Wiltshire Council
Where everybody matters

AGENDA

Meeting: Health and Wellbeing Board

Place: Kennet Room, County Hall, Trowbridge, BA14 8JN

Date: Thursday 21 March 2019

Time: 10.00 am

Please direct any enquiries on this Agenda to Craig Player, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713191 or email craig.player@wiltshire.gov.uk

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

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Voting:

Cllr Baroness Scott of Bybrook OBE - Co-Chair (Leader of Council)
Dr Richard Sandford-Hill - Co-Chair (Wiltshire Clinical Commissioning Group)
Dr Toby Davies (Chair of SARUM Clinical Commissioning Group)
Dr Andrew Girdher (Chair for North and East Wilts Clinical Commissioning Group)
Nikki Luffingham (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Wiltshire Clinical Commissioning Group)
Cllr Laura Mayes (Cabinet Member for Children, Education and Skills)
Cllr Gordon King (Opposition Group Representative)
Cllr Jerry Wickham (Cabinet Member for Adult Social Care, Public Health and Public Protection)

Non-Voting:

Cllr Ben Anderson (Portfolio Holder for Public Health & Protection)
Nicola Hazle (Avon & Wiltshire Mental Health Partnership NHS Trust)
Dr Gareth Bryant (Wessex Local Medical Committee)
Tracy Daszkiewicz (Statutory Director of Public Health)
Terence Herbert (Corporate Director, children and education DCS)
Dr Carlton Brand (Corporate Director, adult care and public health DASS/ERO)
Tony Fox (South West Ambulance Service Trust SWAST)
Linda Prosser (Wiltshire CCG)
Rob Jefferson (Healthwatch Wiltshire)

Kier Pritchard (Police Chief Constable)

Chief Executive or Chairman Salisbury Hospital FT (Salisbury Hospital Foundation Trust)

Chief Executive or Chairman Bath RUH (Bath Royal United Hospital)

Chief Executive or Chairman Great Western Hospitals FT (Great Western Hospital FT)

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For extended details on meeting procedure, submission and scope of questions and other matters, please consult Part 4 of the council's constitution.

The full constitution can be found at this link.

For assistance on these and other matters please contact the officer named above for details

AGENDA

1   **Chairman's Welcome**

The Chairman will welcome those present to the meeting.

2   **Membership Changes**

To announce the membership changes to the Health and Wellbeing Board agreed at the last meeting of the Council.

3   **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

4   **Minutes** *(Pages 7 - 28)*

To confirm the minutes of the meeting held on 7th February 2019.

5   **Declarations of Interest**

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

6   **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 14th March 2019 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 18th March 2019. 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.

7   **Chairman's Announcements** *(Pages 29 - 32)*

- Homelessness Strategy Consultation
- Wiltshire's Safeguarding Vulnerable People Partnership

8   **Family and Children's Transformation Programme** *(Pages 33 - 42)*

To consider the progress made by the multi-agency Family and Children's Transformation (FACT) programme.

Responsible Officers: Linder Prosser, Terence Herbert
Report author: Theresa Leavy

9   **Winter Pressures**

To consider the latest performance information (including delayed transfers of care).

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Jo Cullen, Emma Legg, Helen Jones

10   **Health and Social Care Strategies**

10a   **NHS Longterm Plan** *(Pages 43 - 50)*

A presentation on the NHS Long Term Plan and the implications for the Sustainability and Transformation Partnership and Wiltshire; the CCG Operational Plan for 2019/20; and developments in primary care, estates and joint commissioning.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Mark Harris, Kate Blackburn

10b   **Joint Health and Wellbeing Strategy** *(Pages 51 - 78)*

To agree a Joint Health and Wellbeing Strategy for consultation in this context.

Responsible Officers: Linda Prosser, Carlton Brand, Terence Herbert
Report author: Kate Blackburn

11   **Healthwatch Wiltshire Business Plan 2019/20** *(Pages 79 - 88)*

To consider the Healthwatch Wiltshire business plan for 2019/20.

Responsible Officer: Stacey Plumb (Healthwatch Wiltshire)

12   **Wiltshire Safeguarding Adults Board** *(Pages 89 - 94)*

To outline the findings of the recent safeguarding adult reviews and to summarise Board activity in 2018 and plans for 2019.

Responsible Officers: Richard Crompton (Independent Chair)

13   **Date of Next Meeting**

The next meeting will be held on Thursday 23rd May 2019 at 9.00am.

14   **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 7 FEBRUARY 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL.

Present:

Cllr Baroness Scott of Bybrook OBE (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Cllr Laura Mayes, Cllr Jerry Wickham, Cllr Ben Anderson, Hazle, Terence Herbert, Dr Carlton Brand, Linda Prosser and Kier Pritchard

Also Present:

Ian Jeary

1   Chairman's Welcome

The Chair welcomed all to the meeting.

2   Apologies for Absence

Apologies were received from Cara Charles-Barks, Angus Macpherson, Dr Andrew Girdher, Tony Fox, Nick Marsden, Nerissa Vaughan, Andy Hyett, Dr Catrinel Wright, Dr Toby Davies, James Scott and Cllr Ian Thorn.

3   Minutes

The minutes of the previous meeting held on 14th December 2018, previously circulated, were considered.

Resolved

To approve the minutes as correct.

4   Declarations of Interest

There were no declarations of interest.

5   Public Participation

There were no questions from the public.

6   **Chairman's Announcements**

The Chairman drew the meeting's attention to the following information as set out in the agenda pack:

A reminder to everyone that the Transforming Maternity Services together public consultation closes on 24 February, so just over two weeks left to provide feedback on the proposals. You can provide your feedback by going to the website: www.transformingmaternity.org.uk or by a hard copy which is available from Wiltshire CCG comms team or Wiltshire Council comms team.

A Health Overview and Scrutiny Joint Committee carried out a rapid scrutiny of the consultation process before the consultation started on 12 November, and an update will be taken to the March Wiltshire Health Select Committee. We expect independent analysis by Bath University to be finalised by the end of April, and depending on the outcome of the consultation, that transformational work can begin in the summer of 2019.

The Chairman also drew the meeting's attention to an update paper on the Trowbridge Integrated Care Centre presented at the meeting and included in the minutes.

7   **Wiltshire Safeguarding Children's Board**

It was agreed to consider this item as the last item to enable the presenter to attend.

Mark Gurrey presented a report on future working arrangements for safeguarding vulnerable people given the removal of the statutory basis for local safeguarding children's boards.

Matters raised during the presentation and discussion included: that the new arrangements are designed to offer the chance to work more effectively and with joint purpose with a wider agenda. The Safeguarding Vulnerable People Partnership (SVPP) Plan sets out how it will work with relevant agencies including schools, colleges and educational providers; quality, impact and independent scrutiny; child safeguarding practice reviews; workforce development and funding and support.

It was noted that discussions are ongoing about funding support for the SVPP and that as the plan is based on an equal partnership between Wiltshire Council, the NHS and Wiltshire Police, a rebalancing of financial arrangements will be necessary.

Independent scrutiny will be sourced in order to meet specific purposes and needs. It will not rely on one individual and scrutiny methods will be sourced to meet the need. The SVPP will help to hold other partnerships to account for delivery.

In response to an issue raised by the Board, it was noted that the membership of the SVVP had not yet been finalised. While Board membership is likely to be small, all membership possibilities would be considered alongside appropriate political oversight arrangements.

It was noted that the SVPP wanted to engage with parents, young people, carers and service users to make better uses of their experience on the system so that they can they help change future arrangements.

Resolved

1. **To note the progress to date.**
2. **To provide an update on the development of the Safeguarding Vulnerable People Partnership forward agenda at the next meeting.**

8   **Better Care Plan 2019**

Helen Jones and Jeremy Hooper gave an update on the performance and progress of the Better Care Plan (BCP) and the review of the impact of funding streams in the BCP.

Matters raised during the presentation and discussion included: non-elective admissions; delayed transfer of care; Permanent Admissions to Care; changes to the service and the data collection process Wiltshire Health and Care HomeFirst; Immediate Care Beds; Urgent Care at Home; Community Hospital beds; the revised Help to Live at Home Alliance; the latest performance of the local schemes delivered through the BCF and the work underway to rationalise reporting and review each funding stream.

It was noted that there was still a lot of pressure in the system and that work is underway to align BCF funding to achieve maximum impact and to ensure there were efficiencies at every point of intervention.

In response to an issue raised by the Board, it was noted that patients must continue to be placed in the best environments for their needs.

Resolved

1) **To note the performance levels contained in the Integration and Better Care Dashboard.**
2) **Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.**
3) **Note the intention to review the impact of each funding stream within BCF.**
4) **To approve the proposal to delegate authority for technical quarterly returns to the Director of Commissioning (Wiltshire Council), and the**

Director of Commissioning (Clinical Commissioning Group) who will approve on behalf of the Health and Wellbeing Board.

9   **Winter Pressures**

Emma Legg, Helen Jones and Ted Wilson gave a verbal update and presentation on the progress being made in tackling winter pressures.

Matters raised during the presentation and discussion included: the Help to Live at Home Alliance; block contracts for additional winter capacity for domiciliary care and reablement; Step Down Social Care and a purchasing plan under development; the expansion of Age UK Home from Hospital Services; the HomeFirst Integrated Reablement Pathway and HomeFirst Plus Recruitment Phasing.

In answer to a question from the Board, it was noted that efforts were being made to secure key worker accommodation, especially in the south of the county.

A copy of the presentation is included in the minutes.

Resolved

To note the progress to date.

10   **CQC System Review and Action Plan**

Carlton Brand presented a report on the progress being made in delivering the action plan developed in response to the CQC system review of health and wellbeing in Wiltshire.

Matters raised during the presentation and discussion included: the hard work and effort already being made by staff and partners to improve care and support for Wiltshire residents and the 16 areas of improvement as highlighted in the report.

In answer to a question from the Board, it was noted that delayed transfers of care had been a key area of improvement in the past, and while improvements have been made in this area, the system acknowledges where it is in terms of ranking and continues to look for ways to improve.

It was noted that more support from providers and organisations, as well as the third or voluntary sector, was needed in order to make system improvements. The importance of involving patients' views in the improvement process was also noted.

Resolved

To note the progress taken to respond to the CQC review.

11   **Wiltshire Workforce**

Linda Prosser presented a report on the new workforce strategy for health and social care in Wiltshire.

Matters raised during the presentation and discussion included: the need to ensure that high quality, evidence based workforce transformation activity is planned and implemented to support the delivery of the care and clinical models for Wiltshire; the emphasis placed on partnership working – aligning challenges, ambitions, resources and identifying enablers; the desire to ensure health and social care in Wiltshire is a fulfilling and rewarding place to work and train and ensuring all staff resource is deployed and used as effectively and efficiently as possible.

In answer to a question from the Board, it was noted that effort would be made to ensure that cross-referencing of the collaborative work being done with B&NES and Swindon through the Sustainability and Transformation Partnership (STP) was more explicit.

In response to an issue raised by the Board, it was noted that there needed to be more of a holistic view of why people would want to work in Wiltshire, with reference to blockages in housing availability across the county.

Resolved

1) **To note the progress to date.**
2) **To review the proposed objectives and approach to the development of the Wiltshire workforce strategy.**

12   **NHS Preparations for Army Basing**

Linda Prosser presented a report outlining the NHS preparations for Army Basing in 2019-20.

Matters raised during the presentation and discussion included: that the local health community was continuing to work closely with the Army to ensure health services for the current military personnel and their families; the impact the increase in civilian patients might have on local services; primary and secondary care considerations and the impact on community services.

In answer to a question from the Board, it was noted that workarounds were already being implemented to ensure the notes of patients go into NHS holding blocks.

In response to an issue raised by the Board, it was noted that there needed to be a more specific plan for the immediate transfer of care, especially in the case of maternity services.

Resolved

To note the progress to date.

13   **HealthWatch Wiltshire Campervan and Comments Tour**

Stacey Plumb presented a report on the recent HealthWatch campervan and comments tour.

Matters raised during the presentation and discussion included: overall, there were more positive comments than negative ones; most of those spoken to wanted to talk about their local GP; waiting times to see GPs were highlighted as a concern; comments about hospital staff attitude and approach were positive; comments about social care were mixed and experiences of using them seemed inconsistent; accessing mental health services was reported to be an issue; collaboration with the GP Alliance to look at the improved access service and to hear patient views; prioritising mental health as an area of work going forward and working with Wiltshire Council's new adult social care advice and contact team. The long-term plan and expectation is that mental health services are invested in and improved year on year, especially in regard to counselling, early intervention, and community engagement.

it was noted that a new provider had taken over the service since the Campervan and Comments Tour and this had led to a delay in providing feedback to the Board.

In response to an issue raised by the Chairman it was noted that comments must be differentiated from general satisfaction in service areas. In some areas the comments were not precise enough, and this raises difficulties in using this data to find areas of improvement (e.g. social care – do comments relate to private providers or council services?).

It was noted more work could be done to ensure the priorities of Healthwatch aligned with that of commissioners where appropriate and it would be helpful if there could be further engagement on Healthwatch's work plans for the coming year (whilst respecting Healthwatch Wiltshire's responsibilities as an independent organisation).

Resolved

1) **To note the engagement that took place during the tour.**
2) **To note the key messages from the Campervan and Comments tour report.**

3) **To confirm its commitment to listening to the voice of local people to influence commissioning and service provision.**

14   **Sexual Health and Blood Borne Virus Strategy Update**

Vicky Lofts gave an update on progress with the implementation of the Sexual Health and Blood Borne Virus Strategy.

Matters raised during the presentation and discussion included: that to be successful the strategy must rely on a partnership approach between commissioners and providers and wider partner organisations and that underpinning the strategy was an implementation plan split into three strategic priorities: prevention and diagnoses and treatment.

In answer to a question from the Board, it was noted that the strategy was where it was expected to be in regard to fulfilling its objectives, and was working hard to stick to its ambitious targets.

Resolved

1. **To note the Sexual Health and Blood Borne Virus strategy implementation update.**
2. **To update the Board of its progress in the future.**

15   **Date of Next Meeting**

The Chairman drew the meetings attention to the appointment of Tracy Cox as shared Accountable Officer from 1 March and thanked Interim Accountable Officer Linda Prosser for all her hard work for Wiltshire.

It was also noted that the NHS Long Term Plan had been released and can be viewed via https://www.longtermplan.nhs.uk/.

The next meeting is due to be held on 21st March 2019 at 10.00am.

16   **Urgent Items**

There were no urgent items.

(Duration of meeting: 9.30am-11.15am)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

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

Wiltshire Council

Health and Wellbeing Board

7 February 2019

Subject: Trowbridge Integrated Care Centre

Executive Summary

I. Update paper on the Trowbridge Integrated Care Centre

Proposal(s)

It is recommended that the Board:
    i)   Notes the content of the paper

Presenter name: Linda Prosser
Title: Interim Accountable Officer
Organisation: Wiltshire CCG

Wiltshire Council

Health and Wellbeing Board

7 February 2019

Subject: Trowbridge Integrated Care Centre

1.0   Purpose of Report

1.1   The purpose of this paper is to update the Health and Wellbeing Board on the Trowbridge Integrated Care Centre (Trowbridge ICC) project.

2.0   Background

2.1   In December 2018 it was announced that the Trowbridge ICC project had been allocated funding following the submission of a STP capital bid earlier that year.

2.2   Trowbridge and the surrounding area has a growing population, health care capacity issues, a shortage of primary care accommodation and a community hospital that is no longer fit for purpose. Health and social care services are provided from a number of different facilities. Wiltshire CCG, and its partner organisations, have identified investment in the new ICC as a vital component of its strategies to transform the delivery of primary care and urgent care for the local population.

2.3   The scheme involves a collaboration between Wiltshire CCG, the Lovemead Group Practice, Trowbridge Health Centre, Wiltshire Health and Care, Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, Avon & Wiltshire Mental Health Partnership NHS Trust, NHS Property Services Ltd and Wiltshire Council.

2.4   The project aims to address several key local and national service issues, including population growth in the Trowbridge locality of circa 20% by 2026 (Swindon & Wiltshire Strategic Housing Market Assessment, Wiltshire Council and Swindon Borough Council, 2017), including growth through new housing development, an ageing population with significant growth in the over 65s, general growth in service demand, urgent care and illness services, lack of primary care capacity and poor quality existing estate including the community hospital which is no longer fit for purpose. It aligns with national NHS strategies including the NHS Long Term Plan, the GP Forward view and responds to the STP's key priorities relating to primary care, proactive care and infrastructure in particular.

2.5   The ICC will support the development of integrated models of care, centred around the patient, in a community setting. This means providing an expanded range of primary care services available to all communities, shifting care closer to patients' homes, delivering care efficiently through networks of practitioners working together and integrating services across the health, social care and voluntary sector spectrum. The proposal is for

a new build to accommodate both primary care same day and urgent access services which will release space in the surgeries involved, to address the overall accommodation shortfall, as well as accommodate more secondary care services to be provided in the community. The new building will facilitate seven-day working supported by extended GP hours and will house GP Out of Hours service.

2.6   The key benefits to patients include a single point of access for out of hospital urgent care services, enhanced extended hours services provision, an expanded range of health care services provided locally and a significant increase in primary care capacity in the locality. Patients, carers and staff will also benefit from the provision of facilities suitable for modern healthcare that meet current standards and provide a significantly enhanced environment.

2.7   Anticipated STP-wide benefits include reductions in A & E attendances, reductions in non-elective admissions and improvements in performance against urgent care targets. The new development would also avoid circa £3.1m in the STP's backlog maintenance liability and a generate a capital receipt of circa £1.8m from the disposal of the Trowbridge Community Hospital site.

2.8   The key service needs underpinning the Trowbridge ICC are the provision of additional primary care capacity to support 20% population growth, development of a "same-day primary care access" service and integration of this service with a urgent treatment, community health, mental health and acute outreach services.

3.0   Delivering the STP's clinical strategies

3.1   The STP's key priorities are to: create locality based integrated teams supporting primary care; shift the focus of care from treatment to prevention and proactive care; develop an efficient infrastructure to support new care models; establish a flexible and collaborative approach to workforce; and enable better collaboration between acute providers. Wiltshire CCG is implementing a new Care Model focussed on delivering care in the most appropriate setting; the development of the Trowbridge ICC is a priority initiative to achieve this objective.

3.2   The development of the Trowbridge ICC will enable the integration of primary care, community health, mental health and acute outreach team, support the development of services targeted at proactive care and facilitate a flexible approach to workforce, e.g. through GPs, primary care nurses, nurse practitioners and other health professionals collaborating to deliver out of hospital urgent care services for the local community. By establishing same-day primary care access service at the Trowbridge ICC will benefit the wider health economy through reducing growth in A & E attendances, which in turn will also lead to a reduction in planned care referrals. The development of the new facility will also provide capacity for more services to be delivered out of hospital, thus releasing pressure on acute services, and will enable increased provision of mental health services.

4.0   Alignment and engagement with stakeholders

4.1   All stakeholders (i.e. commissioners, providers and partner organisations, e.g. Wiltshire Council) have been actively engaged in the development of the project to date, e.g. through membership of the Project Board. All parties confirmed their support of the Project Initiation Document (PID) which was approved by NHS England in 2017. The project is a key One Public Estate scheme for Wiltshire. The stakeholders are continuing to work together on the development of the Outline Business Case, which will set out the key assumptions/constraints in terms of scope of service, activity, capacity, operational principles and legal/financial issues. At this stage, no major issues/concerns relating to alignment of stakeholders have been identified.

5.0   How the scheme will transform care

5.1   The Trowbridge ICC scheme will transform care for patient by providing a single point of access for out of hospital urgent care services, enhancing extended hours services provision and expanding the range of urgent care services provided locally - more patients will receive a resolution at first point of access and their treatment will be delivered by the most appropriate professional to meet their needs.

5.2   The ICC scheme will also enhance access to core and enhanced primary care services for the growing local population, through increasing extended hours provision, reducing waiting times for routine appointments and significantly broadening the range of health and well-being services that can be provided – this transformation reflects the STP's key priorities to support the sustainability of primary care, redesign the initial access points for urgent care and shift the focus of care from treatment to prevention and proactive care.

6.0   Capital funding

6.1   Wiltshire CCG received written confirmation of c£16m STP capital funding (subject to business case approval) for the Trowbridge ICC in December 2018. The total scheme value of £19.8m is supported through an Estates and Technology Transformation Fund (ETTF) award of c£3.8m.

6.2   The ETTF part of the funding envelope was allocated to the scheme following an earlier successful bid. The CCG await confirmation of continuation of the ETTF award following the STP capital announcement in December 2018. If ETTF funding was not available there would be a likely impact on the size of the building and in-turn the range of services delivered from the new facility.

7.0   Current project status

7.1   The Trowbridge ICC project started in a meaningful way in 2017. This was triggered by the announcement of ETTF funding for the project, which resulted in the establishment of the Project Board and the appointment of professional advisors to support the delivery of the project.

7.2   The project has an approved PID (Project Initiation Document), which was approved by NHS England in November 2017. STP capital correspondence has confirmed that the STP capital bid acts as an approved SOC. Work has started on the Outline Business Case (OBC).

7.3   The project has been paused since the submission of the STP capital bid in July 2018 to avoid the potential of abortive works whilst waiting for the capital bid decision. Now the project has been successful in being allocated capital, the project is being ramped back up and targeting an Autumn/Winter 2019 OBC.

8.0   Delivery route

8.1   As part of the funding announcement, the scheme has been instructed to consider 2 main delivery options. RHIC (Regional Health Infrastructure Companies) which is a PPP, as well as publicly funded options.

8.2   RHIC doesn't yet exist as a delivery route as the RHIC business case is yet to be approved by the Treasury. It is expected that if the RHIC business case is approved the subsequent RHIC procurement will take a further 12 months. Therefore the earliest it is anticipated RHIC will be available to the Trowbridge ICC project is spring 2020.

8.3   The uncertainty around the delivery route is one of a number of areas of clarification that will be resolved through the development of the business case.

9.0   Maternity

9.1   The STP capital bid for the Trowbridge ICC allowed for a 'lift and shift' of the maternity services currently delivered at Trowbridge Hospital. The project will take account of the maternity services review once concluded.

10.0   Mental Health

10.1   The project has always made an allowance for mental health provision and at the time of the STP capital bid was mainly taking account of primary care mental health services. The project is now being considered for a wider range of mental health outpatient services. This scale of the potential mental health services are yet to be fully understood, but could impact on the size and in turn capital cost of the building.

11.0   Resourcing

11.1   Wiltshire CCG currently has a small team of employees and consultants working on estates projects. A resource plan is being developed to ensure that the Trowbridge ICC and the other projects have the right team in place to successfully deliver these important projects.

12.0   Next steps

12.1   The immediate next steps for the Trowbridge ICC are:

- Adequate resourcing including CCG professional team appointment;
- Re-establish the project board following the pause of the project since July 2018;
- Project governance refresh;
- Gain information on the detail behind the STP capital funding announcement;
- Confirmation from NHSE about ETTF funding element of the project;
- Refresh work on services and activity;
- Site options appraisal refresh;
- Re-fresh the project programme.

Presenter name: Linda Prosser
Title: Interim Accountable Officer
Organisation: Wiltshire CCG

Report Authors:
Simon Yeo, Estates Advisor, Wiltshire CCG

Health and Wellbeing Board

7 February 2019

Winter Pressures

Helen Jones, Emma Legg and Ted Wilson

Winter Pressures Update

Helen Jones

Emma Legg

Ted Wilson

	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	New HTLAH Alliance has added 10 new providers to Wiltshire who will be building new capacity. As this is a dynamic framework providers will be able to get on the framework at any time if they reach quality standards	In place	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide) and 1 x specialist manager	In place	ASC winter
	Trial of SW in ED	RUH and SFT	In place	
	HTLAH block contracts for additional winter capacity for dom care and Reablement	First City Nursing 300 Reablement hours (South) Agincare 400 domiciliary care hours in North and South- delay in south due to accommodation	14 Dec	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1st Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15th Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1st Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1ST Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17th Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21st Jan 19	CCG
WEST/ RUH 8% pop 33% of activity	Step down Social Care D2A (Hungerford House)	4	1st Nov	ASC winter
	Dementia Nursing beds Trowbridge Oaks	2 beds (countywide resource)	1st Nov	ASC winter

Home first Integrated Reablement Pathway

- Single discharge route and process for pathway 1
- Therapy led
- Original modelling suggest 50 discharges each week across three acutes

RUH	SFT	GWH	Other	Total
16	12	10	12	50

- Official launch in West Locality on 21st January
- Significant recruitment required and ongoing
- Collaborative approach requiring cultural shift throughout organisations

Wiltshire Council
Where everybody matters

NOTE: Figures reflect number of WTE roles in post.

HomeFirst Plus Recruitment Phasing
Targets met as of 10th January 2018

| October 2018 | November 2018 | December 2018 | January 2018 | February 2018 | March 2018 | April 2018 |

WEST
RUH

Reablement Support Workers (WC) — Planned 22/22

Senior Reablement Support Workers (WC) — Planned 4/4

Rehabilitation Support Workers (WHC) — Planned 10/10

NORTH
GWH

Reablement Support Workers (WC) — 22/22 in post

Senior Reablement Support Workers (WC) — 4/4 in post

Rehabilitation Support Workers (WHC) — Planned 10/10

SOUTH
SFT

Reablement Support Workers (WC)

Senior Reablement Support Workers (WC) — Planned 4/4

Rehabilitation Support Workers (WHC) — Planned 8/8

All Areas
Reablement only

Occupational Therapists — Planned 6/6

Occupational Therapist Assistants — Planned 2.5/2.5

Stage 1
How process should be now

Stage 2
Pathway definition and process efficiency

Stage 3
WC takes over ownership and decision-making

Stage 3
WC takes over ownership and decision-making

Stage 3
WC takes over ownership and decision-making

Stage 4
Review and evaluation

Stage 5
BAU

Wiltshire Council
Where everybody matters

Home First +

Number of patients starting Home First pathway each month continuing to climb – achieved 90% of modelled capacity
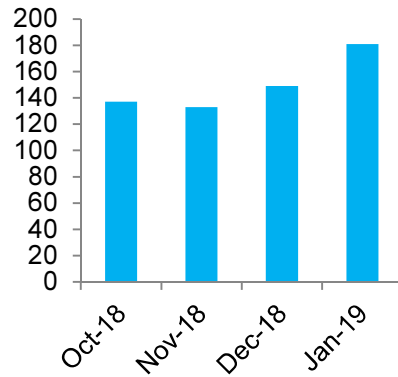
Note – c19% of patients were not related to a discharge but admission avoidance.

Majority not requiring follow on capacity from initial Home First period

- Back to baseline
- Transferred to hospital
- Patient died
- Transferred to ASC reablement
- Transferred to ASC ongoing
- Other
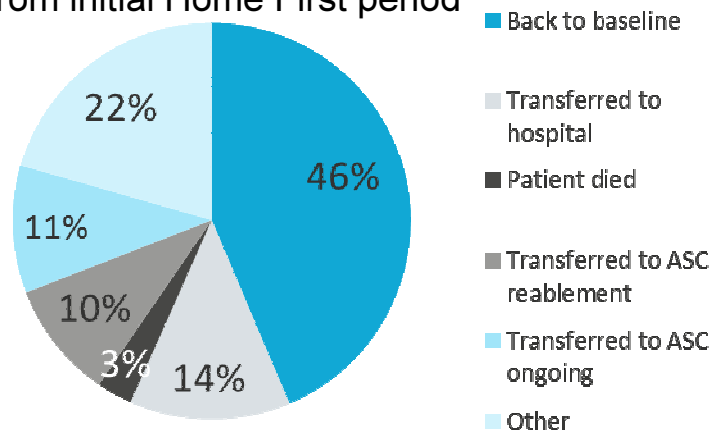
Number of individuals supported in month also rising
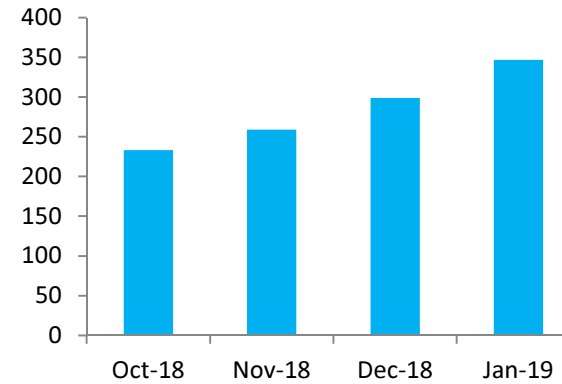
In period before full pathway roll out, handovers still taking time

Transfers to Adult Social Care

Median wait 2-3 days
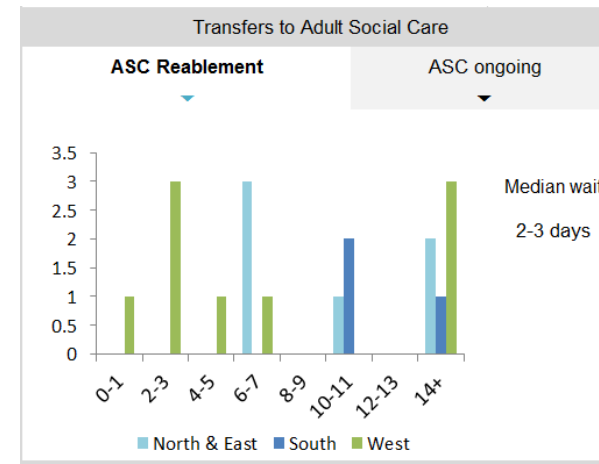
Recommendation

- **Note the progress to date**

Chairs' announcement

Homelessness Prevention Strategy

Three months of formal consultation on Wiltshire Council's homelessness prevention strategy will commence shortly.

The strategy has been informed by the homeless data review 2018 as well as the homeless health needs assessment.

The aim of the strategy is to work with those who are threatened with homelessness or who are homeless to help them secure and keep a home. This will require creativity, a wide range of services and effective, strong partnership working, particularly in ensuring the council is notified at an early stage that a customer may be homeless or threatened with homelessness.

From October last year, the Homelessness Reduction Act 2017 introduced a new legal duty on specified public services to refer customers who may be homeless or threatened with homelessness to a local housing authority. For health services the impact of this change should be realised in NHS trusts and foundation trusts in the provision of accident and emergency services in a hospital, urgent treatment centres and any in-patient treatment. The referral process for Wiltshire Council is on an e-form the link is
https://services.wiltshire.gov.uk/HousingOptionsEform/Main/ReferralForm

The consultation seeks your views on five suggested priorities for the strategy, which are:

- To reduce rough sleeping
- To identify and prevent homelessness at the earliest possible stage
- To ensure services are designed to prevent homelessness and support those who are homeless.
- To ensure those who are threatened with homelessness or who are homeless can secure and keep a suitable home.
- To maintain effective strategic direction and partnership working

Each priority is supported by actions to enable the priorities to be achieved

For further information on the homeless strategy please contact Nicole Smith, Head of Operational Housing Nicole.smith@wiltshire.gov.uk

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Chairs' Announcement

Wiltshire's Safeguarding Vulnerable People Partnership

The Safeguarding Vulnerable People Partnership met for the second time on 18 February. The group discussed development of a forward plan, systemwide quality assurance, Serious Case Reviews and their replacements, and the multi-agency approach to tackling County Lines and wider exploitation of vulnerable children and adults.

Following the meeting, a draft Child Exploitation and Missing Children Strategy for 2019-2021 has been published at www.wiltshirescb.org.uk. The partnership's work is informed by work done by an analyst to triangulate data held by health, the local authority and the police to provide a clearer view about adolescent risk both from a victim and perpetrator perspective.

Future meetings will retain a focus on County Lines, continue to develop the forward plan to include an exploration of the implications of the army rebasing programme, on a local response to the national safeguarding pressures research and develop our working principles and practices.

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Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Families and Children's Transformation (FACT)

Responsible Officers: Linda Prosser, Terence Herbert
Report author: Theresa Leavy

Executive Summary

I. This report will provide an update on the programme achievements for 2018 and outline the work plan for 2019. The number of workstreams for this year have reduced with a number of significant achievements being realised last year. However, the workstreams going forward are substantial and offer transformational change for the partnership.

Proposal(s)
It is recommended that the Board:
  i)   Notes the achievements of 2018
  ii)   Agree the Programme outline for 2019

Reason for Proposal
The Families and Children's Transformation programme is designed to move to a systemic integrated practice model that is framed around intervening earlier and building resilience in our communities to support families to care effectively for their children. Whilst generally Wiltshire is a good place for children to grow up we want to close the outcome gap for our children with multiple vulnerabilities.
This sees the Programme focussing on working across three key themes:
•   Areas where our data and analysis told us families and children's outcomes could be further improved and required transformation more than 'Business as Usual' performance improvement.
•   Areas of high spend where it was considered possible to maintain a good standard of service and deliver increased efficiency savings.
•   Areas where we had good evidence that we could be both more effective and more efficient if we looked to Best Practice models from other areas and especially those that delivered a greater level of integration of partnership delivery.

Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Families and Children's Transformation Programme

Purpose of Report

1. To update on progress for 2018 and outline the workplan and new governance structure for 2019

Background

2. The Families and Children Transformation programme (FACT) is an ambitious and innovative partnership programme that is designed to deliver systemic change to our service provision that sees improvements in families outcomes and ensures we can make the best use of the scarce resources available.
    The partnership programme board is led by the Director of Children's Services as chair, with the Chief Operating Officer of the CCG as Vice Chair. The programme has five driving principles:

    - Intervene earlier – we will provide support early to prevent families' difficulties escalating and in doing so improve outcomes and reduce demand for higher tier services.
    - We want families to be able to care for their children; where children cannot continue to live in their immediate or wider family or community we will ensure they achieve permanence in a timely and effective way.
    - We will spend wisely and within budget by eradicating duplication, simplifying and integrating processes and improving multi-agency integrated working and collaboration.
    - We will maximise time spent with families and in doing so improve the child's experience of support and build resilience in communities.
    - We will ensure we are an effective confident workforce with a robust career profile operating a consistent model of practice within a learning organisation.

Main Considerations

3. We established a highly functioning Partnership Board which has been well attended and has been well served by Programme Office in terms of delivery of programme reports and with tracking progress. The Board agreed a clearly defined Vision and the five Driving Principles.
    We delivered a series of workshops across the partnership to share knowledge of and develop the key priority work areas.
    A clear communication framework was established with positive feedback on the FACT newsletter, website and engagement sessions. A significant

level of engagement and coproduction activities were undertaken including planning and running a Partnership Strategy Co-Production event at the end of September.
The team designed and delivered a Systemic Leadership Development Day to all Board members.

There were eight workstreams operating in 2018 and substantial achievements were made across the areas.

4. **Workstream 1- Case Management Systems** (IT-enabled integrated working)
   Implementing the new CMS (Case Management System) has been a key workstream of the FACT programme. It brings together multiple IT systems across early years, education, early help, SEND and safeguarding into one system, so all information on our families, children and young people is shared in one place. It has the potential to support our further integration of services across the wider partnership.
   Phase one of the CMS Programme successfully went live in November 2018.
   The Implementation Team has successfully configured and delivered a new Case Management System for all social care and early help staff - on time and within budget. This has been a massive project requiring excellent project management, pace, positivity, grit and determination by the team. The team has delivered an intuitive IT system which allows our staff to work more simply, effectively and in a more integrated way than ever before freeing up time to spend with children and families.
   All Children's Social Care staff and managers attending training and all children's social care records successfully transferring over to the new Liquid Logic system. This was a huge undertaking and the Team were recognised with a Highly Commended - Awarded to the CMS Implementation Team Achieving Excellence Awards in February 2019. The system has also been configured so our partner agencies will be able to use it too, to deliver key support tools such as Early Help Assessments. This has the potential to revolutionise our Integrated working with our partners ensuring Children and Families experience coordinated and seamless support.
   Phase Two of the CMS Programme is already well underway with all our education support teams including the delivery of the Education Health and Care Plans and admissions planned to go live across the summer. We are working closely with and supporting Adults colleagues as they commence their journey on implementation.
   There are significant savings to the council from moving from five systems to one simply in system maintenance costs. Further savings are possible through efficiencies once the programme is completed

2. **Workstream Two Working in an Outcomes Way** has focused on the development of a partnership performance and outcomes framework - a shared framework across the FACT partnership which allows us to see whether we are truly making a difference to the children and families we work with. There is more to do here and we plan in this year to develop this framework further with partners.

3. In 2018, the FACT Programme Board signed off proposals for the creation of the **Early Support Hub** and an implementation plan was developed. The Early Support Hub went live on 5th March 2019 and will support cases that do not meet the current thresholds for MASH intervention. 75% of Contacts to our front door did not require allocation to social care but required professional advice, consultation and careful brokering of appropriate early support. Advice and guidance within the Early Support Hub will be governed by the revised thresholds that are currently out for consultation with staff and partners. Ultimately this will generate greater windows of opportunity for intervening earlier through reciprocal referral pathways and warm call transfers and ensure appropriate follow up of support to ensure that it has had a positive impact on outcomes for families.

4. Impact will be measured once the service is in place and will be measured through:

    - Conversion rates to referrals
    - A lower re-referral rate
    - Families reporting that they received the right help at the right time
    - An increase in the numbers of Early Support Assessments undertaken by the partnership.

5. The introduction in 2018 of the **Diagnostic and Referral Tool (DART)** to support the holistic identification of early needs, good signposting and identifying sources of support has had a positive impact evidenced through more appropriate early help referrals – meaning families are 'bounced around' less and get the right help at the right time.

6. In Spring 2019 a multi professional group of staff and partner colleagues will be delivering a series of **Early Support Roadshows** to bring clarity to the multi-agency workforce – of the revised Early Support Offer and processes. A YouTube film has been produced to aid dissemination.

7. The introduction of the **Family Keyworker within the Support & Safeguarding Service** has improved the offer for children and families just below the threshold to social care. However, there is more to be done to;

    - Increase the visibility of early help activity across the partnership – to improve oversight and connect early help professionals working within localities
    - Review the Multi Agency Forum (MAF) meetings that coordinate the earliest support across the partnership. Whilst these meetings are generally chaired by schools there has been variability in their effectiveness and we want to ensure we are providing support and influence that sees the best MAF practice rolled out across the County
    - Improve the tools, guidance and advice to professionals to support them in undertaking early support assessments and achieving positive outcomes.
    - We want to utilise more effectively the voluntary sector offer, working closely with them to increase the support offer to families and knowledge of that offer amongst practitioners by introducing a navigator role within the Early Support Hub.

- A resource mapping and needs analysis will be undertaken.

8. All of the above will be overseen within the New Workstream for 2019 – '**Integrated Multi-Professional Early Support.**' The workstream is to be co-chaired between our Head of Service for Safeguarding and Support and the Wiltshire & Swindon Police lead for Early Intervention.

9. The **partnership approach to supporting young people to live in their families and communities** workstream developed a number of projects to take a whole family approach, identifying causes of need and then using the support of relevant professionals and the voluntary sector to meet the needs of the family until stability is reached.

10. The High Frequency Callers (Renamed LIFT - **Local Improvements for Tomorrow**) project took a multi-agency, multidisciplinary, strategic approach to identifying and enabling improved prevention and interventions with young people and families who interact most frequently with most of the agencies that make up the 'Wiltshire system'. The project drew extensive learning from deep dive analysis of the people who most frequently contact us. This analysis and the exceptional work undertaken by the project group will now be linked into the 'Integrated Multi-Professional Early Support' workstream.

11. This workstream has also seen the creation of a "**No Wrong Door**" service delivery model to divert adolescents from being taken into care by providing a multi-agency approach to targeted support including the provision of residential care if required (based on the evidence-based North Yorkshire model). Launch of the Outreach element of the service is planned for April 2019. Research from other local authorities who have implemented a similar model (including North Yorkshire who have received an Outstanding rating from OFSTED) demonstrate a reduction in the number of young people being taken into care and associated improvements in their overall outcomes including education and employment options and general health and well-being.

12. In 2019 we will look to merge our Youth Offending Team and Emerald CSE teams into a specialist adolescents at risk team; the **Young People's Support Service**. It will include a new multi-agency Vulnerable Adolescent Contextual Safeguarding Panel which, from 12th February 2019, amalgamated the functions of the existing Wiltshire Risk Management Group and the Multi-Agency Child Sexual Exploitation meeting (MACSE). The new Panel is adopting a more strategic and tactical focus, specifically around young people being sexually or criminally exploited (CSE or CCE), missing or at risk of going missing, or displaying significantly risky or concerning behaviours. This will contribute to county-wide intelligence and will also assist in informing contextual safeguarding interventions for individual and groups of young people aged 10-17. This will support very effectively the implementation of the contextual safeguarding practice following our successful bid to work with the University of Bedfordshire.

13. Through the successful implementation of the No Wrong Door project and the Young People's Support Service it is anticipated that the impact of the new service will:

- Reduce adolescent entries into care
- Reduce out of county placements
- Reduce the use of 'unnecessary' residential placements
- Improve placement and accommodation stability
- Improve engagement and achievements in education, employment and training (EET)
- Deliver good planning of transitions from care to independent living
- Develop resilience, self-esteem and wellbeing – reducing demand in health services in the longer-term
- Improve access to support in a crisis for young people and carers
- Create increasingly attractive and innovative job roles and fostering opportunities.

14. The **Improving Permanency** workstream has reviewed how to improve quality across our Children in Care services, ensuring that there is sufficient resource to deliver the council's longer-term fostering strategy, while maximising the value, impact and outcomes for those young people who are in an external care placement.

15. The workstream required significant benchmarking activity and research with other local authorities to investigate and identify key actions that need to be taken in order to meet project objectives. The workstream has worked closely with commissioning colleagues to develop a range of proposals to ensure where our children require care outside of the family there is an increased level of sufficiency of provision to match them well to families where they can achieve permanency and stability and keep our children closer to home.

16. The **Getting the Best Start in Life** workstream brought together numerous colleagues from across the council and health landscape including Early Years and Maternity Services, to ensure that appropriate resources and services are in place to achieve the greatest impact on a child's future over the first 1001 days (conception to two) and then up to school age. The integrated working in Early Years project worked closely with colleagues from various services including children's centres, to ensure that families experienced coordinated and seamless support, with a smoother transition for children and families between services from conception to reception years and revised the integrated 2-year old pathway.

17. **"Statement of Commitment"** pledges were developed across the workstream to further develop a culture of trust, respect and openness. A 'Top tips for starting school' leaflet was produced, consulted on and distributed. An E-toolkit for professionals was developed containing key messages when talking to families; (launched February 2019).

18. The Best Start in Life workstream undertook a mapping exercise in 2018 to review access, uptake and awareness of programmes/interventions for the under 5's areas for development were identified and projects tasked with completion. The teams also delivered a successful Early Years' Conference "Unlocking Talent, Fulfilling Potential" to childminders and representatives from early years settings.

19. The role of the Best Start in Life workstream remains at the core of the programme and will continue as a workstream in 2019 with language development and promoting attachment being a key focus as a key aspect of improving children's outcomes and supporting improved social mobility. We will look to do this through improving rollout of **Five to Thrive** and work further on developing the opportunities provided by the pilot project in Trowbridge to improve integrated workforce culture across early years partners.

20. **Making Every Contact Count** (MECC) training for Early Years staff was developed and train the trainer courses ran with further plans for courses in 2019. We are intending to roll this out further as part of our **Core Approach and Skills Workstream** for 2019. Ensuring that the right staff with the right skills are in place to support the new model is a crucial piece of work that is underway across the council, police and health. Multi-professional working simplifies relationships with young people and families who appreciate a single channel of communication, even if there is subsequently support from specialists. There is good evidence that youth work and health professional approaches were valued by young people and families and can complement social work practice and deliver positive outcomes.

21. We understand that our staff are our most important resource and a core strategic priority has been the establishment of a motivated, stable, well trained and well supported workforce. The new Workstream Core Approach and Skills will be led by the Director for Public Health and see the roll out of Making Every Contact Count and **Trauma-Informed practice** across the partnership workforce.

22. The **Good Education for All** workstream will now be led by the new Director for Education, Helean Hughes, and is currently developing plans to ensure that all children achieve their academic potential and has a particular focus on closing the gap for pupils from vulnerable groups. The workstream will ensure the **RESET** project (Re-shaping Education and Skills, Regeneration and Major Projects) creates a suitably robust school improvement service. The workstream will also work with Head teachers and others to develop and roll out a strengths-based behaviour support framework which is trauma-informed and supports stronger inclusion of children across the school community.

23. Engagement sessions with schools and focus groups are being established to help shape and develop the projects within this workstream, with a view to building a shared vision and approach.

24. The **Partnership Approach to being Ambitious for Children with SEND/disabilities** workstream looked to support children and their families to maximise independence, have aspirations, achieve them and reduce future need for additional resources. Where a plan is required it is multi agency and supports all needs (education, health, care and adulthood) holistically.

25. To this end the project group investigated the potential of a **whole life pathway**, offering seamless support to citizens with additional needs through all stages of childhood and then into adulthood, aiming to maximise their independence and achieving the best possible outcomes.

26. This work has required significant research and benchmarking activity from other local authorities, as well as gaining the views of hard-to-reach children, young people and families. Much of this feedback has now been received and discussions are underway to consider the best way to deliver a whole life pathway to children young people and adults.

27. Central to developing the approach is **co-production** to ensure that staff, partners, parents/carers and children and young people are embedded in developing services that meet needs and improve outcomes and the new Whole Life Approach for Children and Adults with additional Needs workstream for 2019 will look to codevelop this new approach.

Next Steps

28. The delivery structure is being updated for 2019 moving to an Executive and Operational Board structure. The Executive will be comprised of the key lead executives and commissioners for the Families and Children's partnership. We will continue with our determination to co-produce our delivery of change and utilise a range of methods to engage with families, children and our staff to do this.

The new workstreams for 2019 (visual below) are:

- A good education for all
- Getting the best start in life
- Delivering community level Multi Professional support at the earliest point.
- A Whole Life Approach for Children and Adults with additional Needs
- Core Skills and a Single Approach to how we support families

29. Many of the developments from last year are now in the go live delivery stage and impact and benefit realisation work is underway and will be reported in the next round. This will be in the structure of a balanced scorecard for each historic and new workstream

- What was the baseline (what were we looking to improve upon)

- Investment received time and people resources from the council and other partners and efficiencies or cashable savings achieved

- Report on the success criteria for each workstream – localised wherever possible

- How were families involved and the outcomes of their feedback

Health and Wellbeing Board

Scrutiny and Single Agency Governance Boards

Families and Children Transformation (FACT) Executive Board

Safeguarding Vulnerable People Partnership

Performance Boards

Families and Children Transformation (FACT) Operational Board*

A good education for all
Helean Hughes

- Deliver the RESET project to ensure strong school led support and challenge structure
- Developing an inclusive approach across schools
- Review the EHCP Process and the Lead Worker role

Best Start in Life
Sally Johnson

- Improving access and impact through better integrated working in early years including a singular Early Years Assessment
- Language Development and closing the gap for Early Years Foundation Stage
- Five to Thrive training and approach

Integrated Multi-Professional Early Support
Jen Salter/Sonja Leith/Naji Darwish/John Rogers

- Integrated services working at a community level offering Early Support

Whole Life Offer
Claire Edgar / Lucy Townsend

- Transitions
- Develop whole life offer for children and adults with learning difficulties/disabilities
- Scope potential for all age integrated mental health delivery
- Transport

Core Skills and Single Approach
Tracey Daszkiewicz

- MECC rollout across FACT partnership
- Consistent, Trauma Informed Approach (ACES)
- Explore Potential for a systemic leadership programme across all partner bodies

Informing and informed by FACT activity

- Multi-agency HR/OD support
- Multi-agency Performance and Outcomes, including FACT and BAU updates
- Integrated Commissioning Board

*To ensure link-up, the FACT Programme Lead sits on both WESB, WETB and ASC Transformation Boards

- TROUBLED FAMILIES & PARTNERSHIP WORKING
- PREPARING FOR ADULTHOOD & PARENTHOOD
- CO-PRODUCTION
- SOCIAL MOBILITY
- SHARED MODEL OF PRACTICE
- INTERVENING EARLIER
- COMMUNITY RESILIENCE

Presenter name: Theresa Leavy
Title: Programme Lead
Organisation Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Integrated Care System Development and Implications for CCGs

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Executive Summary

Wiltshire CCG Governing Body took a decision on the 4th October 2018 to appoint a single management team across the three CCGs of B&NES, Swindon and Wiltshire. Since then, there has been significant progress.

Tracey Cox has been appointed as the Chief executive of the three CCGs and the STP senior responsible officer. Tracey has taken up this post early in March and is currently working with executives and clinical leads to agree a management structure. This structure is due to be published for formal consultation later in March.

The last month has also seen the publication of the Long Term Plan (LTP) for the NHS, which sets out some expectations for organisational reform as well as services and patient outcomes.

In Wiltshire we have already made good progress with getting ready to implement many of the LTP expectations for primary and community services.

The new GP contract has also been published, with changes to incentives aligned to delivery of the LTP.

This paper sets out some of the key headlines from the LTP and how the work to implement Primary Care Networks and to integrate community services is being progressed.

Proposal(s)

It is recommended that the Board:
  i)   Notes the developments being undertaken across the BSW STP and Wiltshire to prepare for Integrated Care Systems and the LTP expectations

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Reason for Proposal
N/A

Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Integrated Care System Development and Implications for CCGs

Purpose of Report

1. To inform the Health and Wellbeing Board of the developments being undertaken across the BSW STP and Wiltshire to prepare for Integrated Care Systems and the LTP expectations

Background

2. This paper updates Wiltshire Health and Wellbeing Board on developments at Bath and North East Somerset, Swindon and Wiltshire (BSW) STP and its plans to deliver the NHS Long Term Plan (LTP). The report also highlights developments within Wiltshire to get ready for these transformational changes.

   The Wiltshire Governing Body took a decision on the 4th October 2018 to appoint a single management team across the three CCGs of BSW. Since then, there has been significant progress.

   Tracey Cox has been appointed as the Chief executive of the three CCGs and the STP senior responsible officer. Tracey has taken up the post in March and is currently working with executives and clinical leads to agree a management structure. This structure is due to be published for formal consultation in March.

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   This paper sets out some of the key headlines from the LTP and how the work to implement Primary Care Networks and to integrate community services is being progressed.

Main Considerations

3. **Key points from the Long Term Plan:**
   To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan sets out actions to overcome the challenges that the NHS faces such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS.

A full slide set summarising the priorities is available at appendix 1 however for the purposes of this paper we will focus on Chapter 1: Doing things differently which includes the following:.

We will continue to develop ICSs, building on the progress the NHS has already made. By April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs). ICSs will have a key role in working with Local Authorities at 'place' level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract award). Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.

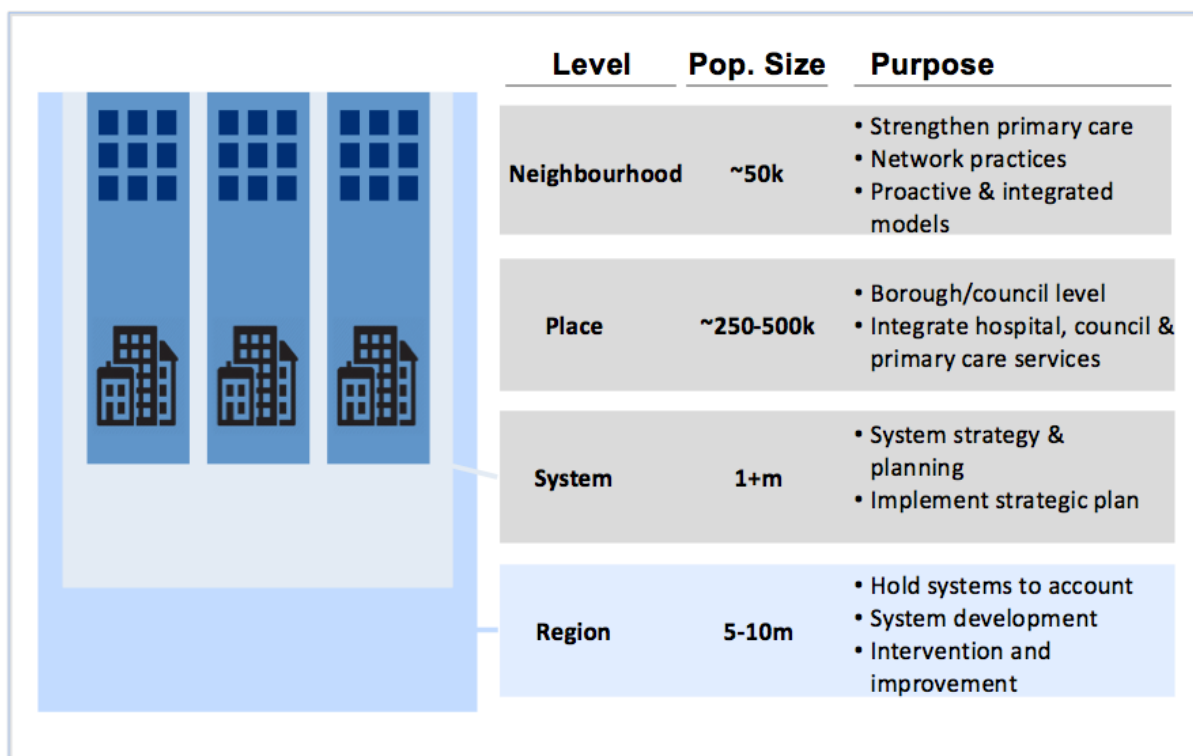This suggests that the Integrated Care System (BSW level) includes:

- a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners;
- a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/governing bodies;
- sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- full engagement with primary care, including through a named accountable Clinical Director of each primary care network

In addition there will be:
- a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;
- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives;

- clinical leadership aligned around ICSs to create clear accountability to the ICS.
- Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies.
- ICSs and Health and Wellbeing Boards will also work closely together

It is clear that the ICS will be the powerhouse of healthcare planning, system design and assurance. This will be support the development of place based integration and Primary Care networks at neighbourhood level:

Level	Pop. Size	Purpose
Neighbourhood	~50k	• Strengthen primary care • Network practices • Proactive & integrated models
Place	~250-500k	• Borough/council level • Integrate hospital, council & primary care services
System	1+m	• System strategy & planning • Implement strategic plan
Region	5-10m	• Hold systems to account • System development • Intervention and improvement

3.1. Services Implications:
3.1.1. Model of Integrated Care in Wiltshire:

The Wiltshire Integration Programme has been established to deliver Integrated Care in Wiltshire. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change. The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide. Integrated Care will bring together health and social care services to provide a single coordinated care response that is underpinned by prevention, self-care, early intervention, reablement and rehabilitation rather than longer term or life-long service dependency.

Primary Care, Community Services, Social Care, Mental Health, Secondary Care, Voluntary Sector and Independent Providers will work together on a person centred, strength and asset based approach for the Wiltshire population based on the needs of the individual.

This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will

shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Wiltshire has adopted the following framework to design the new model for health and social care and is in conversation with STP clinical leads to ensure alignment with the emergent ICS model of care:

The framework has been used alongside local experience and using resourced evidence to articulate what service users might actually want. These have been developed into outcomes in the form of 'I' statements, which represent what users would say if all of the components of care were delivered in the best and most effective way (shown as 'Narrative' in figure below).

The outer layer (the flower's petals) articulates what the outputs of the new model would need to be to deliver the outcomes and elicit the 'I' statements. Real patients' stories have been used to identify high level outputs/core elements. However further work is required to develop a comprehensive 'service specification' by the Wiltshire Commissioning Group.

Wiltshire Emerging New Health and Social Care Model
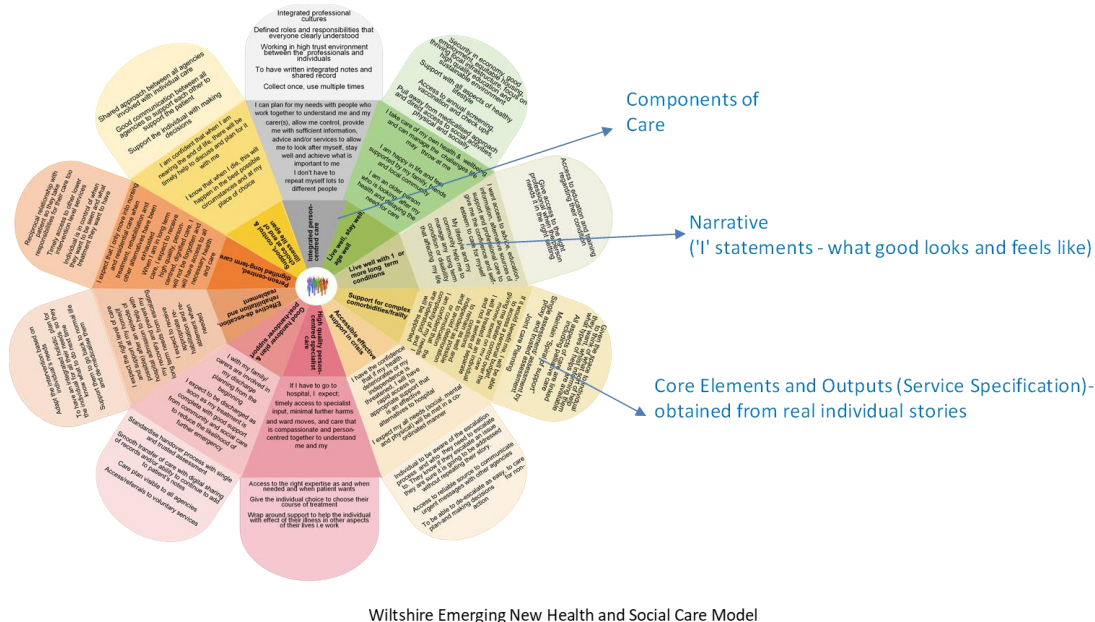
In implementing this emerging new model, any service re-design will be compatible with all components of care and principles of the Flower.

3.1.2. Key aspects for delivery of Primary Care Networks:

As we begin this programme, with the support of McKinsey, we are enjoying a good degree of enthusiasm and involvement in designing mechanisms to deliver the above and ensure:

- Strong and resilient practices working in networks/clusters
- Closer integration with other preventative, community and social care services & voluntary sector – "one team approach" with effective multi-disciplinary working
- Building alternative workforce models to support service delivery
- Population focused approach, more personalised, proactive care with care navigators supporting patients
- Secondary care services out-reaching to support long term condition management and care closer to home
- Greater use of digital solutions to support patient care & access

3.1.3. Underpinning changes in the GP contract:

The new GP contract is clearly designed to underpin delivery of all of this with;

Funding support for additional roles
- Recurrent 70% of costs (to a max level) for additional:
- Clinical pharmacists, physician associates, first contact physio's, first contact paramedics
- Recurrent 100% of costs for social prescribing link workers
- Indemnity for all Primary Care staff

Single fund for all network monies
- New contribution for clinical leadership
- 100% coverage expected by July 2019
- Each network to have:
  - o Clinical Director – supports change across PC & CC

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o Network Agreement
- Agreement – formal basis w/w community. Includes data sharing agreement

PCN's will need to agree:
- Names of member practices
- List size
- Mapped area
- Network agreement
- Who receives funding
- Named clinical Director (£@ 0.25FTE per 50k approx 50ppp
- Min pop. of 30k (unless rural area), no strict rule about upper limit
- PCN boundary has to 'make sense'

3.2. Structural Implications:
3.2.1. The System (BSW)

As described above, in an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing and sharing resources, delivering NHS standards, and improving the health of the population they serve. This means: Organisations working together to a common shared purpose, bringing together in formal collaborations commissioners and providers:

- Working to a joint System plan and Control Totals

- "Enabling" placed based delivery

- Securing consistent methodology and approaches to health and care delivery across its footprint

- A strong focus on population health management

- Over time as the ICS "matures" taking on the regulatory functions of NHSE/I

3.2.2. Place

Given the strengths of the approach to Integration and to Primary Care networks described above the Wiltshire Governing Body has expressed a very firm preference that Place is articulated as that of the boundary of the Local Authority. This builds on the benefits of effective planning, commissioning and delivery of aligned services and protects the values of focusing on keeping people as well as possible as close to home as possible and reducing avoidable high cost and invasive interventions. This genuinely has the potential to reduce hospital admissions to the point of being able to remove beds, as seen in Denmark, Chen Med in America and parts of Dorset where this model is being implemented successfully. This is the scale of the ambition in Wiltshire.

To plan for place based commissioning, the Wiltshire Health and Wellbeing Strategy, directed by and aligned to the BSW STP Health and Social Care strategy will be the golden thread connecting all aspects of health and social care planning within Wiltshire. Wiltshire CCG and the Local Authority, via the Wiltshire Commissioning Group, will develop a joint commissioning strategy to speak with a single health and social care commissioning voice, managing a pooled budget where appropriate and a single commissioning cycle for all place-based services. This strategy will be

aligned with the BSW Health and Social Care Strategy and Wiltshire Health and Wellbeing Strategy. Joint commissioning intentions and joint service specification for new integrated model of care will follow from joint commissioning strategy.

3.2.3. Neighbourhood

As set out in 3b above and underpinned by implementation of the new contract levers, the 11 Primary Care networks in Wiltshire provide the firm foundation for delivery of the triple integration of primary care and community care, physical and mental health, health and social care.

In support of both of the above we have committed to the development of the Wiltshire GP Alliance and fully support its position in terms of providing GPs a mechanism for a strong voice and resilience in delivery. The Wiltshire Governing Body is very keen to see this develop into a vehicle that can be synonymous with Wiltshire Health and Care.

3.2.4. Implications for CCGs

The LTP sets out the expectation that there will *typically be a single CCG for each ICS area*. This raises the question of CCG's merging. In some quarters this has been taken as a given, with the debate pertaining to pace only.

A constitutional change of the CCG such as a merger requires a Governing Body membership vote for approval.

Next Steps

There is much to be celebrated and to look forward to. It is clear that the delivery of all of this is highly dependent on clinicians leading the design and delivery, supported by able management and it is good to see the alignment of system levers to ensure appropriate support. Whatever the organisational arrangements, this will be the case and the effect of these must be maximised.

There will be a common sense across all Governing Bodies that there may be a loss of control and 'localness', however the new CEO and Executive team will be committed to ensuring that they realise both the benefits of scale and the ability to do things once, but not lose the place focus, honouring the principle of subsidiarity.

Presenter name: Linda Prosser
Title: Interim Deputy Chief Executive (Wiltshire)
Organisation: BSW Working Together

Report Authors: Linda Prosser, Deputy CEO (Wiltshire)

Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Joint Health and Wellbeing Strategy

Executive Summary

The Joint Health & Wellbeing Strategy (JHWSs) is due to be updated. The Health and Wellbeing Joint Strategic Needs assessment (JSNA) and joint health and wellbeing strategy is the foundation upon which health and wellbeing boards exercise their shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education.

JSNAs and JHWSs enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

Wiltshire's Health and Wellbeing JSNA was recently updated and published. It provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It builds on previous JSNAs to provide a comprehensive picture of the health and wellbeing needs of Wiltshire using a broad range of indicators presented in accessible format for all parties to use. This has informed the development of the draft JHWS together with multi-agency officer workshops to shape its structure and priorities.

Proposal(s)

It is recommended that the Board approves the draft JHWS at Appendix 1 for public consultation and considers the feedback at its meeting in July.

Reason for Proposal

It is a statutory responsibility of Wiltshire Council and the CCG to cooperate through the Health and Wellbeing Board to develop a Joint Health and Wellbeing Strategy

Carlton Brand, Terence Herbert	**Linda Prosser**
Corporate Directors	**Interim Deputy Chief Executive**
Wiltshire Council	**BSW CCGs (Wiltshire)**

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Wiltshire Health and Wellbeing Strategy

2019

Informed by the Joint Strategic Needs Assessment

Wiltshire Council
Where everybody matters

Intentionally blank

Informed by the JSNA

Foreword

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well.

This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

Working together to deliver high quality and affordable services is essential. But we cannot do this alone.

Where someone is born and raised in Wiltshire can also have a significant influence on how healthy they are and how long they will live. We want to ensure everyone can thrive in Wiltshire. This will mean a clear focus on tackling inequalities but also on tailoring the delivery of our services to reflect the needs of local areas.

As organisations responsible for designing, commissioning and delivering a huge range of health and social care services for Wiltshire residents, we are keen to make services the best they can be and excellent value.

Informed by the JSNA

Foreword

Integrated working is essential and will help us to shift the focus from acute to primary and community care and, in turn, to preventative activity and population health. This will allow the risks and rewards of investment in services to be shared locally and the potential to try new approaches such as clustering more care services around GPs or commissioning on the basis of whole population health outcomes rather than systems which reward increased contact.

This Joint Health and Wellbeing Strategy for Wiltshire is an important continuation which sets out our shared ambitions. Our strategy acknowledges that we must target resources where the evidence tells us action will make the greatest improvements to people's health and wellbeing. We have therefore agreed four areas for this strategy:

1.   Prevention
2.   Tackling Inequalities
3.   Localisation
4.   Integration

As a board we will continue to work closely together to deliver the vision of this strategy so that our ambition is realised.

Leader, Wiltshire Council (co-chair, Wiltshire Health and Wellbeing Board)
Chair, Wiltshire CCG (co-chair, Wiltshire Health and Wellbeing Board)

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Introduction and context

Wiltshire's Health and Wellbeing Board (HWB) was introduced by the Health and Social Care Act 2012 which required that top tier authorities established a board by 2013.It is a partnership that brings together the leaders of the health and social care system. The board is required by legislation to deliver specific responsibilities:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Develop a Health and Wellbeing Strategy
- Encourage and enable integrated working between health and social care

The JSNA uses current data and evidence about health and wellbeing in Wiltshire, to highlight the health needs of the whole community. It demonstrates how needs may vary for different age groups, as well as identifies health differences for disadvantaged or vulnerable groups. The JSNA looks at a wide range of factors that help shape and influence the health and wellbeing of individuals, families and local communities such as education, employment, housing, transport and the environment.

https://www.wiltshireintelligence.org.uk/

What is a health and wellbeing strategy?

The Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services. It uses the analysis and data from the JSNA, to help identify and agree the key ambitions for our population which as a Health and Wellbeing Board we will work together to deliver.

It does not list everything that all organisations will be doing to improve health and wellbeing. Instead it focuses on where the Health and Wellbeing Board can add value and sets out our vision for integrated working for the future.

Purpose of the strategy

The purpose of the strategy is to enable:

- All health and wellbeing partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed the priorities within their own organisations and ensure they are reflected in their commissioning and delivery plans
- A joined-up approach towards commissioning to deliver against these priorities
- The HWB to hold organisations to account for their actions towards achieving the objectives and priorities in the strategy

Development of the strategy

The role of Wiltshire's Health and Wellbeing Board is to lead on work to improve the health and happiness of Wiltshire, specifically focusing on reducing health inequalities. It also considers the impact of health on the wider local authority and partnership agendas including housing, education, employment, crime, vulnerability and safeguarding.

This strategy has been developed based upon the evidence of need identified within the Health and Wellbeing JSNA. Areas for strategic change and development to meet the current and future needs of the population were identified through a number of workshops run for all Health and Wellbeing Board partners.

Membership of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board.

The board representation in Wiltshire includes:

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Summary of Wiltshire Population at a glance

Population

Wiltshire has an estimated population of 488,400

Projected 7% increase in population
2016 ----> 2030

0-19 Yrs
23% of people

65+ Yrs
21% of people

20-64 Yrs
56% of people

Office of National Statistics, 2016
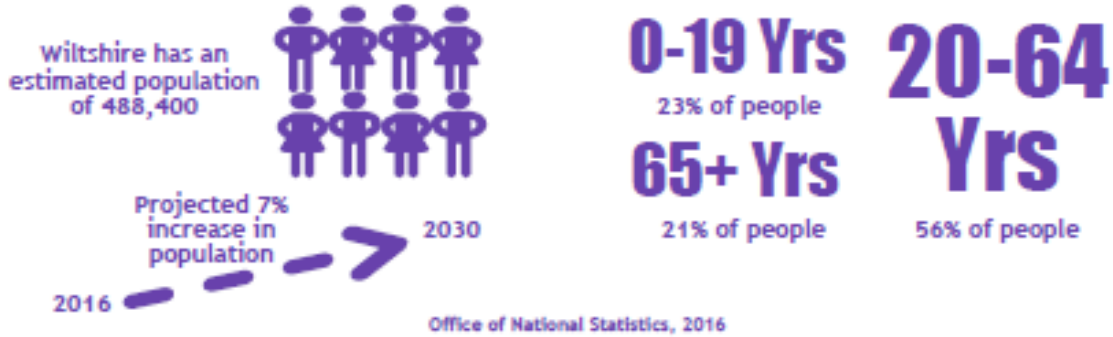
Life Expectancy & Healthy Life Expectancy

Life expectancy 80.8 Yrs

Healthy life expectancy 64.8 Yrs

Life expectancy 84.0 Yrs

Healthy life expectancy 66.8 Yrs

Office of National Statistics, 2013-2015

Causes of death

28% of people died from cancer

25% of people died from cardiovascular disease

12% of people died from respiratory disease

Primary Care Mortality Database, 2016

Deprivation

20,800 people (4%) in Wiltshire live in the nationally most deprived quintile of areas.

145,600 people (30%) in Wiltshire live in the nationally least deprived quintile of areas.

Indices of Deprivation, 2015

Informed by the JSNA

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Excess weight

Around 260,000 (65.8%) adults in Wiltshire are carrying excess weight.
Similar to England (64.8%)

Active People Survey, 2013-15

33.7% of year 6 children from the most deprived areas in Wiltshire are overweight or obese compared to 24.8% in the least deprived areas.

National Child Measurement Programme, 2015/16

Physical activity

60% of adults in Wiltshire compared to 57% of adults in England manage the recommended amount of physical activity.

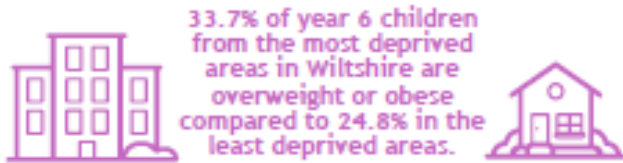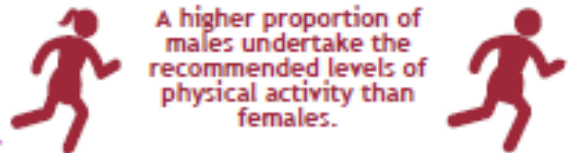Active People Survey, 2015

A higher proportion of males undertake the recommended levels of physical activity than females.

Active People Survey, 2015

Tobacco

Around 53,000 (13.9%) of adults in Wiltshire smoke tobacco. Nationally 15.5% of adults smoke tobacco.

Annual Population Survey, 2016.
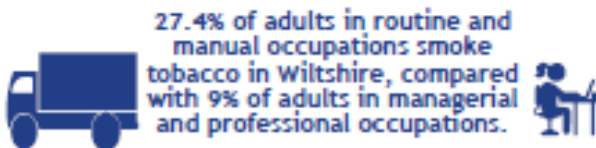
27.4% of adults in routine and manual occupations smoke tobacco in Wiltshire, compared with 9% of adults in managerial and professional occupations.

Annual Population Survey, 2016.

Alcohol & Drug use

28.7% of adults in Wiltshire drink more than the maximum recommended amount of alcohol per week (14 units). The national figure is 25.7%.

Health Survey for England, 2011-14

An estimated 1,485 people in Wiltshire use opiates or crack cocaine

http://www.nta.nhs.uk/facts-prevalence.aspx, 2014/15

Social Care

2,692 people in Wiltshire receive support to live in the community

NHS Digital, ASCOF data tables, 2015/16

Carers

12,107 carers are known to Carer Support Wiltshire, of whom 35.1% are known to be aged 65+

Care Quality Commission data, 2017

Our Vision

"*People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives*."

The vision for Wiltshire has been co-created with our residents and is the underlying platform for us to support all people and communities to start well, live well and age well in Wiltshire. Achieving our ambition for the people of Wiltshire is essential to improve health outcomes for all whilst securing a sustainable, people-centred, health and care system for the future. We will work with our colleagues and partners to improve and protect health and wellbeing in Wiltshire.

Key themes of the Health and Wellbeing Strategy:

Prevention – Improving health and wellbeing by encouraging and supporting people to take responsibility to improving and maintaining their own health.

Tackling Inequalities – addressing the wider determinants of health, the conditions in which people are born, grow, live a, work and age, to improve health outcomes.

Localisation – Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required to deliver the best outcomes for all of our population.

Integration – ensuring health and social care is personalised, joined up and delivered at the right time and place.

Informed by the JSNA

Case for change

The health of those in Wiltshire is generally very good compared to the national average. On the whole people in Wiltshire have a higher life expectancy and healthy life expectancy than the England average. Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low.

BUT, evidence from the Wiltshire Health and Wellbeing Joint Strategic Needs Assessment has highlighted that the most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20%.

Our communities living in those least deprived areas of the county, will endure a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Inequalities within Wiltshire, and the need to maintain focus on major health issues, for example reducing premature mortality and deaths from cancer and cardiovascular disease, mean that local services should always be accessible to all.

Inequalities do exist in Wiltshire and, with an ageing population structure: health needs are subject to change over future years. Therefore, we must narrow the gap in health and wellbeing outcomes. Not only between Wiltshire and the rest of England, but within our own community areas. We have to make sure everyone in Wiltshire has the opportunity to have an excellent education, to learn skills and get a good job, to live in a nice environment and live healthier lifestyles into old age.

Health and Wellbeing Themes

Prevention

Improving health and wellbeing by supporting people to take responsibility to improving and maintaining their own health

Tackling Inequalities

Addressing the wider determinants of health, to improve health outcomes

Health and Wellbeing Themes

Localisation

Enabling communities to be stronger and more resilient, recognising across Wiltshire different approaches will be required to achieve the best health outcomes

Integration

Ensuring health and social care is personalised, joined up and delivered at right time and place

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Prevention

Improving health and wellbeing by encouraging and supporting people to take responsibility to improving and maintaining their own health.

Case for change

Evidence suggests 60% of what we do to prevent poor health and improve wellbeing relates to social determinants of health i.e. the conditions in which people are born, grown, live, work and age. Unhealthy behaviours for example smoking, alcohol misuse, poor diet and lack of physical activity, are significant contributors to a large proportion of ill health and long-term health conditions such as cancers, cardiovascular disease, diabetes and dementia.

We need a system that is fit for purpose, can manage the challenges of increasing demand, focuses on prevention, supports those with long-term conditions and helps our populations to improve their health outcomes.

Achieving change

To ensure prevention of ill-health is effective across the whole population with a clear focus on high risk groups, we will commit as a Health and Wellbeing Board to mainstream prevention into everything that we do.

We will:
- Introduce measures to prevent ill health across the life-course, including working to increase uptake in immunisations, as well as working with partners in housing, employment and planning to promote health and wellbeing.
- Adopt a systems approach to prevention at a place, community and an individual level.
- Work together to ensure interventions are accessible to all populations, with a focus on smoking cessation and substance misuse.
- Prioritise the reduction of alcohol related harm across the county for all age groups.

Informed by the JSNA

<div align="center">Page 65</div>

Prevention

Measuring change

Measuring the impact of prevention activities is challenging, how can you count something that hasn't happened? As a Health and Wellbeing Board we will use our population data to monitor the impact of our efforts through reduction in premature mortality by helping people lead healthier lives to:

- Empower all people to start well, live well, stay well and age well.
- Support communities to be more active, eat well and achieve a healthy weight.
- Decrease the inequalities in premature mortality.
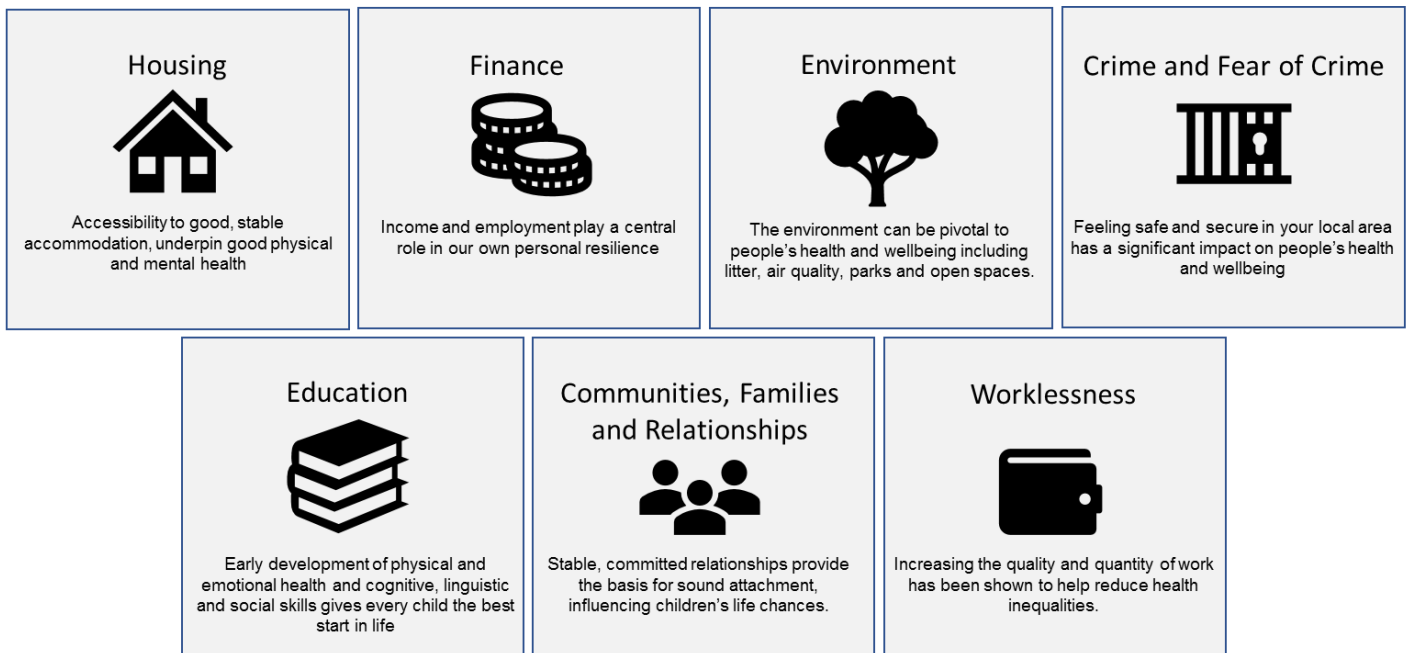- Continue to reduce smoking prevalence and substance misuse.

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Tackling Inequalities

Addressing the wider determinants of health such as housing, unemployment, homelessness, education, social isolation, transport and community safety. Ensuring those who have the most need in our communities are as healthy as everyone else.

Case for change

Whilst a significant proportion of our population are healthy; good health isn't just about the treatment of illness. It is the food we eat, the relationships we maintain, the environments in which we live and work and the opportunities we have to thrive. Supporting people to remain healthy, independent and well is a crucial feature of this strategy.

To make the biggest changes in people's health and wellbeing, we need to focus on the social and environmental factors impacting on people's lives:

Housing	Finance	Environment	Crime and Fear of Crime
Accessibility to good, stable accommodation, underpin good physical and mental health	Income and employment play a central role in our own personal resilience	The environment can be pivotal to people's health and wellbeing including litter, air quality, parks and open spaces.	Feeling safe and secure in your local area has a significant impact on people's health and wellbeing

Education	Communities, Families and Relationships	Worklessness
Early development of physical and emotional health and cognitive, linguistic and social skills gives every child the best start in life	Stable, committed relationships provide the basis for sound attachment, influencing children's life chances.	Increasing the quality and quantity of work has been shown to help reduce health inequalities.

Tackling Inequalities

Achieving change

We know the wider determinants of health i.e. employment, education, housing, environment and transport all have a significant impact on health and wellbeing and that as a multi-agency Health and Wellbeing Board we have a real opportunity to impact positively across all of these wider determinants.

We will commit to a strategic focus on health inequalities, embedding practical actions across all agencies which include elements of community capacity and collaborative approaches.

We will:

- Create an environment where our communities feel happy and supported and have access to opportunities that can help to improve their lives.
- Work with partners to improve the quality and supply of homes to help prevent homelessness.
- Continue our work with school, early years settings and other educational establishments to give children, young people and families the best start to their educational lives.
- Adopt a systems approach to worklessness, into supporting people into accessing good quality employment.
- Through our commitment to achieve a carbon neutral county, we will work together to improve air quality.

Measuring change

As a Health and Wellbeing Board we will monitor data relating to the wider determinants of health, which can have significant impacts on health inequalities. Change will be measured against the implementation of this strategy, including:

- Improvements in the security of tenure/ home ownership
- Increased countryside access that enables all our communities to participate
- Increased support into good employment for as many people as possible
- Increased community resilience, through reducing vulnerability and exploitation.
- Reduction in the educational attainment gap, so that all children achieve their potential.

Informed by the JSNA

Localisation

Enabling communities to be stronger and more resilient, solving problems for themselves, working together with partner agencies and the voluntary sector to meet their health and wellbeing needs.

Case for change

Population growth, breakthrough in treatment and management of conditions mean our health and care system is under increasing pressure. When a person has the skills, knowledge and confidence to manage their own health and care, not only do they achieve better health outcomes, there is also the benefit of reduced healthcare costs and increased satisfaction with services. However, when individuals in a community feel isolated, this impacts their ability to remain resilient, which is a strong predictor for poor outcomes.

Achieving change

Wiltshire's Health and Wellbeing Board is committed to ensuring everyone feels able to participate and engage with their communities, creating a health promoting environment.

We will:
- Make sure the right services, facilities and support are provided to help people help themselves and connect them with the local community.
- Pursue opportunities to enable our populations to manage their health in the way that best suits them.
- Encourage and help our people to make healthier choices by working in partnerships with local organisations to support health improvement through the contacts that they have with individuals.
- Work together to develop systems to enable people to take more responsibility for their own health and care through technology and digital systems.

Localisation

Measuring change

The Health and Wellbeing Board will measure change on localisation against the implementation of this strategy, including:

- Reduced numbers of people experiencing loneliness and social isolation
- Improved service user views on community inclusivity
- Improved satisfaction for staff and patients on provision of local services

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Informed by the JSNA

Integration

Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible.

Case for change

Our current health and care system is under pressure and can be confusing for patients, families and carers.

As our populations get older and more people develop long-term health conditions, our system is becoming less able to cope with the changing needs and expectations of the people it serves. This is leading to higher demand for social care, carers and community health services and these pressures will continue to increase.

The way we pay for health and care services can encourage high end care in expensive settings, often reinforcing isolated working practices. We currently spend too much on services responding at the point of crisis and not enough on early intervention and preventative support that aims to keep people well for longer.

Achieving change

Integration and joining up of services has been and continues to be a key priority of the Health and Wellbeing Board. It remains a feature of how the HWB, local authority and Wiltshire CCG conduct their business. This strategy continues to prioritise integration and aims to widen its reach by highlighting ways in which joint working can be further strengthen.

Wiltshire's framework for a new integrated health and social care model, illustrates how partners will work together to achieve this change.

Integration

Measuring change

Change on integration will primarily be measured through the work of the Wiltshire Integration Board. This will be progressed in conjunction with the Health and Wellbeing Boards collaborative approach to integration. Working with individuals, communities and services, the Health Wellbeing Board will seek to:

- Empower all people to start well, live well, stay well and age well
- Reduce the gap between Healthy Life Expectancy and Life Expectancy
- Maximise independence for older people and for those with long-term conditions
- Ensure good end of life care is available

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What does this mean for our most vulnerable?

At times, we all need support. We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.

Case for change

In recent decades, pressures on families have increased, particularly for those on lower level incomes. This can impact on health and wellbeing across the whole life course affecting a range of outcomes, such as a health, education, housing and employment, resulting in reduced health and wellbeing and greater demand on services.

Underlying principle for the Health and Wellbeing Board to address vulnerability

Wiltshire's framework for working together with partners to address vulnerability is illustrated below. This will be embedded across all four themes of the Health and Wellbeing Startegy, to ensure best outcomes are achieved for our entire population.

1. The Home Setting

The 'home' plays a key role in enabling people to achieve good health and wellbeing.
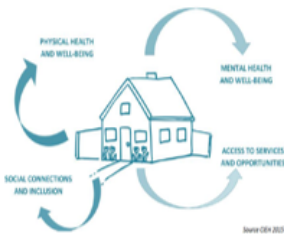
- Improved physical health, as well as better mental health and well being
- Better social interactions and inclusions
- Better access to services and opportunities

2. Early Identification and Prevention

Focus on children, working across **'whole' family interventions**

Lifecourse
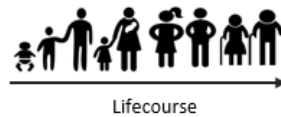
Diverting people from statutory or formal services **through local, flexible, community solutions**

- Reducing long-term health effects from exposures of direct/in-direct harms on young people
- Increasing resilience of our whole population
- Reducing social isolation and loneliness
- Improved health and wellbeing

3. Tackling Root Causes

Tackling root-causes and addressing causal factors; not just focusing on the symptoms

Symptoms
The result or outcome of the problem

The Problem

Causes
"The Roots" – system below the surface bringing about the problem *(not always obvious)*
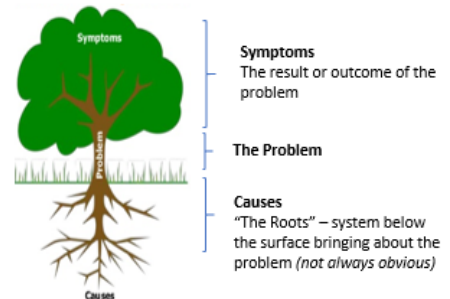
- Reduce risk of frequent and multiple contacts to services/agencies
- Reduced victimisation
- Improved health and wellbeing realised earlier

Overview page

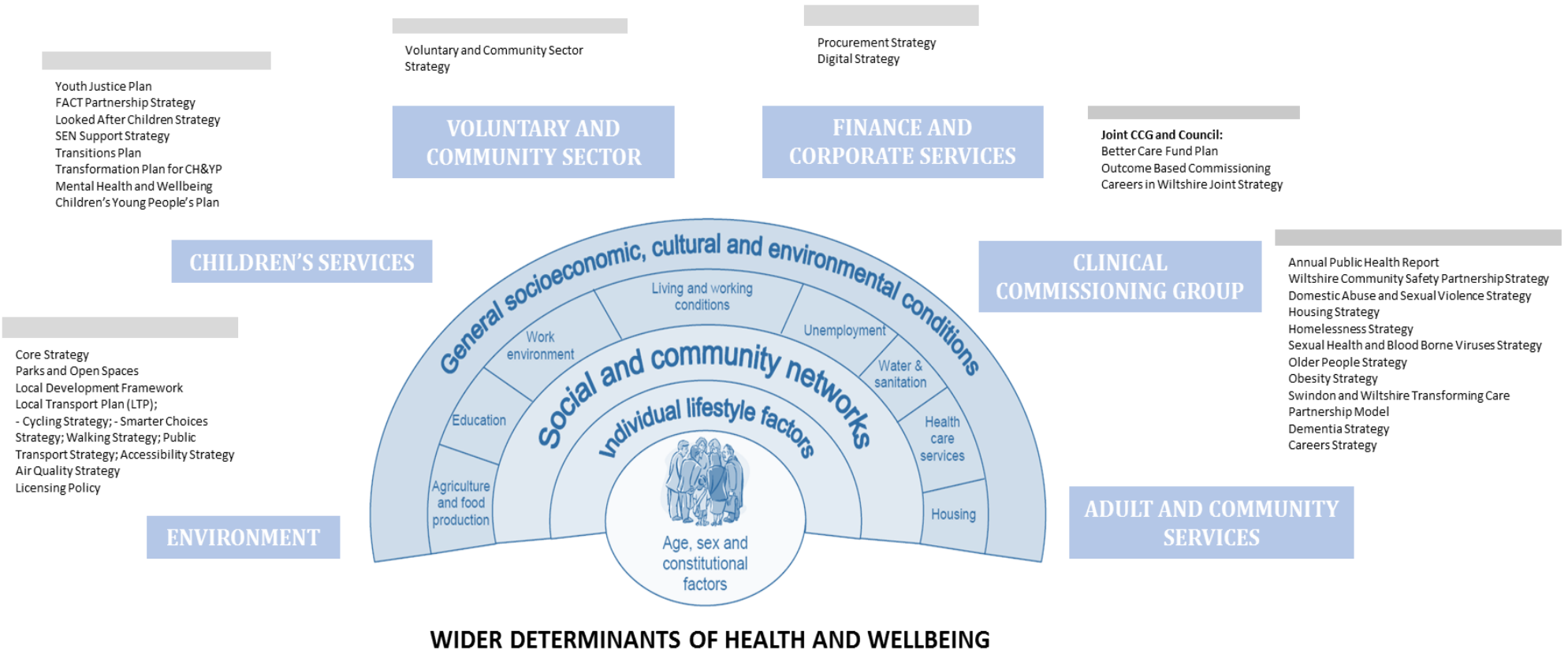| Our Vision	*People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives*			
Our Themes	**Prevention**	**Reducing Inequalities**	**Localisation**	**Integration**
Actions to achieve Change	Introduce measures to prevent ill health across the life-course. Adopt a systems approach to prevention. Work together to ensure interventions are accessible to all populations. Prioritise the reduction of alcohol related harm.	Create an environment where our communities have access to opportunities that can help to improve their lives. Work with partners to improve the quality and supply of homes. Continue our work with school, early years settings and other educational establishments. Adopt a systems approach to worklessness. We will work together to improve air quality.	Make sure the right services, facilities and support are provided. Pursue opportunities to enable our populations to manage their health in the way that best suits them. Encourage and help our people to make healthier choices. Enable people to take more responsibility for their own health and care through technology and digital systems.	Shift the focus to prevention and proactive care at every opportunity. Work together to enable all to start well, live well, stay well and age well. Ensure that care is high quality and person-centred at every stage of their clinical journey.
Measuring Change	Empower all people to start well, live well, stay well and age well. Support communities to be more active, eat well and achieve a healthy weight. Decrease the inequalities in premature mortality. Continue to reduce smoking prevalence and substance misuse.	Improvements in the security of tenure/ home ownership. Increased countryside access. Increased support into good employment. Increased community resilience. Reduction in the educational attainment gap.	Reduced numbers of people experiencing loneliness and social isolation. Improved service user views on community inclusivity. Improved satisfaction for staff and patients on provision of local services.	Empower all people to start well, live well, stay well and age well. Reduce the gap between Healthy Life Expectancy and Life Expectancy Maximise independence for older people and for those with long-term conditions Ensure good end of life care is available
Underlying Principle	We will protect the vulnerable by intervening early, and working with partners and local communities to ensure everyone gets the right support and care at the right time.			

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Informed by the JSNA

Health and Wellbeing: strategic links

The Wiltshire Health and Wellbeing Strategy does not intend to supersede or replace existing strategies for specific areas or client groups, but provides an overview will link in with plans across the Council and CCG, some of which are outlined below (this is not an exhaustive list);

Voluntary and Community Sector Strategy

Procurement Strategy
Digital Strategy

VOLUNTARY AND COMMUNITY SECTOR

FINANCE AND CORPORATE SERVICES

Joint CCG and Council:
Better Care Fund Plan
Outcome Based Commissioning
Careers in Wiltshire Joint Strategy

Youth Justice Plan
FACT Partnership Strategy
Looked After Children Strategy
SEN Support Strategy
Transitions Plan
Transformation Plan for CH&YP
Mental Health and Wellbeing
Children's Young People's Plan

CHILDREN'S SERVICES

CLINICAL COMMISSIONING GROUP

Annual Public Health Report
Wiltshire Community Safety Partnership Strategy
Domestic Abuse and Sexual Violence Strategy
Housing Strategy
Homelessness Strategy
Sexual Health and Blood Borne Viruses Strategy
Older People Strategy
Obesity Strategy
Swindon and Wiltshire Transforming Care
Partnership Model
Dementia Strategy
Careers Strategy

Core Strategy
Parks and Open Spaces
Local Development Framework
Local Transport Plan (LTP);
- Cycling Strategy; - Smarter Choices
Strategy; Walking Strategy; Public
Transport Strategy; Accessibility Strategy
Air Quality Strategy
Licensing Policy

ENVIRONMENT

ADULT AND COMMUNITY SERVICES

General socioeconomic, cultural and environmental conditions

Living and working conditions

Work environment

Unemployment

Social and community networks

Water & sanitation

Individual lifestyle factors

Education

Health care services

Agriculture and food production

Housing

Age, sex and constitutional factors

WIDER DETERMINANTS OF HEALTH AND WELLBEING

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Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Healthwatch Wiltshire Priorities 2019/20

Executive Summary

I.   Healthwatch Wiltshire works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. From improving services today to helping shape better ones for tomorrow, we listen to local people's views and experiences and then influence decision-making.

II.   Each year, we set our priorities based on what we hear from local people.

III. Our Local leadership Board uses a prioritisation tool to assist with this process which identifies the issues raised, amount of evidence available and our ability to make an impact.
The priorities identified for 2019/20 are:
-Mental Health
-Primary Care
-Social care

IIII. We will now develop a workplan based on these areas following conversations with commissioners and providers about where we can add value.

Proposal(s)

It is recommended that the Board:
  i)   Notes our priority areas for the forthcoming year.
  ii)   Work closely with Healthwatch Wiltshire to ensure our contribution to health and care services in Wiltshire delivers a positive impact for local people.

Reason for Proposal

Healthwatch Wiltshire has a statutory duty to listen to the voice of local people with regard to health and social care services and then feed this back to commissioners and providers to influence change. This paper sets our priority areas for 2019/20 and the process followed to identify these.

Presenter name: Stacey Plumb
Title: Manager
Organisation: Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Healthwatch Wiltshire Priorities 2019/20

Purpose of Report

1.   The purpose of this report is to update the Health and Wellbeing board on Healthwatch Wiltshire's priorities for the year ahead and the process used to identify these.

Background

2.   Healthwatch Wiltshire is the local champion for health and social care. We listen to the views and experiences of local people with regard to health and social care and feed these back to providers and commissioners to influence change to services.

3.   Our local priorities are set each year by our Local Leadership Board and are based on what we hear from local people. A prioritisation matrix is used to determine which are the issues we should take forward as our priorities.

Main Considerations

4.   Over the past year we have been out and about across Wiltshire listening to people's experiences of health and care services. We have carried out targeted engagement, for example to gather views on mental health services; and more general engagement, for example at community days and events; to enable us to hear a broad range of experiences. In the autumn, we asked local people what areas they thought should be our priorities for the forthcoming year. We have also received feedback on health and care services by telephone and emails through our information and signposting service.

5.   In total, we have listened to feedback about health and care services from over 850 people. We received feedback about a range of services including hospitals, mental health services, primary care, services for children and young people, social care and community services. The top three areas that we received the most comments about were mental health services for adults and children, GP services and social care.

6.   Nationally, there have been issues reported in these 3 areas. Results of a recent national survey published by CQC have indicated that people's experiences of mental health care have deteriorated in recent times. This report highlighted that access to care was a concern, and a quarter of their respondents reported they had not seen mental health workers enough to

meet their needs over the past year [1]. Through the GP patient survey, more people are reporting increasing difficulty in accessing appointments with a decline in overall experience of making an appointment at their GP surgery [2]. Social care is in a fragile state, with staff shortages impacting continuity and quality of the care being provided[3].

7. The local feedback that we receive plus the national context is considered when setting our priorities. A prioritisation matrix is used as a tool to assist in the decision making process. Members of the Healthwatch Wiltshire Local Leadership Board completed a scoring activity in their March meeting to identify which of the issues raised will be our priorities. The areas issues are scored against include:

- the level and range of evidence available.
- ability to make an impact.
- if the issue already being looked at elsewhere.
- can we add value.
- relation to the JSNA and Joint Health and Wellbeing Strategy
- extent it will affect the community
- equalities impact assessment

8. A general discussion also took place in conjunction with the matrix allowing further discussion on the issues idenitified. The prioritisation matrix and scoring used is available in Appendix 1.

9. The priority areas chosen were:
- Mental Health (including issues of access and quality for children and adults)
- Primary Care (particularly access issues)
- Social care (particularly information and signposting)

Next Steps

7. Healthwatch Wiltshire priorities for 2019/20 have been set and a more detailed workplan will be now be developed under these priority headings. This will be presented to our Local Leadership Board at their next meeting.

8. Some early conversations have taken place with commissioners and providers within these areas to identify where we can add value and make an impact.

9. We look forward to continuing to work closely with system leaders to ensure our contribution to health and care services in Wiltshire delivers a positive impact for local people.

Presenter name: Stacey Plumb
Title: Manager
Organisation: Healthwatch Wiltshire

Report Authors: Stacey Plumb, Manager, Healthwatch Wiltshire

References:
1. https://www.cqc.org.uk/news/releases/national-survey-highlights-decline-peoples-experiences-community-mental-health
2. https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/
3. https://www.kingsfund.org.uk/press/press-releases/relentless-staff-shortage-leaves-home-care-sector-struggling

Issue	1 Evidence available	2 Ability to impact within timescales	3 Issue being dealt with by someone else	4 Likely impact on community	5 Healthwatch can make a difference	6 Related to priorities of Joint Health and Wellbeing Strategy	7 Equalities Impact Assessment	Total Score
Mental health Difficulty accessing services for adults and CYP Quality of treatment for adults and CYP Difficulty accessing advocacy services	• Mental health report • Young Listener reports • Local people survey • Ongoing general feedback	Yes	Mental Health workstream taking place this year within STP area CAMHS one year review and young person counselling service due to be recommissioned next year Piece of work carried out by Health Select task force	Patients/ Service users will be consulted during the transformation and recommissioning process	Met with CAMHs commissioner to discuss how we can support this work. Part of the STP Mental health workstream comms and engagement sub group	Yes – mental health is one of the JSNA priorities.	Protected characteristic Inc age, disability, gender, maternity	
Scoring	3	3	2	2	3	3	3	19
Primary care-GP appointment waiting times Booking GP appointments	• Campervan report • Ongoing general feedback	Maybe although national issue	Primary care networks in development Potential for significant structural change and	Increased understanding of changes to GP surgeries and appointment slots.	Early discussions with the GP alliance to gather initial feedback about Improved access.	Links to NHS long term plan	All groups	

Issue	1 Evidence available	2 Ability to impact within timescales	3 Issue being dealt with by someone else	4 Likely impact on community	5 Healthwatch can make a difference	6 Related to priorities of Joint Health and Wellbeing Strategy	7 Equalities Impact Assessment	Total Score
	• Local people survey		opportunity to involve people early		Healthwatch undertaking some work around Primary care networks as part of the long term plan engagement.			
Scoring	3	2	2	3	2	2	3	17
Social care Poor experience of advice and contact for self-funders Quality of services	• Campervan report • Local people survey • Ongoing feedback	Potentially	Potential link established. May not be a priority for the council	Improved first point of contact which could mean that issues/ questions raised are dealt with at this point. Small numbers relatively in receipt if service.	We have linked with the advice and contact team re evaluating the first year of their new service and gathering feedback and this could help shape further improvements.	Yes	Age, gender, disability	
Scoring	2	2	3	2	3	2	3	17

Issue	1 Evidence available	2 Ability to impact within timescales	3 Issue being dealt with by someone else	4 Likely impact on community	5 Healthwatch can make a difference	6 Related to priorities of Joint Health and Wellbeing Strategy	7 Equalities Impact Assessment	Total Score
Non- emergency patient transport	• Ongoing feedback although his seems to have decreased recently	Less likely	New NEPTs provider appointed as of April PTAC now assess eligibility for service before it's passed on to provider.	High impact for relatively few people, but a longstanding and significant local issue	Need to wait and see impact of new provider. Focus may be on encouraging more feedback this year	Transport is an issue for those living in rural areas	Age, disability	
Scoring	2	1	2	2	1	2	3	13 – Not a main priority but an area to monitor

Scoring Criteria

1. What level of evidence is available to validate the issue? (1 being limited evidence from limited sources, 3 being well researched with a range of evidence from a range of structured sources)
2. Can we make an impact in the time available? (1 being no not likely to, 3 being yes most likely to)
3. Is the issue being dealt with by someone else already? (1 being dealt with satisfactorily by someone else, 3 not being dealt with elsewhere at all)
4. What extent will the community be affected by the issue? (1 being relatively little, 3 being community-wide likely to affect large numbers)

5. Can we add value to the current situation? (1 being unlikely to, 3 being highly likely to)
6. Is it related to the priorities set by the Joint Health and Wellbeing Strategy? (1 being indirectly related, 3 being directly related)
7. What is the equalities impact assessment? (1 being little impact on equalities priority area and 3 being significant impact on equalities priority area)

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Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Wiltshire Safeguarding Adults Board (WSAB) – update to members of the Health and Wellbeing Board

Executive Summary

The Chair of the WSAB is attending the Health and Wellbeing Board on 21 March to provide members with an update on:

- Two Safeguarding Adults Reviews the Board has undertaken
- The learning from those reviews that will help us more effectively safeguard vulnerable adults in the future
- Development of the Board's three-year strategy for 2019-2021

The primary statutory duty of the Board is to carry out a Safeguarding Adults Review (SAR) when:

"an adult in its area dies as a result of abuse or neglect, whether known or suspected, **and** there is concern that partner agencies could have worked more effectively to protect the adult (s.14.133)"

The purpose of a SAR is not to hold any individual or organisation to account, but to allow local organisations to learn lessons from the past.

In 2018/2019, the Board completed two reviews allowing us to re-examine how effectively our multi-agency system works to safeguard adults.

These reviews are now available to read at www.wiltshiresab.org.uk - this report:

- Summarises the circumstances that prompted these statutory reviews and key changes that have already and are being made.
- Sets out the wider learning points from these reviews, two other reviews that have already been published and a review that will be published later this year.
- Details how our next three-year strategy will help us ensure that learning from these reviews will help to improve how adults in Wiltshire are safeguarded.

Proposal(s)

It is recommended that the Board:
i)   Notes the outcome of the 2018 Safeguarding Adults Reviews relating to Adult C and Adult D.
ii)   Ensures that this learning has an impact on the work of its member agencies.
iii)   Asks the WSAB to provide it with reassurance that changes have been and will be made as a result of these reviews.

| iv) | Commits the necessary partnership resources to ensure that action plan can be delivered effectively. |
| v) | Acknowledges the aims of the WSAB's strategic plan for 2019-2021 and continues to support the work of the Board to safeguard vulnerable adults in Wiltshire. |

Reason for Proposal

The Wiltshire Safeguarding Adults Board is accountable to the Health and Wellbeing Board for its work as a partnership to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. The WSAB's work is directly related to improving health and wellbeing outcomes for vulnerable adults across the county.

Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Safeguarding Adults in Wiltshire – Learning from local experience

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Purpose of Report

1. To report to the Health and Wellbeing Board:

   - The outcome of two Safeguarding Adults Review (SAR) completed and published by the Wiltshire Safeguarding Adults Board (WSAB) in late 2018 and early 2019

2. Safeguarding Adults Board **must** arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, **and** there is concern that partner agencies could have worked more effectively to protect the adult (s.14.133).

   SABs **must** also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example, the individual would have been likely to have died but for an intervention, has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support (s.14.134).

   The adult **must** have needs for care and support, but does not have to have been in receipt of care and support services for a SAR to be considered.

3. The purpose of such a review is not to reinvestigate or to apportion blame, it is:
   - To establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults at risk.
   - To review the effectiveness of procedures (both multi-agency and those of individual organisations).
   - To inform and improve local inter-agency practice.

4. **Safeguarding Adults Review – Adult C**

Background

Adult C was diagnosed with paranoid schizophrenia in 1989 and was resident in a local mental health hospital. However, supported by health and social care services, he was able to move out of the hospital to live independently.

At the time of his death Adult C was known to mental health services at the NHS and Local Authority and the Court of Protection Team at The Local Authority. Adult C was difficult for professionals to engage in his treatment. He did not accept his diagnosis or comply with medication and because of this he was managed using a Community Treatment Order under the Mental Health Act. This ensured Adult C received his monthly anti-psychotic

medication injection and reduced the risk he may have posed to himself or others. Those arrangements continued until he died.

In September 2017, there were increasing concerns about Adult C. There had been reports that Adult C's behaviour was changing, and the police had been involved. There were also concerns about Adult C's physical health and finally a neighbour informed the Housing Association that they were concerned for Adult C as they had not seen him that day. This led to a plan to recall Adult C to hospital for further assessment under the terms of the Community Treatment Order. It was necessary to arrange a bed for admission. This took a week.

When Adult C was recalled to the mental health hospital, it was recognised that his physical health was of grave concern. Adult C was admitted to hospital after a physical examination revealed he was emaciated and starved, and he died eight days later as a result of community-acquired pneumonia and paranoid schizophrenia.

After the death of Adult C, his family found that payments to his personal account had been stopped and there were only a few pounds in the account. Adult C had not received regular physical health assessments and sufficient assessment of his capacity to make decisions in his own best interest are not clearly evidenced. Professionals had worked with Adult C over a number of years, however, the complexity of the case, Adult C's reluctance to engage and a failure to work effectively across agencies posed an increased risk to Adult C's health.

Multi-agency recommendations

Since Adult C's death there have been significant changes in the way agencies work. In addition to those changes the recommendations in this report also call for:

- Measures to ensure improved communication and multi-agency approaches to care planning where adults at risk are unwilling to engage.
- Better recognition of self-neglect and use of mental capacity assessments where someone who needs physical health care is reluctant to engage.
- More effective engagement with families who are undertaking a caring role of those adults at risk who have long-term complex needs.

Agencies in Wiltshire have worked with, and Adult C's family have spoken to, the author of the report to ensure that we can learn from experience and protect others from harm.

5. Safeguarding Adults Review – Adult D

Adult D was 40 years old. He was of no fixed abode but is understood to have been living with a relative in Somerset. We know that Adult D had presented to a Hospital Emergency Department in the South of England in early 2017, reporting symptoms of alcohol withdrawal. He was advised to continue drinking on discharge, to avoid withdrawal, until he could access support.

A few days later whilst travelling through Wiltshire, Adult D was asked to leave a train when it stopped at a local station after he was found to be heavily intoxicated and unable to produce a ticket.

In the early hours of the following morning, police were called to a nearby block of flats where Adult D had gained access to a communal area. Officers had difficulty communicating with Adult D, who appeared to speak little English. On finding Adult D to be heavily intoxicated, officers called an ambulance and paramedics attended. Physical checks were not carried out by the paramedics and Adult D was not taken to hospital. Adult D was left with police officers who then took Adult D to a local public toilet block, in which they believed he had indicated he was content to shelter overnight. Adult D was found, deceased, the following morning in the toilet block.

A Coroner's Inquest found that Adult D's death was caused by acute alcohol intoxication and hypothermia.

Key multi-agency recommendation

- Alcohol-dependent adults are particularly vulnerable and are frequently seen by emergency services, however in the event that Adult D had been taken to a hospital, there is no certainty he would have been admitted and, if he had been taken to a police station, no medical assistance would have been immediately available. Resource limitations may make the creation of a specialist resource to support adults in this situation untenable, therefore the system needs to mitigate risk by agreeing a multi-agency protocol and using existing powers and resources to ensure that adults at risk are protected, to ensure we prevent the same thing happening again. **A multi-agency protocol should be established to support professionals who are called to attend adults at risk who are highly intoxicated and who pose a risk to themselves and, potentially, to others.** This will support professionals to make the right decisions to protect adults from risk.

6. Broader learning from statutory reviews

Over the last three years WSAB has carried out four Reviews. A fifth review is due to be published in Spring 2019. Whilst it should be noted that these Reviews represent only a fraction of the many cases where vulnerable people are supported by services, the cumulative learning from these reviews demonstrates challenges related to:
- Application of the Mental Capacity Act (2005)
- Identification and support for those who are self-neglecting
- Effective application of safeguarding procedures and effective risk assessment in complex cases
- Communication between agencies
- Safeguarding those who are moving between health and care settings
- Ensuring the voice and wishes of vulnerable adults and their families is central to safeguarding activity
- Engaging with those adults who are at high risk of harm but are reluctant to seek support

These challenges are not unique to Wiltshire and reflect some broader national challenges that relate to the complexity of safeguarding those with complex care and support needs to retain the degree of independence they want.

7. WSAB Three-Year Strategy

Under statutory guidance, the Board must publish a strategic plan. We are now in the process of developing our next three-year plan and we have used data from across our partnership to inform that plan. Our aim is to inform and enable intelligent safeguarding,

that not just responds to need but anticipates demand to allow us to work preventatively to protect vulnerable adults from harm.

We are currently consulting on our draft plan and a final copy will be signed off by the Board in late March and sent to the Chair of the Health and Wellbeing Board. Our focus for the next three years is described below and is underpinned by an action plan. This approach has been designed to allow us to do more to safeguard adults at risk in Wiltshire based on what we know about our county's care and support needs.

WSAB Strategic Plan

Our focus for 2019-2021:

Shared learning   Shared learning

Quality Assurance

-Supporting the development of the Multi-Agency Safeguarding Hub for adults by triangulating data across the partnership to enable evidence based service provision.

- Sharing case-based learning from Safeguarding Adults Review and multi-agency casefile audits to improve the effectiveness of partnership working.

Voice and influence

- To capture and promote the experience and views of service users and carers to inform partnership-working.

- To ensure that those who need safeguarding, and their families, are given every chance to have their voices heard, and that Making Safeguarding Personal principles are embedded across our local partnership.

Early Intervention

Enabling agencies to work together to act early to protect those at risk of abuse or neglect by:
- Reporting safeguarding concerns
- Assessing mental capacity
- Recognising self-neglect
- Sharing intelligence
- Thinking Family
- Supporting those who are moving between hospitals, care settings and home

Presenter name:	**Richard Crompton**
Title:	**Independent Chair**
Organisation:	**Wiltshire Safeguarding Adults Board**

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