure best use of the existing resources, building on what has been done to date and develop specific project mandate(s) to take collaborative improvement work forward to ensure overall delivery of this strategy.

How we will continue to measure progress

To achieve our aims, we must recognise patients approaching the end of life, record their wishes and provide care to enable those wishes to be met, where the patients clinical condition allows. End of life is not a condition and measurements of cause of death have to be interpreted from conditions that you would expect to be palliative towards the end.

Therefore, to determine whether we are achieving this we will need to measure progress by the following performance indicators:

- Increase in advance care plans
- Increase in Treatment Escalation forms
- Increase in patients registered on GPs palliative care register
- Reduction in emergency admissions to hospital of people who are approaching end of life care
- Increase in satisfaction of bereaved families
- Increase in people who die in their preferred place
- Reduction in emergency admissions of people who are approaching the end of their lives from Care Homes
- Reduction in number of hospital bed days of patients wishing to die at home.

As highlighted in this strategy, End of Life Care has been a key area of focus for many years in Wiltshire and there is a strong commitment to pursuing continuous improvement.

Significant progress has been made in recent years in terms of improving the care of individuals who are approaching the end of life and their carers, and there are a range of high-quality services across the local healthcare economy. However, there are still important areas for development which need to be focussed on in the coming years and these are reflected in our reaffirmed commitment to the priorities which are set out in this strategy.

We are committed to continuing to listen to the needs, wishes and preferences of our local population and will use the feedback that we receive to shape ongoing work and service developments.

This strategy provides a vision and direction for end of life care service planning and delivery with the priorities described in this strategy revealling where we think we need to be focussing in the coming years.

To continue the drive for high quality end of life care in Wiltshire, an Implementation Plan will be developed by the End of Life Programme Board following approval of this Strategy. This will outline the prioritised actions to be implemented within the next three years and will take into account the responses from public engagement activities. This will encompass specific outcomes, activities and deadlines. Developing such an implementation plan will help to ensure that momentum is maintained and that the right progress is achieved in a timely manner.

Annex 1

Department of Health (2008)[12]
End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life
The aim of this strategy was to "make a step change in access to high quality care for all people approaching the end of life" (DH 2008:10). The strategy identified 12 key areas, listed below, together with associated actions and recommendations.

1. Raising the profile
2. Strategic commissioning
3. Identifying people approaching the end of life
4. Care planning
5. Coordination of care
6. Rapid access to care
7. Delivery of high quality services in all locations
8. Last days of life and care after death
9. Involving and supporting carers
10. Education and training and continuing professional development
11. Measurement and research
12. Funding

The Department of Health's Strategy highlighted the need to consider the entirety of the patient journey. The End of Life Care Pathway presented in this strategy is shown below, and the relevance and value of drawing upon this when developing services is still recognised.

National Institute for Health and Care Excellence (NICE) (2011)[13]
Quality Standard for End of Life Care for Adults
This NICE quality standard defines clinical best practice within this topic area and covers all settings and services in which care is provided by health and social care staff to all adults approaching the end of life. It does not cover condition-specific management and care or the clinical management of specific physical symptoms.

The quality standard for end of life care for adults requires that services are commissioned from and coordinated across all relevant agencies, including specialist palliative care provisions as well as the voluntary sector and encompasses the whole end-of-life care pathway. An integrated approach to provision of services is fundamental to the delivery of high-quality care to people approaching the end of life and their families and carers.

The standard includes specific, concise quality statements, of which there are 16 relating to the areas listed below.

- Identification
- Communication and Information
- Assessment, Care Planning and Review
- Holistic Support
- Coordinated Care
- Urgent Care
- Specialist Palliative Care
- Care in the Last Days of Life
- Care After Death
- Workforce

Actions for End of Life Care: 2014-16[14]

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Directors of Adult Social Services, charities and groups representing patients and professionals, developed a framework for action.

The document is one component of a wider ambition to develop a vision for end of life care beyond 2015. To work in partnership with all those in health and social care and ensure that living and dying well is the focus of end of life care, wherever it occurs. This framework is aimed at health, social care and community leaders. It builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

Leadership Alliance for the Care of Dying People; one Chance to Get it Right (2014)[15]

The Leadership Alliance for the Care of Dying People (LACDP) developed a new approach for the care of those in the last few days and hours of life. A range of organisations were involved in the development of the approach; the membership of the LACDP included regulatory bodies, professional colleges, national quality organisations, commissioning organisations, charities and academic institutions.

The report sets out five Priorities for Care, outlined below, which apply when it is thought that a person may die within the next few days or hours. These are transferable across settings and should be adopted and delivered regardless of where someone dies. The primary focus is on the needs and wishes of the dying person and their loved ones, who should be at the centre of decision-making regarding treatment and care. The Priorities will be monitored and reviewed, and there is the expectation that they will be revised and developed, based on feedback and findings of new research.

The Priorities for Care align with NICE Quality Standard for End of Life Care for Adults (2011).

Priorities for Care of the Dying Person

The Priorities for Care are that, when it is thought that a person may die within the next few days or hours…

1. This possibility is recognised and communicated clearly, decision made and actions take in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly
2. Sensitive communication takes place between staff and the dying person, and those identifies as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which included food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020[16]

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Adult Social Services, charities and groups representing patients and professionals has developed a framework for action in making palliative and end of life care a priority at local level.

The Ambitions for Palliative and End of Life Care framework, is aimed at local health and social care and community leaders. It builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

This national framework for action sets out six 'ambitions' – principles for how care for those nearing death should be delivered at local level:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

The framework identifies measures such as personalised care planning and shared electronic records that are needed to realise each of the six ambitions, and calls on Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards to designate a lead organisation on palliative and end of life care and to work collaboratively to bring people together to publish local action plans based on population based needs assessments.

Care of dying adults in the last days of life (NICE) (2015)[17]
This NICE guideline was produced in response to the removal of the Liverpool Care Pathway and the recommendations set out by the One Chance to Get it Right Report.

The guideline is intended for all healthcare professionals and other care providers who might be involved in the care of a person who is nearing death in any NHS setting. It is specifically aimed at non-specialists working in primary care or in care homes, and healthcare professionals working in a wide range of clinical specialties who do not have specialist level training in end of life care. It also provides a baseline for standards of care in settings that specialise in caring for people who are dying, such as non-NHS palliative care units and hospices.

This guideline provides recommendations to help healthcare professionals to recognise when a person is entering the last days of life or may have stabilised or be improving even temporarily; to communicate and share decisions respectfully with the dying person and people important to them; and to manage hydration and commonly experienced symptoms to maintain the person's comfort and dignity without causing unacceptable side effects.

The Choice in End of Life Care Programme Board's Whats important to me; A Review of Choice in End of Life Care (2015)[18]
This report identifies the issues people approaching the end of their lives are currently facing and offers a blueprint for how greater choice in end of life care can be achieved. The Choice in End of Life Care Programme Board was commissioned to provide advice to Government on how the quality and experience of care and support for adults at the end of their life, and those close to them, can be improved with greater and better choices. It provides advice on the steps that should be taken to ensure greater choice in end of life care for everyone when they need it, focused around 'a national choice offer' – meaning what should be offered to each person who needs end of life care.
The report also mentions the models of care that have been created for end of life care.

- Commitment to deliver choice in end of life care by April 2020.
- A new right in the NHS constitution for everyone to be offered choices.
- 24/7 end of life care for people being cared to be in place by 2019.
- A clear policy by the Government to make access to social care fast and free.
- More honest and open communication about issues to do with end of life.
- Better support for health and care professionals involved in end of life care.
- Improving awareness of end of life care amongst the public.

Department of Health (2016)[19]
The Government Response to the Review of Choice in End of Life Care

The Government commissioned the Review of Choice in End of Life Care (published February 2015) to provide independent advice on improving the quality and experience of care for adults at the end of their life, their carers, families and others who are important to them, by expanding choices. The Review found that people want to be given the opportunity to make choices relating to their end of life care, but they want their choices to be real choices, based on high quality end of life care services being available in all areas of the country and in all settings.

The Review made 30 recommendations.
In July 2016, the Government published their response to the Review. The response confirms that the Government accepts the recommendations of the Review. It goes on to outline the actions the Government are taking, led by organisations across the health and care system, to meet their ambition for all people to have high quality, personalised end of life care built around their needs.

The Response details the 6 commitments that the government has made to the public to end variation in end of life care across the health system by 2020. These are:

- honest discussions between care professionals and dying people
- dying people making informed choices about their care
- personalised care plans for all
- the discussion of personalised care plans with care professionals
- the involvement of family and carers in dying people's care
- a main contact so dying people and their families know who to contact at any time

The Government conclude that their vision is one of transformation and transparency for end of life care.

Annex 2

Need and Trends in Deaths

National

A review of the Liverpool Care Pathway was undertaken to find out why its implementation was unsuccessful. The What We Now Know Report illustrates the needs of the national population for End of Life Care:

- There are changing trends in the age of death, with increasing numbers of deaths in people aged 85 and over and a decreasing trend in people aged 65 to 84. The older age group has a greater likelihood of frailty and multi- morbidities.
- 36.2% of deaths in England are in the 85 and over age group. Approximately 50% of all female deaths occur in women aged 85 and over, and 30% of all male deaths.
- Population-based studies exploring patterns in the place of death in England between 1993 and 2010 found:
    - Hospital remains the most common place of death
    - An increase in home and hospice deaths mirrors the decrease in hospital deaths in cancer since 2005, and a reversal of British trends in deaths suggest that the National End of Life Care Programme made a difference in end of life care.
    - The proportion of deaths in inpatient hospices increased slightly among people with cancer and non-cancer (0.4% and 0.3%, respectively).
- Although 70% of the public say they are comfortable talking about death, most haven't discussed their end of life wishes or put plans in place.
- Home is the preferred place of care and death for the majority of people and most do not change this preference. However, a substantial minority do not make home their first choice or change their minds.
- Among high-quality studies and excluding outliers, estimates of a preference for dying at home ranged 31% to 87% for patients (nine studies), 25% to 64% for carers (five studies), 49% to 70% for the public (four studies).
- 20% of patients in the ten studies that examined preferences over time changed their preference for place of care or death as their illness progressed.
- A retrospective cohort study of 970 people using hospice services in South West England found that:
    - 75% of people using hospice services who had completed advance care planning (ACP) achieved their choice of place of death.
    - 11% of people using hospice services who had completed ACP died in hospital compared with 26.5% of those who had not completed ACP
    - The preferred place of death for people in hospices in South West England varied between those with cancer and non-cancer diagnoses.

Wiltshire

Around 4,000 Wiltshire residents die each year. The majority of deaths occur in adults over the age of 65, following a period of chronic illness. We live in an ageing society and it is important to understand the trends in mortality in order to understand need and to plan ahead. Figure 1 shows the trend in the number of deaths in three age bands.

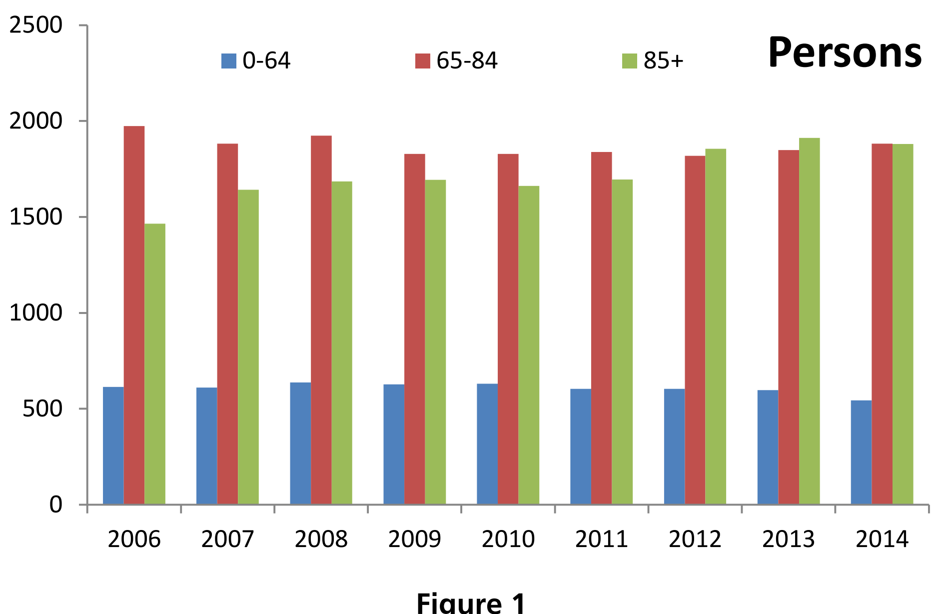


Figure 1

The number of deaths for those aged under 65 is fairly constant. In 2012 the number of deaths for those aged 85 and over was greater than for those aged 65 to 84. This trend has been seen nationally but in England and Wales there are still a greater number of deaths within those aged 65 to 84.

In Wiltshire we see a slight difference between the males and females. Figures 2 and 3 show the trend in the number of deaths by age band for males and females.

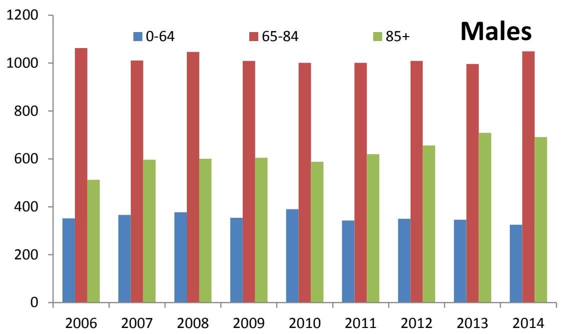


Figure 2 – Trend in the number of Males deaths by age band

Figure 3 – Trend in the number of Female deaths by age band

In females the trends for both those aged 85 and over and those aged 65 to 84 are consistent with the national picture with increased numbers dying aged over 85 and reducing in the 65 to 84 year olds. In males there is a rise in the number of deaths in people aged 85 and over but deaths in those aged 65 to 84 are fairly consistent and substantially higher than the older age band.

There is little variation between the 3 CCG Groups in the number of percentages of deaths for those aged 85 or over

Preferences for Place of Care and Place of Death

National

The British Social Attitudes Survey, 7% said they would prefer to die in hospital, compared to two-thirds (67%) who would prefer to die at home. The South West survey found that these wishes differed slightly for those who were cancer patients compared to non-cancer patients.

Wiltshire
This data for Wiltshire is currently unavailable for all patients as the database being used at present is not recording this information in sufficient quantities. However, with the GP TPP system being used for EPaCCs, this information should be available going forward as the GPs already input a large amount of information regarding patients at end of life into their database, although at present it is not collated. It should be noted that people do also change their minds regarding their preferred place of death and this needs to be monitored as well.

However, for those looked after by Community Services (in own home), between August 2013 and July 2014, 92% of clients died in their place of choice. 84% had home as their preferred place of death.

Place of Death trends

National

The PRISMA survey across seven European countries determined people's preferences for place of death if faced with a serious illness such as cancer, had less than one year to live, and circumstances allowed them to choose. At least two thirds would prefer to die at home (69% across the seven countries,64% in England). Hospices and palliative care units are the second most common preference (20% across the seven countries. 29% in England).

Place of Death by Demographics

At the beginning of the 20th century it was common for people to die at home, but as the century progressed the rate of home deaths fell while the rate of hospital deaths increased.

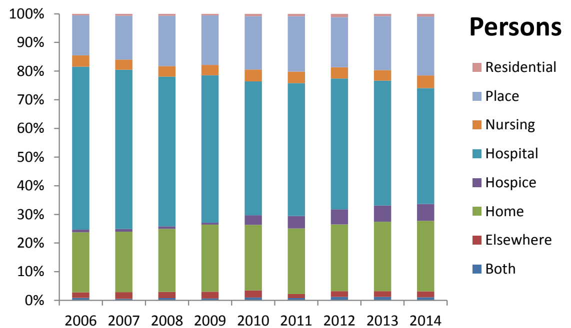


Figure 4 – All Age, All Cause Trend in Place of Death

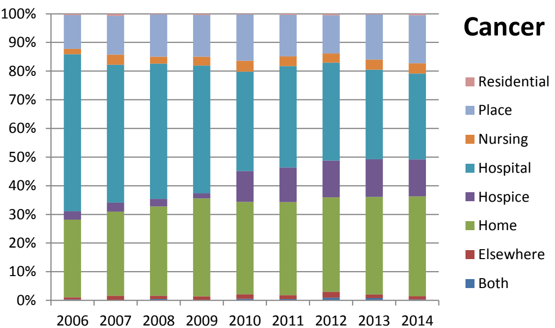


Figure 5 – All Age, Cancer Trend in Place of Death

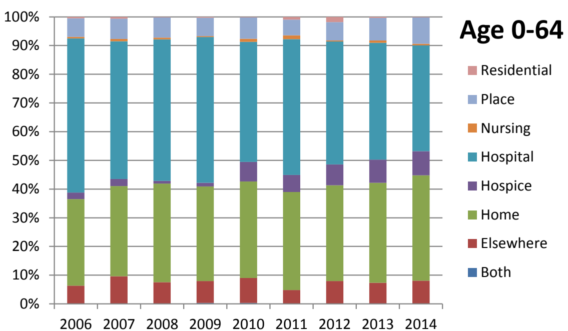


Figure 6 – Trend in Place of Death for those Aged 0 to 64

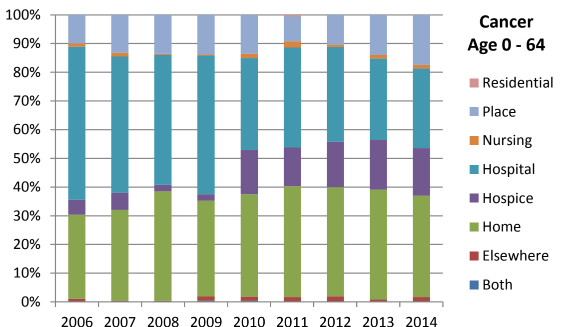


Figure 7 – Trend in Place of Death for those Aged 0 to 64

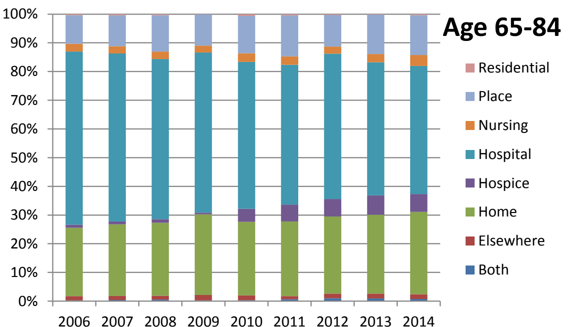


Figure 8 – Trend in Place of Death for those Aged 65 to 84

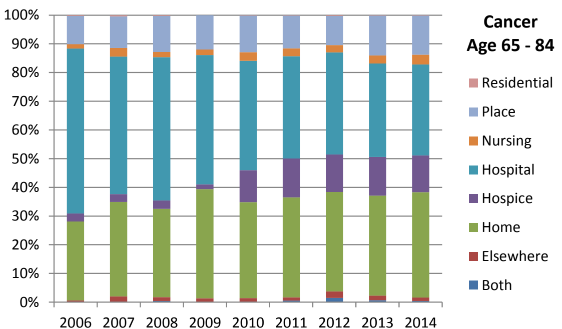


Figure 9 – Trend in Place of Death for those Aged 65 to 84

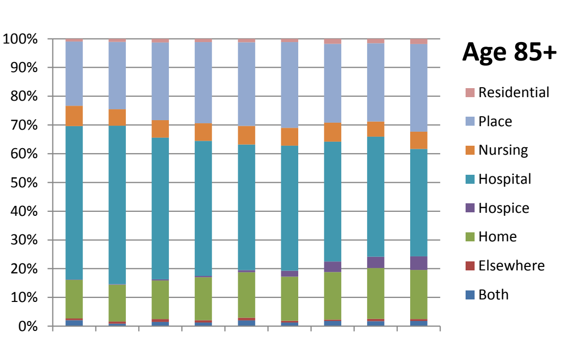


Figure 10 – Trend in Place of Death for those Aged 85+

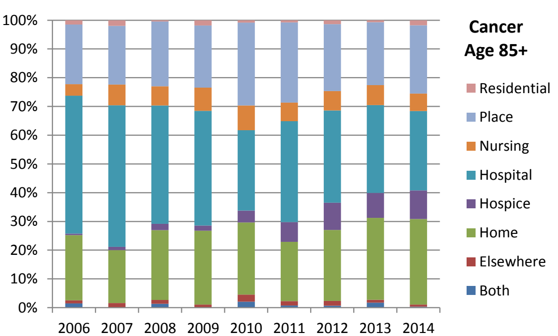


Figure 11 – Trend in Place of Death for those Aged 85+

This shows the decline in the percentage of deaths happening in hospital from around 55% in 2006 to around 40% in 2014. For patients with Cancer the reduction is even greater from around 55% to around 30%. We also start to see the percentage of deaths in a hospice increasing, as is deaths at home. The percentage of deaths in a Residential or Nursing home has remained constant at around 5%.

Place deaths are those which we are unable to identify as home, or other communal establishment, the percentage of deaths in this group has risen from around 10% to around 20%. There are also differences by age bands, the percentage of those dying at home is greater in the 0 to 64 age group consistently around 30%. For those aged 65-84 the percentage dying at home has increased to close to 30%, while for those aged 85 and over the percentage it is still less than 20%

There is also variation by Gender and Figures 12 and 13 show the trend in place of death for males for all causes and cancer, while Figures 14 and 15 show the female trend.

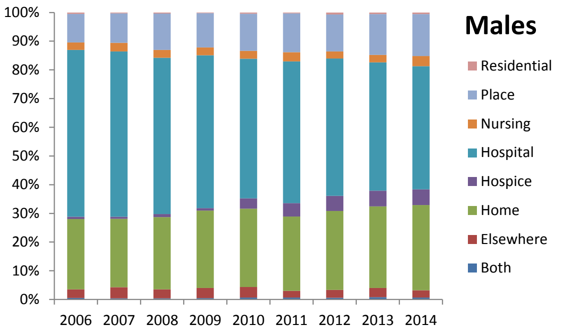


Figure 12 – Trend in the place of death, Males

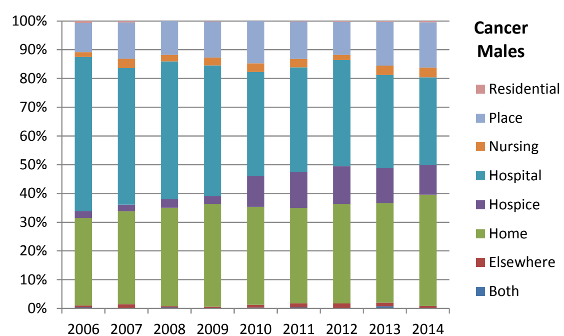


Figure 13 – Trend in the place of death, Males

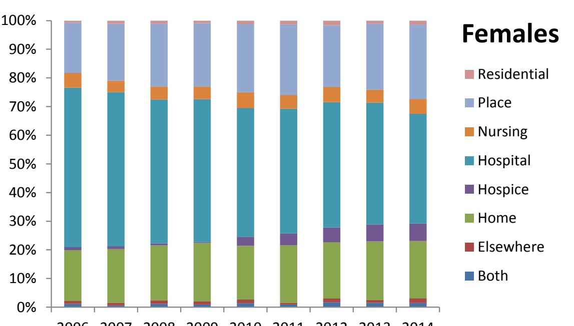


Figure 14 – Trend in the place of death, Females

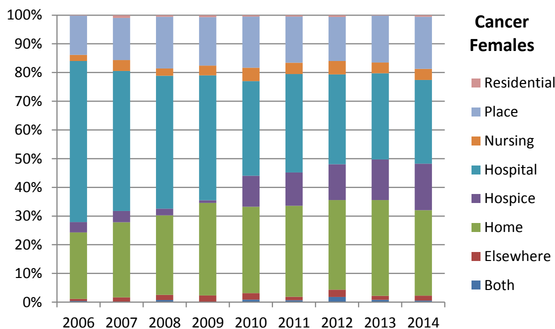


Figure 15 – Trend in the place of death, Females

The percentage of males dying at home or in hospital is greater than that for females. The percentage of females dying in hospital has also dropped by more than for males. The percentage of females dying in a nursing or residential home is greater than that for males.

Geographical Location

To analyse variation across the county we have looked at the trend in place of death for the CCG Groups. Figures 16, 18 and 20 shows the trend in place of death for all causes for the 3 CCG Groups while figures 17, 19 and 21 show the trend for deaths from Cancer.

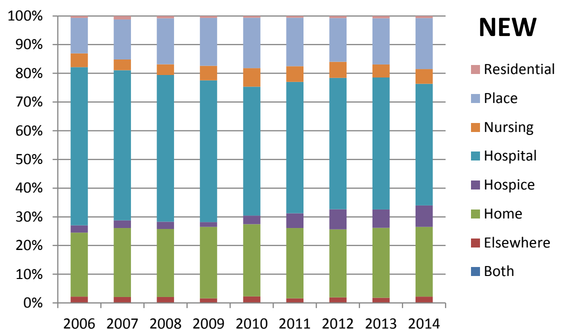


Figure 16 – Trend in Place of Death for NEW

Figure 17 – Cancer Trend in Place of Death for NEW

Figure 18 – Trend in Place of Death for SARUM

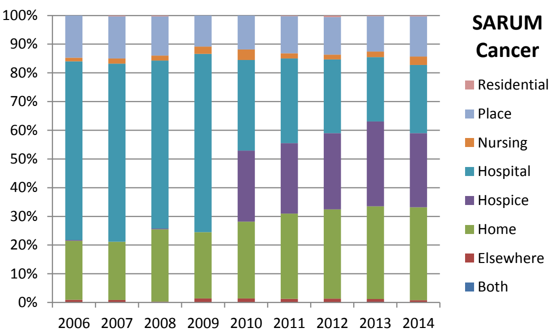


Figure 19 – Cancer Trend in Place of Death for SARUM

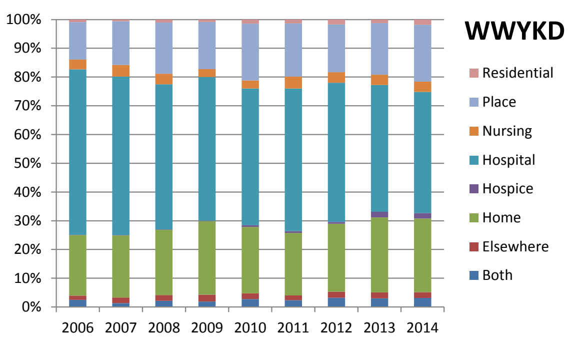


Figure 20 – Trend in Place of Death for WWYKD

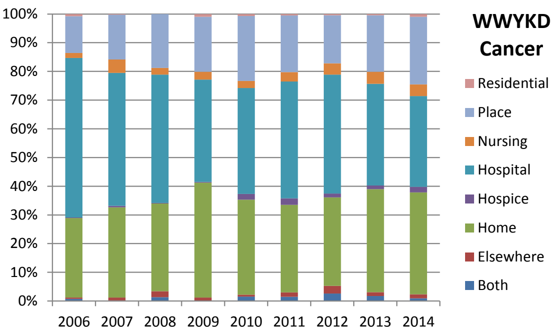


Figure 21 – Cancer Trend in Place of Death for WWYKD

The figures show a wider degree of variation in the 3 areas, NEW is closest to the Wiltshire average with a steady increase in the percentage of deaths at home with a reduction in the percentage of deaths in hospital. There is a small but growing percentage of deaths in a Hospice and this is larger for deaths from Cancer.

In SARUM the percentage of deaths in a hospice jumped from almost nothing to just under 10% for all deaths in 2010 and around 25% of deaths from cancer. This jump in hospice deaths was taken directly from hospital deaths and therefore suggests all that may have changed is the coding.

In WWYKD there are a very small percentage of deaths in a hospice for all deaths and cancer deaths, however there are a higher percentage of deaths in care homes and deaths at home also appear a little higher than the others.

For Community Areas, analysis of place of death of Wiltshire residents was carried out using data about those who died in 2012 and 2013 whilst being cared for by Integrated Teams. Initial analysis has been carried out according to the Office for National Statistics conventions which categorises deaths at care homes (LA and non-LA) and religious establishments as deaths 'at home'.

However, from postcode analysis it can be ascertained that sometimes a care home is a temporary residence. For this reason, the data presented here is split into 6 categories:

- homes;
- care homes and religious establishments as usual places of residence;
- care homes and religious establishments as temporary residences
- Wiltshire's Community hospitals;
- acute hospitals
- hospices

Deaths classified as happening elsewhere and deaths due to external causes, where the setting cannot be managed, are excluded from the analysis in line with ONS conventions.

Deaths at usual residence

CCG Level

The End of Life Care Profiles includes an indicator which measures the percentage of deaths in a person's usual place of residence. Figure 22 shows the annual trend for the percentage death in the usual place of residence for Wiltshire, the South West and England.

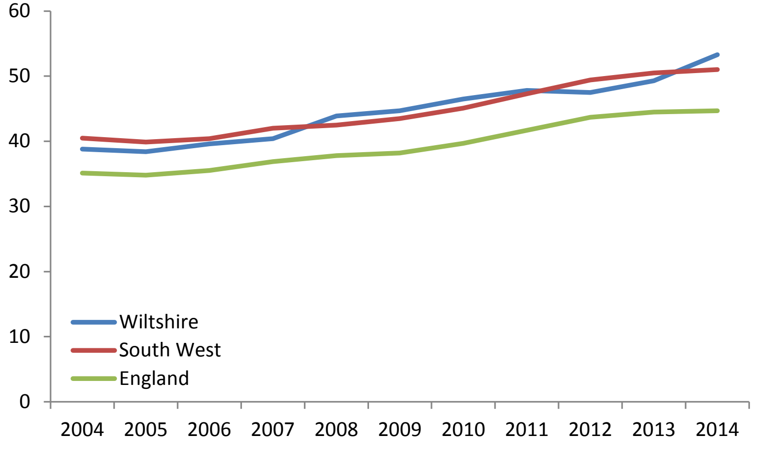


Figure 22

Wiltshire and the South West are around the same percentage and higher than the percentage in England. The percentage in Wiltshire has risen from just under 40% in 2004 to over 50% in 2014. To look at this locally within Wiltshire we have looked at the data in the Primary Care Database and refined the methodology to show the Wiltshire percentage of deaths where the place of death is the same as the usual place of residence or the place of death is coded as home. The trend by CCG Group and for Wiltshire is shown in Figure 23.

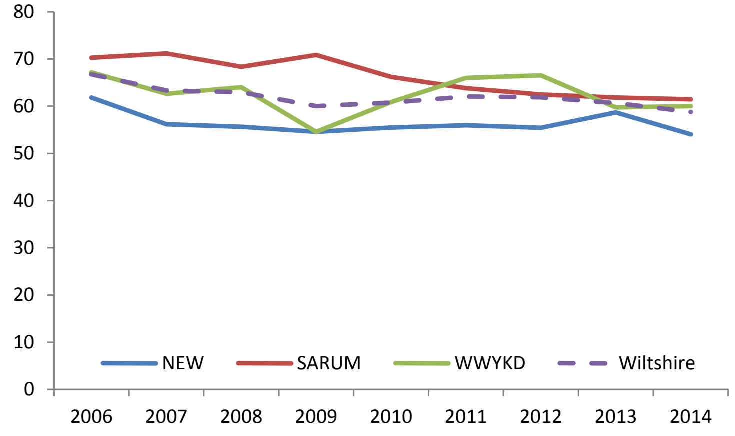


Figure 23

There is a generally a decreasing trend except in WWYKD where the trend was increasing until 2012 when it dropped and has not yet recovered. NEW has been consistently lower than the Wiltshire average. SARUM has also recently been above the Wiltshire average.

The national indicator count those coded as home and those in a care home which may slightly overstate the true percentage as it will include people temporarily in a care home. The local method looks at the address of the place of death and checks it is the same as the usual place of residence. In addition if the place of death is coded as home then this is also included as the usual place of residence.

Hospital Care in the Last Year of Life

National

Information comes from various surveys and audits. The main findings are:
Hospice patients who had advance care planning (ACP) spent significantly less time in hospital. The average time spent in hospital in the last year of life was 18.1 days for people with ACP compared to 26.5 days for those without. The average length of stay for people who die in hospital is 12.9 days.

Wiltshire

The majority of people die in hospital and it is therefore important that quality end of life care is provided. Figure 24 shows the trend in the number of deaths at the 3 main acute trusts which serve the Wiltshire population.

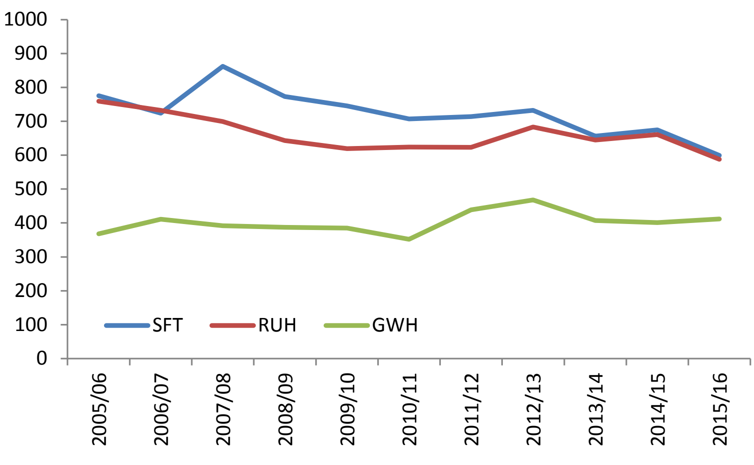


Figure 24

There has been a steady decline in the number of deaths of Wiltshire patients at both RUH and SFT, while admissions have increased by over a quarter. At GWH the number of admissions has almost trebled which is why we see an increasing number of deaths. The crude rate of deaths per spells shows a steady downward trend. Figure 25 shows the percentage of spells which receive palliative care from a specialist team in hospital by 10 year age band and hospital.

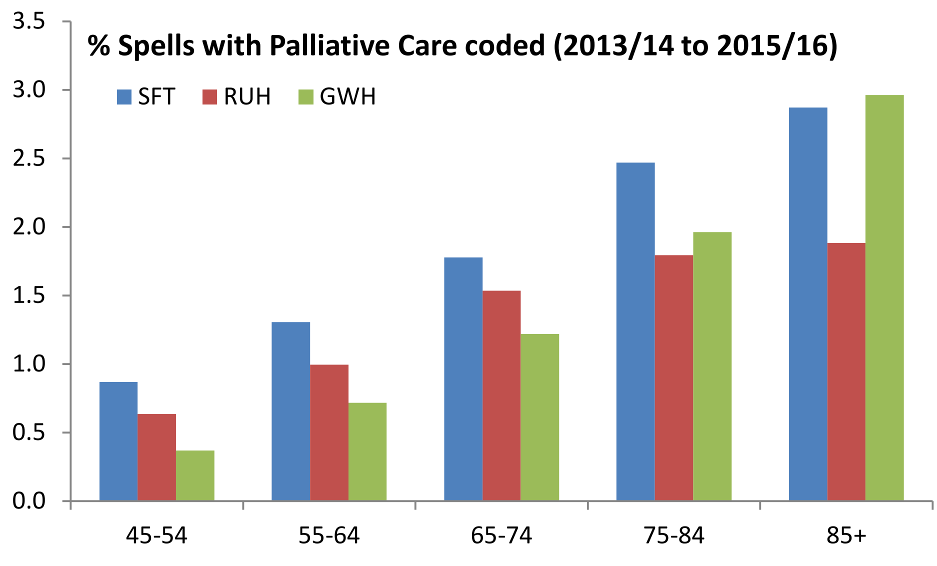


Figure 25

To be able to code palliative care within the hospital data the trust must have a specialist palliative care team. The proportion of spells with palliative care increases with age. As Salisbury FT has a linked hospice it may explain the increased proportion of spells with palliative care. Figure 26 shows the trend in the number of admissions with palliative care coding by hospital for the 3 main providers in Wiltshire.

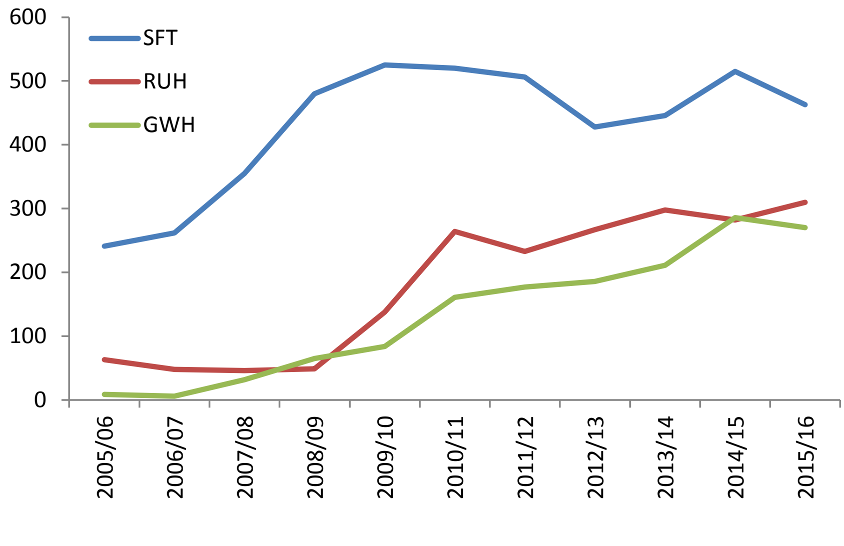


Figure 26

The number of spells at Salisbury was initially much higher than the other 2 trusts but Salisbury seems to have been steady at between 400 and 500 for the last 8 years while Bath and Great Western continue to see growth in numbers.

The earlier analysis looked at all admissions, for which palliative care represents only a very small proportion of admissions, we now look at admissions for neoplasm's which are more likely to involve palliative care in hospital in the later stages of the disease. Figure 27 shows the trend in the proportion of palliative care admissions which relate to neoplasms.

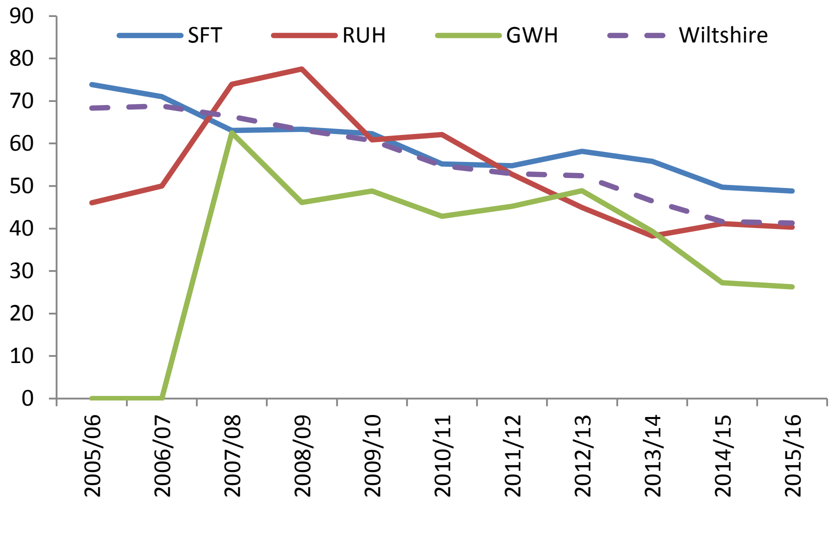


Figure 27

For Wiltshire this shows a reduction from around 70% to around 50%, while the 3 hospitals show variation historically they seem to have generally converged around the Wiltshire Average. This suggests palliative care is being used in hospital for a wider range of conditions.

Social Care in the Last Year of Life

National

Individuals with highest social care costs had relatively lower hospital costs, irrespective of age

- 24.9% received social and hospital care during the last year of life, 64.7% received only hospital care, 2.9% received only social care and 7.5% received neither
- 27.8% of people who died received some form of local authority-funded social care
- On average 14.9% of people who died had some residential or nursing care service in the last year of life
- In the final month before death 24.4% received social care (50% more individuals used care homes in the final months before death than 11 months previously)
- 51.9% of those aged 95 and over had some form of social care compared to only 6% of those under 55

Wiltshire

The above data was obtained from areas that either could already link health and social care data or could set up a linkage process. The data collected by Dr Foster will be linked if possible to social care data. At present, persons are not flagged up in social care as on an end of life care pathway. Going forward, for future this could be linked up as part of the Single View of the Patient work.

Specialist Palliative Care

The national survey of patients accessing specialist palliative care finds that nearly half of all people accessing specialist palliative care in the community died at home while less than a quarter dies in hospital. Figure 28 compares the percentage of 2012 deaths in Wiltshire against the national percentage of people accessing specialist palliative care services taken from the National Survey undertaken by the National Council for Palliative Care

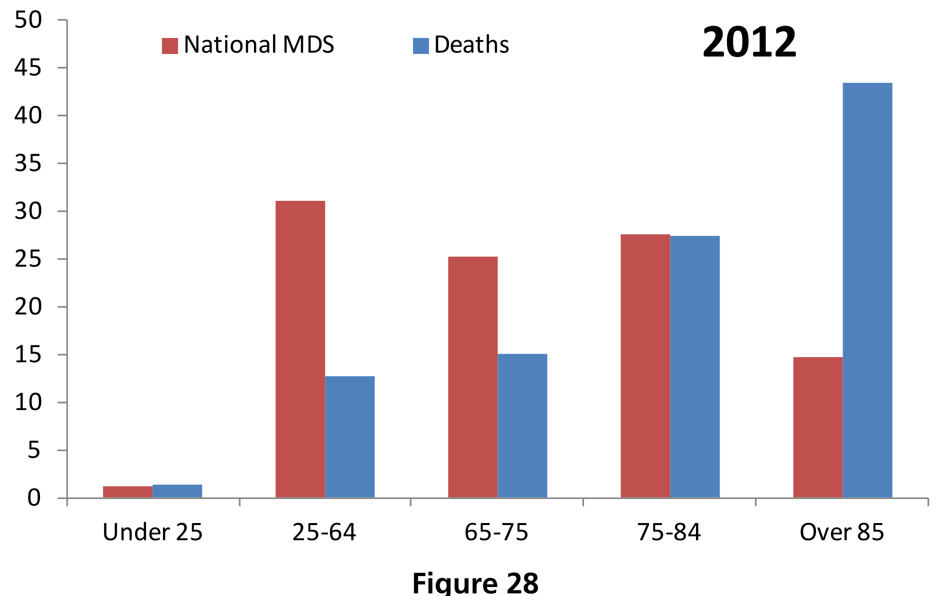


Figure 28

Most people nationally accessing specialist palliative care services are under 75 while most of the people who died were over 75. We have requested a local dataset for people in Wiltshire accessing specialist palliative care services.

Primary Care and Community Services in the last year of life

National

The national primary care snapshot audit in End of Life Care 2010/11 of the provision of EoLC based on use of Palliative Care/GSF Registers in primary care for 502 GP practices in 15 PCTs and 7,200 case notes, over a two-month period found 27% of people who died were included on the palliative care register and of these 23% had a non-cancer diagnosis. Most significantly though it found that those people included on the palliative care register were more likely to receive well-co-ordinated care (handover to out-of-hours, anticipatory prescribing, etc) and more likely to have been offered an advance care planning discussion and to die in their preferred place of choice.

Wiltshire

We can get an indication of the numbers of people registered as EOL on the quality and outcomes framework (QOF), which is part of the General Medical Services contract for general practices. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. From 58 GP Practices within Wiltshire, with 474,987 patients 708 are on the palliative care register (QOF for April 2012 to March 2013), however 30 practices did not participate in the palliative care QOF. This could mean they had no patients requiring palliative care, or that they chose not to participate in the QOF.

Integrated Teams

For the period August 2013- July 2014:

- 298 people on the ePEX EoL registers died. This is EoL care patients being cared for in their own homes by the community health staff.
- 92% died in their place of choice. 84% had home as their preferred place of death.
- There were 15,846 contacts recorded as palliative Care (with 1814 patients).
- If contacts for syringe drivers and fast track care were added this increases to
- 16,778 contacts for 1,836 patients.
- If all contact with patients with a malignancy diagnosis were included the figures were 24,024 contacts with 2,169 patients.
- There were 1547 deaths of patients on the Neighbourhood Teams caseload; 624 of these had received palliative care (40%), the 298 on the register account for 19%.
- The advanced care plan data is the weakest data area as it is entered at the time the patient is recorded on the end of life register, and often gets subsequently overlooked and is rarely updated. For those same 298 patients we are showing 31 with advanced care plans completed, 7 declined, 9 in progress with 251 still showing as not yet offered. There is no advanced care plan data for those not on the register.

Care Homes in the Last Year of Life

National

Areas with high percentages of hospital deaths have the lowest percentages of care home deaths. A qualitative study interviewing 63 care home residents over a year found that core to older people's ability to discuss end of life care is their acceptance of being in a care home, the involvement of family members in making decisions and the extent to which they believed they could influence decision making within their everyday lives.

Wiltshire

Wiltshire has a significantly lower percentage of hospital and hospice deaths than England as a whole, and significantly higher home and care home deaths (NEoLCIN, 2014). Further qualitative information may be gleaned from a survey of residents in care homes.

Quality of Care

National

National Survey of Bereaved People (VOICES): England, 2015

The National Bereavement Survey (VOICES) was commissioned by the Department of Health and administered by the Office for National Statistics (ONS). The key results for 2015 were:

- 3 out of 4 bereaved people (75%) rate the overall quality of end of life care for their relative as outstanding, excellent or good; 1 out of 10 (10%) rated care as poor.
- Overall quality of care for females was rated significantly higher than males with 44% of respondents rating the care as outstanding or excellent compared with 39% for males.
- 7 out of 10 people (69%) rated hospital care as outstanding, excellent or good which is significantly lower compared with care homes (82%), hospice care (79%) or care at home (79%).
- Ratings of fair or poor quality of care are significantly higher for those living in the most deprived areas (29%) compared with the least deprived areas (22%).
- 1 out of 3 (33%) reported that the hospital services did not work well together with GP and other services outside the hospital.
- 3 out of 4 bereaved people (75%) agreed that the patient's nutritional needs were met in the last 2 days of life, 1 out of 8 (13%) disagreed that the patient had support to eat or receive nutrition.
- More than 3 out of 4 bereaved people (78%) agreed that the patient had support to drink or receive fluid in the last 2 days of life, almost 1 out of 8 (12%) disagreed that the patient had support to drink or receive fluid.
- More than 5 out of 6 bereaved people (86%) understood the information provided by health care professionals, but 1 out of 6 (16%) said they did not have time to ask questions to health care professionals.
- Almost 3 out of 4 (74%) respondents felt hospital was the right place for the patient to die, despite only 3% of all respondents stating patients wanted to die in hospital.

Wiltshire
This data is now available at CCG level, however the data is only available for some questions covering overall quality of care, dignity and respect and support for the carer.

- Overall, and taking all services into account, 46.3% of those sampled (CI 41.6-51.0%) rated care in the last 3 months of life as excellent/outstanding compared to an England percentage of 43.2% (CI 42.7-43.7%). This is not significantly different.
- Responses for other areas are below, with ratings according to whether they are significantly higher than the England average (green), no significant difference (amber) or significantly lower (red):

Question	Area	Number	Weighted Percentage and Confidence Intervals
Support for Carers & Family			
Were you or his/her family given enough help and support by the health care team at the actual time of death?- 'Yes,definitely'	Wiltshire	428	59.5 (54.8-64.1)
	England	39,604	59.8 (59.3-60.3)
After he/she died, did staff deal with you or his/her family in a sensitive manner?- Yes	Wiltshire	418	94.7 (92.0-96.5)
	England	38,560	93.5 (93.3-93.8)
Looking back over the last three months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?- 'I was involved as much as I wanted to be'	Wiltshire	429	82.7 (78.7-86.0)
	England	39,121	77.9 (77.5-78.3)
Dignity & Respect			
Overall, do you feel that the care he/she got from the district and community nurses in the last three months was excellent?- 'Excellent'	Wiltshire	192	80.3 (73.9-85.4)
	England	19,037	78.6 (78.0-79.2)
Overall, do you feel that the care he/she got from the GP in the last three months was excellent?- 'Excellent'	Wiltshire	347	82.3 (77.9-86.0)

	England	30,959	72.4 (71.9-72.9)
During his/her last hospital admission, were he/she always treated with dignity and respect by Doctors?- 'Always'	Wiltshire	250	54.9 (48.7-61.0)
	England	24,396	57.9 (57.2-58.5)
During their last hospital admission, were he/she always treated with dignity and respect by Nurses?- 'Always'	Wiltshire	271	48.8 (42.9-54.8)
	England	26,679	49.9 (49.3-50.5)

Table 2: Wiltshire Quality of Care, Dignity and Respect

We can see that, apart from involvement in care and care from GPs in the last 3 months of life, the Wiltshire percentages are not significantly different from England as a whole (although low numbers means wide confidence intervals). It is interesting to note however, that when care during hospital admission is considered, the percentage drops for both Wiltshire and England.

Ethnic Groups

National

Population projections suggest that the numbers and proportions of people from black, Asian and minority ethnic (BAME) groups will continue to increase in the UK and they will represent a larger proportion of older people. Review of the literature reported unmet needs and/or disparities in palliative and end of life care for BAME groups.

Minority ethnic groups with non-cancer conditions and those with lower socio-economic status achieve lower rates of home death.

Compared with people with cancer and aged under 50, people with cancer and aged over 80 are less than half as likely to be prescribed strong analgesics.

Deprivation

Wiltshire

In addition to diagnosis there may be other inequalities related to age, ethnicity, culture, and sexuality, place of death and location of residence. There are differences in the proportion of deaths at home and in a care home, Figure 29 shows the trend by deprivation quintile.

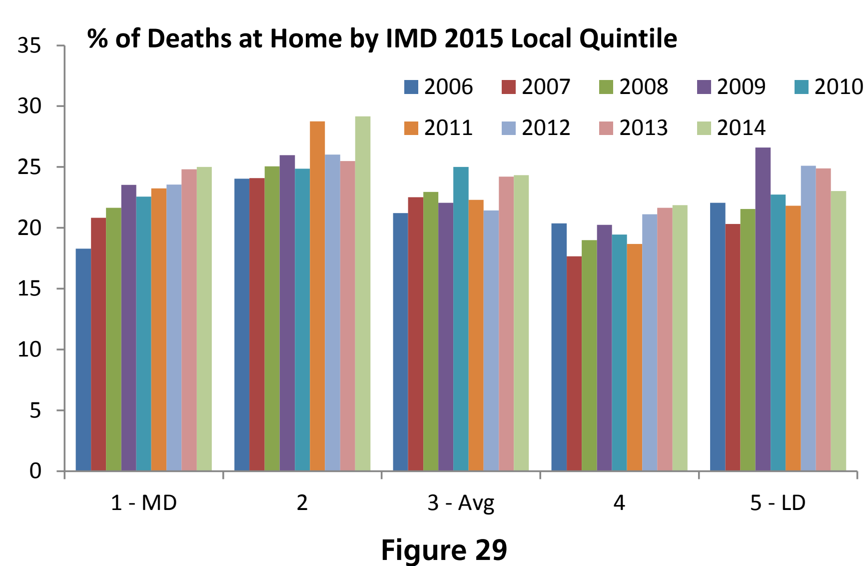


Figure 29

The variance is small by deprivation quintile but while in the least deprived quintile did initially increase they have now peaked, while in the least deprived quintile the proportion continues to rise. There is little variation when analysed by CCG Group but there is still variation within the Clusters, Figure 30 shows the proportion of deaths at home or in a care home by CCG Cluster and Group for 2012-14.

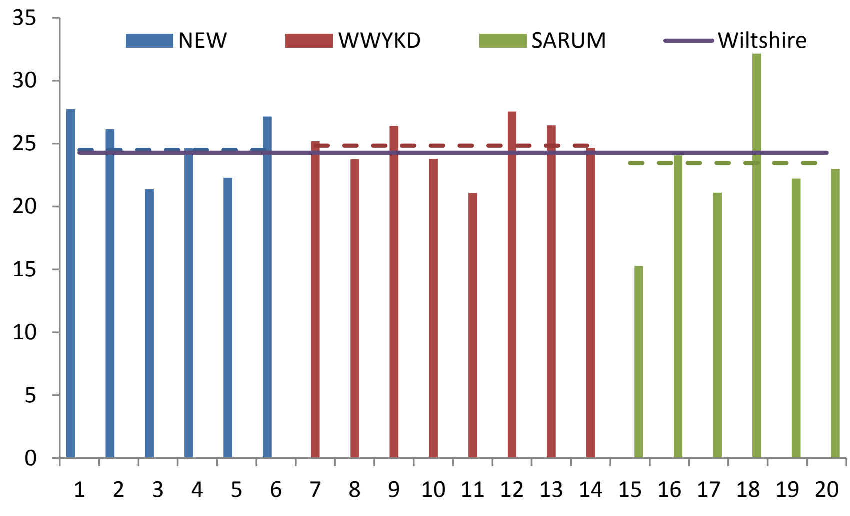


Figure 30

The proportion in NEW and WWYKD is generally around the Wiltshire Average and the majority of clusters within these groups are above the Wiltshire average. SARUM is slightly lower than the Wiltshire Average with all but 1 cluster above the Wiltshire average.

Ethnic Group

At present the percentage of non-white British people over 65 in the population is 0.8%:

	Wiltshire		South West		England	
	Number	**%**	**Number**	**%**	**Number**	**%**
White	84,836	99.2	1,024,632	99.0	8,250,504	95.3
Mixed/multiple ethnic grp	176	0.2	2,577	0.2	33,849	0.4
Asian/Asian British	260	0.3	4,396	0.4	236,275	2.7
Black/African/Caribbean/ Black British	158	0.2	3,097	0.3	114,575	1.3
Other ethnic group	58	0.1	742	0.1	25,326	0.3
Total	85,488	100	1,035,444	100	8,660,529	100

Table 3: Ethnic Group Wiltshire, South West and England

End of life profiles

The End of Life Care Profiles present indicators by Local Authority and CCG, to help commissioners and providers understand the end of life care needs of their populations.

The Wiltshire local authority profile was published in 2012 (http://www.intelligencenetwork.org.uk/EasySiteWeb/GatewayLink.aspx?alId=52494) while the CCG profile (http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/ccg_profiles) was published in April 2014. These provide a snapshot of Wiltshire's position compared to England. They can be used to benchmark and review Wiltshire's position over time.

The main points of interest contained in Wiltshire's profiles are:

- Wiltshire's population is older than England.
- There is a higher proportion of deaths in Wiltshire in older age groups than the England averages.
- Significantly more people in Wiltshire die at home / care home, and less in a hospital/hospice than the England average.
- Apart from liver disease deaths which are significantly lower, people in Wiltshire are dying of similar conditions in similar proportions to England.
- Terminal admission characteristics are similar to England.
- The number of care home & beds is similar to England.

Annex 3 – End of Life Care Services in Wiltshire

Hospices

Our hospices provide holistic end of life care for people with life limiting illnesses, supporting them to die in their preferred place of care. They attend to the physical, emotional, psychological and spiritual needs of people approaching the end of their life through day services, as an inpatient facility or at the patient's home. They offer a range of services for their patients, carers, families and others who are important to them that include clinical, nursing and therapy services, alternative therapies, counselling, respite care, chaplaincy, welfare and financial advice.

Currently the CCG provides funding to three hospices: Dorothy House Hospice Care in Winsley, Bradford-on-Avon, Prospect Hospice in Wroughton, Swindon and Salisbury Hospice to cover the south of Wiltshire.

Hospitals

It has been identified that given a choice most people would prefer to die at home, however for a substantial percentage the reality is that they will die in hospital, following an unplanned admission. Given this fact, it is essential that hospital teams develop effective skills and knowledge to communicate effectively with patients at the end of life and their families and identify their preferred place of death and DNACPR preference. Improved communication skills and earlier identification of people at the end of life attending A&E or following an unplanned admission will enable hospital staff to mobilise community services to support these patients to die in their preferred place, thus reducing the number of people who die in hospital when it is not their preference.

Provision of an appropriate care environment conducive to achieving a dignified death is also vital for those people actively dying in hospital where it is totally inappropriate to move them to another care setting.

Community Hospitals

There are 3 local community hospitals in Wiltshire who provide inpatient services for patients who choose to die within a community hospital setting within well equipped, supportive environments.

Care Homes

Most people admitted to a nursing or residential home will usually be approaching the end of their life and will die there. Caring for residents at the end of their life will therefore be core care provided by care home staff. To ensure that the Wiltshire population is well served with a high standard of end of life care, care home staff in Wiltshire need to be trained in planning end of life care and managing the dying phase. This can be complicated by the fact that there is a high turnover of nursing /residential home staff and a general lack of experience in providing end of life care.

GPs

Caring for people nearing the end of their lives is part of the core business of general practice. The GP and the primary care team are central to the delivery of end of life care in the community, working closely with health and social care professionals from across the interface of primary, community, secondary, voluntary and social care to support the terminally ill in their preferred place to die with dignity and be symptom free. GPs hold regular multidisciplinary team meetings with health and social care to review and update the care provided to people at end of life.

The GP is generally 'known' by a patients carer, family or others who are important to them and is best placed to help co-ordinate providers in EOL care delivery and initiate difficult conversations about prognosis, identifying preferences for care and death and DNACPR instructions. Care of the dying challenges general practice to respond with the best that the profession has to offer – clinical expertise, considered professionalism, personalised care and human compassion.

Out of Hours

Out of hours primary care is provided by Medvivo who have a large multidisciplinary team. Medvivo use a combination of GPs and Nurse Practitioners to deliver our face-to-face OOH service. Most of our GPs are local, working in daytime practice in Wiltshire and its neighbouring counties. Our Nurse Practitioners all have advanced clinical assessment, diagnostic and prescribing skills in addition to many of the practical skills often required during an OOH consultation. It operates 1830-0800 weekdays and 1830 Friday – 0800 Monday over weekends.

Community Nursing

End of life care is one of the core services provided by Community nurses who work closely with GPs, care homes and hospices, delivering EOLC to terminally ill people in their usual place of residence. Community nurses are often with patients during the dying phase. They play a pivotal role in the planning and co-ordination of end of life care and often provide supportive visits.

Third Sector

The third sector (charities other than hospices) provide important end of life services to the Wiltshire population in their own home. Wiltshire CCG commission Marie Curie to provide a planned night sitting service.

Social Care

Social care professionals pay a key role in the delivery of the end of life strategy for clients, carers and families. The assessment and support planning process delivers choice and control to the dying person to enable them to achieve an end of life which is in line with their needs and wishes. Wiltshire Council commissions a range of care and support, including care homes and domiciliary care, to meet the care and support needs of those who are nearing the end of their life for those who meet the eligibility criteria for funded social care. Information, advice and signposting to care and support options is also available to those who fund their own social care.

It is acknowledged that carers are key to enabling those who wish to die at home to do so. All carers are entitled to a carers assessment and Wiltshire Council commissions services which offer information, advice and a range of support for carers to enable them to maintain their own wellbeing.

South West Ambulance Service (SWAST)

SWAST clinicians are aware of the complexity of patients at the End of Life and the services available to refer patients as required as often 999 can be the first point of call for a deteriorating situation and it is important for the organisation to understand the most appropriate care required.

Community pharmacies

Wiltshire Community pharmacies currently provide an Emergency Access Drugs Service. This is a local enhanced service under which a select group of community pharmacies stock and supply a defined group of palliative and urgent care medicines. A number of these pharmacies operate a 100 hour per week service. The pharmacists involved can provide up to date information and advice on prescription writing and dispensing in order to reduce the number of difficulties experienced by carers and relatives in obtaining supplies of medicines needed at end of life.

Anticipatory prescribing

Anticipatory prescribing is essential to patients in the community with a terminal illness who have been assessed by a qualified healthcare professional as actively deteriorating and are in the last few weeks or days of life. Providing a good death at home is a vital part of modern General Practice but presents unique problems for the Primary care Team especially during the out of hours period when access to the patient’s own General Practice and regular pharmacy may not be possible. Anticipatory prescribing is designed to enable prompt symptom relief at whatever time the patient develops distressing symptoms and is based on the premise that although each patient is an individual with individual needs, many acute events during the palliative period can be predicted and management measures put in place in advance.

Bereavement

Cruse Bereavement provides support before and after the death of a loved one. The service recognises that the support needs to respond to individual needs, and may include practical guidance, social activities and befriending to reduce loneliness and isolation.

Glossary of terms

Advance Care Plan (AcP)	A voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. It is recommended to document the discussion
Best practice models	A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a 'best' practice can evolve to become better as improvements are discovered
Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support
End of Life	Patients are 'approaching the end of life' when they are likely to die within the next 12 months. this includes patients whose death is imminent (expected within a few hours or days) and those with: (a) advanced, progressive, incurable conditions (b)general frailty and co-existing conditions that mean they are expected to die within 12 months (c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition (d)life-threatening acute conditions caused by sudden catastrophic events
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE's role is to improve outcomes for people using the NHS and other public health and social care services.
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care: • provides relief from pain and other distressing symptoms • affirms life and regards dying as a normal process • intends neither to hasten or postpone death • integrates the psychological and spiritual aspects of patient care; • offers a support system to help patients live as actively as possible until death • offers a support system to help the family cope during the patient's illness and in their own bereavement • uses a team approach to address the needs of patients and their families • enhances quality of life and may also positively influence the course of illness • is applicable early in the course of illness, in conjunction with other • therapies that are intended to prolong life, and includes those investigations needed to better understand and manage clinical complications Palliative care can be provided by a range of health and social care staff and may be done alongside treatment intended to reverse particular conditions (World Health Organisation)
Treatment Escalation Plan (TEP)	A TEP form is a way of your doctor recording your individual treatment plan, focusing on which treatments may or may not be most helpful for you. A variety of treatments can be considered

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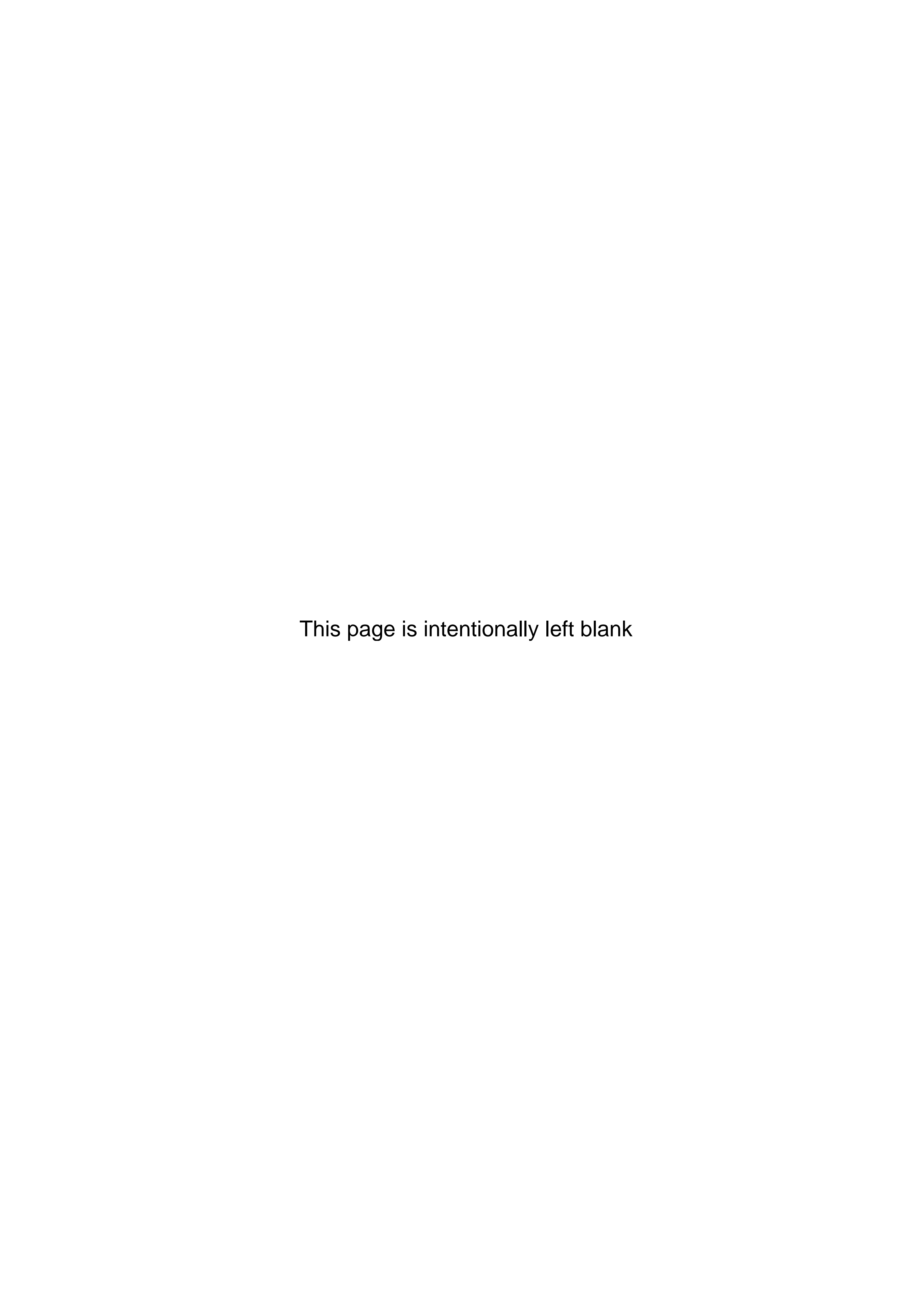
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Public Engagement on the Wiltshire End of Life Care for Adults Strategy 2017-2020

An independent voice for the people of Wiltshire

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Background

About four thousand people die each year in Wiltshire. Most are older people who had been living with a chronic condition. Compared to ten years ago, more people in Wiltshire are dying at home or in a hospice, and fewer in hospital. Care to support people at the end of life is provided by a range of services including hospitals, hospices, care homes, pharmacies, social care agencies, charities, GPs and community services.

NHS Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council are refreshing the Wiltshire End of Life Care Strategy, and are interested to hear what people think is important in end of life care. This will help them to develop their plans for end of life care in Wiltshire.

Healthwatch Wiltshire was asked by NHS Wiltshire CCG and Wiltshire Council to help gather public feedback on the draft strategy. The feedback will be used to shape the plan for delivering services in the future.

What we did

1. Pre-engagement

The draft strategy was shared with members of the Healthwatch Wiltshire readers' panel (volunteers who read and comment on documents). Nine volunteers fed back with a variety of comments, covering readability, content and potential areas for further work. This feedback was shared with the strategy authors, and was used to inform the version of the strategy used in the wider public engagement.

2. 'Starting a Conversation' events

Healthwatch Wiltshire facilitated three public events called, 'Starting a Conversation about End of Life Care'. At each event, a representative from NHS Wiltshire CCG explained the strategy and plans for end of life services in Wiltshire and answered questions from members of the public. There was also an opportunity for people to feed their views and experiences into discussions in small groups and a chance to visit information stalls held by different organisations which deliver services and support to Wiltshire people at the end of their life (and their families).

3. Online questionnaire

An online questionnaire was hosted on the NHS Wiltshire CCG website between 16th November and 13th December 2016. People who were unable to attend the events were encouraged to complete the online survey.

4. Other opportunities to provide views and experiences

Healthwatch Wiltshire work with Dorothy House Hospice on user involvement. The User Advisory Group kindly agreed to look at the strategy and how it links with that of the hospice. Salisbury Area Board Health and Wellbeing Group also provided its views about end of life care. We also examined issues around end of life care raised with us by members of the public as part of our ongoing monitoring of the quality of services.

Who we spoke to

We heard from 91 people in total.

We held public meetings in Salisbury, Royal Wootton Bassett and Bradford on Avon in November 2016. These were attended by members of the public and professionals from various organisations providing services to people at the end of life.

Table 1: Breakdown of engagement numbers

Venue	Members of the public	Health and Social Care professionals	Healthwatch Wiltshire staff and volunteers
Salisbury	9	8	5
Royal Wootton Bassett	7	10	8
Bradford on Avon	5	10	7

5 people fed back on the strategy and end of life care in the county through the online questionnaire.

10 members of the Dorothy House User Advisory Group reviewed the strategy and fed back to us. 7 members of the Salisbury Area Board Health and Wellbeing Group also fed back about end of life care.

> "I feel better informed and have a better understanding of the objectives of the strategy."
>
> *Engagement participant*

We asked people these questions:

General

- If you are at the end of life, or caring for someone who is, what is most important to you?
- What needs improving now?
- What support does an unpaid carer caring for someone at the end of life need?

Format of strategy

- How easy is the strategy to read? Is it clear?
- Do you feel more informed about end of life care after reading the strategy/ coming to the event today?

Content of strategy

- Is what Wiltshire Council and NHS Wiltshire CCG are doing, and intend to do, right to ensure good end of life care in Wiltshire?
- In terms of the strategy and end of life care, what else could they be doing in the next 3 years? (Do you think there is anything missing from the strategy?)
- Are the success measures right for the strategy? Anything else they should measure?
- What actions do you think need to happen for the strategy to be successful?

Other feedback

- Do you have any other comments on the strategy?
- Do you have any other comments on end of life care?

We used our wider and previous engagement to add to the general feedback about end of life care. People raise things that they feel are important or missing from current services with us through our monitoring of the quality of services and investigations into particular topics, such as dementia.

What people told us

1. Feedback on the strategy format

There was mixed feedback on the format of the strategy. Some people felt that it was clear and well presented, while others found it more difficult to read. This may reflect the variety of people who participated, some members of the public and some members of health or social care organisations.

A number of people questioned who the strategy was aimed at, and did not feel that the public was the target group for this document. Acronyms and jargon were not always explained.

"It is a nicely presented, clear document."

Engagement Participant

> "Too much management speak."
>
> *Engagement participant*

Members of the public felt that it was written from the perspective of professionals and providers, viewing the public as patients, rather than everyone as people.

The size of the document was mentioned as too large by a number of groups and individuals, with one describing it as "overwhelming". Participants also felt that it was difficult to look at online and assumed it would be expensive to print out. Participants said that they wanted a simplified or easy read version or summary. They said what they would find most useful would be a two-page document which included sign-posting to services (based on what was offered through the strategy) and phone numbers to access them. The 'Strategy on a page' (page 6 of the draft document) was designed to be an accessible, simple to read summary of the strategy. Some groups liked this section and found it helpful in understanding the strategy, while other people felt that this was too wordy and did not contain the information that they would want from a public version.

> "A short easy read version for the public is needed."
>
> *Engagement participant*

> "The strategy is just a professionally presented document laying out lots of good intent but with little accountability... I notice that it is not marked "draft"… I wonder if anything we say will be taken into consideration?"
>
> *Engagement participant*

Feedback was also received about the way some of the information was laid out. For example, white writing on a colour background can be difficult for some people to read, particularly people with visual impairments. Some participants felt that the graphs were difficult to understand.

2. Feedback on the strategy content

People felt that the strategy lacked information on what would happen next, including targets and concrete actions, and who would be accountable for these. At the meetings, the commissioners emphasised that the public feedback would be used towards the creation of an implementation plan. However, there was an expectation from the public that a strategy would include this information.

> "Overall the Wiltshire end of life strategy lacks warmth and a simple vision statement."
>
> *Engagement Participant*

> "The Wiltshire vision is clear and reinforced throughout the document."
>
> *Engagement participant*

Members of the public thought that there was a lack of focus on unpaid carers, although reference is given to the Carers Strategy.

Respondents felt that some consideration of people from different cultures, religions and those without a religion would be beneficial.

3. Feedback about the success measures or "what we want to achieve"

"Success measures should be measured by an impartial outside body."

Engagement participant

Most participants agreed that the goals laid out in the strategy as "what we want to achieve" (page 6 of the draft strategy) were admirable and good goals. However, there were questions about how they would be prioritised, and delivered.

Questions were asked about how improvements could be made given the current shortages of trained staff.

"The emphasis should be on people, not policy."

Engagement participant

People thought that the goal of increasing the number of advanced care plans and treatment escalation plans was only worthwhile if the use of them was also monitored. They felt that the true test was whether they were used and successfully enabled peoples' choices to happen. They considered the care to be more important than just having the paperwork in place.

A reduction in complaints about providers of care involved in end of life services was also suggested as a goal for the strategy.

"All is dependent on the communication skills, kindness and dedication of the staff delivering the end of life care."

Engagement participant

"The strategy is actually rather short on strategic actions to be taken to achieve the stated goals."

Engagement participant

"It was good to read the patient/family/carers are the focus and especially they would continue to listen to the needs of the local population."

Engagement participant

4. What is important to people at the end of their life?

People who took part in the engagement identified a number of areas which were important to people who were at the end of life and their unpaid carers:

- Symptom control (especially controlling pain).
- Being treated with respect and dignity.
- Choice – about the location where end of life care is provided and ensuring individual wishes around particular care options are respected
- Information – provided in an accessible manner for patients and carers, covering what is available (that the person is eligible for) and what they can expect. Every group said that online information was insufficient, and hard copy and face to face information was also vital.
- The importance of having early discussions about individual wishes, and decisions such as Power of Attorney, and Advance Care Planning. This was especially mentioned in relation to people who are living with dementia.
- Support for unpaid carers and family members, including a single key person supporting a person at the end of life and their unpaid carers, coordinating all the professionals involved in care and able to signpost to other sources of support.
- High quality staff with end of life training and the ability to put it into practice.
- Continuity of care from clinical professionals and domiciliary carers.
- Good communication between professionals and with the patient and family.

Many of these are areas that fall within in the draft strategy priorities. However, these are also combined into the aims in the current (2014-2016) strategy. We know that there are people for whom these aims are not always achieved. People who took part in the engagement identified areas that they thought could be improved:

1. The 'visibility' of death and the societal view of dying, and the encouragement of early discussions about peoples' wishes and options;
2. Recognition that someone is coming to the end of their life, so information/services/support can be accessed without delay;
3. Availability of domiciliary care, and responsiveness of systems to adapt to reflect changing circumstances requiring changes in the amount of care (both especially raised in relation to Continuing Health Care, but also more generally);
4. More communication and collaboration between services and less duplication across services;
5. Communication with family members and dying patients, especially those with disabilities or who are otherwise potentially isolated;
6. Patient and carer access to information held about them by professionals;

7. The number of people with dementia referred for end of life or palliative care services;
8. Waiting lists for services, such as bereavement counselling;
9. Availability of end of life and caring skills training for unpaid carers (for those willing to be involved in this role);
10. More support for unpaid carers so that they can spend time with the dying person, not spend their time and energy doing the caring tasks (for those who want it);
11. Support locally for carers, as travelling long distances to access support groups deters people who don't want to spend a lot of time away from their loved one and the effort of travelling was perceived as undoing any of the benefit from support groups;

12. Inconsistency of services across the county, with not everyone able to access all services;
13. Access to medications, including out of hours, especially for people who are without their own transport or otherwise unable to go to pharmacies themselves, and information on pharmacies stocking end of life medications;
14. Inclusion of professionals from beyond health and social care as part of caring communities, such as religious leaders (where appropriate), housing staff, postal workers and solicitors involved in end of life planning;
15. Anticipatory prescribing of equipment as well as medication.

Some of the feedback we received related to areas beyond Wiltshire, for example the difficulties people face in completing national forms to claim benefits, and the content of national media. Representation of resuscitation in films and on TV may create unrealistic expectations of success. The cost of arranging Lasting Powers of Attorney were also mentioned.

Local people strongly felt that people needed to have earlier conversations about death and dying, within families and in the wider community. Suggestions were made of having end of life champions in local communities.

There were also concerns that any changes happening in health and social care (either within the strategy or beyond it) were more about cost-cutting than about patient welfare. People felt unclear as to how the strategy fits with other developments in health and social care, such as Sustainability and Transformation Plans. For those attending the meetings, this was explained in response to questions. People were interested where funding came from for end of life care. Concerns were raised as to how parts of the strategy could be implemented until personal health budgets were in place, especially as it was felt that these were "in their infancy".

"Make the strategy more positive and less verbose."
Engagement participant

Positive feedback was received about hospice provision, including the outreach and hospice at home services.

Feedback from participants at the meetings included how useful they found the information about services that was available from the information stands.

Challenges

The timescale for this project has been tight. Delays in preparing the draft strategy and online questionnaire meant we weren't able to publicise the events and opportunity to feedback online as much as we wanted. We invited stand holders and asked our volunteers to share information in their communities before the strategy was available, and started publicising to the voluntary and community sector and the wider public a fortnight before the first event, before the survey was online. Obviously, this is not ideal, as people who may have wanted to feed in may not have been able to do so at a convenient time. This may have contributed to the low response rates.

Many of the people who participated through the engagement had not had the opportunity to read the strategy in advance. This meant that they were not able to feed back in depth on the content and format of the strategy, but were still able to share their views about end of life care and what is important to patients and unpaid carers.

Recommendations

1. Commissioners should consider the priorities and concerns raised by the people involved in the engagement when finalising the implementation plan.
2. Once the strategy and implementation plan has been finalised, commissioners should produce a short, accessible document for the public. This should also include signposting information for patients or carers to access services.
3. Future engagement on health and social care related strategies needs to consider how to make the strategy easily available to participants in advance of engagement, to give people an opportunity to read it properly and then be able to comment.

Acknowledgements

Many thanks to the members of the public and organisations who attended the events and shared their feedback. Further thanks to the organisations who shared information at the events, and who publicised the project. We are also grateful to the organisations who invited us to their events to discuss the strategy. Thanks to the members of the Healthwatch Wiltshire Readers' Panel for their comments and Healthwatch Wiltshire volunteers who helped facilitate the events.

Definitions

End of life

“People are considered to be approaching the end of life when they are likely to die within the next 12 months, although this isn’t always possible to predict. This includes people whose death is imminent, as well as people who:

- have an advanced incurable illness such as cancer, dementia or motor neurone disease
- are generally frail and have co-existing conditions that mean they are expected to die within 12 months
- have existing conditions if they are at risk of dying from a sudden crisis in their condition
- have a life-threatening acute condition caused by a sudden catastrophic event, such as an accident or stroke”.

[*Source: NHS Choices*[(1)]]

Unpaid carer

Healthwatch Wiltshire uses the term unpaid carer to describe anyone who provides care to another person, outside of a professional role. This includes adult carers who are caring for another adult (such as a spouse, relative or friend), parents who are caring for a child who has additional health needs, and young people (including children) who have a caring role.

About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent consumer champion for health and social care in Wiltshire. It has an important role in assessing the quality of health and social care services today and influencing the design of services for tomorrow. We want to make sure that the people who use these services have a say in how they are shaped and that their overall views and experiences are heard and taken seriously.

[(1)] www.nhs.uk/Planners/end-of-life-care/Pages/what-it-involves-and-when-it-starts.aspx

Why not get involved?

Visit our website: www.healthwatchwiltshire.co.uk

Email us: info@healthwatchwiltshire.co.uk

Phone us: 01225 434218

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Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: General Practice Forward View Stage 2 Plans

Executive Summary

The General Practice Forward View (GPFV) was published in April 2016.

The GPFV sets out specific, practical and funded steps – on 5 programme areas: investment, workforce, workload, infrastructure and care redesign.

This paper sets out the GPFV Stage 2 Plans as submitted to NHS England on 17th March. The Clinical Executive and Governing Body (Seminar 13th December 2016) approved the submission of the first Wiltshire response to the GPFV and plans under each of the transformation programmes and investment which the CCG are leading in December. The Governing Body approved the GPFV Stage 2 plans in private session (28 March 2017).

The plan had been assessed as 'Amber' overall by the NHSE local team.
The outcome of the Strategic Healthcare Planning exercise and finalisation of the Estates Strategy should improve the assessment of 'Practice Infrastructure' to 'Green' which will then change the DCO assessment to 'Green'.

The current assessment is as follows:

GP Access	Care Redesign & development	Investment in Primary Care	Workforce	Practice Infrastructure	DCO Assessment

Proposal(s)

It is recommended that the Board:

i) note the progress and work to date in developing the GPFV Stage 2 Plan, recognising the role and input from the GP Resilience Board in providing clinical leadership and oversight of the resilience programmes;
ii) note the complexity and synergy of the programmes under GPFV – such as the Integrated Urgent Care procurement to expand general practice capacity; the Estates and Technology Transformation Fund for development of investment in infrastructure; GP IT programmes to link to the Local Digital Roadmap work; the Vulnerable Practice

programme with increasing numbers of practices in crisis; and training programmes for all staff groups to develop and enhance the widening skill mix of the primary care workforce;

iii) note the GPFV Plan builds on the Wiltshire Primary Care Offer in place from April 2016 as a 3 year programme - based on the principles delivering primary care services at scale to support increased efficiencies and address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services in primary care;

iv) note the details in the GPFV about the future models of care for larger organisational forms - Multi Specialty Community Providers or Primary and Acute Care Systems; with the commitment the foundation of NHS Care will remain the list based system of general practice.

Jo Cullen
Director of Primary and Urgent Care, Group Director West, Wiltshire CCG

Report Authors:
Tracey Strachan, Deputy Director, Primary Care, Wiltshire CCG
Jo Cullen, Director of Primary and Urgent Care, Group Director West, Wiltshire CCG

General Practice Forward View Stage 2 Plan
NHS Wiltshire CCG
March 2017

1. Introduction to the plan

Wiltshire CCG recognises the central role that Primary Care plays in access to and the delivery of high quality care. Our Primary Care Offer (PCO) is designed to move away from providing care through a transactional activity driven model, and is based on individual practices moving towards place based commissioning and development of locality working to deliver Primary Care at scale.

The PCO directly supports the development of new integrated care models, centred on accountable care through alignment and integration of Primary Care with expanded Out of Hospital care. We are also improving access to Primary Care by linking with broader initiatives to improve patient flow through the care system.

Key elements of the PCO are:

- Three year programme 2016-2019 (allowing for transition and some pace of change);
- Transform the commissioning, delivery and monitoring of the CCG commissioned enhanced services from GP Practices in Wiltshire, over and above core GMS/PMS services to deliver responsive, safe and sustainable services;
- Move towards “placed based commissioning” and the CCG vision of integrated out of hospital services;
- Support the development of locality working to deliver primary care services at scale to support increased efficiencies, and to address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services;
- Move towards a "block contract" type arrangement - setting out the total funding available for 2016 onwards to cover the specified services to be delivered to meet the needs of their locally registered population in return for meeting the outcomes required (moving from year 1 with KPIs and agreed metrics towards a full outcome based model by year 3);
- Use 2016/17 as a shadow transition year before delegated commissioning of primary medical services from April 2017.

Wiltshire CCGs plan has elements in common with other CCGs within our STP footprint, and has been shared with them. The STP footprint covers a large geographical area and local programmes of work will be required for implementation of the GPFV programme.
Wiltshire CCG has invested £3 per registered patient within the Primary Care Offer since 2016/17 as a three year funded contract package (April 2016 – March 2019), bringing together services and programmes previously offered as enhanced services, Group Service Level Agreements, TCOP and prescribing. It was designed to be a more flexible way of commissioning services from GP practices, allowing them the ability to deliver services in more innovative ways, across localities or at practice level and individually tailored to the needs of patients at a local level. In moving away from a transactional activity driven model, practices and localities have been able to use resources in a more efficient and effective way and, in some cases, to combine income streams to deliver improved outcomes for patients.
For Wiltshire CCG, the plan for 2017/18 is to develop the primary urgent care (same day) centres, aligned to the development through the ETTF schemes in Devizes and Trowbridge, and the Strategic

Health Planning exercise for Chippenham, Melksham and Trowbridge; and developments in Salisbury City.

Wiltshire CCG is leading the Integrated Urgent Care Procurement across the STP footprint. The key objective for us in the procurement is to deliver a more functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111 and the GP OOH service, in line with the national direction. It is not simply the bolting together of existing services (NHS 111 and GP Out of Hours) but in fact the introduction of a new, functionally integrated service that includes a new clinical advice element: the clinical hub. This model will offer patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. The service will commence in April 2018 and will support the CCG in meeting the enhanced access targets as well as facilitate the move towards place based commissioning.

In common with many other CCG areas, Wiltshire GP practices are beginning to face challenges with respect to sustainability of delivery of primary care services and resilience for the future. Wiltshire CCG has 9.8 wte GP vacancies, 7.95 wte nurse and clinical staff vacancies and 16.3 wte administrative staff vacancies in GP practices as at January 2017 (see workforce data Appendix 1). 12 practices are currently classed as 'vulnerable' – one of which has served notice on their contract. There are 3 mergers underway with 6 further practices considering their options. The quality of general practice service provision within Wiltshire CCG is high – with 7 GP practices rated as excellent, 39 as good and 5 as requiring improvement out of 51 which have been inspected by the CQC.

The CCG has set up a GP Forward View/Resilience Group to have an overview of our work on resilience. This will include review of and oversight of a menu of support, from GP mentoring, to supporting different training and providing expertise to support the primary care at scale/new models of care going forward. The group will assess and prioritise investment proposals, monitor and assess impact of support, identify other sources of funding and share best practice across the CCG.

2. GP Forward View Narrative Plan

2.1 Introduction to the GPFV plan

Wiltshire CCG is committed to the delivery of the GPFV to improve the efficiency and effectiveness of primary care services and to facilitate the readiness of GP practices for new models of care as they develop in Wiltshire. Plans are based on the '9 Must Dos' as outlined in the strategic commissioning guidance and link in to the primary care strategy and the STP plan for Wiltshire, BaNES and Swindon.

Wiltshire is in Wave 2 NHS RightCare Programme and has embraced the concept of using Commissioning for Value Pack data to identify areas of outlying activity on which to focus resources. A report was discussed at the CCG Governing Body in Jan 17 and it was agreed to set up a RightCare / Commissioning for Value Working Group, reporting to the Clinical Executive.

The planning process involves GP commissioners and is clinically led.

2.2 Model of care

The detailed model of care for Wiltshire will be informed by the Integrated Urgent Care Procurement as it will build on the Integrated Urgent Care Access, Treatment and Clinical Advice Service model. The preferred bidder will be identified by August 2017 and the contract will be awarded in September 2017. The service model will be refined during the mobilisation period with input from providers, patients and other stakeholders. All services will be fully in place by May 2018.

Further development of locality based provision and integrated health and social care services will support optimal out of hospital services, and the delivery of more services closer to home. This will be facilitated by investments in premises to support the primary urgent care centres (described more fully under section 2.6). There is strong locality working already in place across Wiltshire with Integrated Teams led by groups of GP practices, supported by aligned services working in the local community such as mental health services, social care, third sector organisations and patient groups.

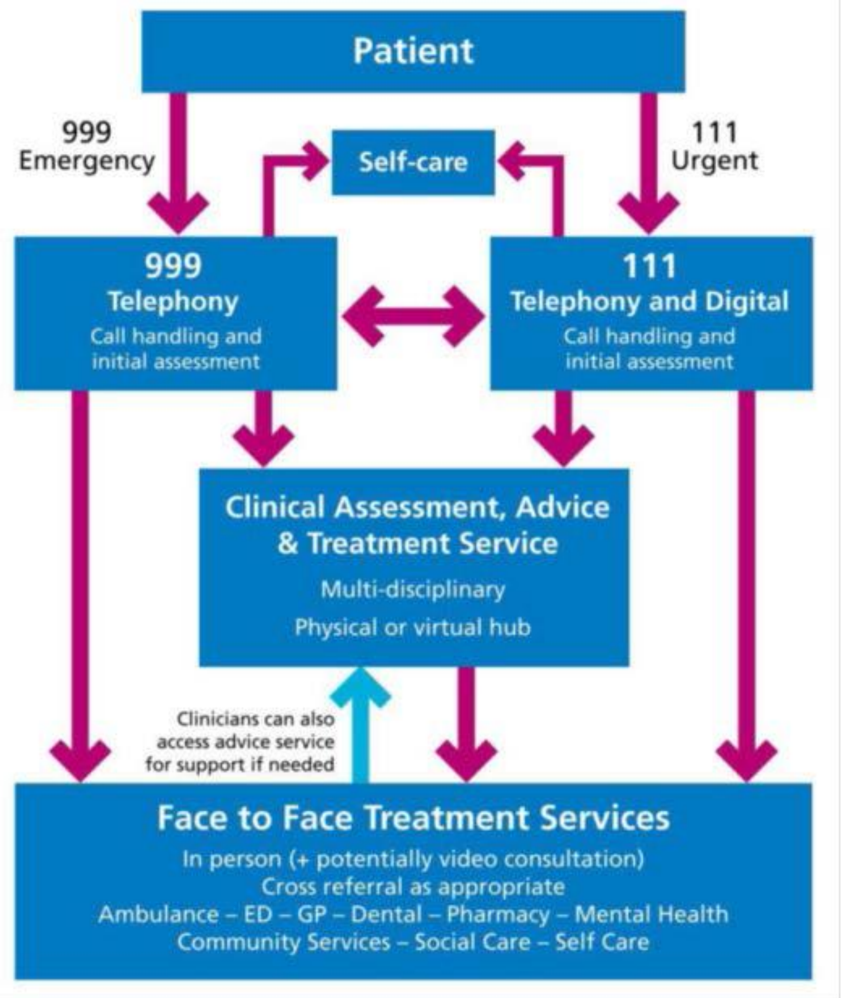
Plans are in development to design an Accountable Care Organisation structure for Wiltshire under which multiple providers will work together to deliver services at a community level. Stakeholder conversations have started and a Board to oversee progress and provide oversight is being set up. The proposed shape of the organisation should be available by Summer 2017, ready for broad consultation. It will be important to align the development of the Accountable Care Organisation with the STP plans and the primary care plans which the CCG is currently working to so that there is a clear direction of travel.

2.3 Access

Wiltshire CCG is committed to working with NHSE to improve access to primary care services in community based settings, including access to primary care, especially in local GP practices. In 2016/17, 52 of the 55 GP practices in Wiltshire were signed up to the Extended Hours Access Scheme DES, working to the national specifications providing evening and weekend routine appointments in line with patient demand. GP practices are encouraged to provide this service across wider localities and under delegated commissioning of primary care which becomes a responsibility of Wiltshire CCG from 1st April 2017, implementation and assurance of this scheme will pass across to Wiltshire CCG from NHSE. Practices will be encouraged to deliver this scheme in conjunction with other services currently delivered through the PCO.

Improving access to services in Wiltshire is integrally linked to the provision of wider access to services, both in and out of hours, through the Integrated Urgent Care Procurement process. The resulting service, covering NHS111, the out of hours service and an Integrated Urgent Care Service provided via clinical hubs will enable patients to access integrated, high quality services outside core hours and will link in to the existing Extended Hours Access Scheme provided by GP practices.

Proposed Integrated Urgent Care Service



As the shape of the extended access model emerges from the procurement process, it will be aligned to and impact on pathways being developed at the CCG enabling patients to be seen closer to home and out of hospital settings. It will align to the procurement / mobilisation of Adult Community Services Contracts recently commissioned in Wiltshire, BaNES and Swindon. It will also reflect the plans emerging from the Wiltshire Strategic Healthcare Planning Review (Chippenham, Trowbridge and Melksham) and BaNES parallel procurement of their Urgent Care Centre. For patients with long term conditions, the wider review of pathways ongoing at the CCG, including the MSK review and the diabetes community triage and local clinics plans will be aligned to a wider out of hospital, improved access model. Improving access for patients to services in Wiltshire is critical in response to demographic, infrastructure and military growth that is expected in coming years. Wiltshire's population is expected to grow from 474,300 in 2011 to 505,416 in 2021, an increase of 6.6%. A steep increase in the number of older people is predicted with the percentage of the population in Wiltshire aged 65 or over reaching 22.6% by 2021, representing a 32% increase in 10 years. This patient group is known to increase the demand for healthcare services in an area significantly

The military presence in Wiltshire impacts on health and social care provision, with serving personnel, their families, reservists and veterans, with their own distinct wellbeing and health care needs living across the county. Military personnel in Wiltshire currently constitute about 3.2% of the total population or 6.4% including dependents. The military population is focused in the Tidworth, Bulford, Durrington, Upavon, Warminster and Lyneham areas with the greatest population being in Tidworth. . The Army Rebasing Review for military transformation under the 'Army 2020' concept will have an impact on the local military population. The Reaction Forces will be based in the Salisbury Plain area and is expected to comprise 4,000 uniformed personnel and an additional 2,000 dependents living and working in Wiltshire. The Defence College of Technical Training is likely to accommodate 1,500 military and civilian personal, rising to 4,500 by 2019, depending on MOD decisions.

Healthwatch Wiltshire has provided feedback from patients in Wiltshire concerning their experiences of accessing local healthcare services. These comments inform the direction that the CCG is taking in developing urgent care and improved access services. Key messages were that the current system is not easy to navigate, it is not immediately clear what is available and there is uncertainty about where to get advice. Non-clinical triage is not easily understood and patients really want to see a clinician. The location of care and waiting times are not always convenient and parts of the system don't work well together, including a lack of information sharing across health and social care organisations. All of these comments will be addressed by the emerging Urgent Care System in Wiltshire and the development of a provider led Accountable Care Organisation linking in with STP planning process.

In Wiltshire, plans for improved access to services draw on learning from the Clinical Hub pilot which started in October 2016, under the leadership of Severn UECN. It gave patients access to a wide range of clinicians, both generalist and specialist, and also offered advice to clinicians working in the community, such as paramedics and emergency technicians. Learning showed that the availability of clinical records such as the Summary Care Record, and the coordination of health and social care services such as acute provider liaison and palliative care and the integrated approach improved patient access and provided a locally based, high quality service. There is also learning from Primary Care Offer schemes such as extended scope practitioners, older persons nursing teams and the use of ECPs in practices.
National funding of £3.34 in 2018/19 and £6 from 2018/19 will be made available to Wiltshire CCG to support improvements in access. The use of this funding will be determined by the outcomes of the Integrated Urgent Care Procurement and the resulting service model to be put in place from May 2018. An Integrated Urgent Care Procurement Group has been set up to oversee the transition to the new model of care. Once the shape of the new model has been determined, the workforce, technology and estates implications of the change will be addressed.

2.4 Workforce

The approach to workforce planning across Wiltshire CCG supports the STP workforce work stream and priorities - Priority 4 – 'Establish a flexible and collaborative approach to workforce' – Attract, develop and retain a workforce through collaborative workforce planning. The STP priorities are:

- Common vision
- Shared approach and aligned training
- Identifiable, improved employment offer

- Joint workforce planning
- Staff health and wellbeing initiatives

In Wiltshire, there are a number of key risks and issues that impact on any decision concerning workforce development. These include:

- Increasing age of GPs – retirements and reductions in hours
- Increasing age of practice nurses – retirements, reduced hours, 64% Wiltshire practice nurses across STP over 50 (Wiltshire Practice Nurse Survey, NHSE, 2016)
- Rural nature of Wiltshire – large distances to travel for staff and patients
- Small, scattered GP practices – local identity
- Distance from acute trusts, universities and graduate support and networking
- Difficulty in developing portfolio careers, gaining experience in different sectors due to geographic spread
- New models of care changing skills and care requirements

In Wiltshire, investment in the development of a clinically led, locally based Community Education Provider Network (CEPN) is progressing. Whilst baselining and collection of staff data is being analysed and local workforce projects are being developed, a major focus of this programme of work is on supporting GP practices to identify their future training needs and be in a position to collaborate, develop new staffing models and commissioning training to suit their needs. Many practices are sharing clinical staff and some have plans to maximise sharing of back office functions within general practice through practice mergers and federated activities, locality working, emergent GP Federations, Active Signposting / Clinical Correspondence training across localities, TCOP older persons teams and shared staff across localities. This supports the STPs vision for integrated, cross organisational working and the development of a shared culture and vision. Wider stakeholders are involved in this process via the CEPN Board and Reference Group, the Primary Care Operational Group and the Primary Care Offer Oversight Board, including the LMC, Healthwatch, GPs and specialist representatives such as HEE and the Deaneries.

Wiltshire CCG is adopting the general principle of ‘recruit, retain and train’ to support delivery of the emerging model of care. Groups of practices have bid for wave 2 of the clinical pharmacy pilot and many GP practice already have pharmacists in place, supporting medications reviews, reviewing prescribing activity and dealing with patient queries and support. Innovative schemes funded by the CCG through the Primary Care Offer include specialist older person’s teams, specialist nurses and emergency response practitioners, supported by apprentices across the fields of clinical care, administration data support and IT. Learning is shared across Wiltshire and its localities and there is increasing interest in these more specialist and varied roles. Financial support for GP practices under the vulnerable practice and resilience funding streams includes resources for project managers, change managers and specialist organisational development staff to support practices through change at times of pressure to deliver contracted services for patients. GP practices are also being encouraged to nominate staff to act as ‘locality leads’ taking over the role from the CCG to provide a more local approach to secure improved practice engagement.

NHSE are running a number of programmes with the aim of increasing the number of GPs in Wiltshire. These include:

- Retained Doctor Scheme

- National GP Induction and Refresher Scheme
- Targeted Enhanced Recruitment Scheme
- Targeted Investment in Returning Doctors Scheme
- NHS GP Health Service
- International GP Recruitment Programme
- GP Career Plus

The CCG is supporting these programmes with the aim of encouraging more GPs to choose Wiltshire as a place to live and work.

To support new models of care there needs to be a step change in the flexibility and adaptability of GP practice staff, working differently, working across organisational boundaries and becoming more flexible in their approach. The CCG is working closely with HEE to make available specialist practice nurse training through local universities, namely UWE and Bournemouth. A project to attract ST4 GP trainees to Wiltshire is starting in September 2017, building on the success of the Severn Deanery scheme in 2016/17 and a training provider has been appointed to deliver a pilot Clinical Correspondence training scheme, closely followed by Active Signposting for GP receptionists, supported by a detailed programme for funding in future years. Details of funding for practice manager training under the GPFV are awaited from NHSE and, in the meantime, the CCG has been in talks with Wessex LMC about possible delivery methods.

All workforce initiatives at the CCG are underpinned by strong and effective clinical leadership. The CCG offers the GP Mastermind Programme, supported by statutory and mandatory training for GP Executives and GP clinical leads to ensure they have the skills and capabilities to perform their duties to the full. The CCG New Leader Programme / Future Proof Leadership Programme have been introduced to develop new leaders, both amongst CCG and GP practice staff and clinical leads have been identified for all CCG work programmes with involvement from secondary care and community clinicians where appropriate.

2.5 Workload

In 2016, the CCG Governing Body agreed the principles of use of the GP Practice Resilience funding in Wiltshire. The programme is being managed into 2017/18, targeting GP practices using a series of selection criteria including local knowledge, a locality dashboard, and NHSE GP Toolkit markers and from following up requests for help and support. The CCG Resilience Group oversees the allocation of funding and the development and monitoring of planned outcomes, encouraging the sharing of learning and good practice in developing resilience and sustainability in primary care service delivery (see Appendix 5). It reports through the Clinical Executive to the Governing Body. Successful initiatives will continue to be offered to GP practices including project management support, top up s.96 top-up locum funding, facilitated planning sessions and practice pharmacists.

Having evaluated National schemes, including those developed by Swindon CCG and Walsall CCG, Wiltshire is implementing a Prescription Ordering Direct (POD) scheme aimed at reducing workload for GPs, reducing medication cost and wastage, providing a more standardised service for patients and enabling discussions with local pharmacists. Patients will phone a ‘call centre’ staffed with pharmacists who will take on the management of repeat prescriptions. Recruitment is underway and the scheme will be rolled out to the first of 7 first wave GP practices in May 17.

The CCG is keen to embrace the principles of the '10 High Impact Actions' developed by NHSE as a part of the General Practice Development Programme. Some of the initiatives being rolled out in Wiltshire from 2017 onwards include:

GP Forward View '10 Point Plan' Implementation
Wiltshire CCG
2017 onwards

	10 Point Plan	Scheme Development / Implementation	Timeframe for Implementation
1.	**Active Signposting**	• Active Signposting Training • Clinical Correspondence Training • Making every Contact Count (MECC)	April 2017 onwards April 17 pilot scheme 2017/18
2.	**New Consultation Types**	• Schemes being developed in line with the CCG Digital Roadmap	Following project plan
3.	**Reduce Did Not Attend**	• Practice / locality based projects to address non-attendance.	Ongoing – Wiltshire wide.
4.	**Develop the Team**	• Practice Manager Training • New Leader Programme / Future Proof Leadership Programme • GP Mastermind Programme	Awaiting confirmation of funding. April 2017 second cohort starts. April 2017 second cohort starts.
5.	**Productive Work Flows**	• Productive General Practice	In place in one practice. 13 practices expressed an interest in wave 2 scheme-awaiting funding decision.
6.	**Personal Productivity**	• New Leader Programme / Future Proof Leadership Programme	Cohort 2 starting April 17.
7.	**Partnership Working**	• Locality MDT and Strategic Development • Healthwatch and PPG network development.	Ongoing through PCO 2016-19. Builds on work completed 2016/17.
8.	**Social Prescribing**	• TCOP / PCO Innovation Schemes – Leg Clubs, Carers Cafes, Dementia Cafes, • Obesity Strategy – weight loss, gym, • PHBs	Ongoing, delivered through the Primary Care Offer 2016 – 2019. Ongoing, delivered in conjunction with Wiltshire Council.
9.	**Support Self-Care**	• Diabetes Wave 2 programme, Health Trainers, MECC, Wilts Council / CCG comms health promotion, Healthwatch PPG work, links to third sector organisations, GP public / patient meetings in West Wiltshire	Programmes ongoing through 2017/18.
10.	**Develop QI Expertise**	• General Practice Improvement Leaders Programme	3 year programme of courses.

		• Primary Care Improvers Conference • NHSE Sustainable Improvement Team Workshops • Time for Care programme	March 2017. April 17 onwards.

2.6 Infrastructure

Wiltshire received ETTF funding for Urgent Treatment Centres in Devizes and Trowbridge in October 2016. A competitive procurement for the appointment of healthcare development advisors was run and the successful company is now working on the development of the schemes. Project governance arrangements are in place, a project group established, PIDs developed and development of the next steps including the development of the model of care, site options appraisals and commercial strategy are in hand. Additional PIDs will be submitted to NHSE by March 17 and a cost review is ongoing. The surgery extension in Calne is progressing in line with the proposed timetable and will provide additional clinical space for clinicians at the practice.

The Strategic Healthcare Planning process for schemes in Chippenham, Melksham and Trowbridge is ongoing. The final report, in the form of the Strategic Outline Case, will be considered by the CCG Governing Body in May 2017.

Priorities for delivering improves IT systems to support new models of care in Wiltshire have been locally determined. The Digital Roadmap plan for Wiltshire (Oct 16) outlines the key deliverables for 2016/17 and 2017/18, linking into the STP plan and also reflecting the wider requirements required nationally to deliver digital capabilities.

For 2016/17:

- Delivery of Universal Capabilities
- Further deployment of EPR elements (trusts)
- Interoperability initiatives (enabling health and social care systems to share the data held within them across multiple platforms, subject to appropriate patient consent and information sharing agreements)
- Realign priorities with STP (for example client or patient-facing digital technology opportunities at scale)

For 2017/18:

- Interoperability initiatives around shared care planning and cross-provider, cross-border information sharing
- Patient portal and self-care digital initiatives
- Further sharing and potential consolidation of infrastructure (for example wide area networking across Wilts/BaNES)
- Whole system and population level analytics

The key priorities for the Wiltshire CCG Interoperability Programme (extension to BaNES and Swindon under consideration) are:

- TPP Hubs – Devizes, Diabetes Prevention (under consideration), leg clubs (under consideration)
- TPP in nursing homes
- TPP systems to support the Integrated Urgent Care procurement mobilisation

- TPP template standardization across GP practice and community users
- LDR / digital maturity refresh
- GP practice mergers support
- BIDS for Integration Engine, MSK MyHealthTools, Diabetes Prevention PHR

The management and delivery of digital programmes in Wiltshire, including the Digital Roadmap and the Interoperability programme are overseen by the Wiltshire Interoperability Programme Board to ensure robust governance and delivery against plan.

2.7 Investment

The GPFV includes the additional investment in general practice, as set out below:

- Increase general practice funding by at least the % increase in core CCG allocations, to fund core contract changes. For Wiltshire CCG this increase is 2.26%
- £3 per head non-recurrent transformation support – see detail below in 2.7.1
- £15m devolved to CCGs in 2017/18 and £20m in 2018/19 to fund online GP consultation software in line with national specification; - further detail is awaited from NHS England.
- £10m devolved to NHS England local teams or delegated CCGs in each 2017/18 and 2018/19 to fund training for care navigators and medical assistants for all practices in line with national specification; and £8m funding in each 2017/18 and 2018/19 to support practice resilience – detailed above in 2.4
- £6 per weighted patient for GPAF sites and Transformation Area CCGs in both 2017/18 and 2018/19, and £3.34 per head for all remaining CCGs in 2018/19 – detailed above in 2.3

The plan describes how all these strands of investment will be brought together to achieve transformation in general practice, and deliver the overall vision through the development of locality based provision and integrated health and social care services, building on the Integrated Urgent Care Access, Treatment and Clinical Advice Service model as refined through the Integrated Urgent Care Procurement process.

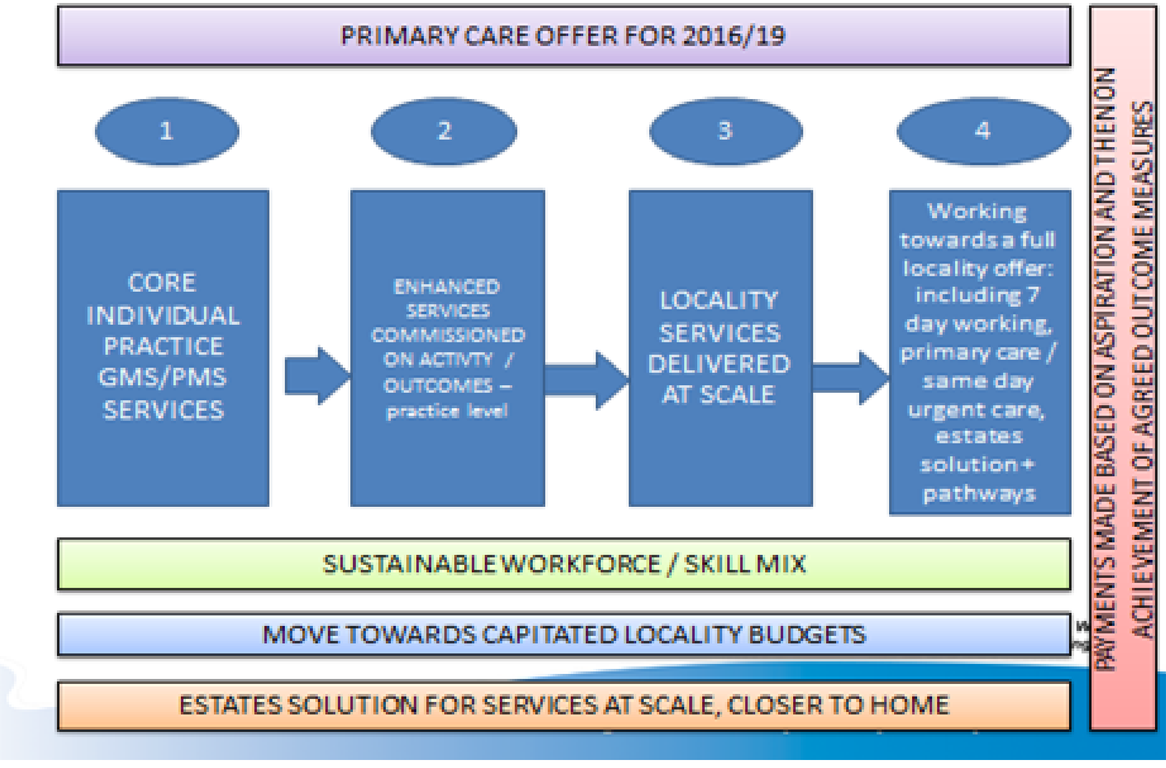
2.7.1 Transformational support

In Wiltshire, the £3 per head has been paid to practices as a part of the integrated Primary Care Offer from 2016-2019. The CCG agreed the Primary Care Offer (PCO) as a three year programme 2016-2019 of CCG commissioned enhanced services from GP Practices in Wiltshire over and above core GMS/PMS services. This supports the development of locality working to deliver primary care services at scale, supports increased efficiencies and helps to address issues of recruitment and retention. The alignment of funding for the £3 per head will be scrutinised at the next Primary Care Oversight Board with external review (LMC, Healthwatch, and NHSE) with PCO investment and Resilience Funding and other CCG funding sources. The PCO is fully in line with the principles of the GP Forward View.

The PCO has a value in excess of £9.4m and is made up of a number of elements:

- Transforming Care of Older People (TCOP) £2.4m (£5 per head of population)
- Locality Development £1.0m (£2 per head of population)
- Group and locality projects £1.4m (£3 per head of population)
- Local Enhanced Services £3.2m

- Prescribing Incentive Scheme £0.5m
- Salisbury Walk In Centre £0.9m



The ambition for the Primary Care offer supports the GPFV outcomes and links into the CCG primary care strategy and the STP plan and is as follows:

Primary Care Offer Ambition

The ambition of the CCG is that services commissioned in primary care under the PCO will:

- Maintain the current high quality primary care service across Wiltshire in the face of growing population and demand;
- Protect the core values of general practice of contact, co-ordination of care, comprehensive services and continuity of care;
- Deliver improved patient safety and clinical outcomes across Wiltshire;
- Deliver an improved experience for patients and their carers;
- Encompass clinical best practice and reduce variation;
- Be sustainable;
- Be innovative and promote skill-mix within primary care providers;
- Deliver a demonstrable return on investment (financial or otherwise);
- Be delivered “at scale” (i.e. at Practice, Locality or Group level as appropriate);
- Be monitored and funded on the basis of outcomes achieved rather than of activity.

2.7.2 Ring-fenced devolved funding

On-line consultation software

Wiltshire CCG awaits NHSE National guidance for online consultation software.

2.7.3 Other investment

Other investments in general practice will be made via funding either held nationally or devolved to NHS England local offices these include:

- General practice resilience programme – investments will follow the principles agreed by the Governing Body for 2016/17 funds.
- Estates and technology transformation fund (ETTF) – anticipated revenue implications of these schemes are included within plans. More detail on financial investment required will be included within the Full Business Case for each scheme.
- Increases in funding for GP trainees (HEE) – the CEPN Board and Reference Group will have input to and oversight of this.
- Increases in funding for GPIT – local priorities have been agreed, linking in to the STP plan and oversight will be through the IT Steering Group.
- Increases in funding for public health services (section 7A) – closer links are being developed with Public Health.
- Fully funded practice based mental health therapists – currently awaiting further detail from NHS England.

The CCG is working through the STP with NHS England and Health Education England on delivery of these programmes and investments. In addition the CCG will:

- Continue to support practices in planning resilience primary care workforce, including succession planning, increases in staffing and development of new roles;
- Ensure reinvestment of the PMS premium to the Primary Care Offer as in previous years.
- Refine the Primary Care Offer by setting up working groups to review current local enhanced services and make recommendations for change and/or new services that reflect the cost of service provision.

2.8 Leadership, governance and programme arrangements

Wiltshire CCG has governance arrangements in place for the GPFV programme that link into the CCG and STP governance arrangements. There is also a risk register associated with the programme. Please see details in Appendix 4.

Public consultation will be carried out in line with guidance in the CCG Communications and Engagement Strategy and through the involvement of Healthwatch and local Patient Participation Groups where appropriate.

3. Delivery Plan

GPFV delivery plan for Wiltshire set out below.

4. Planning Trajectories

Wiltshire CCG awaits NHSE National guidance and Unify templates for completion of the GPFV planning trajectories.

APPENDIX 3 - Delivery plan template

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
GPFV – Model of care								
Develop an Accountable Care Organisation model as a single provider organisation for Wiltshire.	Outline model designed and agreed by CCG Governing Body and supported by NHSE.	Wiltshire CCG functioning as statutory commissioner of local primary healthcare services including delegated primary care commissioning from 01/04/17.	tbc	Develop model.	Wiltshire CCG	Mar-June 17	Model designed with full stakeholder engagement and support. Governing Body and NHSE sign off.	
				Governing Body approval.	Wiltshire CCG	tbc		
				Consultation and engagement process.	Wiltshire CCG	tbc		
				Agree final model.	Wiltshire CCG	tbc		
	Develop implementation plan.	As above.	tbc	Milestones to be developed following formal approval of model.	Wiltshire CCG	tbc	Implementation plan drawn up and delivery timetable in place.	
					Wiltshire CCG	tbc		
					Wiltshire CCG	tbc		
					Wiltshire CCG	tbc		
To ensure the provision of a health service	Development of effective, clinically led,	Core integrated teams in	Funded through locality	Progress to be reviewed by CCG Gov.	Wiltshire CCG	March 17	Focused high level resilience /	

that is high quality, effective, clinically led and local.	locality working.	place supported by statutory and voluntary agencies.	element of the PCO.	Body.			locality plans in place. Supporting action plans developed.	
	Effective multi-disciplinary teams working together to deliver joined up local services.	Effective patient focused MDTs in place supported by strategic locality oversight.	Funded through locality element of the PCO.	Progress to be reviewed by CCG Gov. Body.	Wiltshire CCG	March 17	Effective, patient focused MDTs in place. Locality practices demonstrating strategic planning processes in place.	
GPFV – Improving access								
Integrated Urgent Care Procurement	Develop specification for Integrated Urgent Care service across the STP footprint, including Wiltshire, Swindon and BaNES CCG requirements.	Separately commissioned services in Wiltshire, Swindon and BaNES CCG areas.	Finance in place for existing service to May 18.	Development of specification. Agreement of documentation and process across three CCGs. Procurement process designed.	Wiltshire CCG Urgent Care Team (on behalf of STP)	2016	Specification developed and procurement process in place.	
	Procure and commission new service in line with NHS procurement	Separately commissioned services in Wiltshire, Swindon and	Cost determined in negotiation with	Advert and expression of interest requests.	Wiltshire CCG Urgent Care Team (on behalf of STP)	01/12/16	Procurement process in place Bidder	

	guidelines.	BaNES CCG areas.	preferred bidder.				engagement Acceptable bid received	
				Invitation to negotiate stages 1 and 2.	Wiltshire CCG Urgent Care Team (on behalf of STP)	22/03/17	Contract in place	
				Decision on preferred bidder made.	Wiltshire CCG Urgent Care Team (on behalf of STP)	July/August 17	Preferred bidder selected.	
				Award contract, mobilisation and contract implementation	Wiltshire CCG Urgent Care Team (on behalf of STP)	Sept 17 – May 18	Mobilisation planned.	
GPFV – Workforce								
Development of coordinated training across primary care organisations in Wiltshire.	Clinically led CEPN in place planning and accessing locally focused primary care training.	Training and development opportunities for primary care staff implemented by CCG or by practices individually.	£85k 2016/17. Further £40k expected 2017/18.	Appoint Project Manager – primary care workforce	Wiltshire CCG Primary Care Team	April 17	Project manager in post.	
				CEPN Board to Agree Project Plan	Wiltshire CCG Primary Care Team	May 17	Project plan in place with effective monitoring of delivery and outcomes.	

				Comms Strategy to be Developed	Wiltshire CCG Primary Care Team / WoE AHSN	May 17	Comms plan in place.	
				CEPN to be Clinically Led by Wiltshire GP Practices	Wiltshire CCG Primary Care Team / Wiltshire GP Practices	March 18	CEPN in placer with buy in from all Wiltshire GP practices.	
	New Staffing Models in Place Across Wiltshire GP Practices	Practices piloting new staffing models and sharing learning.	NHSE funded initiative.	Clinical Pharmacists	NHSE / Wiltshire Primary Care Team	tbc – following locality selection and funding confirmation by NHSE	Clinical pharmacists in place in GP practices.	
			Severn and Wessex Deanery / HEE funded schemes. Local scheme in development.	ST4 GP Trainees	Wiltshire CCG Primary Care Team / Severn and Wessex Deaneries	September 2017	ST4 GP Trainees in post supporting GP practices.	
			STP led initiative to maximise uptake of apprentice levy.	Apprenticeships	Wiltshire CCG Primary Care Team / STP		Increased number of apprentices in post in GP practices.	

			NHSE funded initiative.	Clinical Psychologists in GP Practices	NHSE / Wiltshire Primary Care Team	tbc – following scheme specification and funding confirmation by NHSE	Clinical psychologists in place in GP practices.	
	Programme of Leadership / Clinical Leadership Initiatives in Place	CCG commissioned management development and clinical leadership cohort 1 in place.	CCG funded 2017/18.	GP Mastermind Programme	Wiltshire CCG	Ongoing – start of next cohort March 17	Increased uptake in GP clinical leadership training.	
			CCG funded 2017/18.	Roll out of New Leader Programme / Future Proof Leadership Programme	Wiltshire CCG	Ongoing – start of next cohort April 17	Increased number of GP practice and CCG staff accessing leadership training.	
Recruitment, Retention and Training	Work with NHSE to recruit, retain and train GPs, encouraging them to work in Wiltshire GP Practices		NHSE funded initiative.	Support NHSE Programmes to Recruit and Retain GPs	NHSE (supported by Wiltshire CCG)	tbc	Increase in number of GPs working in Wiltshire GP practices. Reduction in GP vacancies.	
	Work with GP Practices to roll out Active Signposting and Clinical Correspondence Training,	GP practices currently accessing training independently.	NHSE/CCG funded initiative 2016-2021	Active Signposting	Wiltshire CCG / GP Practices	Phase 1 – December 17	Pilot scheme delivered and evaluated.	
			NHSE/CCG funded initiative	Clinical Correspondence	Wiltshire CCG / GP Practices	Phase 1 – April 17 Phase 2 –	Pilot schemes delivered and evaluated	

	Making Every Contact Count (MECC) Training and maximise uptake of Nurse Training Places across Wiltshire		2016-2021			December 17	phase 2 roll out.	
			Wiltshire Council funded initiative.	Making Every Contact Count (MECC)	Wiltshire Council / STP	2017 / 2018	Plan in place to roll out MECC to all GP practices.	
			HEE funded initiative.	Nurse Training Places – UWE and Bournemouth Uni.	Health Education England / STP	September 2017	Full uptake of training places by GP practice staff.	
GPFV – Workload								
GP Resilience / Vulnerable Practices Programme	To provide support to practices facing challenges in delivering effective services.	Practices struggling with GP retirements, sickness etc. Practice nurse vacancies.	CCG spend within budget for 2016/17 and planned spend for 2017/18 in place.	Series of initiatives including supported sessions, project management, locum top up.	Wiltshire CCG	Series of projects ongoing across Wiltshire practices.	Resilient GP practices with staffing structures to support the proposed new models of care.	
10 High Impact Actions	Develop and Implement Initiatives to Work Towards Delivery of 10 High Impact Actions with Wiltshire GP Practices	Practices developing individual processes and working independently.	NHSE / CCG funded initiatives.	See table on pages 8/9 for scheme details.	Wiltshire CCG	Series of projects ongoing across Wiltshire practices.	Improved efficiency and productivity in GP practices. Aligned systems.	

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GP IT Systems and Online Consultation Systems	Improvements in GP systems to support GP practices in delivering locally based, joined up care to support GPFV initiatives.	Practices using IT systems in isolation from other providers.	NHSE funded initiatives.	tbc – following scheme specification and funding confirmation by NHSE	Wiltshire CCG	tbc – following scheme specificatio n and funding confirmatio n by NHSE	Online Consultation Systems / TPP Hubs / Remote Access in place.	
General Practice Development Programme	Work with the NHSE Sustainable Improvement Team to Maximise Uptake of Quality Improvement and Change Management initiatives	GP practices delivering change according to their current level of skill and ability.	NHSE funded initiative.	Productive General Practice Scheme	NHSE / CCG	Ongoing uptake as NHSE makes places available.	More effective and efficient processes in GP practices / across localities .	
			NHSE funded initiative.	General Practice Improvement Leaders Programme	NHSE/CCG	Ongoing uptake as NHSE makes places available.	More trained GP manages in GP practices and in organisations supporting general practice change.	
GPFV – Infrastructure								
Estates Strategy / ETTF Implementatio n	Primary Urgent Care Centres through ETTF Scheme – Devizes and Trowbridge	To develop premises from which effective and efficient urgent care can be	ETTF funding allocated by NHSE.	Details project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.	Schemes in place and ready to accept services as per specification.	

		delivered in the community.						
	Strategic Health Planning Exercise – Chippenham, Melksham and Trowbridge	Exercise to establish the need for healthcare provision in Wiltshire towns.	‘One Public Estate Wiltshire Council / ETTF funding	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
	Salisbury City Primary Care Development	Development of improved primary care facilities to support GP practice merger.	No funding stream identified at present – GP practices pursuing.	tbc	Wiltshire CCG	To be delivered in line with project plans.		
	Calne Premises Development Scheme	Extension to existing practice premises to provide additional clinical space	ETTF funding allocated by NHSE.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
Digital Roadmap	Digital Roadmap for Wiltshire	Developing IT systems that support GPFV.	NHSE funding.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
	Wiltshire Interoperability Plan	Systems to facilitate shared resources across providers.	NHSE funding.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		

GP Practice Staff Workforce as at 30th September 2015 – Wiltshire CCG compared to CCGs with 'similar' profile in NHSE South Region.

BASELINE

FTE as at 30 Sep 2015 - experimental statistics			Region	All GP Practitioners	All Nurses	All Direct Patient Care
		England		34,592	15,398	14,469
		South		8,507	3958	4394
	40	Bath, Swindon and Wiltshire	South	524	288	312
	43	Gloucestershire	South	371	183	231
Q80	NHS England South (South West)			1,952	1013	1266
38	11X	NHS Somerset CCG		348	182	245
Q81	NHS England South (South East)			2,436	1144	1345
32	99J	NHS West Kent CCG		252	99	139
Q82	NHS England South (South Central)			2,437	1006	1080
43	11M	NHS Gloucestershire CCG		371	183	231
40	99N	NHS Wiltshire CCG		287	167	196
Q70	NHS England South (Wessex)			1,683	794	703
42	11A	NHS West Hampshire CCG		349	134	151

Baseline data from NHSE. (Original Source: NHS Digital http://content.digital.nhs.uk/workforce)

* CCGs 'similar' to NHS Wiltshire CCG in the South identified using Commissioning for Value Packs / Tool at: https://www.learnenv.england.nhs.uk/similar (accessed Mar17).

GP Practice Staff Workforce as at 30th September 2017 – variance between NHS Wiltshire CCG and four CCGs with 'similar' profile in NHSE South Region.

CCG	All GP Practitioners	Variance from NHS Wiltshire CCG	All Nurses	Variance from NHS Wiltshire CCG	All Direct Patient Care	Variance from NHS Wiltshire CCG
NHS Wiltshire CCG	**287**	**---**	**167**	**---**	**196**	**---**
NHS Somerset CCG	**348**	**+61**	**182**	**+15**	**245**	**+49**
NHS West Kent CCG	**252**	**-35**	**99**	**-68**	**139**	**-57**
NHS Gloucester shire CCG	**371**	**+84**	**183**	**+16**	**231**	**+35**
NHS West Hampshire CCG	**349**	**+62**	**134**	**-33**	**151**	**-45**

Appendix 2

GP Forward View Implementation
Wiltshire CCG
High Level Risk Register

	Source of Risk	Date	Risk Details (including effect of risk)	Project Objective Threatened by this Risk	Existing Controls	Likelihood	Consequence	Score	Mitigating Actions
1	GP Forward View funding does not cover cost of delivering GPFV programme in Wiltshire.	10/03/17	Need for support to develop GP practices in line with GPFV objectives outweighs available funding.	Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.	Programme and financial management, planning and horizon scanning. Liaison with NHSE, maximising and targeting use of available funding.	3	3	9	Prioritise investment in GP practices according to urgency to ensure resilience maintained.
2	Larger number of GP practices becoming vulnerable more quickly than expected.	10/03/17	Loss of clinicians through retirement, sickness and resignation and inability to recruit replacement staff. Practices affected by increases in demand from rapidly growing local populations.	Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.	Delivery of the GP resilience and vulnerable practice programmes to support sustainable and resilient primary care services, out of hospital and community based, in Wiltshire.	3	4	12	Work with localities to develop local practices resilience plans.
3	Inadequate staff resource at NHSE and Wiltshire CCG to deliver full requirements of GPFV.	10/03/17	Movement of staff across provider and commissioning organisations, the STP, GP practices etc. affecting ability of organisations to deliver	Ability to access funds, develop implementation plans, work with GP practice representatives and the LMC to design and deliver change programmes.	Recruitment of NHSE GPFV posts across the CCG to support delivery of GPFV initiatives, planning for staff to support delegated	3	3	9	NHSE and CCGs to work together to maximise effective use of staff time and plan together.

			new initiatives e.g. GPFV, delegated commissioning of primary care, vulnerable practice and resilience support.		**commissioning, effective project management systems in place.**				
4	**Lack of specific Primary Care focus in STP planning process.**	**10/03/17**	**Primary Care seen as a strand running through the STP planning process but not a focus in its own right.**	**Community based Primary Care services, locally based and developed around the identified needs of the local population.**	**Involvement of CCGs in STP planning process.**	**2**	**2**	**4**	**CCGs continue to work with STP Board to raise profile of primary care in STP plans.**
5	**5 year funding regime and implementation timeframe creates inequities across GP practices.**	**10/03/17**	**To become resilient, GP practices need to build local capacity and develop new skills across localities. Change process is needs to be resourced and delivered in a timely manner before more practices become vulnerable.**	**Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.**	**CCG Resilience Board overseeing take up and delivery of programmes. Primary Care team working with NHSE to ensure maximum take up of resources.**	**3**	**3**	**9**	**Ensure effective project planning and monitoring system in place. Target resources. Access all available sources of funding.**
6	**Potential for conflict between the Primary Care plans developed by the STP and the local development of Accountable Care Organisations in the three CCG areas.**	**10/03/17**	**Development of parallel and conflicting plans, splitting available resource and causing confusion for commissioners and providers.**	**Delivery of local 'place based' out of hospital services in Wiltshire.**	**Accountable Care Organisation planning at an early stage. Identification of risk of conflict recognised by both STP and CCGs.**	**3**	**3**	**9**	**Develop communications channels linking STP plan development with Primary Care Strategy implementation in Wiltshire, BaNES and Swindon.**

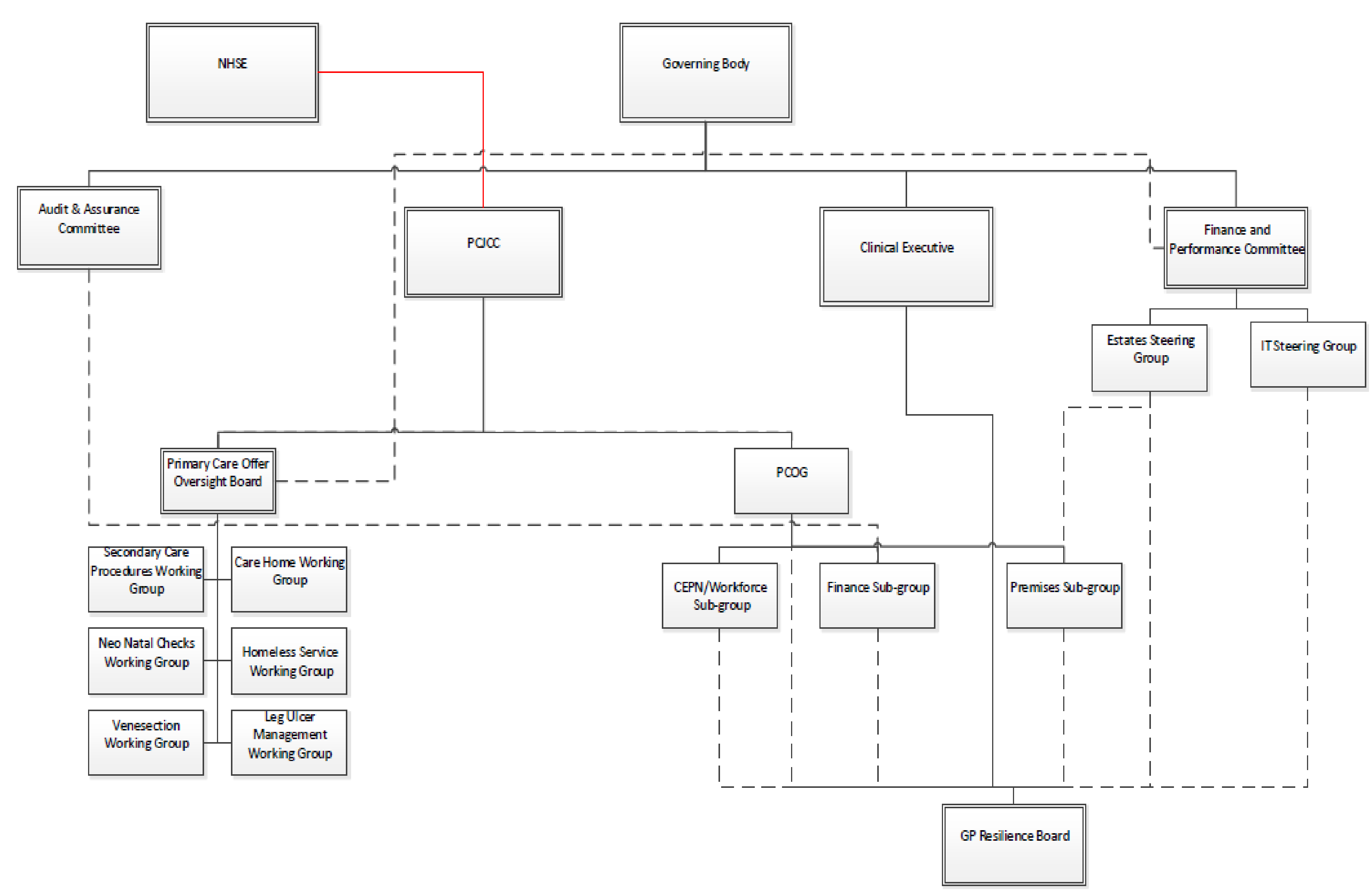
Appendix 3

GP Forward View Implementation
Wiltshire CCG
Stakeholder Engagement Matrix

	Stakeholder	Strategic / Project Specific	Impact	Influence	Stakeholder Category
1	Public	PS	1.5	2	Public
2	Patient Participation Groups at GP Surgeries	PS	1.5	2	Public
3	Patient Groups (condition specific)	PS	1.5	2	Public
4	Local Communities	PS	1.5	2	Public
5	Healthwatch	S	2	2	Public
6	General Practices / Practice Managers	S	2	2	Provider
7	Wiltshire CCG Groups – NEW, West Wilts and SARUM	S	2	2	Provider / Commissioner
8	Wiltshire CCG Clinical Executive and Governing Body	S	2	2	Commissioner
9	Wiltshire CCG Primary Care Team	S/PS	2	2	Commissioner
10	Wiltshire CCG Urgent Care Team	S	1	1	Commissioner
11	Wiltshire CCG Meds Management Team	PS	1	1	Commissioner
12	Wiltshire CCG Finance Team	S	2	2	Commissioner
13	Wiltshire CCG Comms Team	S/PS	2	1	Commissioner
14	NHSE South Central Area Team	S/PS	2	2	Commissioner
15	NHSE GPFV Support Teams	S/PS	2	2	Commissioner
16	BaNES and Swindon CCGs	S	2	2	Commissioner
17	STP	S	2	2	
18	Other Providers - acute hospitals	PS	1	1	Provider
19	Other Providers – community team	PS	1	1	Provider
20	Wiltshire / BaNES / Swindon Councils	PS	1	1	Commissioner
21	Public Health	S	0.5	1	Commissioner
22	Area Boards	PS	0.5	0.5	Statutory
23	Health and Wellbeing Board	S	0.5	0.5	Statutory
24	Health Scrutiny Panels	S	0.5	0.5	Statutory
25	Mental Health Commissioners	PS	0.5	0.5	Commissioner
26	CSCSU	PS	0.5	0.5	Support Services
27	NHS Property Services	PS	0.5	0.5	Support Services
28	Voluntary Sector	PS	0.5	0.5	3rd Sector
29	Charities	PS	0	0.5	3rd Sector
30	Schools	PS	0	0	3rd Sector
31	Housing Groups	PS	0	0	3rd Sector
32	Emergency Services	PS	0	0	Support Services

Appendix 4

Primary Care Governance Structure Diagram



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Health and Wellbeing Board

13th July 2017

Agenda Item 10

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

National Context:

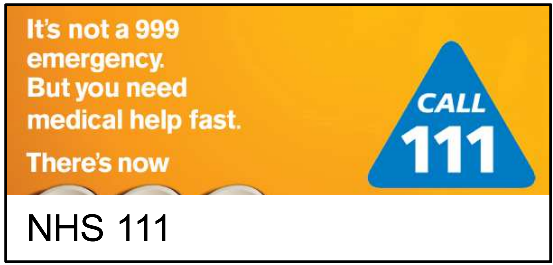
- National Urgent Care Reviews - for commissioners to deliver a functionally integrated 24/7 urgent care service including "urgent care clinical advice hub"

- Five Year Forward View October 2014 & refresh April 2017 – integration of NHS111and Out of Hours (OOH);

- GP Forward View April 2016 – 111+OOH+clinical hubs dovetailing to primary care capacity plans; Extended Access; and Primary Care Access Hubs

Seeing the system from a patient's view:

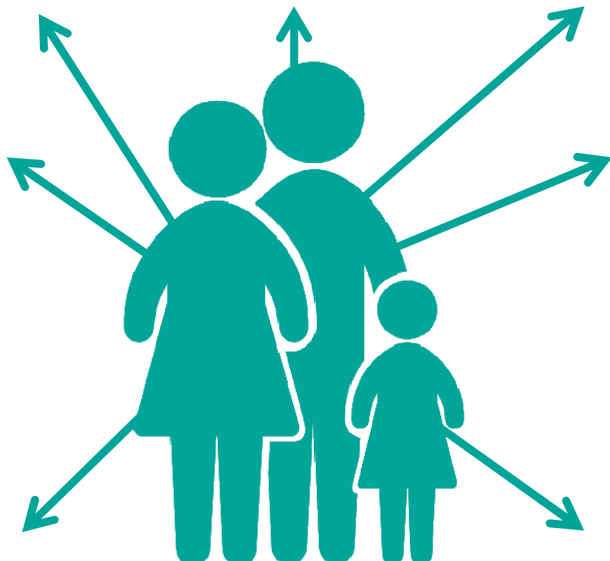
Walk-in centre



NHS 111

Minor injuries unit (MIU)

MIU and urgent care centre



Accident and emergency

GP out of hours

Urgent care centre

'The right healthcare for you, with you, near you.'

NHS
Wiltshire
Clinical Commissioning Group

HEALTHWATCH – patient and carers experience tells us…

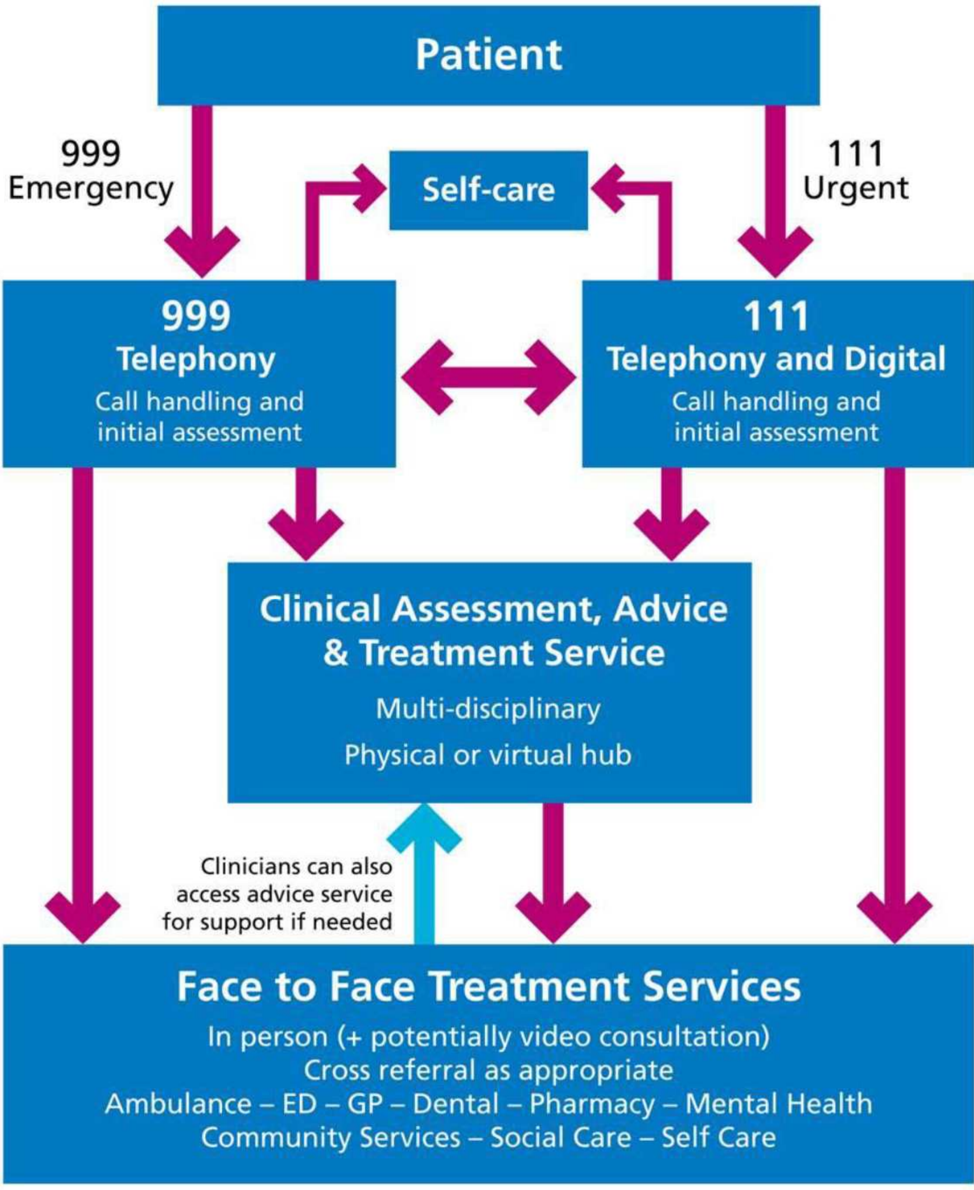
healthwatch Wiltshire

- The system is not easy to navigate, not clear what's available (when and for what)
- Uncertainty about where to get advice and lack of confidence in (non-clinical) triage systems (primary care and NHS 111)
- People want to see a clinician
- Information not always shared between the people who are providing my care
- Parts of the system don't always work together

HEALTHWATCH – patient and carers experience tells us…

- Communication with patients/carers: I feel listened to but I don't know what's happening next
- Location of care: Not always possible to deliver on the promise (transport an issue in parts of rural Wiltshire)
- Waiting times: people want convenient local access (and they understand financial constraints)
- Don't blame patients for seeking care at the wrong place

An integrated urgent care service



'The right healthcare for you, with you, near you.'

NHS
Wiltshire
Clinical Commissioning Group

Challenges

- Workforce – all sectors
- Health and social care challenges - demographic and financial challenges (ageing population and housing growth)
- Urgent care demand is increasing
- GP Forward View – CCGs responsible for commissioning to expand capacity ensuring plans in general practice dovetail with plans for single point of contact to integrated urgent care with access with OOH and reformed 111 and clinical hubs = 7 days
- Geographic specifics:
  - Wiltshire army rebasing – military serving and dependants for super garrison county 26,000 (mil and dep) 2016 to 32,000 in 2020
  - Wiltshire Prison Category C

Integrated Urgent Care procurement

- Integrated Urgent Care Procurement (with BaNES, Swindon CCGs and Wiltshire Council) started with advert in November 2016
- The key objective to deliver a more functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111 and the GP OOH service
- It is not simply the bolting together of existing services (NHS 111 and GP Out of Hours) but in fact the introduction of a new, functionally integrated service that includes a new clinical advice element: ***the clinical hub***

Service being procured…

Service	BaNES CCG	Swindon CCG	Wiltshire CCG	Wiltshire Council UA
Access to Care Service, including Single Point of access to Intermediate Care			✓	✓
Acute Trust Liaison Service			✓	
Carers Emergency Card Response Service				✓
GP Out of Hours service	✓		✓	
Integrated Urgent Care Access, Treatment and Clinical Advice Service (clinical hub), including Health Care Professional Line	✓	✓	✓	
NHS 111 Service	✓	✓	✓	
Telecare call monitoring				✓
Telecare equipment and installation				✓
Telecare response service and urgent care domiciliary care service				✓
Out of Hours Dental Services		✓	✓	

Integrated Urgent Care procurement

- Model offers patients who require it access to a wide range of clinicians, both experienced generalists and specialists. Also offers advice to health professionals in the community, e.g. paramedics and emergency technicians, so that no decision needs to be taken in isolation
- Wiltshire CCG and Wiltshire Council (BANES & Swindon Governing Bodies) approved sign off ITN2 Stage to move to preferred provider stage in April 2017

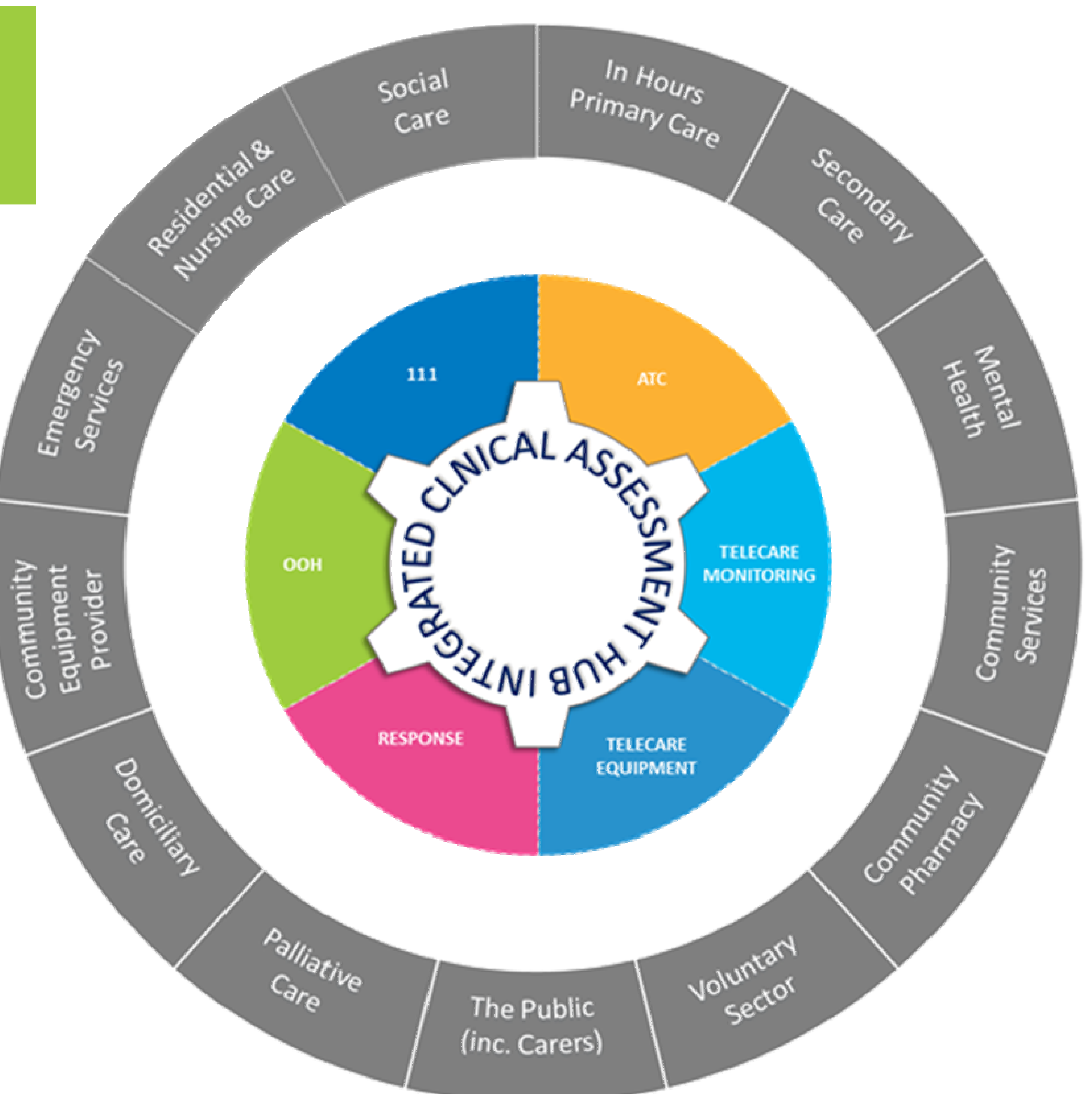
Integrated Urgent Care Service (BSW) Preferred Provider Stage

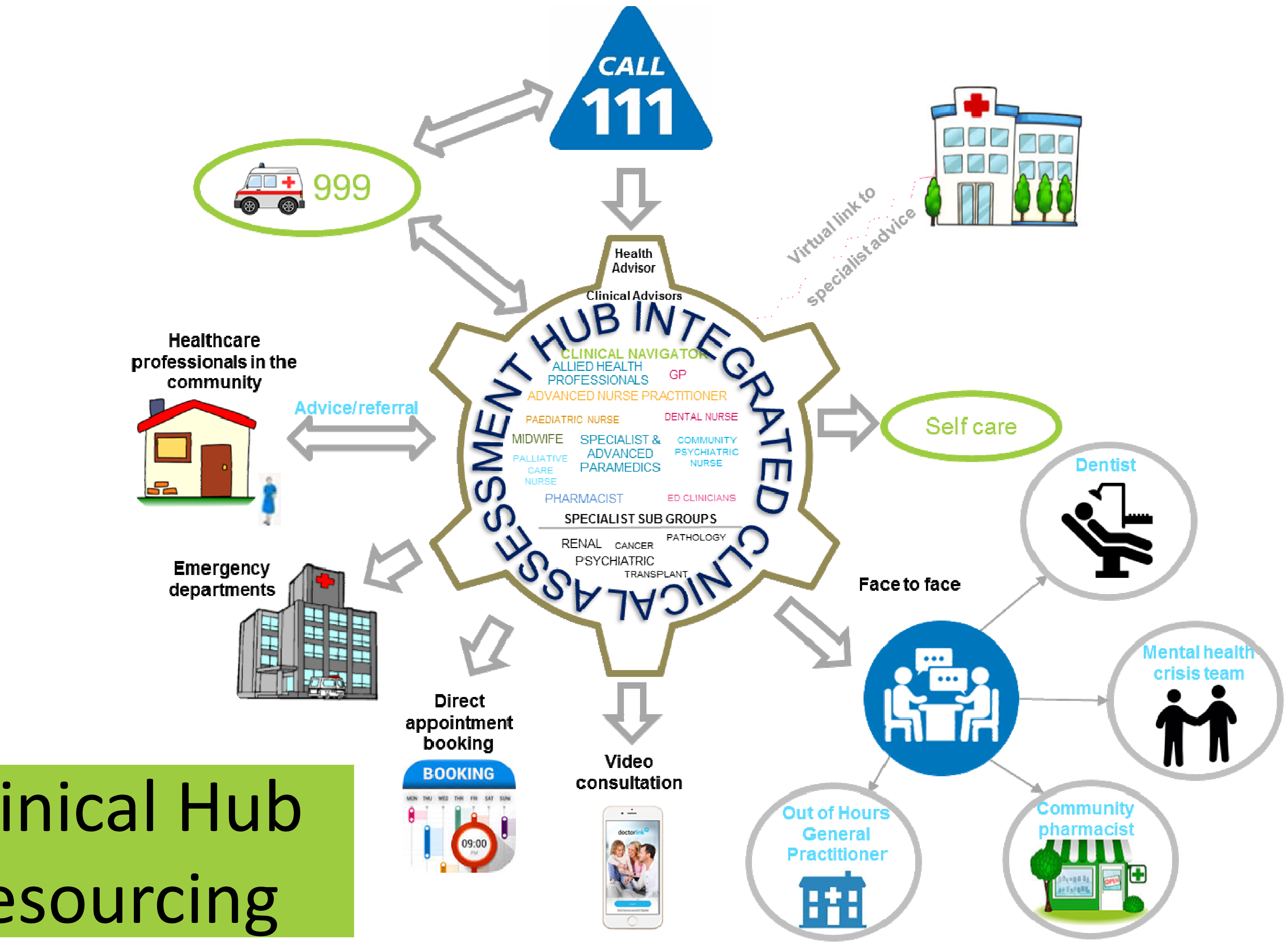
- Medvivo has been selected to the ***preferred provider stage***
- Medvivo will be the lead provider, working in collaboration with Vocare and Banes Enhanced Medical Services (BEMS+)
- Preferred provider status is not an award of contract and does not confer a contractual commitment from the commissioners at this stage
- Award of the contract to Medvivo and its partners will only be made following further robust assessment, intensive testing and planning stage and GP focused clinical engagement sessions
- One Contract Award will need to be approved by the Boards of B&NES, Swindon and Wiltshire Clinical Commissioning Groups and Wiltshire Council 21st September
- Mobilisation start October 2017
- New services commence on 1 May 2018

'The right healthcare for you, with you, near you.'

Proposed integrated service model

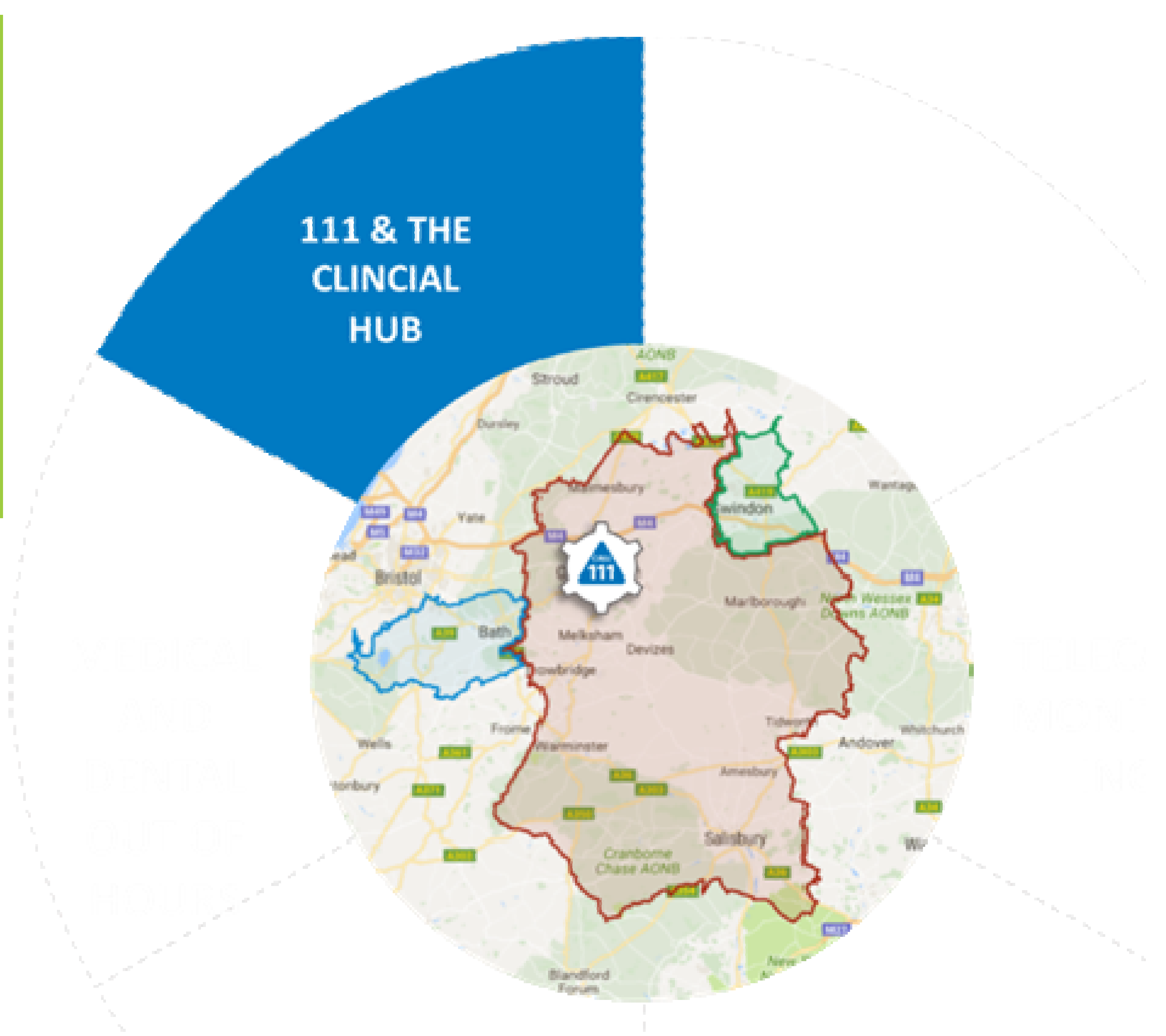
Delivering the Vision



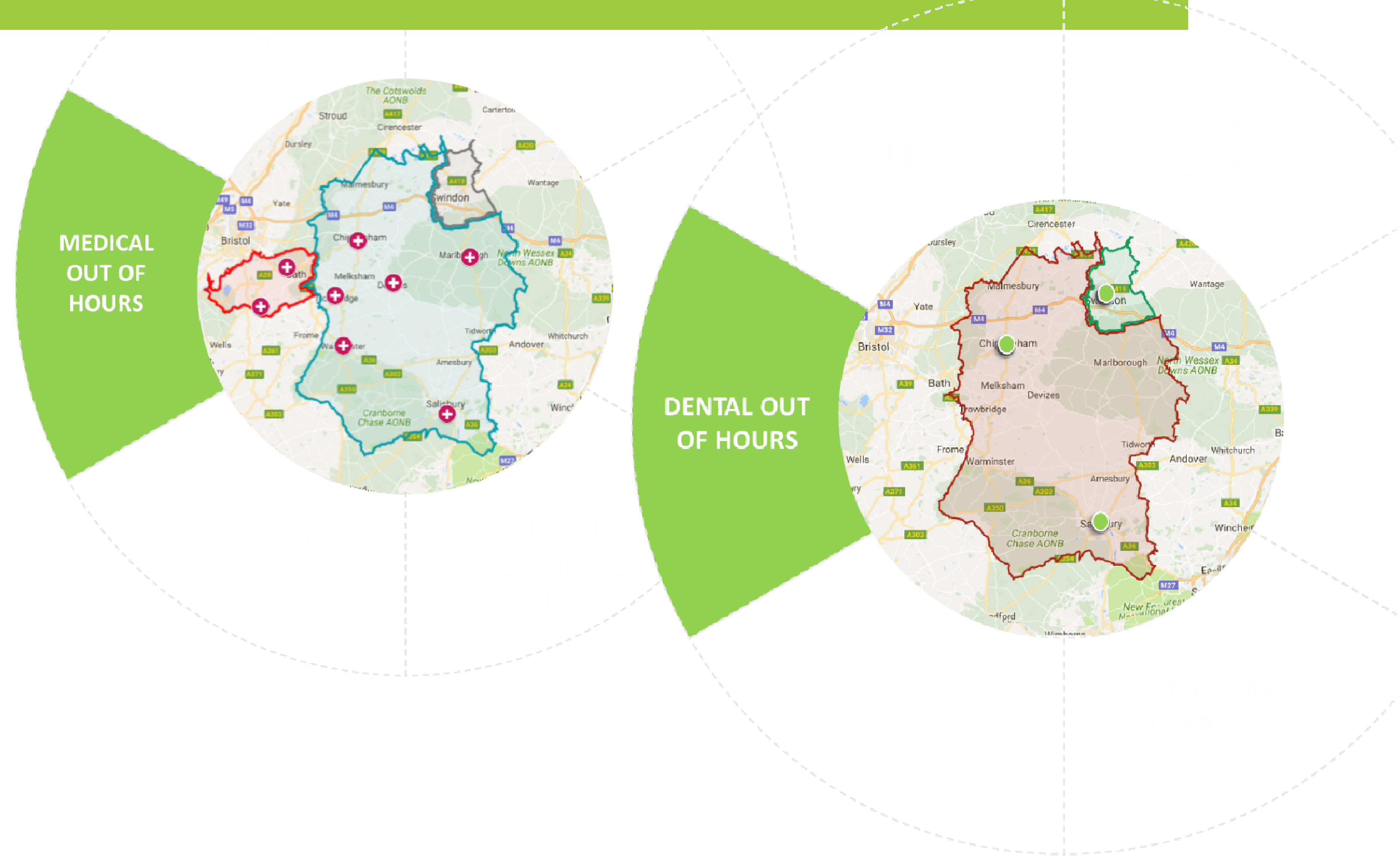


CALL
111
999
Virtual link to
specialist advice
Health Advisor
Clinical Advisors
CLINICAL ASSESSMENT HUB INTEGRATED
CLINICAL NAVIGATOR
ALLIED HEALTH PROFESSIONALS
GP
ADVANCED NURSE PRACTITIONER
PAEDIATRIC NURSE
DENTAL NURSE
MIDWIFE
SPECIALIST & ADVANCED PARAMEDICS
COMMUNITY PSYCHIATRIC NURSE
PALLIATIVE CARE NURSE
PHARMACIST
ED CLINICIANS
SPECIALIST SUB GROUPS
RENAL
CANCER
PATHOLOGY
PSYCHIATRIC
TRANSPLANT
Healthcare professionals in the community
Advice/referral
Self care
Dentist
Emergency departments
Face to face
Mental health crisis team
Direct appointment booking
BOOKING
09:00
Video consultation
Out of Hours General Practitioner
Community pharmacist
Clinical Hub Resourcing

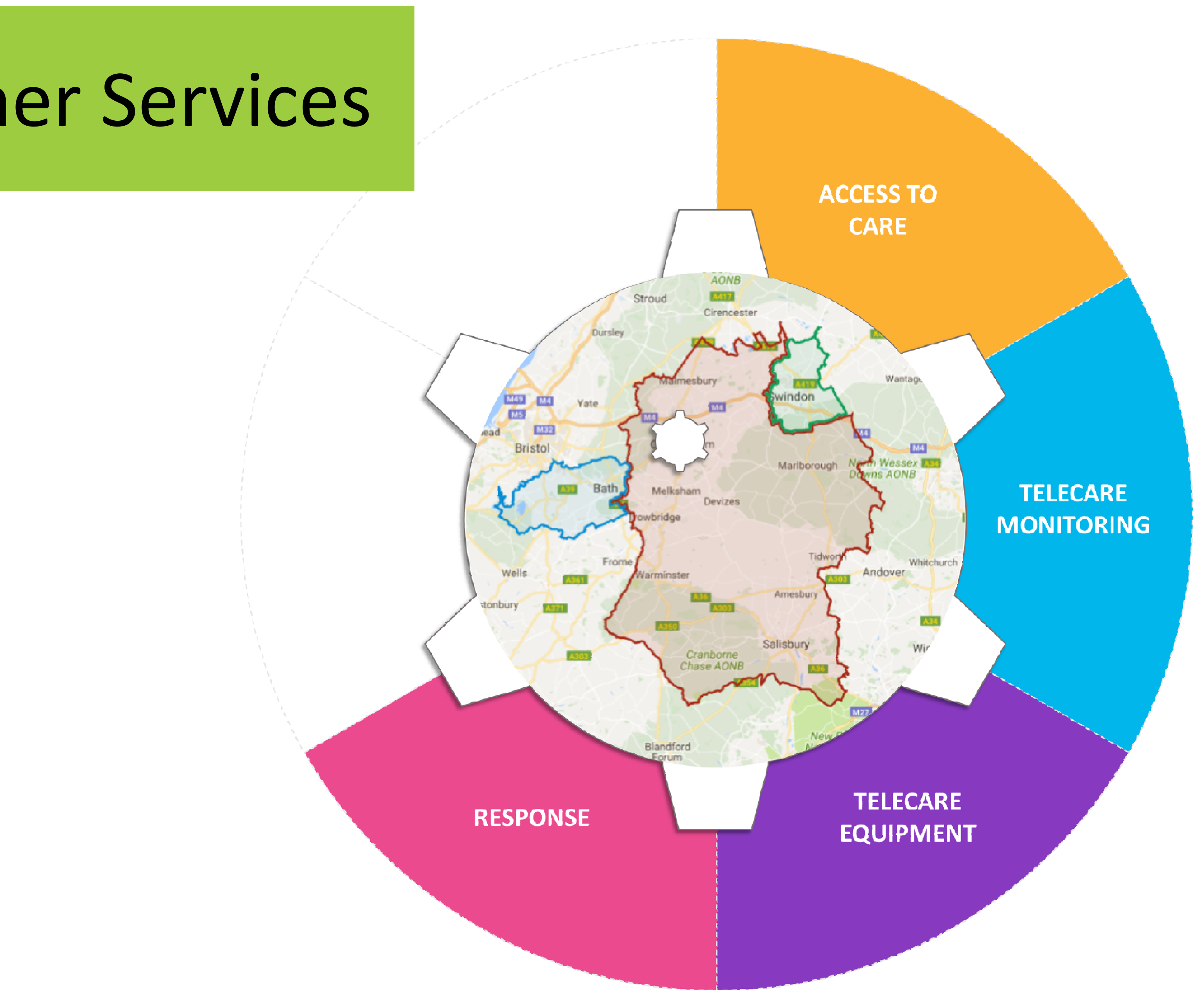
111 and the Clinical Hub



Face to Face and Home Visiting



Other Services



Why Us?

Wiltshire Council

Health and Wellbeing Board July 2017

Subject: Wiltshire's Health & Wellbeing JSNA

Executive Summary

In September 2014 the Wiltshire Joint Strategic Needs Assessment for Health and Wellbeing (HWB JSNA) for 2013/14 was published. This comprised an Executive Summary and a large number of reports on specific topics which can be accessed on the Wiltshire Intelligence Network (http://www.intelligencenetwork.org.uk/health/jsa-health-and-wellbeing/).

It is a statutory requirement for the Health and Wellbeing Board to publish a HWB JSNA and keep this up to date.

The Joint Strategic Needs Assessment for Wiltshire provides the Council, NHS and public sector partners with a single, evidence based document outlining the key issues in Wiltshire. The JSNA programme produces a number of products ranging from the overall JSNA for Wiltshire; down to more detailed topic specific JSNA's that provide a set of agreed facts and figures to be used by the council, our partners, and organisations within the county. Last year we successfully produced the Community Area Joint Strategic Assessments and in updating the HWB JSNA we will build on the format used for these reports.

In updating the HWB JSNA we intend to produce an executive summary looking at Wiltshire wide issues and specific summary documents highlighting the issues facing Children & Young People and Older People. These will be supported by a number of data based reports.

In order to support effective prioritisation the HWB JSNA will look at benchmarking where possible against the England Average, the South West Average and the Average for the 10 most similar Local Authorities as defined by the Office for National Statistics.

Proposal(s)

It is recommended that the Board:

i) notes the need to update the Health & Wellbeing JSNA for Wiltshire;
ii) agrees to support the work of Wiltshire Council to update the HWB JSNA in the format outlined below;
iii) examines where action at a strategic level might continue to encourage further action across Strategic Partner Organisations to improve the Health & Wellbeing of the Wiltshire population.

Reason for Proposal

The data, information, knowledge and evidence contained in the HWB JSNA has enabled Wiltshire Council and Partners to decide priority areas for action to help improve the health and wellbeing of the population of Wiltshire. The data has been used to support commissioning of services, provided an understanding of the changing nature of the population and how that will impact on demand for services and helped to focus prevention activity to ensure effectiveness.

By providing good quality data and by facilitating discussions with partners and in local communities, through the CAJSA process, Wiltshire is becoming a healthier and more vibrant place for all.

Tracy Daszkiewicz
Acting Director of Public Health, Wiltshire Council

Wiltshire Council

Health and Wellbeing Board July 2017

Subject: Wiltshire's Health & Wellbeing JSNA

Purpose of Report

1. To meet the statutory requirement to produce a Joint Strategic Needs Assessment for Health and Wellbeing.

2. To outline the effectiveness of the work Wiltshire Council and its partners are doing to support the improvement of Health and Wellbeing across the County.

Background

3. Wiltshire Council's fundamental priority is to create stronger, healthier and more resilient communities. To support this we need to provide timely information on the key priority areas for Health and Wellbeing which is the purpose of the Wiltshire HWB JSNA.

4. The HWB JSNA should be an assessment of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or NHS England Specialised Commissioning. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.

5. JSNAs and Joint Health and Wellbeing Strategy's (JHWS) are continuous processes, and are an integral part of CCG and local authority commissioning cycles. Health and wellbeing boards need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans. To be transparent and enable wide participation, boards should be clear with their partners and the community what their timing cycles are and when outputs will be published.

6. It is 3 years since we last update the HWB JSNA and since then there have been some updates in the data. With the publication of the CA JSA last year we have also updated the way in which we present data to a non-technical audience. In updating the HWB JSNA this year we will update the data and make it more accessible to the public.

7. The HWB JSNA is published on the Wiltshire Intelligence Network website, as part of updating the HWB JSNA we will update the website to a similar style as the CA JSA website. This will provide a more consistent approach to allow users to access data more effectively.

Format

8. The HWB JSNA will comprise 6 sections:

    - Demographics & Overarching Indicators
    - Healthcare and Premature Mortality
    - Health Protection
    - Health Promotion & Preventative Services
    - Health Safety
    - Wider Determinants of Health

9. Within each section there will be relevant indicators for which data is available at a Wiltshire level with appropriate benchmarking comparative data. These reports will contain limited text and this will be to provide context where appropriate.

10. In addition to the individual sections there will be an Executive Summary and further summary documents for Children & Young People and Older People.

11. The purpose of the JSNA process is to provide comparative data to support priority setting and provide an understanding of the area. In order to do this we need to identify the benchmarking criteria we would want to use where data is available to support this.

12. The 2013-14 HWB JSNA predominantly used England and South West averages for Benchmarking purposes. As we know from the Public Health Outcomes Framework this generally presents Wiltshire in a positive light. We might therefore want to consider where possible benchmarking against the England top quartile or our similar local authorities as defined by ONS. Our similar neighbours are defined by ONS as:

BANES	Cambridgeshire	Devon
Dorset	Gloucestershire	Hampshire
Oxfordshire	Shropshire	West Sussex
Worcestershire		

13. NHS Rightcare also has a methodology for identifying the 10 nearest neighbour CCG, these are as follows:

NHS Ipswich & East Suffolk CCG	NHS Somerset CCG	NHS South Worcestershire CCG
NHS West Kent CCG	NHS East Leices & Rutland CCG	NHS E & N Hertfordshire CCG
NHS Mid Essex CCG	NHS Bedfordshire CCG	NHS Gloucestershire CCG
NHS West Hampshire CCG		

14. There does not appear to be much overlap between the 2 different options. Not all indicators will necessarily be available for these authorities or combined but selecting one and using these where possible along with England and the South West will provide a different perspective and understanding for Wiltshire for the indicators in the JSNA. We would propose using the ONS similar neighbours.

Next steps

15. To continue to impact positively upon health and wellbeing across Wiltshire it is recommended that the existing HWB JSNA is updated and that these reports follow the structure outlined above.

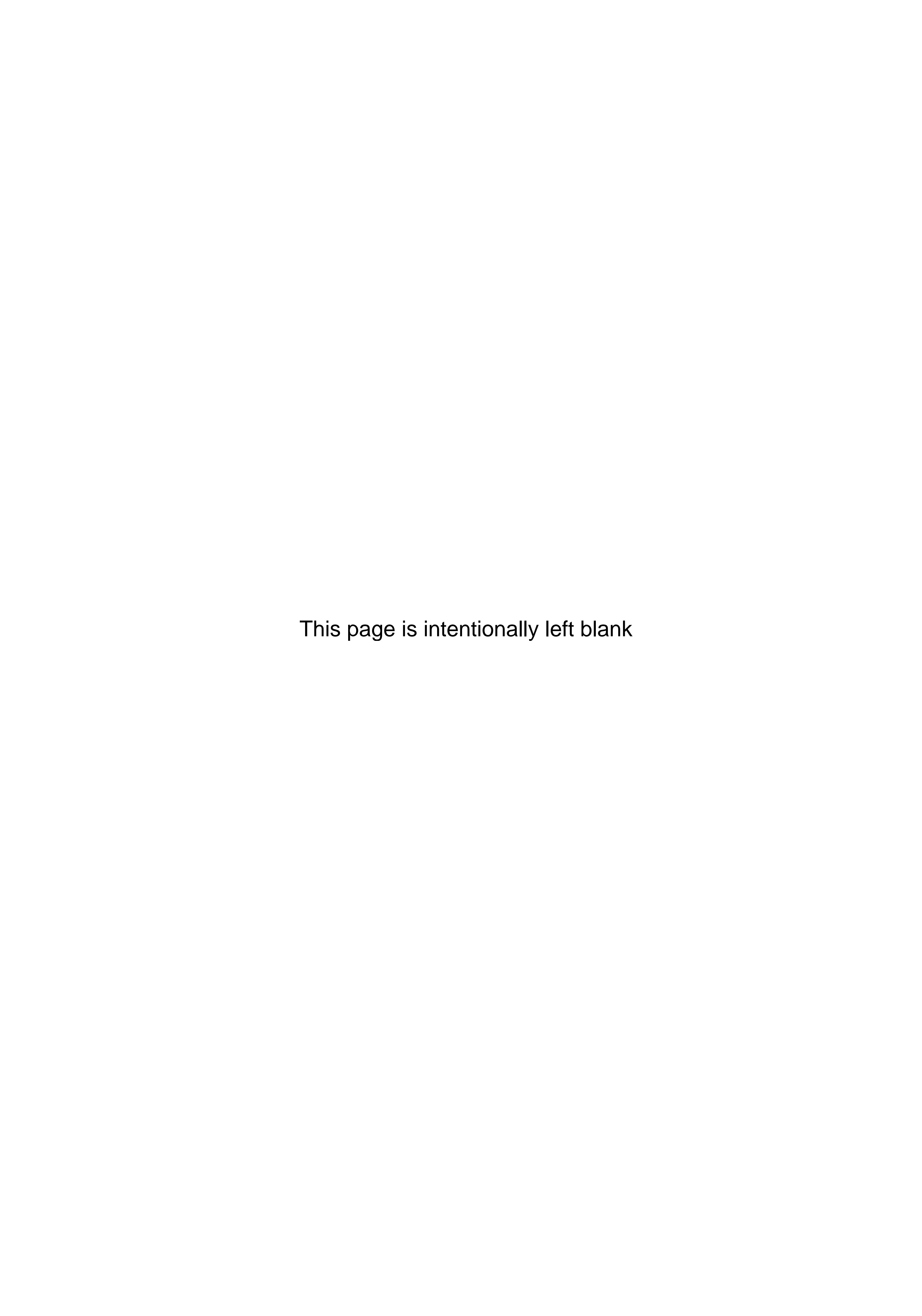
16. With the approval of the HWB we will develop a list of definitive indicators for each of the 6 chapters and will begin the process of producing the reports. The current aim is to have the reports ready for HWB approval in the late autumn to allow publication before Christmas to help inform and support the 2018-19 commissioning cycle.

17. Further updates on progress will provide as required.

Cllr Jerry Wickham
Cabinet Member for Public Health
Wiltshire Council

Tracy Daszkiewicz
Acting Director of Public Health
Wiltshire Council

Report Author:
Kate Blackburn, Public Health Consultant, Wiltshire Council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Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: Healthwatch Wiltshire Annual Report 2016/17

Executive Summary

Healthwatch Wiltshire is the independent consumer champion for health and social care. The legal requirement to publish an annual report provides an opportunity to demonstrate to local people, stakeholders, and the Wiltshire Health and Wellbeing Board progress which has been made in 2016/17 and to look forward to 2017/18.

Proposal(s)

It is recommended that the Board:

1. note and comment on the content of the Annual Report
2. recognise the progress which has been made during 2016/17 in fulfilling the statutory duties of a local Healthwatch
3. take up the offer for Healthwatch Wiltshire to share the outcomes from its engagement work as appropriate in the future.

Reason for Proposal

Healthwatch Wiltshire has a statutory duty to promote the voice of local people in respect to health and social care services and has the opportunity to influence commissioners on the Health and Wellbeing Board. This opportunity is provided through Healthwatch Wiltshire's membership of the Board. As such it is important that the Board receive Healthwatch Wiltshire's Annual Report in order to make any comment, recognise the work undertaken to date, and confirm its commitment to listen to the voice of patients, unpaid carers and the wider community through Healthwatch Wiltshire.

Chris Graves
Chair
Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

17 July 2017

Subject: Healthwatch Wiltshire Annual Report 2016/17

Purpose of Report

1. The purpose of this report is to present to the Health and Wellbeing Board the Healthwatch Wiltshire Annual Report for 2016/17 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 148 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. The local authority is responsible for commissioning a local Healthwatch service. In Wiltshire, the Council set up a new and independent organisation (a community interest company (CIC)) to deliver the Healthwatch Wiltshire service in 2013. Wiltshire Council provides core funding through a contractual agreement which is subject to performance reporting. The Council does not direct the work plan of Healthwatch but does require that the service delivers the statutory activities (see appendix 1).

4. Local Healthwatch must prepare an Annual Report by 30 June for the preceding financial year (1 April 2016 to 31 March 2017). 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's Overview and Scrutiny Committee.

Activity and outcomes in 2016/17

5. The annual report for 2016/17 describes activity across a range of headings including:

   - Dementia

- Integration of health and care services (Wiltshire's Better Care Plan)
- Quality of services
- Involving volunteers
- Information and signposting
- Children and Young People

Healthwatch Wiltshire exists to promote the voice of all local people in health and social care. Throughout the year we have shared the outcomes of our own engagement with commissioners and/or providers to influence on behalf of local people. In all the activity areas described below it is possible to demonstrate where the views and experiences of local people (including children and young people) are making a difference to services.

6. Dementia
Healthwatch committed to 'tracking' the life of the Wiltshire Dementia Strategy and does this in collaboration with local charities and with commissioners. Healthwatch last reported on its dementia activity to the Health and Wellbeing Board in May 2017 (focus on primary care and community services).

7. Better Care/Care Act
Healthwatch delivered engagement to support the Better Care Plan and implementation of the Care Act. In 2016/17 this has included engagement of service users to find out their experiences of the 'system' (health and social care) which resulted in a report, 'when care is transferred'. Healthwatch also delivered engagement to support the consultation on changes to the Adult Social Care Charging Policy as well as the consultation on the new End of Life Care Strategy.

8. Quality of services
Healthwatch has an important role in monitoring the quality of services. This includes its powers to 'Enter and View' health and care services. During 2016/17 extensive engagement was delivered within health and care services (46 visits). Healthwatch also contributes to the work of the Health and Overview Scrutiny Committee as well as the Wiltshire and also NHS England Quality Surveillance Groups (which includes commissioners and CQC). These provide an opportunity to share any concerns or information gathered from the public.

9. Involving volunteers
We recognise and value the contribution of lay people volunteering with Healthwatch Wiltshire. During 2016/17 we increased our pool of volunteers to 57. Our volunteers help us to deliver our engagement activity. Currently we are working towards the 'Investing in Volunteers' accreditation from the National Council of Voluntary Organisations (NCVO).

10. Information and signposting
Local Healthwatch has an information and signposting role for local people. This role includes a partnership with Wiltshire Council to run the health and care website ('your care, your support Wiltshire'). As well as

the work on the website Healthwatch puts out communications and information through the Area Boards, voluntary sector, and various other mediums.

11. Children and Young People
During the year Healthwatch worked with Youth Action Wiltshire to deliver an innovative approach to engagement with young people. The 'Young Listeners' project has been shortlisted for two national awards. The outcomes from the project were presented to the Health and Wellbeing Board in May 2017. We were pleased to have the opportunity to work in partnership with the Council, NHS Wiltshire, and the Police and Crime Commissioners' Office on the first Wiltshire Youth Summit (held in February 2017).

Organisational change

12. In March 2017, the name of the company was changed from Healthwatch Wiltshire CIC (community interest company) to Evolving Communities CIC. This change is part of the wider development of the organisation and was decided by the Board of Directors following consultation with stakeholders including Healthwatch England, Wiltshire Council, and NHS Wiltshire CCG.

13. The organisation's main purpose continues to be delivering high quality local Healthwatch services which is what we have been doing in Wiltshire since 2013 and in Gloucestershire from April 2017. The organisation also delivers the following activities on a 'paid-for' basis: independent service evaluation, consultations, engagement, and research.

14. As part of the changes to the organisation it has been necessary to review the governance arrangements. It is important to us, and our commissioners, that the Healthwatch services we deliver benefit from the involvement of local people. To this end we are currently developing a new governance model which will see the creation of a local steering group for Healthwatch Wiltshire (as well as Healthwatch Gloucestershire).

Priorities for 2017/18

15. The priorities for 2017/18 have been identified in response to what local people and stakeholders have told us are important:

- Children and Young People. Building on the success of the Young Listeners project as well as working more closely with commissioners to influence health and care services. 2017 sees the launch of 'YouthWatch Wiltshire'.

- How health and care services work together. We have an extensive engagement programme planned to support the Better Care Plan which includes listening to patients and unpaid carers in a range of health and

care settings.

- We are working closely with our counterparts at Healthwatch Swindon and Healthwatch BANES to ensure that there is public involvement in the Sustainability and Transformation Plan.

- Reaching local communities in Wiltshire. We plan a 'road-show' in September instead of an annual event in order to make Healthwatch Wiltshire more accessible to the wider public. This will help us to reach out through Wiltshire's communities and build on our engagement programme.

- Dementia and mental health. Engaging with people living with dementia to ensure they are receiving services as laid out in the Wiltshire Dementia Strategy.

16. Healthwatch Wiltshire is grateful for the continuing cooperation and support of the Wiltshire Health and Wellbeing Board including its member organisations. This has helped Healthwatch Wiltshire to be effective in its role. For example, the Acute Trusts have given us access to their patients and service users and commissioners have invited us to carry out engagement so the voices of local people can influence decision making. Healthwatch Wiltshire would not be able to undertake its role without local people sharing their views and experiences with us. We are very grateful for their contributions.

Report Authors:

Emma Cooper (Chief Executive) & Lucie Woodruff (Manager)
Healthwatch Wiltshire

Appendices:

Appendix 1: The Statutory Activities of Local Healthwatch
Appendix 2: Healthwatch Wiltshire Annual Report 2016/17

Link to annual report: https://www.healthwatchwiltshire.co.uk/wp-content/uploads/2017/06/HWW-Annual-Report-2016-17-FINAL.pdf

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Appendix 1

The statutory activities of local Healthwatch[1]:

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

healthwatch
Wiltshire
Healthwatch Wiltshire
Annual Report 2016/17

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Message from our Chair

Chris Graves

Healthwatch Wiltshire's job is to understand the needs, experiences and concerns of local people who use health and care services, and speak out on their behalf. We raise awareness of the issues that matter most to the people of Wiltshire. Ultimately, we want to see good quality health and care services and so our role is to use the voice of local people to influence the people who design, buy, and deliver those services.

I am pleased, on behalf of the Board of Directors, to introduce our fourth annual report for 2016/17. I hope you'll find that we have been an effective local Healthwatch for the people of Wiltshire. We can demonstrate where we have used people's experiences and views to influence the health and care system. We do this in various ways but not least when we take up our place at the tables where the big decisions are being taken about services. We all know that health and care is under more pressure and services are changing to respond to this. It is vital that your local Healthwatch has a place at the table to speak up for patients and carers.

As a small organisation, we rely heavily on our volunteers who regularly give up their time to help us deliver our work-plan for the year. Our volunteers are amazing and we are so proud of them. They love being out in our local communities listening to what you have to say about your experiences and views of health and care services. We are particularly proud of our partnership with Youth Action Wiltshire and our Young Listeners – young people who have trained to engage with other children and young people about their experiences.

We can only carry out our role if local people tell us about their experiences and views of health and care services – the good and the bad. So, please do get in touch with us and share your experiences. Remember that your voice is our voice!

Message from our Chief Executive

Emma Cooper

Our fourth year, 2016/17, has seen us out and about in Wiltshire's communities listening to local people about their experiences and views of health and care services. Our role is to speak up for local people and we can only do this effectively and with confidence when people talk to us!

During the year, we have engaged with children, young people, and adults on mental health, end of life care, dementia, and primary care. The outcomes from this engagement have been put together into various reports and used to influence the people who commission and deliver services. Read more about this here in our annual report and on our website.

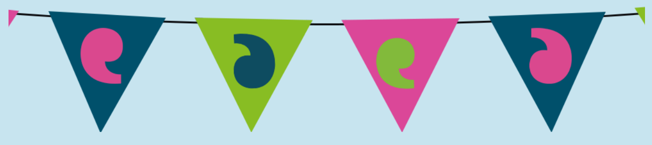
All of us at Healthwatch Wiltshire would like to say a big thank you to all the people in Wiltshire who have taken the time to share their experiences of health and care services. We would also like to acknowledge the positive response we receive from the health and care system. Often Healthwatch Wiltshire asks challenging questions on behalf of local people. We are encouraged by the interest and response we receive from health and care commissioners in Wiltshire.

Highlights from the year

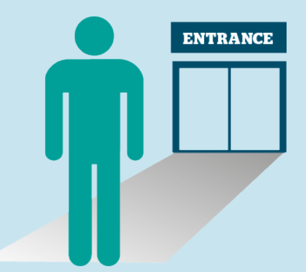
This year we reached 240,000 people on social media.

We have spoken to over 260 people about dementia - one of our top priorities

We have engaged with over 1,000 people

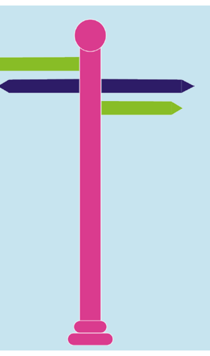


We have visited 46 services in Wiltshire



We have published 23 reports

We have signposted and provided information to over 31,000 people

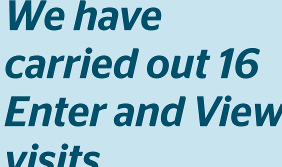


We have 57 active volunteers who have given over 2845 hours

We have been involved with 16 PLACE* visits

*Patient -Led Assessments of the Care Environment

We have carried out 16 Enter and View visits



Over 26,000 people have viewed our website

Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as part of a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work so that health and care services work for the people who use them

Our vision

Our vision is for a health and care system that meets the needs of Wiltshire people. This means a system which listens to what people say about their experiences and views. We listen to those experiences and views and reflect them back to the organisations which plan, pay for, and deliver health and care services (the commissioners and the providers).

We want to see more local people provided with the opportunity to share their experiences and views – the good and the bad. Healthwatch Wiltshire can only do its work effectively if we understand the issues which matter most to local people. So speak to us! Your voice is our voice!

Our priorities

Our priorities include ensuring that we comply with the statutory duties of a local Healthwatch service. These duties include:

+ Promoting and supporting the involvement of local people in health and care
+ Monitoring the quality of local health and care services
+ Making recommendations and influencing health and care locally
+ Providing information and signposting on health and care services to local people

We also have some areas of activity for the year which have been chosen because of the feedback we gathered in the preceding year. These were:

Children and young people

Working with partners to develop a Healthwatch which is 'children and young people friendly'. Listening to children and young people's experiences and sharing them with the health and care system.

Dementia

Finding out about people's experiences of services in support of the implementation of the Wiltshire strategy for dementia and using this information to ensure that services are meeting people's needs.

Integration of health and care services

Understanding patient experience of all parts of the health and care system and how they work together as the 'care pathway'.

Information and signposting

Improving the quality of information available online by working in partnership with Wiltshire Council on the website Your Care Your Support Wiltshire.

The Healthwatch Wiltshire Team (staff and directors)

Your views on health and care

Listening to local people's views

We often say 'your voice is our voice' because we recognise that our effectiveness depends on listening to local people's views and reflecting these to the health and care system. Ultimately, we want to influence health and care services so that they are of good quality and meet the needs of the people who use them. We gather people's views and experiences through a variety of ways including working in partnership with the local voluntary and community sector.

Healthwatch Wiltshire has powers to go into health and care services to talk to people who are using those services (this is called 'Enter and View'). During 2016/17, we carried out 46 visits to services which provided us with the opportunity to talk to people about their experiences and views. These included visits to the acute hospitals in Bath, Swindon, and Salisbury which serve Wiltshire people. Visits also included care and residential homes. Whenever we engage with patients and carers in health or care settings we use our 'Enter and View' powers and our volunteer authorised representatives who are trained and supported to carry out this important work.

Throughout 2016/17, we created opportunities that enabled people to have their say about services which support people at the end of their life. A new plan for end of life care in Wiltshire has been informed by what people said is important to them. We held public meetings and also reached people in community settings to find out their views. This is really important work to get end of life care right for us all as individuals.

Listening to children and young people's views and experiences of health and care was one of our priorities in 2016/17, so we were delighted to have the opportunity to work in partnership with Youth Action Wiltshire to develop the 'Young Listeners' project. This project has seen us support young people to carry out engagement for Healthwatch Wiltshire with some very interesting results which we had the opportunity to present to commissioners. A big part of this project included working with other organisations to put on the first Wiltshire Youth Summit in February 2017. This event was led by young people and included young people from all around the county, with the focus on speaking up about the issues most important to the younger members of our diverse communities.

Dementia has continued to be a key focus for us in 2016/17 because people have told us that it is a subject that really matters to them. Whilst local people now stand a better chance of getting a proper diagnosis, dementia became the leading cause of death for the first time in 2016. During the year, we spoke to patients in specialist dementia hospital wards to find out more about their experience of care. We also spoke to people about their experience of accessing support through primary care. Our dementia engagement has resulted in a number of key messages from local people which have been used by commissioners and providers to improve services.

What we've learnt from visiting services

Healthwatch Wiltshire always has a clear reason for visiting a health and care service for 'Enter and View' purposes. Either it will be a visit planned to support a focused piece of work (for example, as in the case of our dementia work) or it will be a visit carried out because questions have been raised about the quality of the service.

We work closely with commissioners and the Care Quality Commissioners (CQC) through local and sub-regional 'quality surveillance' groups. These groups identify services which warrant extra attention. We have been pleased to visit such services to find out directly about patient and service user experience, and have reported our findings back to the CQC and commissioners.

Whenever we visit a service we prepare a report with some key findings and messages for the provider and commissioner. We always follow up the visit to find out if changes have been made as a result of our findings and if not, why not.

Healthwatch Wiltshire is often invited to send our representatives to participate in 'Patient Led Assessments of the Care Environment' (PLACE). In 2016/17 we participated in 16 visits across 9 different NHS health service providers. PLACE offers an excellent opportunity for lay people to assess the quality of the environment and to provide feedback on areas for improvement.

Through our visits to services, and talking to patients and service users, we've learnt that Wiltshire people value and appreciate health and care services. Often, we find that people are generally satisfied whilst recognising that health and care services are under increasing pressure. When we learn about things not working well we reflect this feedback to commissioners and providers. Our role is to use the outcomes of our engagement to identify good practice and to challenge where things could be improved.

Helping you find the answers
healthwatch

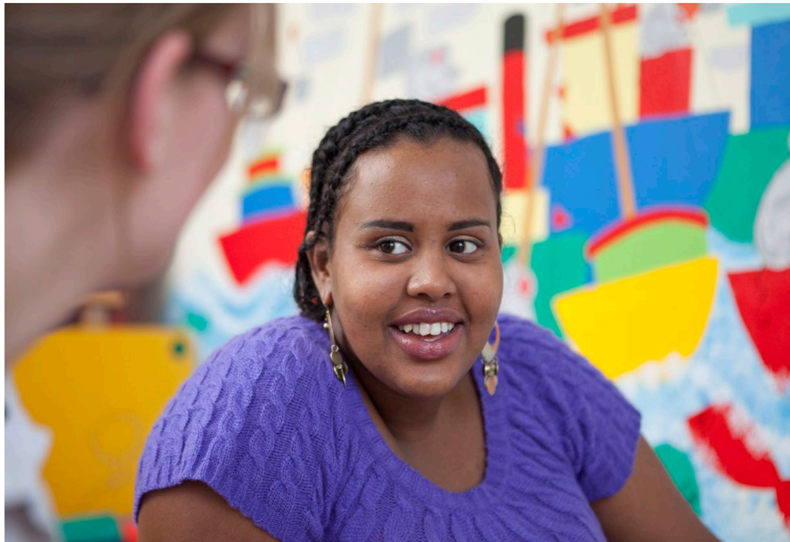
How we have helped the community access the health and care services they need

Good quality, easily accessible, information about health, care, voluntary, and community sector services is essential to help local people make good choices about their care, prevent isolation, and maintain wellbeing. Healthwatch Wiltshire has an important role in providing local people with this information and we do so in many ways.

One of the main methods is through the Your Care Your Support Wiltshire website yourcareyoursupportwiltshire.org.uk. This is an online resource of health and care information for the people of Wiltshire. As well as useful information on topics such as caring for others, dementia, paying for care, and mental health, it also contains a searchable service directory that is made up of health, care, voluntary sector services, local clubs, men's sheds, and support groups. The website is a partnership between Wiltshire Council and Healthwatch Wiltshire, and is informed by interested stakeholder groups in the voluntary sector.

On April 1st 2016, the website celebrated its first birthday. During the initial year of operation it had been viewed 165,000 times by 20,000 users. We are pleased that in its second year of operation, the site's success has been maintained with almost 21,000 people accessing it over the year. Working closely with the voluntary sector and local groups, the service directory now contains 766 entries.

Wiltshire is divided into 18 community areas and last year, local people told us that they would like to access more localised information about services, groups, and clubs in their area. To address this need, we worked with local health and wellbeing groups, Community Engagement Managers, plus voluntary and community sector groups to produce interactive, downloadable guides for each of the community areas. These have proved to be one of the most popular sections of the website.



Your Care Your Support Wiltshire is focused on continuous improvement. We help our community understand how to find information on the site and in doing so, we learn people's requirements because of the issues they face. We use this intelligence to improve the site and its content. Resulting from local feedback this year, we have added new information about veterans and service personnel, end of life care and extra care housing. We have listened to those with learning difficulties about how the website can made more accessible and what information is important to them. The outcome meant we made changes and added more easy-read information on topics such as safeguarding, assessments, advocacy, and direct payments.

We understand that not everyone wants or is able to access the internet, so we have run workshops with health and care professionals to increase awareness of the site so they can find information for patients and clients. All information on the site can be downloaded and printed out for people who need it in hard copy format.

Children and young people access a lot of their information online. Therefore we, along with our Young Listeners, worked with Wiltshire Council and other young people from around the county to feed into the new ***On Your Mind* website**. On Your Mind signposts children and young people in Wiltshire to sources of support for good mental health and emotional wellbeing. Our Young Listeners even came up with the name!

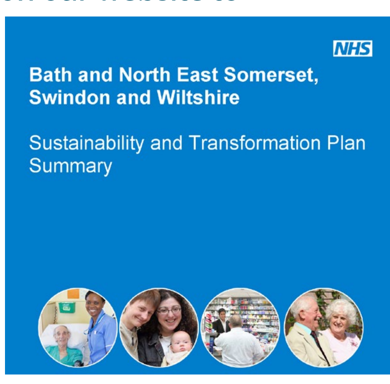
We know that people sometimes find it difficult to understand how the health and care system works and what is available to help them locally. This is particularly the case for mental health. Therefore, our annual event was themed around mental health and held at Salisbury City Hall in November 2016.

We were fortunate to have Karen Turner, Director of Mental Health for NHS England, as our keynote speaker on the latest national developments in mental health. We had presentations from our local mental health trust,

Wiltshire Council's public health team and a lead commissioner for children and adolescent mental health services. Plus, an inspiring talk by Active Plus – an organisation that utilises the skills of wounded, injured and sick military veterans to provide a range of personal development, wellbeing, and employability courses for local people in need.

Our Young Listeners showed a short film youtube.com/watch?v=EQpdQUqRGWI about their experiences of speaking with young people around the county. Interactive workshops were delivered about healthy active lifestyles, mindfulness, Dementia Friends, and a practical life skills session. Overall, the event was attended by 158 people and received much positive feedback.

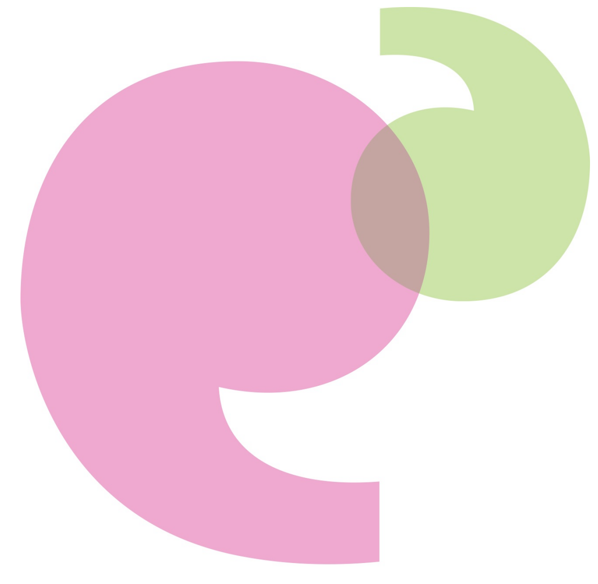
2017 saw the advent of Sustainability and Transformation Plans (STP). We have joined together with neighbouring Healthwatch in Bath & North East Somerset and Swindon, to represent the voice of people in our footprint and have added a page on our website to explain STP's and the local context: healthwatchwiltshire.co.uk/project/sustainability-transformation-plans/.



A signposting story

We were contacted by a family who were struggling to access continence products for their disabled child and felt they were being passed from one person to another.

We could tell them the correct referral process and give them the contact details of the organisation responsible for providing assessments and continence aids. We also advised them who to contact if they weren't happy with the outcome. They were unaware that there were other organisations who may be able to provide them with support in other areas so we signposted them to Wiltshire Parent Carer Council an independent, voluntary organisation which is managed and run by parent carers, for parent carers.



A dementia awareness story

During dementia awareness week, we carried out a joint visit with Alzheimer's Support to a multi-faith group for women learning English as a second language.

We held a session where we gave out information about the work of Healthwatch Wiltshire, the symptoms of dementia, what to do if you are worried about your memory and the dementia services available in Wiltshire. The women there said that they were very interested in the information we gave them, much of which was new to them. They said that they would be able to share it with friends and family members to increase awareness.

Making a difference together

How your experiences are helping influence change

Our role is to use the voices of local people to effect positive change for our health and social care system. Whenever we carry out engagement with Wiltshire people we collate all the results in a report with some key messages for health and social care commissioners and providers.

In 2016/17, we produced 23 reports:

+ ***Evaluation of the rapid response end of life service*** (May 2016)
+ ***Adult Care Charging Policy – public engagement*** (June 2016)
+ ***Health and Care in Westbury*** (September 2016)
+ ***Patient participation in GP practices*** (December 2016)
+ ***When care is transferred*** (December 2016)
+ ***Listening to children and young people: your experience of health and social care*** (December 2016)
+ ***Public engagement on the Wiltshire End of Life Care for Adults Strategy 2017-2020*** (January 2017)
+ ***'You Said, We Did' model of engagement*** (February 2017)
+ ***Wiltshire Youth Summit 2017*** (March 2017)
+ ***Talking to people about dementia: a focus on primary care*** (March 2017)

Plus:

+ 5 Enter and View reports
+ 6 short report articles and updates
+ Our annual report 2015/16 and work plan 2016/17

We need to be able to show to local people the difference it makes when they share their views and experiences with Healthwatch Wiltshire. During the year, we looked at the impact of our work and as a result produced a number of impact statements called ***You Said, We Did***. These can be found on our website; some highlights include:

Engagement with people living with dementia and their carers has given them a strong voice in Wiltshire, with key messages shared with commissioners and providers. This has directly influenced the service specification for community based dementia services in Wiltshire. Healthwatch Wiltshire has also worked to improve the quality of public information about dementia and sources of help and support.

Listening to people's views about end of life care has been used in the county-wide strategy which includes targets and concrete actions. We also talked to people about their experiences of the urgent palliative care at home service which was shared with commissioners and resulted in an expansion of the service.

Our work on people's experience of making health or social care complaints has been shared locally as well as nationally. Results include better quality information and signposting, close working with the provider of NHS Complaints Advocacy, and the formation of a special liaison groups with NHS health services to share good practice and identify any shared issues.

Working with other organisations

We recognise the important contribution local voluntary sector organisations and community groups make. Some of these organisations have a role in speaking up for their members and service users, while others also provide services which are valued by local people. We are pleased to have worked with various Wiltshire organisations during 2016/17 on specific areas of work including children and young people, dementia, and end of life care.

Healthwatch Wiltshire's contribution to improving health and care services in Wiltshire depends on local people sharing their views and experiences as well as the readiness of commissioners and providers to make changes. We have a seat on several boards and committees where the big decisions are taken about health and care. We are encouraged by the positive response to Healthwatch Wiltshire's findings.

Healthwatch England is the national umbrella body for local Healthwatch. It provides leadership and support to the network of 148 local Healthwatch. We have been pleased to support Healthwatch England with its work on complaints as well as 'intelligence and informatics'. Some of this work will help the network to become a lot smarter in how it shares anonymised data which will help us to focus in on the topics which matter most to people.

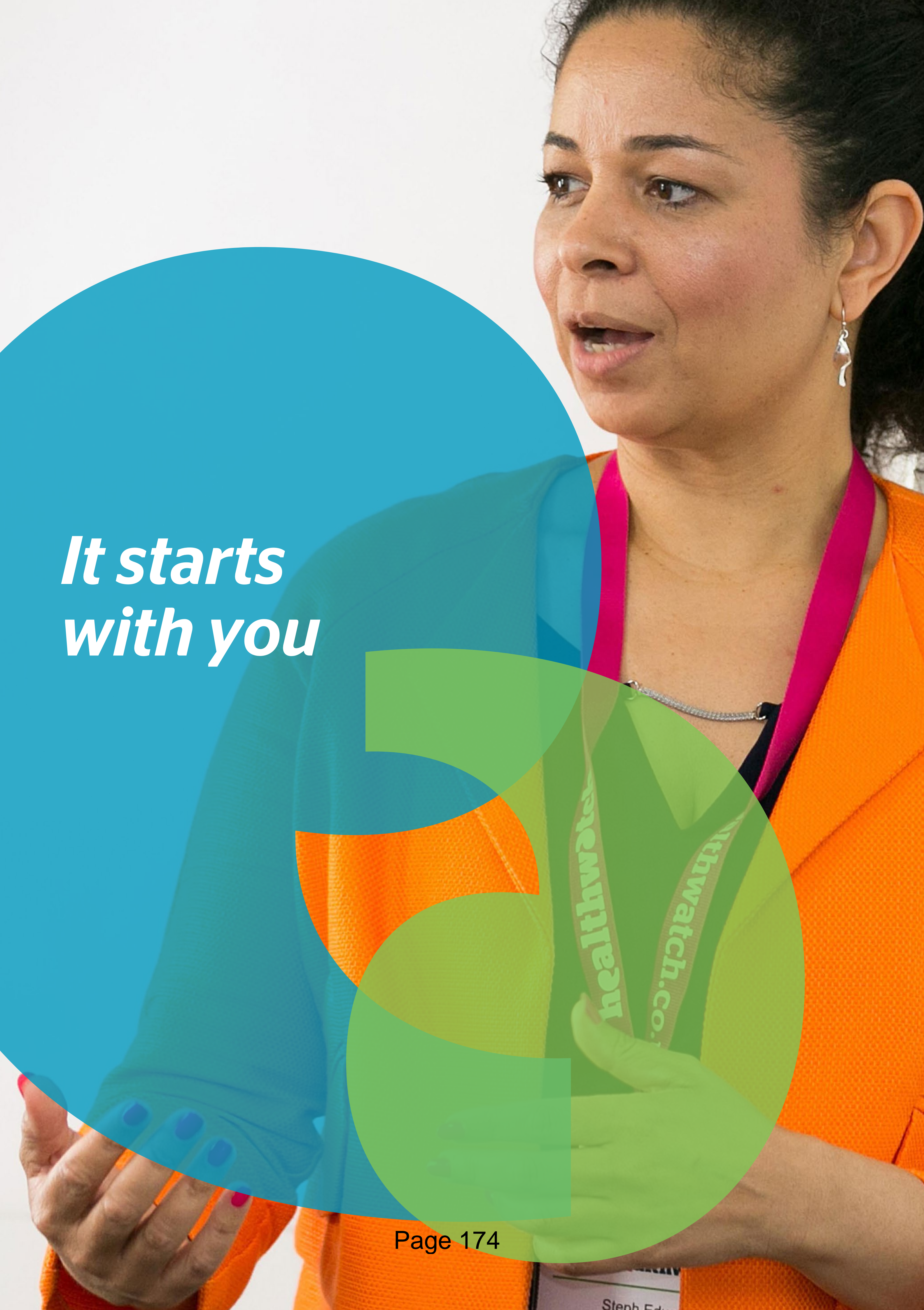
How we've worked with our community

Our volunteers play a vital role in our work. 2016/17 was a great year in our volunteering programme! Over 57 people gave up their time to support us with our important work. This has included:

+ Representing Healthwatch Wiltshire in local communities and getting our message out.
+ Engaging with patients, carers, and local people to find out their views and experiences of health and social care.
+ Participating in assessments of health settings (PLACE).
+ Taking part in 'Enter and View' as Healthwatch Wiltshire authorised representatives.
+ Contributing to the South West Citizen Assembly.
+ Helping to assess new services.

Healthwatch Wiltshire sits on Wiltshire's Health and Wellbeing Board which brings together a range of organisations to plan and oversee health and care for local people. We are represented by our Chair whose role it is to speak up for local people as the lay champion for health and care. We take the opportunity to share the results from our engagement activity with the Board. The Board has responded to our key findings positively and has called for commissioners and providers to take action as a result.

Healthwatch Wiltshire has an important role in scrutinising health and care services, and does this in a variety of ways. We have a stakeholder place on Wiltshire Council's Health Select Committee. Monitoring the quality of services is also done through NHS England's Quality Surveillance Group as well as Wiltshire's local equivalent group.


It starts
with you
healthwatch

Our work in focus:
Young Listeners in Wiltshire

What better way to find out what children and young people think about health and care services than by inviting them to speak to a specially trained 'Young Listener'? Healthwatch Wiltshire worked with Youth Action Wiltshire on this innovative approach to engagement. A team of Young Listeners were supported to find out what it is like to be a young carer, live with a special educational need, or with mental ill-health.

What we did:

Working with Youth Action Wiltshire and Community First's Community Organisers we trained a group of 10 young people (aged 16-18) to become Young Listeners. They had lots of training including: listening skills, community organising skills and safeguarding. They were then supported to visit youth groups and clubs run by Youth Action Wiltshire to listen to the views of young people. After each listening, the Young Listeners had a chance to reflect and report on what they had heard.

What we found:

+ Children and young people want to be seen as individuals and treated with respect.
+ Many young people felt that the waiting time for an appointment after being referred to Child and Adolescent Mental Health Services (CAMHS) was too long.
+ Young people felt that they weren't being listened to and said that they found it unhelpful seeing different mental health professionals each time.
+ Some young people said that they did not know where to go in schools for advice on either physical health or mental health.

The Young Listeners listened to 174 children and young people (aged 5-18) in total.

As well as giving young people the opportunity to have their voices heard, there have been additional benefits for the Young Listeners themselves. The project has helped them develop their problem-solving skills, managing challenging behaviours and situations, empathy, literacy and other communication skills; all of which they can use to take forward in their future.

"A lot of the skills we have picked up I believe to be truly valuable to later in life. I can't speak for all the Young Listeners, but I know that for myself, I feel a lot more confident when talking to groups of people and I know how to conduct myself around different age groups." ***Young Listener***

The project was so successful that it was shortlisted for a prestigious national Children and Young People Now! Award in the 'Youth Volunteering and Social Action' category.

Young Listeners at the national Awards in London

What next?

We will work together with the Young Listeners to share what they have heard with the commissioners and providers of services so that the voices of the children and young people can help shape the services of the future. We are now planning the work for next year. The Young Listeners will carry out further listenings focussing on the key messages that were heard including:

+ Health in schools
+ Mental health and emotional wellbeing

"It has been so good having someone to come and listen to us like this. I wish they offered it for all sorts of things around Wiltshire so that young people can have our voices heard around more." ***Young Person***

"I wanted to help out the wider community and give people a voice that may not necessarily be heard from direct health professionals." ***Young Listener***

Our work in focus:

Dementia Engagement about Primary Health Care

Healthwatch Wiltshire has made dementia one of its priority areas and has been talking to local people about their experiences and views of dementia and services in Wiltshire. During 2016/17, we carried out an engagement project that focussed on primary health care for people with dementia. Primary health care is provided in the community for people making an initial approach to a medical professional or clinic. This covers health care centres, dental practices, community pharmacies and high street optometrists.

In our earlier engagement people living with dementia and their carers said that if they were worried about their memory they would firstly talk to their GP and people reported varied experiences of this. We wanted to find out more about people's experiences of using primary health care services, what they had found useful and what they felt could be improved. We talked to people living with dementia, unpaid carers, older people, the general public, volunteers and professionals.

"I like my doctor and they always explain everything to me. I think my doctor knows me well." ***Person living with dementia***

We held one workshop in Devizes, and carried out more targeted engagement with people living with dementia and their carers. Our outreach included visiting local groups around Wiltshire including memory café's, Singing for the Brain groups, groups for people living with dementia and a Leg club. We engaged with some people individually either by face to face meetings, phone or email.

We found that people were happy to talk to us about this topic and had lots of interesting views and experiences. One of the key messages from local people was that there was a lack of clarity and consistency in the dementia care that people can expect and experience from their health care centre. People also told us that they valued a clear dementia diagnosis and proactive dementia reviews where these were offered, but there was concern that not everyone was offered this level of service.

We produced and published a report about the project. This has been shared with commissioners and providers of services. We have been told about work that is being planned that should address some of the key themes in the report.

Following some of our one to one interviews with people, we completed our report with two case studies. Here, two personal stories illustrate the different experiences people have had and the effects of these. These highlight what people feel is important about dementia diagnosis and ongoing support.

"GP's are frightened of the dementia problem and find it difficult to talk about." ***Person living with dementia***

"There is a recognition that people have dementia but still have opinions – I think Wiltshire does that really well. This is good for me – I feel I am doing something useful. I think there can still be a fear of dementia. It should be discussed openly what people want for the future." ***Person living with dementia***

Our plans for next year

What next?

As a local Healthwatch we have a number of statutory roles which influence our future plans. These can be summarised as follows:

Strategic Context and Relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system.

Community Voice and Influence

Enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.

Making a difference locally

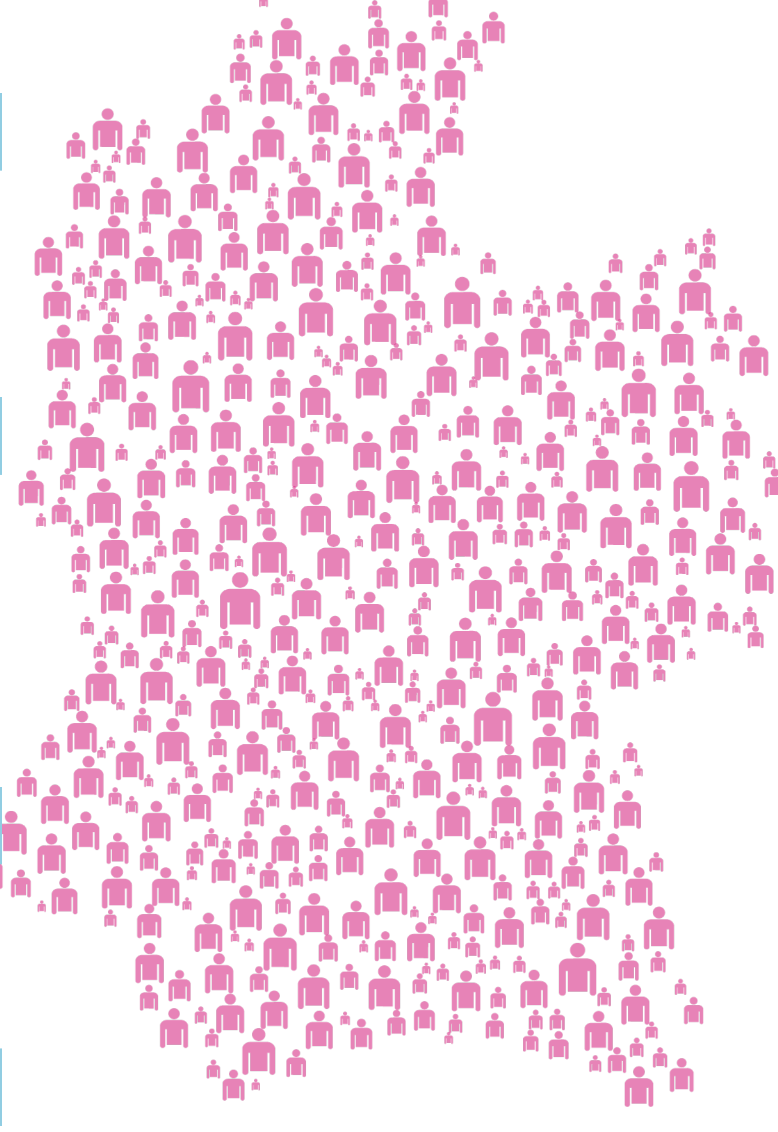
Formulating views on the standard of health and social care provision and identifying where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.

Informing people

A core part of our role is to provide information about local health and social care services to the public.

Relationship with Healthwatch England

Working with Healthwatch England to enable people's experiences to influence national commissioning, delivery and the re-design of health and social care services.



Priorities 2017/18

Our priorities are informed by what people tell us. By having working relationships with local health and social care leaders, this enables us to hear what concerns and issues there are, but also how services are provided for our populations. Being a partner at the table means we are able to have a direct influence. Our work plan priorities are monitored by the Evolving Communities Board on a quarterly basis.

Addressing the Youth Summit 2017

The Evolving Communities Board

Our priorities for 2017/18 include:

1. **Dementia and mental health** – engaging with people living with dementia to ensure they are receiving services as laid out in the Wiltshire Dementia Strategy, and monitoring the quality of adult mental health services by listening to those who use these services.

2. **Children and Young People** – engaging with children and young people in schools through the Young Listeners project. Looking specifically at the provision of mental health services within the school structure.

3. **Primary care** – our Annual Event this year will look specifically at primary and community services and will take the style of a roadshow, which will see Healthwatch Wiltshire visiting each local community area to talk directly to local people.

4. **How health and social care services work together** – engaging with patients and their carers and staff to find out their experiences of receiving care under numerous schemes funded through the Better Care Plan.

Our people

Decision making and involving the public and volunteers

The strategic decisions about Healthwatch Wiltshire are taken by the Board of Directors. It is the Board's role to ensure that we comply with the statutory requirements of a local Healthwatch as well as the requirements of our contract with Wiltshire Council. Our Board of Directors is made up of local people with a real passion for health and social care and the work of local Healthwatch. In 2016/17, we said 'goodbye' to original founding directors and 'welcome' to new directors.

Healthwatch Wiltshire is a community interest company registered at Companies House. In March 2017, the name of the company was changed to Evolving Communities CIC (community interest company). This change was decided by the Board after consulting with various stakeholders and is part of the wider development of the organisation. Evolving Communities CIC is focused on delivering high quality local Healthwatch services and it's what we have been doing in Wiltshire since 2013 and in Gloucestershire from 1 April 2017.

Our staff team benefits from some very experienced and skilled individuals who have backgrounds in patient and public involvement, academic research, IT development, market research, and health or social care provision.

We are very proud of our excellent volunteers – they make a vital contribution to the delivery of our work programme as well helping us to set our priorities. We hold regular sessions with our volunteers and Directors when we share the findings from our engagement, provide training, and learn more about the big issues facing health and care in Wiltshire. If you are interested in volunteering for Healthwatch Wiltshire then we'd love to hear from you!

Healthwatch Wiltshire volunteeers and directors

Our finances

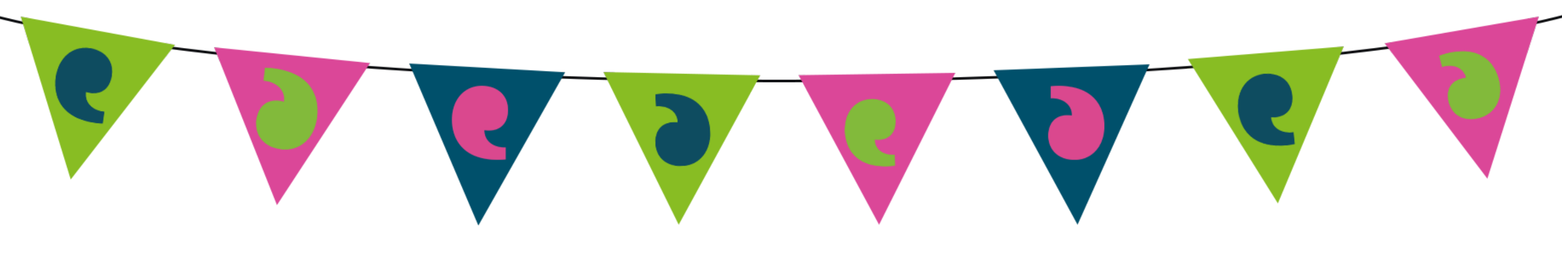
Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	205,000
Better Care Fund - Engagement Activities Projects	100,000
Information website	35,000
Patient Participation Groups Project	10,000
Health and Wellbeing Group / Champions Project	12,000
End of Life Care - Involvement Project	7,000
Dementia Project	3,000
Income accrued from activity in previous year(s)	28,000
Total income	**400,000***

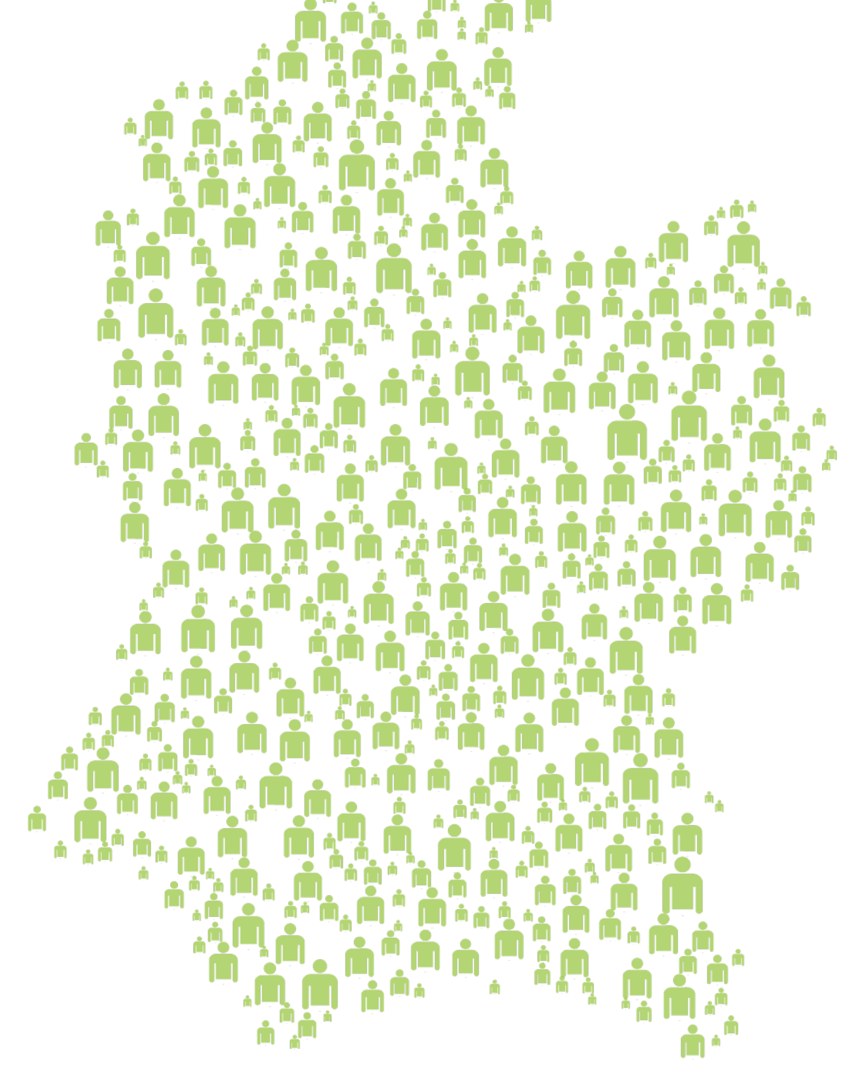
Expenditure	£
Volunteer programme	10,500
Community meetings	8,000
Projects	10,500
Communications	5,500
Staff payments	288,000
Learning and development	2,500
Director costs	15,000
Rent and office related costs	40,000
Information technology costs	12,000
Insurance	1,000
Professional fees	4,000
Accountant/audit	3,000
Total expenditure	**400,000***

* Figures produced prior to Preparation of Financial Statements for year ended 31 March 2017

Thank you

Healthwatch Wiltshire would like to thank all those people it has worked with for their help over the past year. We would especially like to thank all the local people who took the time to tell us their experiences and views of health and social care services.





Contact us

Get in touch	
Address:	Heathwatch Wiltshire Unit 5, Hampton Park West Melksham Wiltshire SN12 6LH
Phone number:	01225 434218
Email:	info@healthwatchwiltshire.co.uk
Website:	healthwatchwiltshire.co.uk

Evolving Communities CIC (formerly Healthwatch Wiltshire CIC) is a community interest company limited by guarantee and registered in England and Wales with company number 08464602

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Heathwatch Wiltshire
Unit 5, Hampton Park West
Melksham
Wiltshire
SN12 6LH

www.healthwatchwiltshire.co.uk
t: 01225 434218
e: info@healthwatchwiltshire.co.uk
tw: @HWWilts
fb: facebook.com/HealthwatchWiltshire

Wiltshire Council

Health and Wellbeing Board
13 July 2017

Subject: Wiltshire Safeguarding Adults Board Annual Report

Executive Summary
The Care Act 2014 set out a legal framework for how Wiltshire Council and its partners should protect adults at risk of abuse or neglect. Under this framework Safeguarding Adults Boards were established to bring together the local authority, NHS and police, to develop, share and implement a joint safeguarding strategy.

Protecting the most vulnerable in our communities is a priority for all of Wiltshire's public agencies and our local Safeguarding Adults Board has an important role to play in helping agencies work collaboratively to prevent abuse and neglect. Every Safeguarding Adult's Board has a statutory duty to publish an annual report and our Board's report for 2016-2017 reflects a continued focus on and progress towards achieving the Board's three key strategic priorities:

- Making Safeguarding Personal
- Prevention
- Improving Board Effectiveness

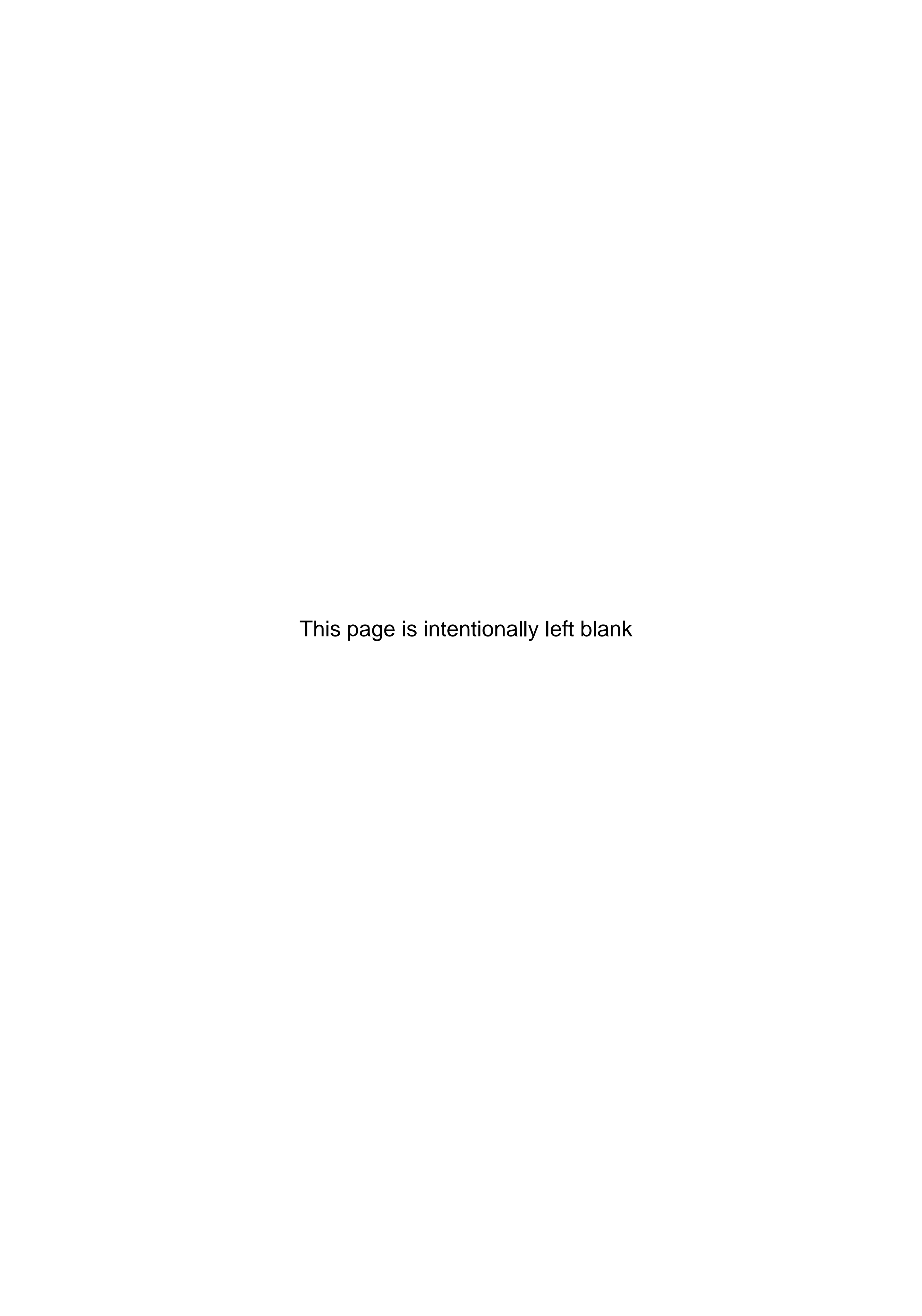
As partners re-examine multi-agency safeguarding operational arrangements to ensure they are as effective as possible, the Board's annual report provides an overview of work already being done by key agencies and wider partners to reduce and prevent abuse and neglect. As scope for a safeguarding adults multi-agency hub is explored the Board will work to support partners to achieve the best outcomes for adult at risk of abuse and neglect.

Proposal(s)
It is recommended that the Board:

i) Notes the publication of the Wiltshire Safeguarding Adults Board Annual Report
ii) Agrees to support the work of the Wiltshire Safeguarding Adults Board
iii) Advises the Chairman of the Board how members would like to be kept informed and involved in the work of the Board

Reason for Proposal
The work of Wiltshire's Safeguarding Adults' Board is directly related to improving health and wellbeing outcomes for vulnerable adults across the county

Richard Crompton
Independent Chair
Wiltshire Safeguarding Adults Board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Wiltshire
Safeguarding Adults Board

Annual Report
2016 – 2017

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Chairman's foreword

I am pleased to present the Annual Report of Wiltshire's Safeguarding Adults Board for 2016/17. This report is published on behalf of our multi-agency board. It focuses on how Wiltshire's public agencies and wider partners are working to reduce and prevent abuse and neglect.

The last year has been one of change for the Board and its partners. We have changed the way the Board works to enable us to do more to prevent the risks and experience of abuse or neglect in Wiltshire.

A new website is allowing us to make more information widely available to professionals and the public. A new partnership budget is in place, showing the importance Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group place on working together to protect vulnerable adults. A new Board manager is helping us drive forward our work programme. We are working more closely with Wiltshire Safeguarding Children's Board and the Community Safety Partnership because together we can do more to help as many people, and families, as possible.

Work is being done by our partners to re-examine multi-agency safeguarding arrangements to ensure they are as effective as possible. This will give the Board an important role to play in the year ahead in helping to provide independent scrutiny and assurance that local safeguarding practice continues to improve and enhance the quality of life of adults in Wiltshire. As scope for a safeguarding adults multi-agency hub is explored the Board will work to support partners to achieve the best outcomes.

We have made some great progress in the last year and have a busy work programme for the year ahead. In 2017/18 we will again focus on our three key strategic priorities:

- Making Safeguarding Personal
- Prevention
- Improving Board Effectiveness

This year all we do will be underpinned by an intention to promote and enable effective partnership working. The Board does not have an operational role but has a key role in giving partners and agencies the chance to come together and to focus on working collaboratively to prevent abuse and neglect wherever possible.

In 2017/18 I want to ensure our Board is effectively strengthening understanding across the agencies we represent of the challenges faced, sharing good practice and helping members to see the potential opportunities for working across health, social care and policing to reduce harm. Importantly, we will work to give those agencies a forum to hear from wider partners, providers and service users about their experiences and their needs.

I look forward to working with the Board in the year ahead to meet the goals we have set and that we believe we help improve outcomes for adults at risk in Wiltshire.

Richard Crompton
Independent Chair, Wiltshire Safeguarding Adults Board
May 2017

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1. Executive summary – 2016/2017

Safeguarding Adults in Wiltshire

The Local Authority received 4,465 calls or emails about adult safeguarding

763 of those concerns needed investigating further – **17%**

2813 of concerns were raised by social care staff and professional carers

910 concerns raised by health staff

200 concerns raised by police

542 concerns raised by other groups

Most concerns in Wiltshire are raised by professionals working to ensure that adults at risk are protected

Wiltshire Police Safeguarding Adults Investigations team were in contact with **951** victims of abuse or neglect

Wiltshire Council Safeguarding Adults Team triaged **98%** of enquiries **in two days**

A total of **162** bed places were subject to Large Scale investigations

At the end of an enquiry adults are asked if the outcome they wanted has been achieved – **97%** of those who responded said yes.

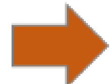
Outcomes included:

- A new protection plan
- Alternative services provided
- Criminal action
- Family liaison
- Regulator contacted
- Removing the person at risk from the situation

Wiltshire Safeguarding Adults Board in 2016/17

The Council are working with the **police and health** partners to develop a multi-agency hub to improve outcomes for adults at risk.

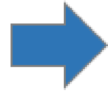
Wiltshire Council, NHS Wiltshire CCG and **Wiltshire Police** agreed to jointly resource the Board to make it more effective



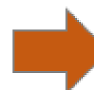
A new Large Scale Investigation policy is helping professionals to spot the signs of systemic problems within or across organisations and to act before serious harm occurs, rather than in hindsight

www.wiltshiresab.org.uk was launched to raise awareness of safeguarding adults and to ensure professionals and members of the public know how to protect vulnerable people

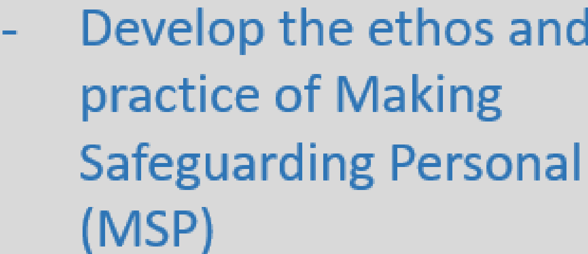
WSAB launched new staff guidance to ensure employees across public agencies and the care sector recognise and respond to abuse or neglect and to promote Making Safeguarding Principles principles

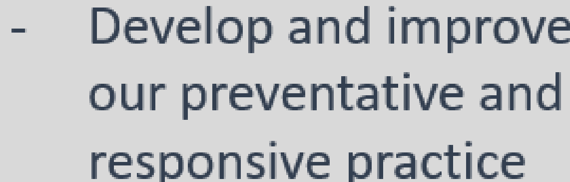


A Board Manager is now in post to oversee and co-ordinate a programme of work which will better protect people in Wiltshire.



Priorities for 2016/2017





2. The national and local picture

After seeing a significant rise in the number of safeguarding concerns that are being raised on an annual basis over the past three years, between 2015/16 and 2016/7 the number has fallen marginally (2%). The total number of concerns raised grew rapidly between 2013 and 2016 with the total number almost doubling in two years. The total in 2013/14 was 2,314. By 2015/16 it had reached 4,566. However, this figure fell slightly in 2016/17, with 4,465 concerns raised. This level of concerns raised reflects an increased understanding that safeguarding Adults at Risk is a responsibility we all share and the willingness of professionals, and members of the public, to report their concerns.

Of those concerns raised 98% were triaged in under two days showing that the local system is working to provide a timely response to those who raise concerns.

National figures for 2015/2016 had not yet been reported at the time of publication. However, it is important to note that a low number of concerns raised does not necessarily reflect low levels of abuse or neglect but may indicate an unwillingness to report concerns or a lack of understanding of how to report concerns – if abuse or neglect is suspected it needs to be reported so it can be dealt with.

Only 17% of the concerns raised in 2016/17 resulted in a full safeguarding investigation under section 42 of the Care Act. That means that many of the concerns raised, after initial conversations and work by professionals to ascertain what had happened, proved not to be related to abuse or neglect.

Whilst all the concerns that are raised are dealt with there is work to be done to ensure that professionals fully understand when to report a concern and when and how to manage issues relating to more general concerns about the welfare of adults in a proportionate and effective manner as part of their daily work.

In addition, locally we currently see a relatively high proportion of concerns raised by staff at residential care homes and a lower number of concerns raised by staff from the domiciliary care sector. Work in 2017/18 will seek to address this imbalance and ascertain whether it relates to a lower level of abuse or neglect, the higher level of need for care and support of those in residential care or to a lack of understanding about safeguarding and how to report concerns in the home care sector.

Locally, and nationally, the safeguarding agenda has widened to focus on prevention and on the transition of children with care and support needs to adult services. Nationally Safeguarding Adults Boards (SABs) have been focusing on:

- The challenge of sustainably meeting the cost of completing Safeguarding Adult Reviews and on ensuring that the lessons learned from these reviews are shared and lead to appropriate change
- Working with Safeguarding Children's Boards
- Maximising opportunities for service users engagement to put people with care and support needs at the heart of the work of Safeguarding Boards
- Working with trading standards teams and Community Safety Partnerships to reduce financial abuse
- The risk of exploitation posed to vulnerable adults from changes in the nature of criminal behaviour, criminal exploitation, human trafficking and modern slavery
- Working with environmental health teams on complex issues relating to self-neglect and hoarding

Our own Board has already started work with wider colleagues to look at these issues and what we can do locally to tackle them.

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Locally as well as nationally there continue to be challenges:

- Potential changes to the Deprivation of Liberty Safeguards (DoLs) and Mental Capacity Act legislation following a Law Commission review in Spring 2017
- Ensuring we capitalise on organisational changes within the NHS and local authority to improve the way vulnerable adults are safeguarded
- Changing demographics and the increase in the over 75 and 85 population and the impact of associated complex health needs
- A continuing reduction in the provider agencies available to deliver to meet the increasing volume and complexity of need and demand on the care sector
- The challenge of social isolation and loneliness
- A need for high quality training for the care sector workforce to support staff and reduce high staff turnover

The referral rate for authorisations has remained high throughout 2016/17 covered by this annual report. The Law Commission review has potential to streamline the DoLS process ensuring it is administratively less burdensome but making sure it remains a robust process. However, it remains unclear if and when these recommendations will be made into law.

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3. Key achievements – 2016/2017

Wiltshire Safeguarding Adults Board

In 2016/17, to provide assurance the local safeguarding arrangements are continuously improving and enhancing the quality of life of adults in Wiltshire:

- A new WSAB website was developed and published, to give professionals and the public access to information and guidance and to information on learning opportunities – www.wiltshiresab.org.uk
- The Board brought partners together to establish a shared goal of building an innovative multi-agency safeguarding hub for adults in Wiltshire
- The Board's three statutory partners Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group agreed to jointly resource the Board, allowing the partnership to be more active and more effective
- A new Safeguarding Adults Review (SAR) policy was put in place to make it simpler to know when a review should take place and to ensure that a review generates learning that will help us do better in future
- The Board's developed a new Large Scale Investigation policy which will allow us to spot the signs of systemic problems within or across organisations and act before serious harm occurs rather than in hindsight
- A new Board Manager was recruited to oversee and drive forward the Board's programme of work
- WSAB began work with Wiltshire's Safeguarding Children Board to ensure that safeguarding during the crucial years of transition and within the whole family context are properly addressed. The LSCB Domestic Abuse sub-group will now regularly report to the Board ensuring that challenges that relate to domestic abuse, affecting whole families, are addressed by members
- The Board delivered training to care home managers and staff, free of cost, to promote and ensure care staff were able to implement the Board's new Safeguarding Adults staff guidance
- The Board carried out a multi-agency self-assessment audit to provide assurance about local safeguarding arrangements
- The Chairman continued to regularly meet with services users through the Carers and Wiltshire and Swindon Users' Network (WSUN) reference groups to ensure that the voice of those who use services remains heard by Board members

Learning and Development

The Learning and Development (L&D) subgroup met four times in 2016-2017. The group had been chaired by Emma Cooper, Chief Executive at Healthwatch Wiltshire in the early part of the year and is now chaired by Judith Vanderpump, Organisational Development Consultant for Wiltshire Council, who also sits on the Board. The group brings together:

- Wiltshire Council (WC)
- NHS Wiltshire CCG
- Wiltshire Police
- The Academy - Great Western Hospital (representing the three local acute hospitals),
- Wiltshire and Swindon Care Skills Partnership
- Seqol, Swindon Borough Council
- Avon & Wiltshire Mental Health Partnership NHS Trust
- National Probation Service

The subgroup exists to support both the Wiltshire and Swindon Safeguarding Boards and to broaden best practice in safeguarding adults through monitoring the design and delivery of good quality learning and development.

A series of Introductory workshop sessions have occurred with Wiltshire Council employees over the course of May 2017. To date 107 colleagues have attended the workshop which focuses on the new 'Interim Policy and Procedure for Safeguarding Adults in Wiltshire'. The workshops helped Investigating Managers and Investigating Officers update their practice.

There has also been a significant amount of work undertaken to update the CareFirst system, with a view that all resources and templates will be available from June 2017.

During 2016/17 the L&D group also focused on:

- Making the new staff guidance widely accessible
- Delivering training on the guidance to professionals in the Care Sector – 60 people attended workshops
- Embedding the principles of MSP across organisations and practice
- The impact of the Care Act 2014 on learning and development activity
- Providing a forum for multi-agency learning and development staff to share information and good practice
- Providing induction for newly elected Councillors to increase Member awareness of adult safeguarding
- Designing training events for 2017/18 that will raise the profile of safeguarding adults and share good practice

During 2017/18 the group plans to:

- Deliver a multi-agency conference in Spring 2018
- Deliver a session for Councillors in Autumn to refresh and develop understanding of adult safeguarding among elected Members
- Deliver training to the Registered Managers Network to increase awareness among senior care agency staff
- Build the website training offer
- Develop a training matrix for tiers one and two staff
- Publish a needs assessment on training within the home care sector and recommendations on how gaps can be addressed
- Review national published SARs to identify lessons learned and implications for practice
- Publish of a series of video training clips (on the website and promoted on social media)

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Policy and Procedures

The Policy and Procedures subgroup (P&P) is chaired by Heather Alleyne, Head of Safeguarding at Wiltshire Council, and the group met four times in 2016-2017. The core membership of the Policy Sub Group is:

- Manager from Safeguarding Adults Team in Wiltshire Council
- D/Sgt from the Safeguarding Adults Investigations Team (Wiltshire Police)
- Head of Service Adult Care Operations, Wiltshire Council
- Safeguarding Lead, Wiltshire Clinical Commissioning Group
- Safeguarding Lead for AWP
- Safeguarding Facilitator for Great Western Hospital, Acute rep
- Safeguarding Facilitator for Great Western Hospital, Community rep
- Independent Provider representatives
- Medvivo

The P&P subgroup's role is to ensure that the WSAB has appropriate safeguarding policies that enable it to maximise the outcomes for adults at risk in Wiltshire and reflect the diverse communities of Wiltshire.

During 2016/17 the group:

- Finalised the new Wiltshire Multi-Agency Policy & Procedure of safeguarding adults to enable staff and professionals to safeguard vulnerable adults in Wiltshire
- Completed and published Safeguarding Adults Staff Guidance. A copy of the updated guidance can be found on the council website and copies have also been distributed to partner agencies.
- Developed a new Safeguarding Adults Review policy to ensure the Board could fulfil its statutory duties ensuring that instances of serious abuse and neglect are thoroughly looked-into and services are improved
- Developed and trialled a High Risk Behaviours Policy that aims to bring agencies together to protect people who have capacity but who have a long-history of engaging in high risk behaviours, particularly self-neglect, and coming into regular contact with public agencies. Having assessed how the policy would work it is likely that this work will result in operational change. A self-neglect and hoarding policy is also being developed.
- Forged closer working links with colleagues on the Wiltshire Safeguarding Children's Board (WSCB)
- Reviewed and updated the Large Scale Investigation process for safeguarding investigations relating to providers and situations of potential institutional harm

During 2017/18 the group plans to:

- Refresh terms of reference for the Board and review structure, governance and membership of WSAB and its sub groups to ensure maximum efficiency and effectiveness
- Have oversight of the policies and procedures for safeguarding in place internally within partner organisations to ensure they are MCA and MSP compliant.
- Work with partners to develop a multi-agency prevention strategy in 2017-2018
- Develop policy and procedures to support MASH development
- Develop a new strategy on self-neglect and hoarding to enable a more joined up approach with public protection
- Carry out an assessment of the SAR referral process
- Develop website content on policy and procedures
- Roll-out an easy to read version of the staff guidance
- Work with trading standards to progress multi-agency approaches to preventing financial abuse
- Monitor progress in relation to the Mental Health Crisis Concordat

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Quality Assurance

The Quality Assurance (QA) subgroup is chaired by Sarah-Jane Peffers, Head of Quality at Wiltshire Health and Care. The group met four times in 2016-2017 and is attended by:

- Wiltshire Council (WC)
- Wiltshire Health and Care
- Wiltshire Care Partnership,
- Royal United Hospital (representing the three local acute hospitals)
- Wiltshire Police
- Probation Service
- CCG NHS Wiltshire
- Healthwatch Wiltshire

The Wiltshire Council Safeguarding Team is represented at all meetings and the WC Senior Business Information Analyst attends to present the quarterly performance report.

In previous years the subgroup has focused on an analysis of the data report published by the Wiltshire Council Safeguarding Team but in 2017 the group developed a multi-agency dashboard. The newly developed dashboard reflects the wider nature of work to safeguarding adults in Wiltshire. Data from Wiltshire Police and the Council's public protection team will allow the QA group to see wider trends and to do more to provide multi-agency assurance. Discussions are taking place with health agencies to ensure that the data also reflects the experience of those using health services.

During 2016/17 the group successfully undertook:

- Regular review of data and intelligence to reflect how well adults at risk are safeguarded in Wiltshire – highlighting areas for concern and providing challenge where appropriate
- Development of a multi-agency dashboard
- Members completed a self-assessment audit and met to identify key points of learning and areas for development
- Design of an audit to assess how well Making Safeguarding Personal principles are embedded across partner agencies. Work will commence in 2017.

During 2017/18 the group plans to:

- Complete development of and maintain the multi-agency dashboard
- Design and implement a peer challenge programme - with three visits in 2017/18 focused on the three key statutory partners.
- Complete a multi-agency self-assessment audit
- Assess the value of training delivered
- Update and monitor the Board's risk register to provide assurance
- Complete the MSP audit of safeguarding investigations
- Complete a review of complex cases
- Audit triage services – looking specifically at cases not progressed to ESM stage

Wiltshire and Swindon User Network Reference Group

The Wiltshire and Swindon Users' Network (WSUN) group met in April, July and October of 2016 and in January 2017. The group is well attended by service-users who have substantial experience of how local systems are working from a care-users' perspective through their own experience and through the networks they have developed. WSUN facilitate the group meetings and have worked effectively to ensure the Board is working, not just for but with the people it seeks to support.

Hot topics in 2016/2017

- Concerns and questions over access to Do Not Resuscitate orders
- Covert administration of medications
- Access to the internet and the need to broaden ways of engaging with service-users
- Respecting and protecting privacy
- Dealing with self neglect and anti-social behaviours
- Provision of replacement batteries in specialist fire alarms
- Need for a system of reporting concerns that are not yet at the safeguarding level
- Content of the notes made by domiciliary carers
- Concerns about how safeguarding concerns are dealt with by social care call handlers (feedback was passed directly to the safeguarding adults team)

Information shared in 2016/2017

- Minutes and feedback from all the main Board meetings and work of the subgroups
- The Boards strategic plan was shared with the group and feedback was sought before publication
- The group were consulted during the development of the WSAB staff guidance
- Multi-agency performance data was shared and discussed with the group
- A presentation was given by a Resus Officer from Salisbury District Hospital on Do Not Attempt CPR policies
- A presentation was given by the Safeguarding Adults Team on safeguarding, what happens when an alert is received by the team and how to make a referral
- Dorset Wiltshire Fire & Rescue Service gave a presentation on their Safe & Well programme
- The WSAB Board Manager gave a presentation on the new Board website and wider engagement to ensure the group could access information and advice

Carers Reference Group

The Carers Reference Group met in May, July and October of 2016 and in January 2017. The group continues to be well attended by carers who have substantial experience of how local systems are working from the point of view of the many carers in Wiltshire. Those attending are unpaid carers themselves and care for people with a range of mental and physical care and support needs. Carer Support Wiltshire facilitate the group meetings and have worked effectively to ensure that the Chairman of the Board has a regular opportunity to meet carers in Wiltshire and hear their feedback and concerns.

Hot topics in 2016/2017

- Development of the Wiltshire Council Carers Strategy
- The protection of personal data
- Concerns about the service provided to vulnerable adults or their families who make complaints
- Care homes at risk of closure
- The lack of training for unpaid carers in parts of the county
- Problems experienced accessing local information about safeguarding (this feedback has led to the development and launch of a new WSAB website)
- Concerns about how carers might be the subject of a safeguarding enquiry as a result of attempting to deal with the challenging behaviour of the person they care for

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Information shared in 2016/2017

- Minutes and feedback from all the main Board meetings and work of the subgroups
- The Boards strategic plan was shared with the group and feedback was sought before publication
- The group were consulted during the development of the WSAB staff guidance
- Multi-agency performance data was shared and discussed with the group
- A presentation was given by the community commissioning officer developing the Carers Strategy and the views of the group were sought
- A presentation was given by the Safeguarding Adults Team on safeguarding, what happens when an alert is received by the team and how to make a referral
- The WSAB Board Manager gave a presentation on the new Board website and wider engagement
- The Deprivation of Liberty Safeguards & Mental Capacity Act Professional Lead at Wiltshire Council gave a presentation to the group on what these laws mean for people in Wiltshire

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4. Board Member reports

The most important function of the Board is to provide a catalyst for work to improve safeguarding across the partner agencies it brings together, particularly the three statutory partners. In 2016/17 work was done by all of these agencies to improve the systems they have in place:

Wiltshire Council

Key achievements in 2016/17

- The co-location of Wiltshire police's and council's safeguarding teams (SAT) has provided a more robust triage process and is more effectively safeguarding people in Wiltshire
- Closer links between the SAT, children's safeguarding, commissioning services and the adult safeguarding and operational teams have been forged and are helping to promote safeguarding adults across those areas of the business
- The large scale investigation policy has been updated in line with case law and the Care Act and now provide the safeguarding team with the tools required to work preventatively rather than reactively
- The safeguarding triage team are available to provide support on the telephone, email or face to face support, helping to give a wide range of professionals access to the support and expertise they need to effectively safeguard people in their care. This has been particularly helpful to providers who can ring for advice about whether an alert should be sent through.
- Wiltshire Council has further embedded outcome focussed MSP principles into all section 42 enquiries. The central SAT continue to triage all safeguarding alerts that come through to the council and provide advice and guidance to the operational teams. This helps to ensure that the guidance on the MCA is followed and to ascertain the desired objectives for any Investigation for the Adult at Risk. Adults who lack capacity are provided with support from an independent advocate or IMCA
- Online training has been provided to all staff in the first and second tier on the councils learning and development system
- Improved systems have been put in place for identifying emerging concerns relating to providers.
- Safeguarding is now embedded in all commissioning contracts with providers and is central to the issues discussed at emerging concerns meetings
- The Mental Capacity Act and Deprivation of Liberty Safeguard team offer training advice and support to operational teams by providing expertise with complex cases
- The Courts of Protection team apply for deputyship for adults at risk who lack capacity to manage their finances, safeguarding them from financial abuse
- An extended record of concerns is now kept by SAT. This enables the team to see emerging concerns and direct support to providers at an early stage
- A six weekly emerging concerns meeting is held identify trends in the nature and volume of concerns reported
- The Council's appraisal process helping to identify learning needs which may include safeguarding and to meet these
- All posts with the council are now subject to safer recruitment processes. Job descriptions include statement/s regarding the individual's safeguarding responsibilities and job specifications include a statement regarding the need for enhanced DBS disclosure as appropriate to the role. All staff working in regulated activity have an Enhanced DBS Check
- Multi agency Safeguarding guidance is now more accessible on the council's website
- A safeguarding case file audit plan and programme now fully implemented. An audit in 2016/17 identified that over 90% of adults at risk felt that the safeguarding investigating had met the outcomes they wanted to achieve and as that they felt safer

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- Emerging concerns are now triangulated between agencies and responded to early in a way that may prevent the situation from deteriorating
- In the longer term it is hoped to expand the triage team to include input from health along the lines of an adult MASH
- Wiltshire commissioners work closely with CCG commissioners and CQC to triangulate any emerging concerns relating to providers
- Commissioners use reports from providers to identify common themes and areas for improvement
- A new advocacy service has been negotiated with RETHINK
- An updated safeguarding adults document has been circulated to all providers and includes and updated threshold for a S42 enquiry in light of the changes in the Care Act
- The Quality Assurance Team have compiled a short and simple observational checklist which all professionals are asked to complete when visiting providers. The purpose of the questionnaire is to get an indication as to whether providers are meeting minimum standards and to give operational staff more influence in monitoring quality

NHS Wiltshire Clinical Commissioning Group (CCG)

Staff training

Training	2015/16	2016/17
No. of CCG staff who have completed Safeguarding Adults Level 1	83	109
No. of CCG staff who have completed Safeguarding Adults Level 2	10	20

2016/17 – an update against last year's objectives

1. A smooth transition of governance arrangements for Primary Care in preparation for fully delegated responsibility in 2017/18

   A transition plan is in place and being progressed. There is a memorandum of understanding between NHSE and the CCG regarding these arrangements and safeguarding adults forms part of this transition plan.

2. To develop and embed the NHS intercollegiate document which identifies key knowledge and skills in relation to adult safeguarding

   The NHSE Intercollegiate Guidance has been withdrawn and is under review. Provider training continues to be monitored through the contract management and updates, including new case law, are shared with providers. This is monitored through provider reports to Clinical Quality Review meetings (CQRMS).

3. To review the CCG web page and intranet to ensure that up-to-date Safeguarding Adults information and resources are provided

   This project will be completed in 2017/18, it will encompass safeguarding children and adults.

4. Review Adult Safeguarding training for CCG staff in line with the intercollegiate guidance and incorporate e-learning to all identified CCG staff.	A safeguarding training matrix has been developed for all staff. Although e-learning has not been issued nationally yet PREVENT is included in adult safeguarding training for level 2 and 3 staff. All staff have received a basic awareness update. The CCG Safeguarding lead attends regional Prevent network conferences.
5. Continue work with the Children's Commissioner to ensure that young people approaching transition are identified early and that the principles of the MCA and DoLS are appropriately applied.	The CCG continues to link with the local authority regarding transitions. An initial meeting is planned with Virgin Complex care team to ensure early identification of young people in transition. Assurance processes are to be further developed to evidence compliance with MCA during 2017/18.

Key achievements in 2016 /17

- Quarterly reports are provided to the CCG Clinical Quality Review Meetings by NHS Providers to demonstrate performance in relation to safeguarding, the Mental Capacity Act, reasonable adjustments, service user involvement and training. Performance is monitored and any concerns identified are addressed at meetings and clear actions agreed
- An agreed protocol with Wiltshire Council is now in place clarifying criteria for when providers may lead a safeguarding adult investigation with NHS Wiltshire oversight in relation to individuals funded through the NHS. This has helped to ensure that the most appropriate professional investigates concerns and has reduced duplication within investigations
- A rolling programme of quality monitoring visits to provider locations continues. The Head of Adult Safeguarding also supports the Local Authority Quality and Safeguarding visits and supports planned quality visits with the CCG Quality team where appropriate. These visits generate reports to Safeguarding Professionals meetings or CQRM's
- The CCG now has a training matrix which has identified Safeguarding and MCA training needs for all staff. A training programme has commenced this year and Continuing Healthcare (CHC) staff have received Adult Safeguarding level 2 and MCA training. A level 2 GP training package has been developed and rolled-out to four practices thus far. A level 3 GP training package is also in development
- The QSG is a forum where emerging and ongoing quality and safeguarding concerns relating to commissioned services in Wiltshire are identified and monitored. NHS Wiltshire chairs the local Quality Surveillance Group (QSG) supported by the Local Authority, CQC and Healthwatch.
- The NHS Standard Contract for all commissioned providers is supported by Safeguarding Adults standards for a number of areas of practice including:
    - The alignment of provider safeguarding adults procedures with multi agency procedures
    - Compliance with legislation including the Care Act, Mental Capacity Act; DoLS; Equality Act; Mental Health Act; Safeguarding Vulnerable Groups Act
    - Required training compliance levels
    - Workforce planning informed by training needs analysis
- These standards are tailored to and negotiated with each provider. They are closely and regularly monitored

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- The CCG has continued to actively scrutinise patient safety and adult safeguarding concerns through the Serious Incident Committee to highlight any themes relating to adult safeguarding
- The CCG attends safeguarding planning meetings convened by the Council for cases in which health commission the care. In addition, in those cases which providers of health services log a serious incident and there is a safeguarding element this will be monitored through the CCG Serious Incident committee.
- Maintenance of a programme of regular provider/commissioner meetings to monitor ongoing investigations and progress against action plans which are produced as a result of learning from serious incidents.
- Maintenance of a database of all safeguarding and MCA concerns to enable analysis of trends in order to:
    - identify key areas for improvement
    - inform future commissioning
    - identify areas of risk
- Provision of safeguarding support and expert advice across the health economy through specialist safeguarding/MCA clinical supervision and support

Plans for 2017/2018

- The CCG has assessed its responsibilities in relation to domestic Deprivation of Liberty safeguards and identified individuals whose care is 100% funded by the CCG in which there may be a high risk of challenge to the package of care relating to deprivation of liberty in a domestic setting. The CCG is currently developing a process for identifying and assessing these individuals and potentially making appropriate Court of Protection applications. This process has started with a training session to clinicians and senior leaders within the CCG and community provider services. A toolkit is being developed to support this work.
- The CCG is working to achieve the Government's Mandate regarding offering personal health budgets to people with long term conditions. This will support the personalisation agenda and empower people to manage their health condition and protect themselves from harm. This is in addition to those individuals who are in receipt of CHC funding.
- The CCG is continuing to gain assurance from providers that they are embedding and developing Mental Capacity Act knowledge and practice. This will be reviewed through supervision of designated nurses, serious incident reporting, complaints, reflective practice sessions and dissemination of information from Case Law and networks as appropriate. Furthermore, performance indicators are included in the Adult Safeguarding Schedule and will support monitoring of provider performance in this area. These include quarterly reports, case studies and number of DOL's and Independent Mental Capacity Advocate referrals.
- The CCG will complete and embed a Prevent policy and include Prevent training in the CCG training matrix.
- The CCG will work jointly with the Local Authority to ensure that young people approaching transition are identified at an early stage and that the principles of the MCA and DoLS are appropriately applied thereby supporting the involvement of young people transitioning to adult services whilst respecting and maintaining their rights.
- To scope and audit adult safeguarding knowledge and practice within Primary Care as the CCG has fully delegated responsibility since April 2017, and develop a structured training plan to address any gaps.
- To continue the Level 2 adult safeguarding training programme; complete the Level 3 training package and commence the roll-out of this to Primary Care.

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- To develop a CCG Safeguarding intranet page which provides up-to-date and appropriate safeguarding information and resources.
- Wiltshire CCG will review the internal processes to ensure that Domestic Homicides are reviewed from a safeguarding adults perspective and learning is incorporated into relevant CCG policies, procedures and training and disseminated across the health economy. This will be linked to the CCG Serious Incident committee and reported to the CCG Quality and Clinical Governance committee.
- The CCG will ensure through its provider contracts that there is full health engagement with the Wiltshire Multi-Agency Domestic Abuse strategy and accompanying policies and procedures as well as incorporating the Wiltshire Domestic Abuse Strategy into the CCG Safeguarding policy.
- Embed the NHS/LA safeguarding protocol within multi agency policy and procedures through continued participation in WSAB Subgroups.
- Ongoing work to support the development of a suite of WSAB multi-agency policies through continued participation in WSAB Subgroups
- Updating and revising the safeguarding schedules and key performance indicators in line with the latest guidance and national reports for the 17/18 contract.

Wiltshire Police

Key achievements in 2016/17

- A partnership approach in relation to safeguarding adults is working well from a police perspective. Police staff are embedded within the Local Authority safeguarding adults team ensuring effective multi-agency working to triage and assess cases involving vulnerable adults. The Joint Targeted Area Inspection (JTAI) of the Wiltshire area illustrated the positive partnership relationships which exist. Although the inspection focused on safeguarding children from domestic abuse, the report was highly complementary of the partnership arrangements and relationships that exist across agencies.
- The Wiltshire Police Vulnerability Strategy was developed and published. It sets out what Wiltshire Police will do to improve the service to the most vulnerable in society. The strategy has a focus on reducing the victimisation of the vulnerable, reducing the unnecessary criminalisation of the vulnerable and reducing the exploitation of vulnerable people. A working group chaired by the head of public protection is ensuring that the strategy is being delivered across the force.
- Significant improvements have been made by the police in the way that they record crimes against vulnerable adults. This change in process has resulted in an increase in recorded crimes, which has allowed the Police to better understand the volume and nature of abuse that is committed against the most vulnerable.
- The process by which the Police identify vulnerable people and allocate resources to investigate crimes against the vulnerable as well as protect the vulnerable from further harm has been revised. This process is known as the 'three strands of vulnerability' and during 2016/17 all control room members of staff have received additional training. The revision of the process ensures that partner agencies are more quickly involved in the support of vulnerable adults
- The Police have set up and chair the Swindon and Wiltshire Anti-Slavery Partnership. This partnership group sits quarterly and provides governance in relation to the effective reduction of modern slavery and human trafficking in the Swindon and Wiltshire areas. This includes the approach to adult sexual exploitation and labour exploitation.

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- The Wiltshire Police website has been updated to provide more information on adults at risk and vulnerable adult abuse. There are links to members of the safeguarding adults investigation team to make it easier for people to access support. There are also links to the relevant legislation and national guidance.
- Over the last 18 months members of the Safeguarding Adults Investigation Team have continued to provide training to partner agencies to raise awareness of the abuse of adults at risk and how to report concerns. In addition, training has been provided to investigating managers, police and partner agencies in relation to Making Safeguarding Personal.
- The first prosecution for wilful neglect/ill treatment of a service user by a carer under the Criminal Justices and Courts Acts 2015, was achieved illustrating the effective use of new legislation (Merryfields, Swindon 2016.)

There have also been wide reaching changes across other Board member agencies and these are summarised below.

The South West Ambulance Service NHS Foundation Trust produces an annual safeguarding report. The report for 2016/2017 will be available in July 2017.

Healthwatch Wiltshire

Healthwatch Wiltshire is a public champion for health and social care and has continued to support and challenge the Board to engage with people who use health and care services and consider the real-life experiences of vulnerable adults.
Healthwatch Wiltshire fulfils its statutory role in relation to safeguarding adults from abuse through:

- Sharing and reflecting the outcomes from our own engagement work with local people
- Carrying out 'enter and view' visits to care homes and hospitals;
- Working with the system on complaints issues, including the provider of NHS Complaints Advocacy (SEAP), to identify trends and emerging concerns;
- Contributing to the work of the Wiltshire and the regional NHS England 'Quality Surveillance' groups;
- Ensuring that we provide good quality information and signposting if anyone has a concern about a vulnerable adult.

Key achievements in 2016/17

- Work was undertaken to inform people with mental health conditions, in mental health care settings, about how to raise concerns related to safeguarding;
- 'Enter and view' unannounced visits were carried out as a result of collaborative working with Wiltshire Quality Surveillance Group;
- Healthwatch Wiltshire fed into the NHS England Quality Surveillance Group in relation to concerns about inadequate care homes;
- Local people were asked whether they feel safe when engaging with them about the health and care services they use;
- Extensive engagement was carried out to gain insight into the experience of care being transferred from one part of the system to another. Key messages were shared with commissioners and providers;
- Healthwatch Wiltshire worked with the Council's safeguarding team to ensure that the information on 'Your Care Your Support' in relation to safeguarding adults is good quality

Healthwatch Wiltshire has robust safeguarding policy and operating procedures and all staff, directors, and volunteers are appropriately trained on safeguarding. This training is mandatory. Criminal records checks are carried out for all relevant individuals.

Dorset and Wiltshire Fire and Rescue Service (DWFRS)

Key achievements in 2016/17

- DWFRS provided safeguarding training to all staff. Updated and clearer procedures were also put in place for staff which will help foster a better understanding of safeguarding. Staff are now more aware of what to look for and have the confidence to raise concerns, ask questions and seek advice.
- Work took place with other agencies, especially health, South West Ambulance and Wiltshire Police and regular multi-agency risk management meetings were held.
- The service now has procedures in place which are regularly reviewed and monitored by local performance and scrutiny committees.
- A designated professional safeguarding lead was established. This role supports other staff within the service, helping them recognise the needs of vulnerable people.
- The safeguarding lead was tasked with raising the awareness of safeguarding within the organisation. This has gone well and is reflected in the rise of safeguarding referrals and queries.
- A safeguarding e-learning package which will go live in June. All staff will be required to complete the e-learning.
- New staff are now provided with safeguarding training at induction.
- Front line staff now receive enhanced bespoke training from an outside agency. They are required to take refresher training every two years.
- All staff are notified if there is a change procedures
- DWFRS are expanding the remit of their work in the year ahead with public health. This may result in a rise in referrals but will also do more to protect those at risk and prevent harm from occurring.

Avon and Wiltshire Mental Health Partnership NHS Trust

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages in the Wiltshire area who have mental illness. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

The Trust has an executive director lead (Director of Nursing and Quality). The Wiltshire Clinical Director is the senior manager holding responsibility for delivering and developing safeguarding practice within the locality during 2016/2017.

Key achievements in 2016/2017

- Initiation of a project to ensure effective safeguarding recording and reporting, and management oversight
- Development of practice guidance on personalisation of adult safeguarding
- Development of practice guidance and support on sexual exploitation and modern day slavery
- Review and updating of adult safeguarding training, including domestic abuse training
- Maintaining a high level of monthly supervision for staff (89.2% of staff supervised in March 2017)
- Induction of an extended adult safeguarding and MCA service in the Trust, introducing locally focused Named Professionals
- During 2016/2017 95% of staff had received safeguarding training (as of the 31/3/2017), with level 2 staff also receiving additional training to help reduce domestic abuse.

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Key challenges and priorities for improving adult safeguarding in 2017/2018 are:

- Completion of the project to ensure effective safeguarding recording and reporting, and management oversight
- Introduction of Level 3 adult safeguarding training for staff managing cases
- Improving and demonstrating the quality of safeguarding supervision provided to staff
- Introduction of locally delivered practice development through the local Named Professionals for Adult Safeguarding
- Improving the support for the Wiltshire Safeguarding Adult Board at all levels of the partnership

Royal United Hospitals Bath NHS Foundation Trust (RUH)

Key achievements in 2016/17

- A Care Quality Commission inspection noted that staff had a good level of understanding in safeguarding and the Mental Capacity Act and Deprivation of Liberty Safeguards
- A pilot staff training programme for Managing Challenging Behaviours and Physical Interventions has been agreed and is currently at the planning stage with the provider
- Further funding was secured for the year for an Independent Domestic Violence Advisor (IDVA) to support the staff and victims of domestic violence
- An electronic version for Independent Mental Capacity Advocate (IMCA) referral has been developed and is now in testing phase
- An electronic means for staff to raise Safeguarding Adults concerns has been established
- Development of Allegations against Staff Policy are currently in draft form for consultation
- There was further development of the Safeguarding Adults Practitioner Network and it now includes an annual workshop held jointly with the safeguarding children team
- A Learning Disabilities Quality Check programme has been shared at the Trust wide Professional Nurse and Midwifery forum, the Trust Executive Board and with the relevant RUH working groups to implement learning, an example being the patient menus to be produced in easy read format by the nutrition group

Training in 2016-17

- 90% compliance was sustained for level 1 training
- Level 2 training compliance was 89.95%
- 100% compliance was maintained for level 3 training
- Provided ward and department based training for Prevent

Subject	Target (%)	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)
Level 1 safeguarding adults	90	90.75	90.39	90.42	90.92
Level 2 safeguarding adults	90	86.0	85.94	88.3	89.95
Level 3 safeguarding adults	90	75.0	75.0	100	100
Prevent	70	9.46	16.45	36.07	53.27
Domestic violence awareness (number of staff)	Not specified	180	187	139	158

Plans for 2017-18

- Sustain training compliance for adult safeguarding
- Continue to improve Prevent training compliance

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- Having secured funding for IDVA role for a further year the Trust will to continue to develop priority areas and ensure sustainability within the Trust should funding not continue
- Continue work with the wider safeguarding team to promote the "Think Family" agenda
- Develop a Trust Autism Strategy and training programme
- Develop a training and supervision programme to meet the Intercollegiate Document requirements

Salisbury NHS Foundation Trust

Promoting an adults wellbeing and safety is central to care arrangements at Salisbury NHS Foundation Trust. The organisation and staff are clear about their roles and responsibilities. The Trust has strong partnerships to provide multi-agency working to support prevention and responses to abuse and neglect. There is a strong culture in patient safety and staff are seen as experts within the NHS and learn from adverse events. The Director of Nursing is the Executive Lead for Safeguarding; the Deputy Director of Nursing attends the Safeguarding Adult Board. The Safeguarding Adults Lead Nurse attends the Learning & Development Board sub-group.

Key achievements in 2016/17

- Providing good care throughout the Trust's most challenged year in regard to patient numbers attending/admitted for care
- Using the Mental Capacity Act & Deprivation of Liberty Safeguards to support the care of some very behaviourally challenging long-term patients
- Continuing to support training achievement of training goals for Safeguarding Adults Level 1 and 2, and MCA
- Bi-monthly Domestic Abuse Awareness and Safelives Risk assessment workshops
- Monthly Mental Capacity Act and Deprivation of Liberty Safeguard Workshops
- Continued development of the Safeguarding Champions
- Development of the Allegations against Staff Policy
- TIAA (Internal Audit) Audits of Safeguarding Training and DoLS processes
- Clinical Commissioning Group Annual Safeguarding Audit
- New PREVENT Lead and clear plan for training requirements and provision
- Flagging of victims, perpetrators and children discussed at Wiltshire Multi Agency Risk Assessment Conference
- Planned co-location of Safeguarding Adults Lead Nurse, Named Nurse for Safeguarding Children and Paediatric Liaison Nurse
- Funding for an admin assistant to support work of the safeguarding leads
- Integrated Safeguarding Operational Group- meets monthly to plan and supports operational Safeguarding work
- Joint Targeted Area Inspection of the Multi-Agency Response to Abuse and Neglect in Wiltshire. This inspection included a 'deep dive' focus on the response to children living with domestic abuse. Good feedback from the inspection team in how Salisbury NHS Foundation Trust identifies and supports these families
- Mandatory Statutory training compliance (Safeguarding Adults level 1 & 2) is reported monthly and monitored by the Safeguarding Lead Nurse, Directorate Managers and Departmental Leads
- Half day workshops are provided for domestic abuse awareness and Safelives risk assessment and Mental Capacity Act and Deprivation of Liberty Safeguards.

Challenges for 2017/18

- Increasing compliance with level 2 Adult Safeguarding and MCA training
- PREVENT training trajectory
- Continued impact of the increased number of admissions of frail, vulnerable patients and availability of community care, therefore remaining in hospital for longer
- Continued increase in patients with challenging behaviours with capacity issues requiring significant levels of intervention

NHS England, South Central

NHS England, as with all other NHS bodies has a statutory duty to ensure that it has arrangements in place to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHS England South Central safeguarding team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, this including Wiltshire Safeguarding Adult Boards (SABs).

The NHSE England South Central safeguarding team consists of a range of staff that has safeguarding as part of their portfolio. This shared approach is to ensure that safeguarding is embedded across the nursing team and promotes the ethos that "safeguarding is everyone's business". All key safeguarding related posts are filled with individuals who have extensive experience of designated safeguarding roles at a provider or CCG level and are appropriately trained to fulfil their function.

The current safeguarding team is led by, John Trevains, Assistant Director of Nursing and Helen Chrystal as safeguarding lead for the BANES, Gloucestershire, Swindon and Wiltshire (BGSW) area.

NHS England South Central facilitates a safeguarding forum for named and designated safeguarding professionals from CCGs across the BANES, Gloucestershire, Wiltshire and Swindon area. The forum is well attended by health professionals. The forum focuses on:

- Sharing strategic safeguarding concerns
- Identifying common themes, trends and early warnings
- Identifying safeguarding concerns that may need to be escalated
- Identifying areas of work that could benefit from regional or national input
- Providing a forum where professionals can share good practice, developments and experiences
- Sharing lessons learnt from Serious Incidents, Serious Case Reviews, DHR's, Independent and Multi-Agency Investigations
- Providing up to date information and guidance from a national and regional perspective
- Promoting clearer partnership working and strengthening safeguarding networks across the region
- Supporting localities across the region to achieve the key standards and embed new NHS policies and government guidance
- Providing a forum for NHSE South Central to gain safeguarding assurance from the CCG's

The NHSE South Central team are very proud of a range of achievements related to safeguarding practice in 2016/17. The list below summarises some of the achievements:

- A safeguarding lead nurse was recruited to both the TV and BGSW areas for the South Central Region, ensuring robust safeguarding leadership, advice and governance is available across the patch
- Strong safeguarding Networks have been established across the areas
- Via national development monies a variety of training needs have been addressed for safeguarding heath staff and multiagency stakeholder attendance was also encouraged at these events to promote joint working:

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- NHSE South Central worked in Partnership with the registered charity NAPAC (National association for people abused in childhood) to provide historical sex abuse disclosure training. This was in response to the recommendations from the Lampard Inquiry
- Several Modern Day Slavery awareness raising training sessions have been delivered by the charity UNSEEN in partnership with NHSE South Central in support of the national priorities set to raise awareness of the issues of modern day slavery
- Advanced safeguarding report writing training has been delivered by Niche Consulting. This was evaluated particularly well by the delegates attending.
- Two Level 4/5 Safeguarding Children training have been delivered in the South Central Region, in partnership with BASCPAN (British Association for Study and prevention of childhood abuse and neglect) the themes of these seminars was 'learning the lessons from serious case reviews, identifying pathways to harm'.
- Quarterly PREVENT education workshops have been delivered in conjunction with national leads and Special Branch and home office colleagues

This year, NHSE South Central has made good progress and worked hard to establish a base line of safeguarding assurance across health systems in the Region. The safeguarding team is now fully staffed which has enabled them to provide, visible, effective safeguarding leadership and support across the region. The training events which were facilitated and funded by NHSE South Central have raised the profile of safeguarding across the region and were well received by the health professionals who attended them.

There are now robust processes in place to disseminate safeguarding information, for example, learning from cases and national alerts. Safeguarding networks have been strengthened and good working relationships have been developed with our partner agencies.

There is still work to do to improve levels of safeguarding assurance and plans have been developed that will drive this agenda forward. In the following year NHSE South Central will build on the work already undertaken to ensure improved effectiveness and quality of safeguarding arrangements across the region's health systems and determine whether these meet the statutory duties.

Wiltshire Health and Care

Wiltshire Health and Care is a partnership formed by the three foundation trusts that serve Wiltshire; Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. The partnership has been responsible for the delivery of adult community health services in Wiltshire since 1 July 2016.

Wiltshire Health and Care's Head of Quality is the executive lead for safeguarding and the partnership also has a full time Safeguarding Adults Lead. The strategic, operational and development of the partnership's safeguarding role and responsibilities is located firmly within the partnership's quality structure, agenda and governance.

The partnership ensure staff are appropriately trained about safeguarding adults through:

- Implementation of shared Training Strategy with GWH NHS FT and introduction of level 1 and Level 2 Safeguarding Training
- Inclusion of MCA training on face-to-face Induction to all new starters
- Case study, guest speakers, research, literature and legislative reviews at bi-monthly Practice Influencers Forum
- Bespoke training/support from Safeguarding Adults available at individual, team and ward level

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Key achievements in 2016/2017

- Embedding Safeguarding within the Quality governance of a new organisation
- Continued growth of the Safeguarding Adults/MCA Practice Influencers Forum (an internal exchange forum set up to foster specialist resilience across the Partnership)

Challenges for 2017/18

- Full implementation of the "golden thread" approach with Safeguarding Adults and MCA principles cross referenced and integrated within all clinical skills training, partnership policy and procedure, documentation and work force development initiatives
- Develop a Safeguarding and Mental Capacity Act Competency Framework to include Level 3 requirements
- Fully embedding the Making Safeguarding Personal agenda
- Improving collaborative partnerships and exploring closer working with partner agencies, including fully embedding a safeguarding outcomes system

Wiltshire Care Partnership (WCP)

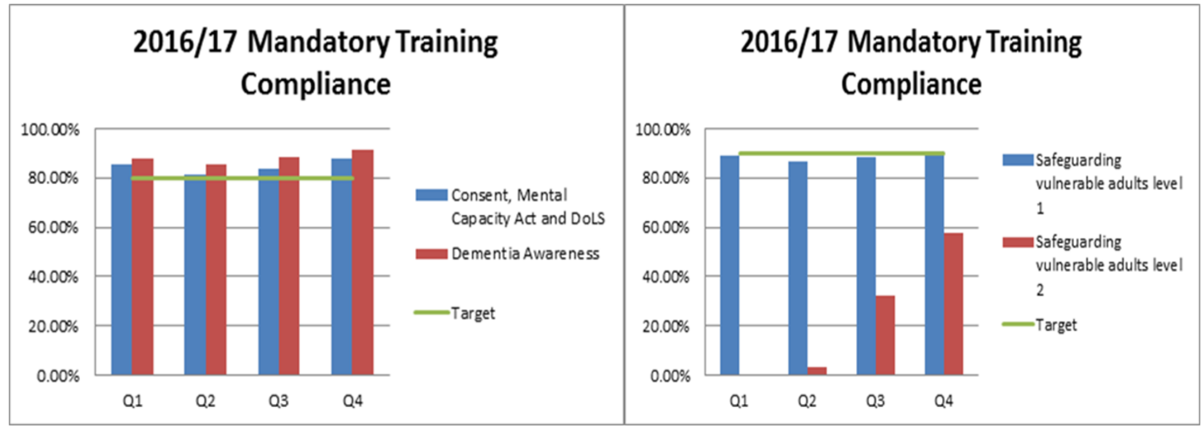
WCP membership continues to grow and diversify, with more learning disabilities and supported living providers joining our partnership. This increases the potential for queries about Safeguarding, the Mental Capacity Act and DoLS, which we are committed to keeping our members updated about.

Over the last year WCP have provided members with workshops on mental capacity and the partnership is committed to expanding this through a training and development day in October, in partnership with Wiltshire & Swindon Care Skills Partnership, and through a conference planned for June 2018. It's hoped the conference will provide workshops on how to support and motivate staff during a Safeguarding investigation.

Great Western Hospital NHS Foundation Trust (GWH)

Training

The charts below identify the Trust wide training targets in 2016/17 and in which areas the Trust is meeting those targets. The Trust's generic mandatory training compliance threshold is 80%. GWH is currently compliant against this threshold. Safeguarding Adults is 90% compliance as per contract with GWH and the Clinical Commissioning Group. Level 2 safeguarding training was implemented November 2016 and has seen an increase in compliance as indicated. It's expected that the upward trend will continue in 2017/18.



Key achievements in 2016/17

Below is an overview of the main achievements of the GWH Safeguarding Adults Lead

- Quality Improvement project in relation to safeguarding adults and MCA completed across two clinical areas. The impact of this project was demonstrated by improved practiced compliance from the annual safeguarding adults at risk consent and capacity audit.
- DoLS specific quality improvement project (in conjunction with Swindon Local Authority) completed (September – January 2017). Aim of project to improve quality of applications, with protected time for DoLS assessments.
- A Safeguarding Operational Group is now well established and well attended. There has been a positive response from staff in attendance. Attendance continues to grow in numbers on a monthly basis and safeguarding supervision is encompassed within the group.
- An annual audit programme is now in place.
- An annual audit programme was completed in September 2016. Findings are based on Q1 and Q2 and demonstrate increased compliance in safeguarding adults at risk, Mental Capacity Act (2005) and DoLS. Indication shows an increase in compliance 69% compliance Trust – Wide (39% the previous year 2015).
- Consent Form four was reviewed in line with MCA and has been ratified, and document is now live and embedded in policy. An audit is underway and covers 20 patients - in oncology, urology, respiratory, gynaecology, gastro, oral surgery, cardiology, general surgery, trauma, endoscopy, and ENT. These are the disciplines where patients have been coded as having Learning Disability, dementia etc. and had surgery since 1 August 2016.
- The Safeguarding Adults Team piloted Local Safeguarding Adults Board self-assessment tool. This is now an annual requirement and 2017 submission has been completed.
- A safeguarding alert initial enquiry form has been implemented and a successful pilot completed to test a new enquiry form in response to any safeguarding alerts raised <u>against</u> GWH. The rationale behind the form is to obtain the correct information in a timely manner, and to also help guide staff. The Safeguarding initial enquiry form is completed within 7 days to help gather information.
- The following policies and guidelines have been reviewed and ratified:
    - Mental Health Act Policy and Procedures.
    - Search and Ligature Risk staff guidance.
    - Positive Behaviour Management (restraint) Policy.
    - DoLS policy
- A DoLS easy read patient information leaflet reviewed and implemented.
- A training tracker modules for both level 1 and 2 have been completed, tested and have now been launched. A training tracker level 3 is in draft format. The Trust is in good stead for implementation of level 3 once the NHS England guidance has been published.
- 1:1 safeguarding training has been in place since January 2017 for all overseas nurses who on starting in post
- Bespoke training is provided in specific clinical areas including Intensive Care.
- CQC focus work has been completed across all areas, with concentrated focus on front door teams.
- Bi-monthly Safeguarding Simulation has been set up with the Anaesthetics and Pain Management Clinical Lead for Simulation and Clinical Teaching Fellow. The simulation-based teaching will be for medical students and / or junior doctors working within the Trust and with potential scope to also extend to nurses, occupational therapists and physiotherapists.
- Swindon Local Authority has invited Safeguarding Lead to be part of Safeguarding Adult Section 44 review Group being facilitated by SCIE (independent review). The group is scheduled to meet in June 2017.

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Plans for 2017-18

- Get better at protecting people from harm to include: early and/or preventive help for those at risk of abuse, including the local priorities given: exploitation, radicalisation, domestic abuse and neglect.
- Continuation of delivery of 'Golden Thread' training strategy
- Delivery of ward accreditation programme
- Complete NICE 50 (Domestic Abuse agenda)
- Embed and implement the Care Act 2014, Making Safeguarding Personal and the Mental Capacity Act
- Improve the consistency of application of safeguarding and MCA/MHA policies, procedures and processes across the organisation by developing web-based access to relevant safeguarding and MCA/MHA policies, guidelines, information/forms/checklists
- Continue to support and strengthen system wide safeguarding quality assurance, including monitoring visits; assisting with evidencing best practice and improvements and making a difference to improving the safety and welfare of our most vulnerable residents
- Continue to support greater system-wide learning, review and actions and evaluate outcomes of all serious case review/incident action plans of both single and inter-agency action to receive assurance that plans have been implemented and in turn improves outcomes for adults with care and support needs in Swindon and Wiltshire
- Maintain systems for safeguarding training and competencies, ensuring learning and development positively impacts on practices and in turn improves outcomes for children, adults with care needs and carers
- Support robust completion of Consent/MCA documentation/Evidence use of principles of MCA /Application of two stage mental capacity assessment
- Production, completion and regular review of robust and timely Care plan/risk management documentation
- More evidence of Best Interests assessments and decisions making is required
- Continued reporting barriers with outcomes of investigations/enquiries re Safeguarding and being able to feed this information back to clinical staff
- Raise awareness of IMCA involvement especially Serious Medical Treatment and discharge

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4. Safeguarding in Wiltshire - understanding the local picture

In 2016/17:

- The number of concerns (formerly known as alerts) was 4,465 for 2016/17. This is a 2% decrease from the same period last year (these figures do not include large scale investigations)
- 763 (17%) went forward to Early Strategy Action (ESA)
- The number of enquiries (formerly known as investigations) went down from 864 to 656 (a 24% reduction)

Abuse enquiries
Between 2014/15 and 2015/16 there was a 43% increase in the number of enquiries. This year there was a marginal drop. Although the reduction is not significant what is apparent is there is now a level of consistency over a two-year period.

However of the 4,465 enquiries made in 2016/17, more than 4 out of 5 (3,702) were 'screened out' at the triage stage. That means it was decided that no further action would be taken under a section 42 formal safeguarding investigation, some of these alerts would have been transferred to the operational teams to be addressed via a care management route. This proportion has increased from the previous year.

Sources of enquiries
Enquiries relating to care homes and domiciliary care agency enquiries make up the majority of total concerns raised. Anecdotal evidence from care homes remains that a large number of enquiries are the result of a risk-adverse approach which assumes that it is better to raise a concern and record having done so than not. The proportion of these concerns that are screened out at the initial triage stage has continued to increase. The data shows many of the concerns raised by and about care home management were not considered appropriate for a safeguarding investigation.

Type of abuse by setting (at the enquiry stage)
The patterns of the type of abuse in the various settings are broadly similar across the last three years. Concerns about neglect or omission in support are most commonly reported while there are very few reported cases of discrimination. Many of these occurred in people's own homes including supported accommodation where there are several occupants. Self-neglect remains a common theme and will be an area for the Board to focus attention in 2016/2017.

Cases where neglect or acts of omission were broadly reported occurred in own home situations and nursing or residential care homes. These tend to be missed medication, not supporting transfers appropriately or failing to prevent customers falling when mobilising. There were notably less instances of any type of abuse or neglect reported in hospitals or other settings. This may be an indication of a lack of reporting from these settings.

Emotional or psychological abuse remains more likely to be experienced by people living in their own homes by family member(s) applying pressure on adults at risk (AARs) – bullying or threatening them with physical violence.

Residential care homes are where the most physical abuse is reported while levels of reported financial abuse are markedly higher at home.

Enquiries (formerly known as Investigations)
Enquiries have decreased 24% on the previous year, despite the less marked drop in the number of concerns reported. This reflects the relatively minor nature of some enquiries which are being triaged out, many are more appropriately managed under care management than safeguarding.

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Relationship of the alleged perpetrator to the adult at risk
While the profile of alleged perpetrators (in terms of relationship to alleged victim) was broadly similar in 2015/16 and 2016/17 there was a notable drop in the number of care home staff implicated.

While the number of incidents involving a stranger or unknown individual remains very small it did increase significantly (from 22 to 31). This trend will be monitored in 2017/18.

Location of the alleged abuse
Care homes and the adult at risk's own home dominate where abuse is said to have taken place, with own home averaging 45% across 2 years and care homes averaging 40%. All other locations are similar in their proportions over the 2 year period.

Type of abuse
The numbers of types of abuse have broadly similar ratios over the 3 years. From 2015/2016 there have been new categories of abuse being recorded and reported: Domestic Abuse, Modern Slavery, Self Neglect and Sexual Exploitation.

Financial abuse has increased as a percentage of types of abuse as has the percentage of incidents involving an element of neglect. Organisational (formerly institutional) abuse has fallen as a proportion.

The following numbers will exceed the total number of enquiries as adults at risk can experience multiple types of abuse at a time. Each number will be the total number of times in which that type of abuse occurred and the percentage will indicate the ratio of the total number of abuse types (not Enquiries):

- Discriminatory 1 (0%)
- Domestic abuse 57 (6%)
- Financial 138 (14%)
- Modern Slavery 0
- Neglect/omission 358 (35%)
- Organisational 58 (6%)
- Physical 171 (17%)
- Psychological/emotional 159 (16%)
- Sexual 44 (4%)
- Sexual exploitation 2
- Self neglect 21 (2%)

Essentially, substantiated abuse or neglect in all of the categories above, accept sexual exploitation (increased from 0 to 2 instances) have reduced.

Abuse by type of enquiry conclusion
In 2014/15, 820 enquiries were completed and in 2015/16 864 were completed. In 2016/17, 656 enquiries were completed. The numbers of concluded cases by the type of abuse are shown below. With many cases involving multiple types of abuse, these numbers will not equate to the total the number of concluded cases. Neglect and acts of omission remain the most common feature of substantiated allegations.

Agencies involved in investigations (completed enquiries only)
Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Most commonly Social Care, care providers and the police are involved in enquiries. However acute hospitals and health agencies are involved in around 15% of enquiries.

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Appendix 1 - Board Membership & Attendance

Organization	Designated Member	July 2016	Sept 2016	Dec 2016	Mar 2017
Independent Chair	Richard Crompton	✓	✓	✓	✓
Wiltshire Council DCS	James Cawley	✓	A	A	✓
Wiltshire Council Safer Communities	Tracy Daszkiewicz	✓	✓	✓	Ap-R
Wiltshire Council Commissioning	Heather Alleyne	✓	Ap-R	✓	✓
Wiltshire Council (OD Consultant)	Judy Vanderpump	A	✓	✓	✓
Wiltshire Council Cabinet Member	Cllr Jerry Wickham Cllr Sheila Parker	 ✓	✓ ✓	A A	✓ A
Wiltshire Care Partnership	Matthew Airey	✓	✓	✓	✓
Wiltshire Police	D/Supt Craig Holden	✓	A	✓	✓
CCG Wiltshire	Dina McAlpine	✓	Ap-R	✓	✓
NHS England	Helen Chrystal (from Sept)	n/a	✓	✓	A
Great Western Ambulance Service	Sarah Thompson	A	A	A	A
Great Western Hospital	Wendy Johnson (to Sept) Lisa Hocking (from Dec)	A	✓	✓	✓
RUH Bath	Mary Lewis	A	✓	✓	Ap-R
Salisbury NHS Foundation Trust	Fiona Hyett	Ap-R	✓	✓	Ap-R
AWP	Dr Toby Sutcliffe		✓	✓	✓
Wiltshire Health & Care	Sarah Jane Peffers	✓	✓	✓	✓
National Probation Service	Mark Scully				Ap-R
Community Rehabilitation Company (Wiltshire)	Liz Hickey (to July) Richard Temple (from Sept)	✓	A		A
Dorset & Wiltshire Fire & Rescue Service	Jo McGowan (to Dec) Gus Cuthbert (from March)	A	A	A	Ap-R
Healthwatch Wiltshire	Emma Cooper	✓	✓	✓	Ap-R
Domiciliary Care Providers Assn	Darren Fowler	✓	A	✓	✓
Carer Reference Group	Currently no representative				
User Reference Group	Mary Johns & Linda Griffiths	✓ ✓	✓ ✓	A ✓	A ✓
CQC (annual only)	Justine Button				

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

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Appendix 2 - What does the Board do?

The overarching purpose of Wiltshire's Safeguarding Adults Board (WSAB) is to help and protect adults with care and support needs in Wiltshire. We do this by:

- Providing vital assurance that local safeguarding arrangements are in place and that local safeguarding practice is person-centered and outcome-focused
- Working collaboratively to prevent abuse and neglect where ever possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Continuously improving and enhancing the quality of life of adults in Wiltshire.

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Wiltshire SAB leads adult safeguarding arrangements across the county and oversees and coordinates the effectiveness of the work of its member and partner agencies. This requires us to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in **'Making Safeguarding Personal'**. The Board also has a wider duty to consider issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse.

Under the Care Act 2014 our Board has three core duties. We must:

- develop and publish a **strategic plan** setting out how we will meet our objectives and how our member and partner agencies will contribute
- publish an **annual report** detailing how effective our work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria

At the heart of all we do are the six safeguarding principles:

Empowerment - people being supported and encouraged to make their own decisions and give informed consent
Prevention - it is better to take action before harm occurs
Proportionality - the least intrusive response appropriate to the risk presented
Protection - support and representation for those in greatest need
Partnership - local solutions through services working with their communities and recognising that communities have a part to play in preventing, detecting and reporting neglect and abuse
Accountability and transparency - in safeguarding practice

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Appendix 3 – 2016/2017 Multi-Agency Assurance report - Wiltshire Safeguarding Adults Board

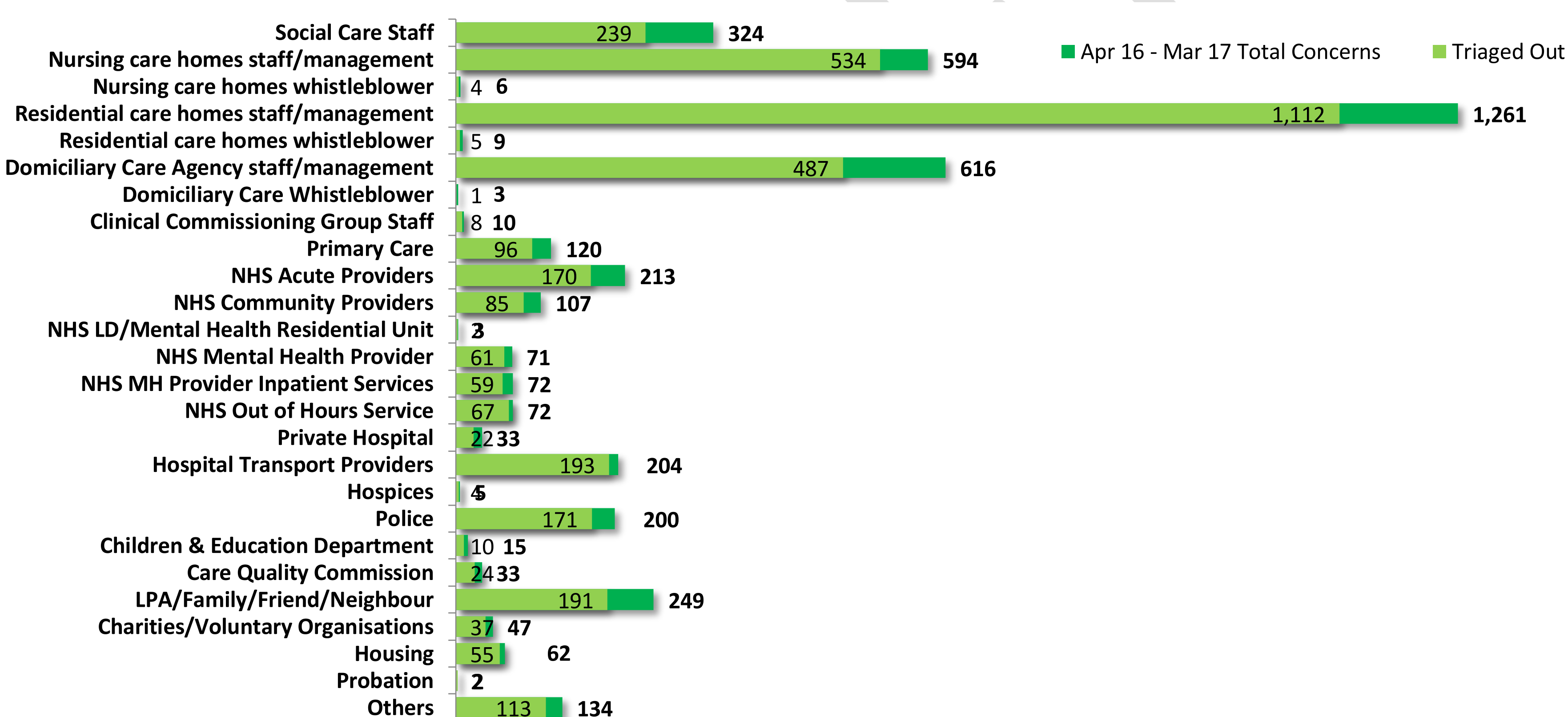
Dashboard (Sources: Wiltshire Police, Wiltshire Council Safeguarding Adults Team, Public Protection and Public Health)

	Time period	16/17	16/17	16/17	16/17	Annual measure	Annual measure	England average
Ref	**Data set**	**Q1**	**Q2**	**Q3**	**Q4**	**15/16**	**16/17**	**15/16**
1	Number of contacts received by the safeguarding team about possible incidents of abuse or neglect (Concerns)	1,053	1,117	1,112	1,183	4,566	4,465	2,028
2	Number of those reports that are looked into (triaged) within two days	1,026	1,100	1,081	1,164	4,491	4,371	
3	% triaged in two days (target - 97%)	97%	98%	97%	98%	98%	98%	
4	Number of Early Strategy Actions meetings held (ESA)	229	192	185	157	993	763	
5	Percentage of Concerns leading to ESAs	22%	17%	17%	13%	22%	17%	
6	Number of enquiries started	182	172	158	144	972	656	864
7	Number of adults at risk who set desired outcomes	118	90	103	75	525	386	330
8	No. of adults at risk who stated that their desired outcomes were fully or partially met	115	83	101	74	525	373	259
9	% of adults at close of Enquiry who felt that their outcomes had been achieved	97%	92%	98%	99%	100%	97%	78%
10	Number of Large Scale investigations (number of beds)	151	151	87	11	*95*	162	
11	Number of Serious Adults Review referrals	0	0	1	0		1	
12	Number of high risk domestic abuse cases heard at MARAC				120			
13	Number of Domestic Abuse incidents (reported to the Police)				689			
14	Number of ASBRAC cases				49			
15	Number of ASBRAC offenders				107			
16	Number of ASBRAC victims				84			
22	Number of victims in contact with the service SAIT	271	244	197	239	1081	951	

Supporting information - concerns, enquiries and outcomes

Concerns raised (figure A)

Sources of Concerns:



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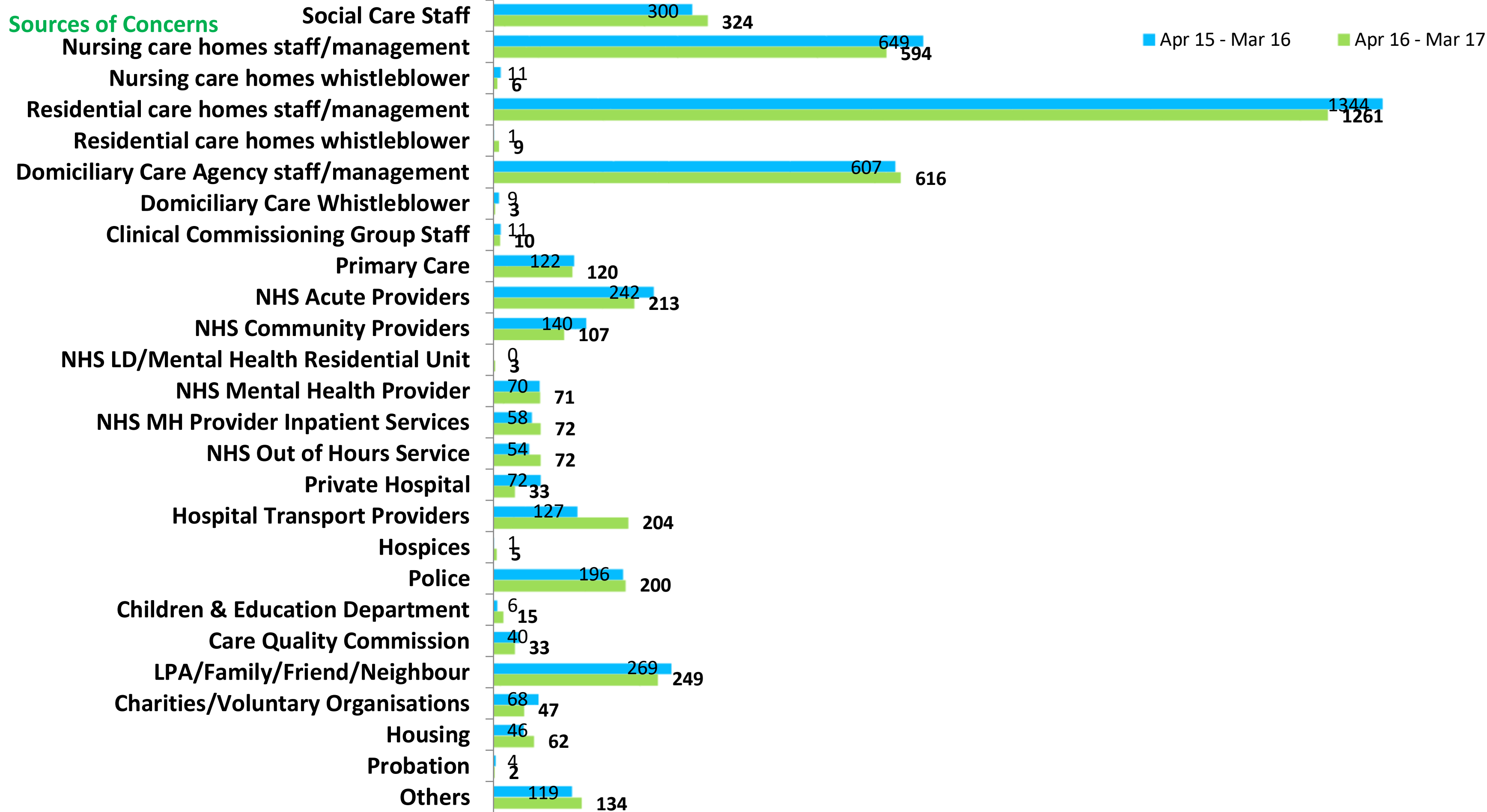
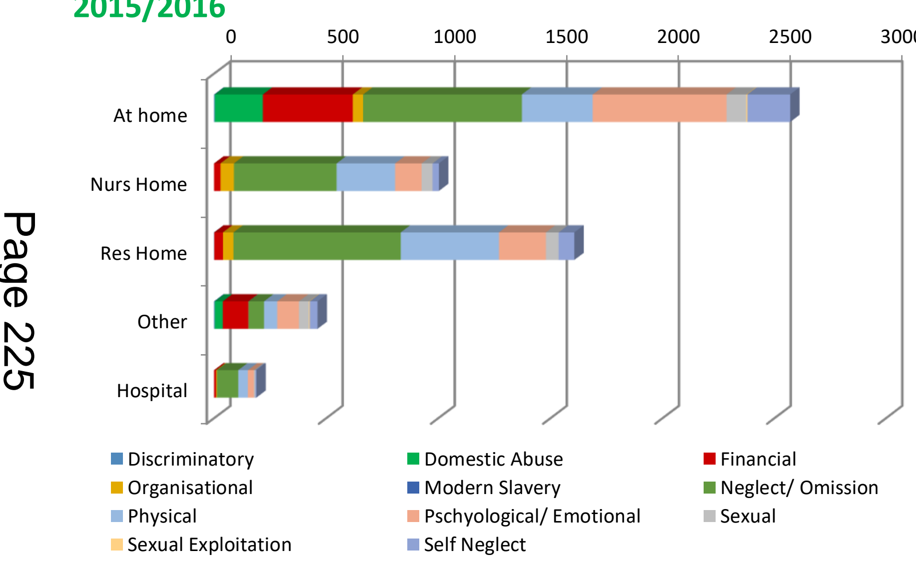
Concerns raised

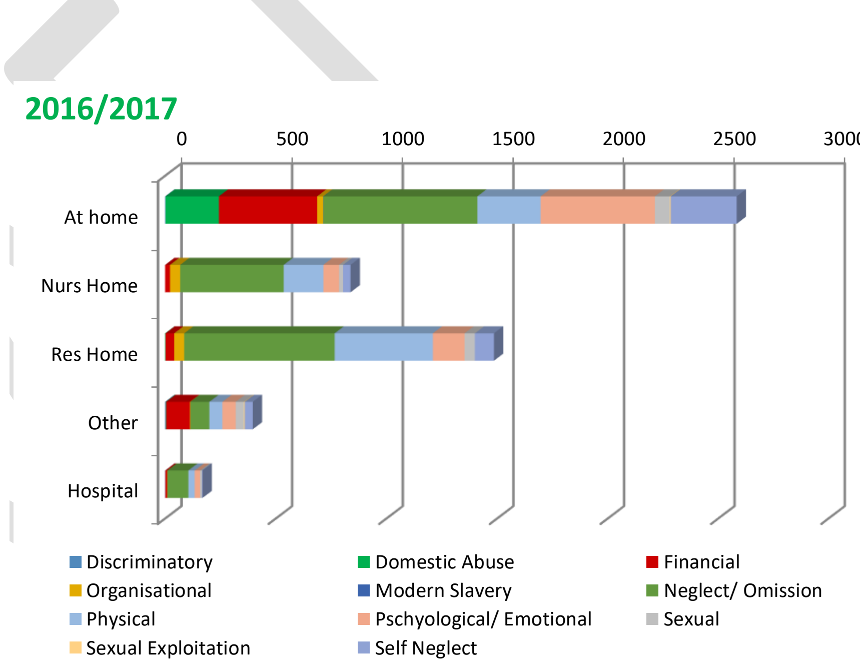
Source (figure B)



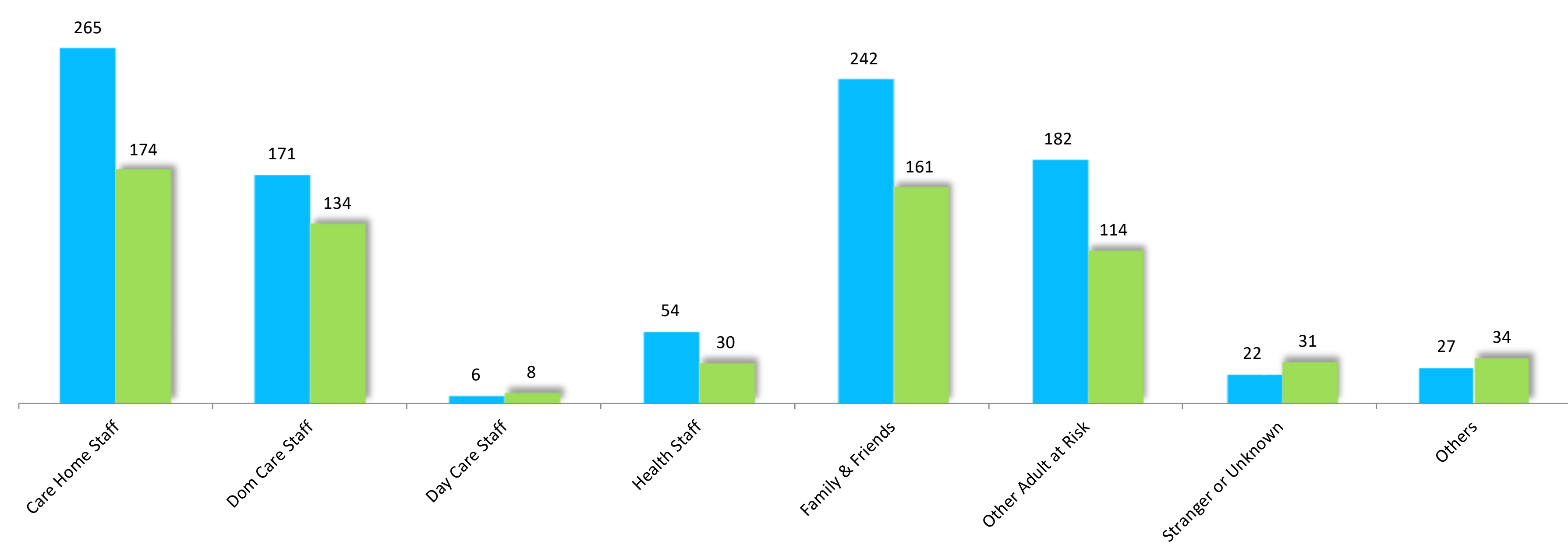
Concerns raised (figure C)

Type of abuse by setting (at the Concern stage)





Enquiries (figure D)



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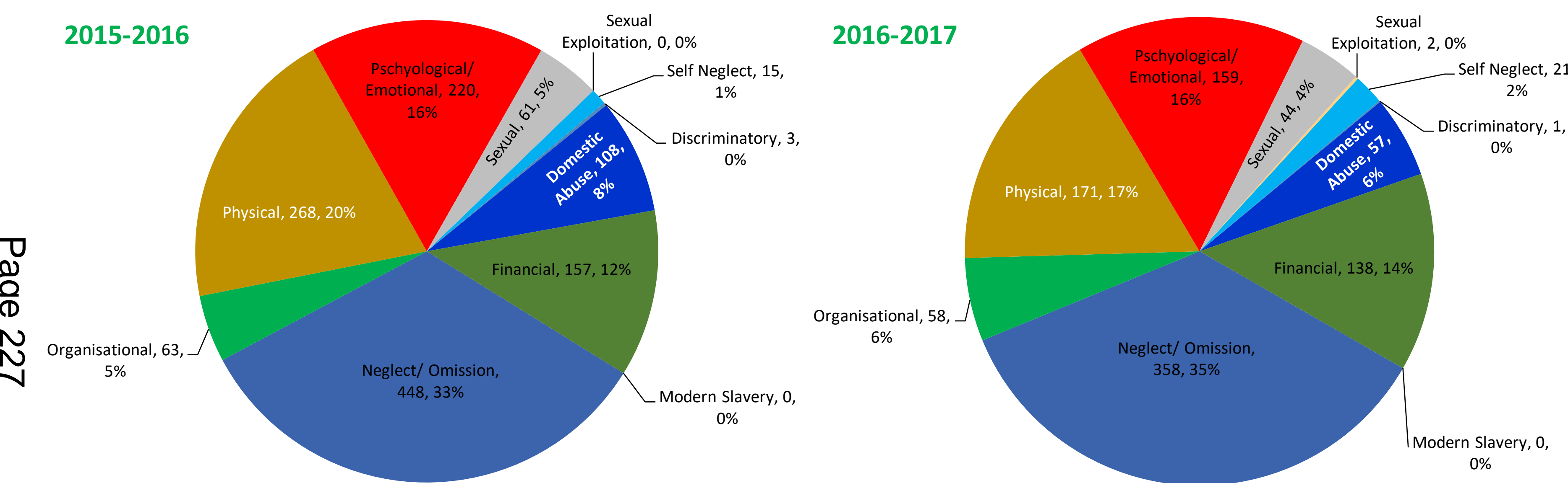
Enquiries

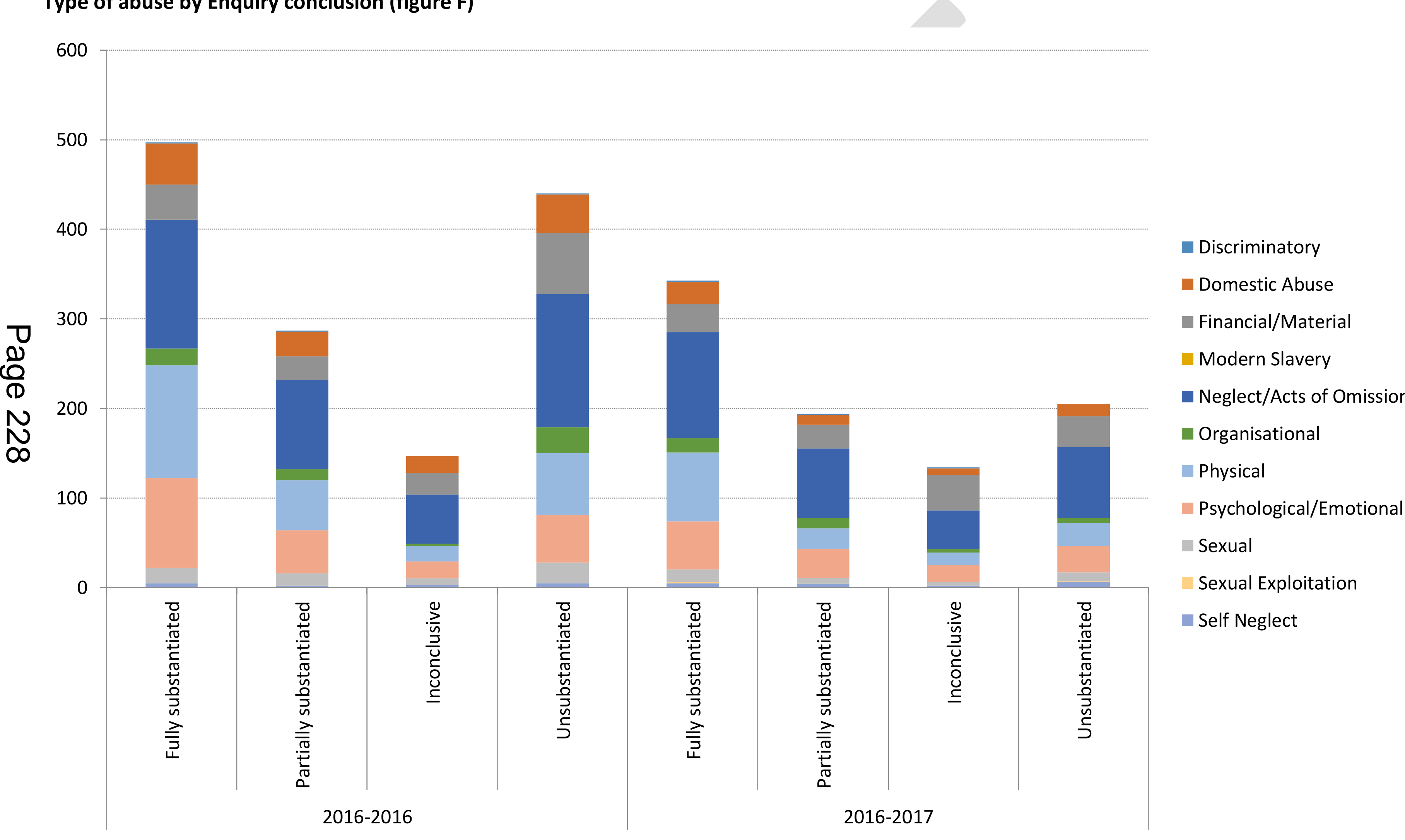
Location of the alleged abuse (figure E)

Type of abuse



Concluded enquiries

Type of abuse by Enquiry conclusion (figure F)



Concluded enquiries

Outcomes (figure G)

Below are cases with further action or outcome; these are shown by the enquiries' findings. Adults at risk can have more than one outcome, therefore these numbers will not equate to the number of cases concluded. Outcomes will depend on the circumstances surrounding the case, the needs of the adult at risk, what action should take place to ensure that risk of harm or neglect is removed - or at least, reduced.

	Year	Adjust Protection Plan	Alternative Services	AP Removed	Change to Risk	Civil Action	Complaints	Criminal Action	Emergency Services Notified	Family Informed	Primary Health Notified	New Risk Identified	No Further Action	Other	Police Informed	Protection Plan Completed	Regulator Informed	Risk Removed	Service Suspended	Training	Adult at Risk Removed
Fully Substantiated	16/17	17	46	46	6	1	18	15	6	180	84	9	17	66	108	144	84	135	2	66	29
	15/16	35	33	51	11	1	11	17	4	228	101	7	14	92	152	217	115	178	3	53	27
Partially Substantiated	16/17	7	18	19	2	0	4	6	1	104	45	2	6	40	75	67	58	76	5	30	12
	15/16	8	24	12	9	2	6	3	2	134	75	7	13	56	77	102	58	75	1	24	12
Inconclusive	16/17	2	12	10	3	1	0	8	3	57	17	2	7	24	59	28	24	34	2	10	9
	15/16	1	7	5	1	2	3	4	3	55	27	2	8	24	43	30	24	32	3	6	11
Unsubstantiated	16/17	8	14	11	5	1	1	3	3	91	43	5	15	31	67	54	34	57	2	10	6
	15/16	5	27	23	5	1	3	5	2	138	76	5	32	73	120	90	60	85	2	28	11

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Concluded enquiries

Agencies involved (concluded enquiries only) (figure H)

Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Agency	2015-2016		2016-2017	
	No.	%	No.	%
Acute Hospitals	84	9%	76	11%
Advocacy Service	96	10%	89	13%
AWP	84	9%	51	7%
Care Home	463	48%	293	43%
Care Quality Commission	324	33%	229	33%
Community Health Services	35	4%	32	5%
Court of Protection	36	4%	32	5%
Adult Social Care	657	68%	436	64%
Housing (Associations, Schemes, Dept)	24	2%	14	2%
Other Local Authorities	59	6%	35	5%
Others (Adult or their Representative)	78	8%	104	15%
Clinical Commissioning Group	143	15%	100	15%
Police	450	46%	327	48%
Provider Agencies (Day, Dom Care, etc)	284	29%	295	43%
Totals	969		685	

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