AGENDA

Meeting: **Health and Wellbeing Board**

Place: **Virtual Meeting via Microsoft Teams**

Date: **Thursday 24 September 2020**

Time: <u>**4.00 pm**</u>

[Online Meeting](#)

Please direct any enquiries on this Agenda to Stuart Figini, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718221 or email stuart.figini@wiltshire.gov.uk

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

This agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Voting Membership:

Cllr Philip Whitehead	Co-Chair (Leader of the Council)
Dr Edd Rendell	Co-Chair (Wiltshire Locality Clinical Lead BSW CCG)
Elizabeth Disney	Wiltshire Locality Chief Operating Officer
Angus Macpherson	Police and Crime Commissioner
Dr Catrinel Wright	West Wiltshire Locality Clinical Lead BSW CCG
Vacancy	Healthwatch Wiltshire
Christina Button	NHS England
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Cllr Gordon King	Opposition Group Representative
Cllr Pauline Church	Cabinet Member for Finance, Procurement and Commercial Investment
Dr Nick Ware	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Sam Dominey	Wiltshire Locality Healthcare Professional, BSW CCG

Non-Voting Membership:

Kate Blackburn	Interim Director- Public Health
Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection
Nicola Hazle	Clinical Director
Dr Gareth Bryant	Wessex Local Medical Committee
Terence Herbert	Chief Executive
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Kier Pritchard	Wiltshire Police Chief Constable
Seth Why	Dorset & Wiltshire Fire and Rescue Service - Area Manager Swindon and Wiltshire
Stacey Hunter	Chief Executive / Chairman Salisbury Hospital
Cara Charles-Barks	Chief Executive / Chairman Bath RUH
Kevin Mcnamara	Chief Executive / Chairman Great Western Hospital

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Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

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, Introduction and Announcements**

2   **Apologies for Absence**

3   **Minutes** *(Pages 7 - 10)*

To confirm the minutes of the meeting held on 23 July 2020.

4   **Declarations of Interest**

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

5   **Public Participation**

The Council welcomes contributions from members of the public.

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

Questions
To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on Thursday 17 September 2020 in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on Monday 21 September 2020. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6   **Chair / Chief Executive Representation from Wiltshire Health and Care** *(Pages 11 - 12)*

The Health and Wellbeing Board membership contains a number of voting and non-voting members, as set out in Section 6 of Part 3 – Responsibility for Functions of the Council's Constitution.

A request has been received for a representative of Wiltshire Health and Care is accepted as a non-voting member of the Board.

The Board are asked to endorse the appointment.

7   **Covid-19 Update and NHS Restart Plans** *(Pages 13 - 26)*

To receive a presentation from Elizabeth Disney – NHS Bath and North East Somerset, Swindon and Wiltshire (CCG) and Emma Legg – Director Access & Reablement, Wiltshire Council.

8   **Impact of Covid-19 on Mental Health Demand**

An update from the NHS, Police and Wiltshire Council - Kier Pritchard/ Tracey Cox/ Claire Edgar

9   **Gypsy and Traveller Strategy** *(Pages 27 - 102)*

To receive a report by Dr Michael Allum about the final draft Gypsy, Roma, Traveller and Boater strategy for Wiltshire.

10   **SEND Inclusion Strategy** *(Pages 103 - 152)*

To receive a report from Alison Enever – Head of Special School Transformation about the SEND Inclusion Strategy 2020-23.

11   **Update from Healthwatch Wiltshire** *(Pages 153 - 168)*

To receive a report and presentation from Julie Brown - Acting Manager of Healthwatch Wiltshire updating the Board on the Healthwatch Wiltshire's recent work and its priorities for the coming year.

12   **Urgent Items**

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Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 23 JULY 2020 AT ONLINE MEETING.

Present:

Cllr Philip Whitehead (Co-Chair), Rendell (Co-Chair), Dominey, Disney, Dr Catrinel Wright, Jefferson, Mcnamara, Cara Charles-Barks, Angus Macpherson, Kier Pritchard, Izon, Cllr Laura Mayes, Cllr Ben Anderson, Cllr Gordon King, Cllr Simon Jacobs, Cllr Phil Alford, Terence Herbert, David Bowater, Blackburn, Figini and Ware

Also Present:

18   **Chairman's Welcome**

Councillor Philip Whitehead, Co-Chair of the Board and Leader of Wiltshire Council welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to confirm their attendance for those watching the live stream of the meeting.

Kate Blackburn was welcomed to the meeting as the interim Wiltshire Council Director of Public Health.

19   **Apologies for Absence**

Apologies were received from Dr Nick Ware - Wiltshire Locality Healthcare Professional, Tony Fox - Non-Executive Director - South West Ambulance Service Trust and Ian Jeary - Dorset & Wiltshire Fire and Rescue Service - Area Manager Swindon and Wiltshire.

20   **Minutes**

Decision

The minutes of the meeting held on 30 January 2020 were confirmed as the correct record.

21   **Declarations of Interest**

Dr Ed Rendell - (Co-Chair and Wiltshire Locality Clinical Lead BSW CCG) – declared an interest that his wife was employed by Wiltshire Council as an Occupational Psychologist.

22   **Public Participation**

There was no public participation.

23   **Local Outbreak Management Plans**

The Board received a report and presentation from Kate Blackburn – Interim Director for Public Health, Wiltshire Council about the Local Outbreak Management Plan.

Points made included:

That the Local Outbreak Management Plan (LOMP) was a framework document outlining the role of the Local Authority in the management of the COVID-19 outbreaks in Wiltshire. The framework provided a consistent set of principles and approaches by which Wiltshire would manage what was a very dynamic situation.

The LOMP was required to be published by all Local Authority Directors of Public Health (DPH) on or before 1st July 2020.

The Health and Wellbeing Strategy was a shared strategy, which aimed to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services.

A Wiltshire Outbreak Engagement Board would play a critical role in ensuring residents and other key stakeholders across the public, private and community sector all understood and supported the necessity to comply with the rules and principles designed to prevent viral transmission.

Local Authorities had a significant role to play in the identification and management of COVID-19 outbreaks. The plan would give clarity on how local government worked with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks. Directors of Public Health had a crucial system leadership role to play ensuring that through the LOMP they had the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by DsPH, needed to be a co-ordinated effort working with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

At a Local Authority level, Wiltshire Council had put in place a Local Outbreak Management Plan (LOMP) to allow improved speed of response, thorough planning and deployment of resources, building on local expertise led by the Chief Executive Officer and Director of Public Health working with the regional PHE health protection team.

The principles to the approach were as follows:

- The LOMP would build on existing health protection processes, not duplicate

- The LOMP would ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate

- The overarching aim was to keep the virus under control through improved co-ordination whilst maintain community engagement

- The governance arrangements associated with the LOMP would provide the structure and responsibility to enable a place-based approach and impact

- Our assurance role would ensure that Wiltshire Council builds on local knowledge and real time data flow between local and national systems

- Wiltshire Council would ensure a robust evidence base and local knowledge steer a consistent approach to our decision making

- Wiltshire Council would work with neighbouring Local Authorities and key partners such as health and the LRF as required to ensure consistency of decision-making and public messaging.

Points and comments made included:

- That we would get outbreaks – part of the course of coming out of lockdown.

- A good leaflet – very easy to read.

- That good Partnership working had been key during the pandemic.

- Capacity – An ongoing process with some very accurate modelling. Wiltshire Council were carrying out a suite of exercises to model and stress test the plan before the winter.

- That Wiltshire Council continued to work with partner authorities and organisations.

- The importance of identifying any local outbreaks and Local Resilience implications.

- That the local outbreak management plan reached every household in Wiltshire – not just those with online access.

Decision

1. **That the Local Outbreak Management Plan attached at Appendix One be approved and recommend to Council that it be adopted.**

2. **Authorise the Director of Public Health in consultation with the Covid-19 Wiltshire Health Protection Board and the Cabinet Member for Adults and Health, to amend and update the Plan to reflect the change of science and evidence-based working on the prevention and management of Covid-19 related outbreaks**

(Duration of meeting: 9.30 - 10.20 am)

The Officer who has produced these minutes is Stuart Figini of Democratic Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

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

Chairs' announcements

Board Membership

The chairs of the Wiltshire Health and Wellbeing Board have agreed that it would be appropriate for Wiltshire Health and Care to be represented on the Health and Wellbeing Board at Chair/ Managing Director level in common with the other main NHS providers to Wiltshire's population. Accordingly, Stephen Ladyman, Chair of Wiltshire Health and Care will be attending today's meeting. Formally, this is under observer status until the Board membership can be changed at the next annual council meeting in May 2021.

Adult Social Care Reform

As the Cavendish review on the future of Adult Social Care nears completion, the board may like to be aware of the principles for social care reform agreed and put forward by a wide range of representative organisations including the LGA, ADASS, NHS Providers and Commissioners.
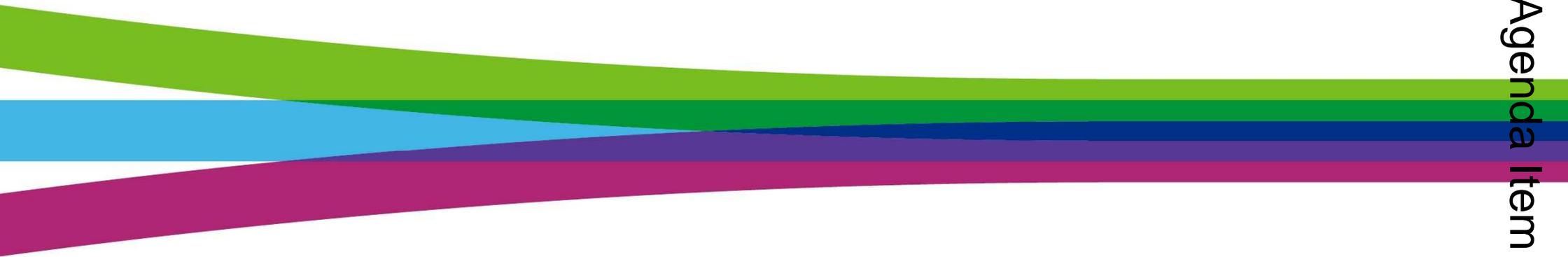
https://local.gov.uk/adult-social-care-seven-principles-reform

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# Health & Wellbeing Board Up-date

Elizabeth Disney & Lucy Townsend

Content:

1. Strategic direction (delivery) and development of the Wiltshire Alliance

2. Impact of COVID-19 on the health and care system: service changes and improvements to retain

3. An update on BSW response to NHS Phase 3 Planning (recovery and restart)

4. Winter Planning up-date

5. System challenges

Strategic Direction (delivery)

Wiltshire partners will continue to collaborate through the Alliance way of working to maintain and enhance benefits seen during Covid-19 response, and in promoting four areas for improvement to support our winter plans.

Promoting Home – Embedding discharge to assess approach to discharge so that support individuals return home after any admission. Fewer long term plans made in hospital. Referrals on Pathway 1 from hospital have increased significantly from May 2020.
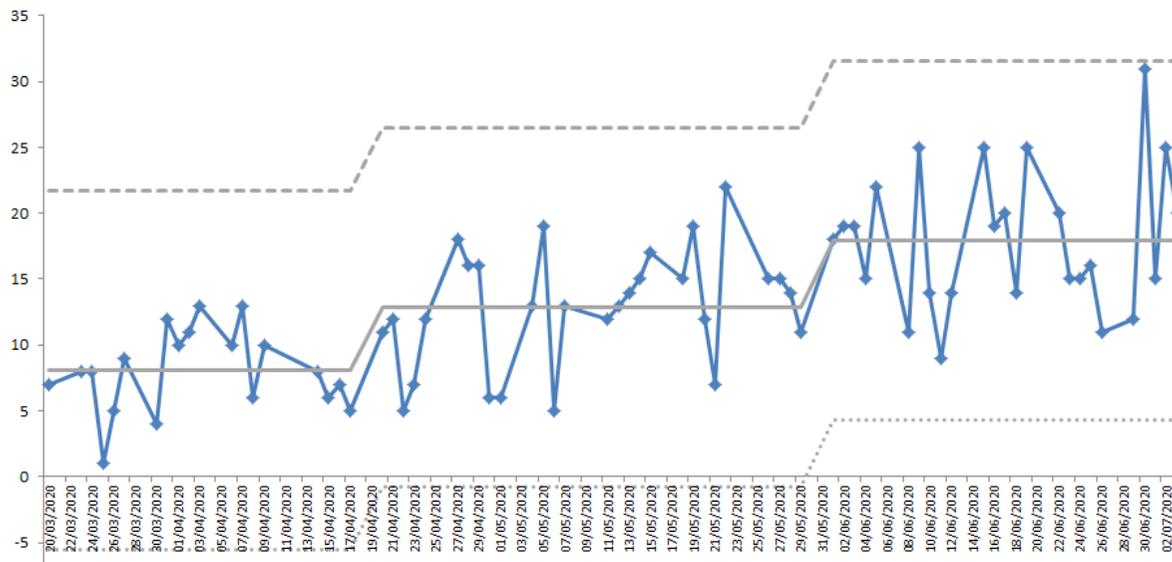
Strategic Direction (delivery)

Bed Capacity Planning:

Need to work to ensure bed closures for social distancing are appropriate (high in RUH currently) and then mitigate with out of hospital capacity

Reduce length of stay in acute hospitals and ensure minimal number of long term planning take place on the ward.

Pathway 3 referrals increasing after C19 response period. Need to maximise use of D2A beds, reduce length of stay and move to permanent placement

Strategic Direction (delivery)

7 Day Working – system approach to all services available 7 days
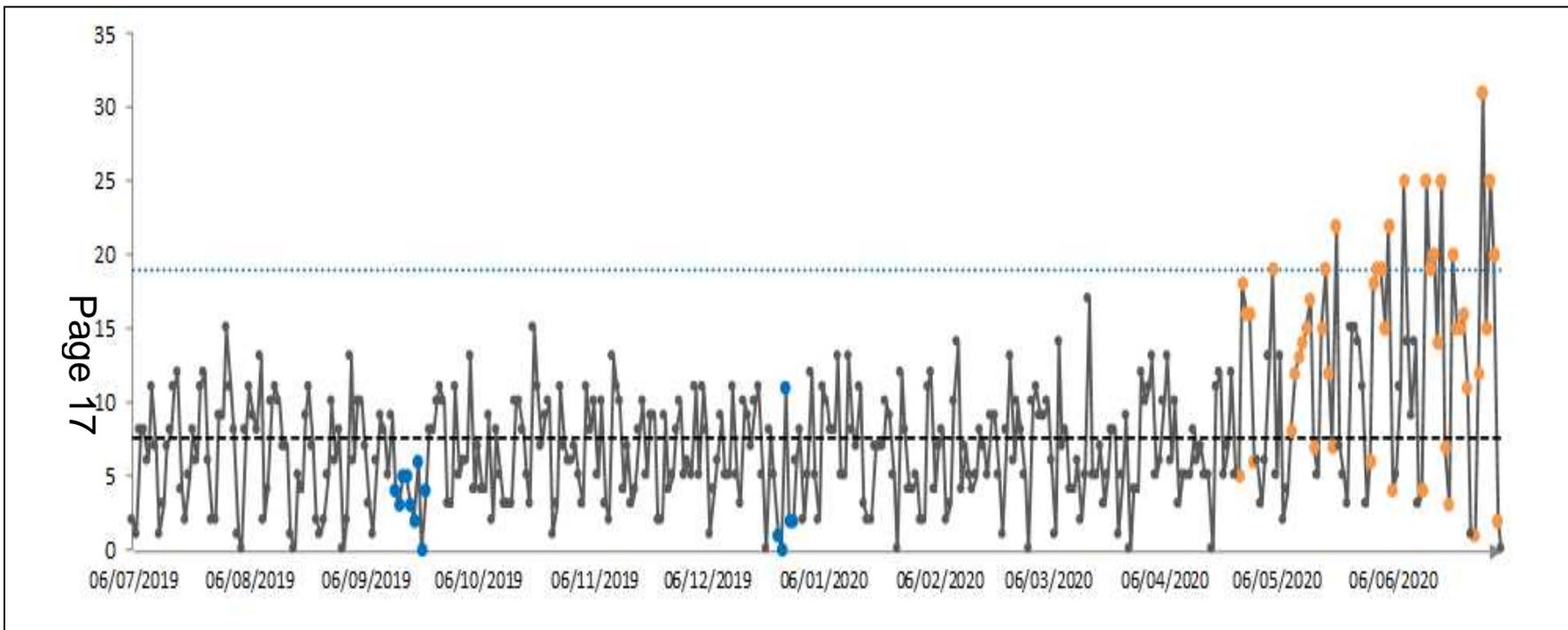
Resilient Mental Health, LD & ASD services

Proactive primary care and use of population health data

Health & Care Changes as a result of COVID-19

Wiltshire Alliance Working being maintained via weekly delivery calls across health and social care

Discharge Service Process Changes

In June and July a review was completed, we jointly agreed to retain the following elements of the joint discharge service:

Integrated Brokerage service

All discharge referrals managed via a single integrated Patient flow hub Flow Hub (WHC Managed)

Aligned rehabilitation/reablement staffing capacity from WHC and Wiltshire Council to reduce handovers and simplify pathway via 3 localities across Wiltshire – North South and West

We are now working to implement the changes and also to understand the impact of the new National Guidance issued at the end of August:

6 weeks funding post discharge from NHS C19 funding remains in-place until 31 March 2021

Delayed Transfer of Care reporting remains suspended

Restart of Continuing Heath Care (CHC) processes

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Health & Care Changes as a result of COVID-19

Impact from Infection control and social distancing measures

Key impacts are detailed below, all health & care services are reviewing as part of restore and recovery plan

Area	Plans
MIU Chippenham open and Trowbridge to open Oct 2020	Appointments to be booked via NHS 111, promoting the plan to shift services to a 'Talk before you walk' model
Primary Care routine work	All requests for appointments are now triaged, GP surgeries continue with 'Hot and Cold' sites
Care Home Support	Council Care Home support team to remain in-place, Public Health Local Outbreak Plans and Virtual ward rounds being tested
Bed reduction in hospitals (acute and community)	Locality planning on capacity to support in care homes (additional 41 beds) and additional Home First / Reablement capacity to be maintained
Mental Health services (all age)	IAPT services fully resumed, will continue via telephone. 24/7 helplines will remain in-place until March 2021 prior to then move to a fully developed Crisis Model.
Learning Disability	Health checks for everyone with LD fell significantly now a focus to improve with primary care and limited national funding received (50% target)
Increased social work capacity in the community	In line with national guidance social care staff have been redeployed from the acute hospitals and now supporting a discharge to assess approach
Expand short term live in care support to avoid placements being made	Opportunity to provide overnight care for a limited period to support a discharge home therefore avoiding placement if not needed in the long term
Use of virtual methods of communication with individuals, families and care providers	Development of virtual wards to support care homes. Increasing options for practitioners to undertake assessments using digital technology

NHS Phase 3 Planning – up-date on BSW response

1st submission of our narrative plan, supported by activity, performance, and finance templates submitted on 1st September

Focus on recovery of elective activity in hospitals including cancer services, primary & community care, mental health

System wide process involving all partners, this is continuing, it will be a system plan

At 1st stage submission demand and capacity planning not fully completed for winter and hot off the press for elective – modelling will be agreed for Wiltshire via the weekly alliance calls and will include Covid-19 scenarios

Increase focus on health inequalities

More work for final plan will confirm and provide additional assurance in relation to Elective Care and Winter Planning, **deadline 21st September to NHSI/E**

NHS Phase 3 Summary of Risk & Constraints

Risk	Mitigation
Workforce - Our workforce plans identify additional staffing requirements to support the plan. Particular risks relate to recruitment to key roles e.g. Home First Expansion and NHS 111 First , primary care resilience and ability to recruit from overseas. 7 day working within social care currently dependent on goodwill of staff	Redeployment of staff & shared recruitment initiatives between partners More flexible use of national monies for additional roles re-imbursement scheme would be beneficial Review of travel bans nationally
Capacity Shortfalls – reduced bedded capacity in Acute & Community Services compared to 19/21 levels **Demand** - exceeds 19/20 historic levels due to latent built up demand	Community non bedded alternatives including Discharge Support Beds and Home First Expansion Implementation of NHS 111 First and alternative pathways e.g. GP FIT testing
Funding – additional funds will be required to mitigate against losses in capacity across Acute & Community care due to social isolation measures and to support Adopt and Adapt approaches to restoring elective care	Review of BCF Fund expenditure and scope of Hospital Discharge Scheme (6 weeks funding post discharge NHS) **Urgent publication of Financial Regime for Phase 3 – still pending**
Second wave of COVID or significant local community outbreaks and/or flu outbreaks	Robust COVID LOMPs with Public Health and LA partners. Further scenario planning to be Included within demand and capacity planning Robust system plan for flu
Building work and equipment provision – may be delayed and impact on capacity and start dates.	Tight project management
Fragility of key providers – key providers such as Hospices, Care Sector & some voluntary sector partners are financially challenged and may need to reduce historic service provision & support	Work with service providers to assess risks and opportunities for system support
Public do not engage with COVID-19 measures; Think NHS 111 First etc.	Comprehensive communications campaign working with community partners Support with managing Choice requested

Bath and North East Somerset, Swindon and Wiltshire CCG

Winter Planning up-date

Overlaps with Phase 3 planning and the work already done in Wiltshire on out of hospital demand and capacity planning

All age planning has been led by the BSW Urgent Care & Flow Board with all system partners. (18 partner organisations represented including acute Trusts, Local Authority, Community partners, Mental Health LD & ASD)

Clear message that BSW will not receive any additional winter funding – providers under Covid-19 are funded to winter levels and discharge service funding (6 weeks) will then support system

Final Plan will be shared when completed

BSW have agreed priority plans – next slides details these and Wiltshire's primary and community services response

Winter Planning up-date

20/21 BSW 10 Priorities	Wiltshire Plans
Out of Hospital Capacity plan to support system C19 bed reductions • Beds – care homes and adult community	Already agreed a plan with system partners – 105 beds, 60 Intensive Rehab, 40 D2A and 5 Delirium. **41 additional beds from previous re-C19 levels**
• Home - Home first re-ablement – therapy capacity out of hospital	Maintain joint heath and social care team working. Plans to sustain increased domiciliary care provision and agree longer term plan. SFT plan on therapy.
Think 111 Mobilisation	Mobilisation Group established and dedicated project support
Discharge service (7 day support) – maintaining national standards	Sustain discharge service changes – 7 day Flow Hub and Single Brokerage
Virtual frailty wards	Care Home support team in Council to continue, Care Home advisory Group in place, Starting virtual frailty ward pilots in Care Homes in Wiltshire, linked to plan to improve Re-ablement / Home First capacity which can then be used to provide this enhanced offer
A&E Capital bids (+acute critical care capacity)	RUH & SFT have received capital funding to change A&E to allow for the management of social distancing and to reduce ambulance handover delays
Mental Health, LD and ASD – crisis support and escalation (mental health transport) Demand and capacity planning completed – plan for 30% increase in activity	24/7 Help Lines, Focus on LD Health Checks, in Wiltshire Capital Bid for funding for 'Crisis Pads' possibly 3 in Wiltshire, Suicide prevention with funding for Assertive sign-posting element by AWP and Person Safety Planning (3rd Sector), Dedicated support for personality disorder (new), Enhanced acute in-reach teams
BSW System Wide Escalation Response Plan (use of SHREWD)	Work to develop Wiltshire escalation response and link to BSW new escalation approach. Community partners; WHC and social care have adopted SHREWD
Primary care resilience – maintaining C19 Hot Hubs	Robust plan in-place for primary care, funding for 2020/21 agreed to give primary care certainty on which to plan
Public Engagement and communication planning	Wiltshire specific communications on Flu plan and CCG, LA and Providers to agree joint plans
10. Flu vaccination plan	Plan in-place to commence as soon as vaccine available.

Summary of Care Home Bed Plan

Transitioning from the beds used for COVID-19 response was required, changing need and to plan for winter

Completed an out of hospital modelling exercise on demand and capacity in June and July

The new model has been agreed through alliance discussions with all partners and taking the learning from COVID-19. Continue with some Discharge to Assess beds (40 beds), look to develop Intensive Rehabilitation beds (60 beds) in a fewer number of homes and keep some beds for delirium beds (5 beds)

Plan to have Intensive Rehabilitation beds in fewer homes as a result of care home infection risk e.g. limiting professional in reach

This has required council decommissioning of extended contracts and working with the care homes who were awarded the Intermediate Care contract in April 2020 to achieve the new model and CCG review of Clinical Cover arrangements

Bath and North East Somerset, Swindon and Wiltshire CCG

Location of Care Home Bed Plan (4)

15 IR beds are currently out to

tender – **to go live November 1st**

5 delirium beds are currently out to

tender –**to go live November 1st**
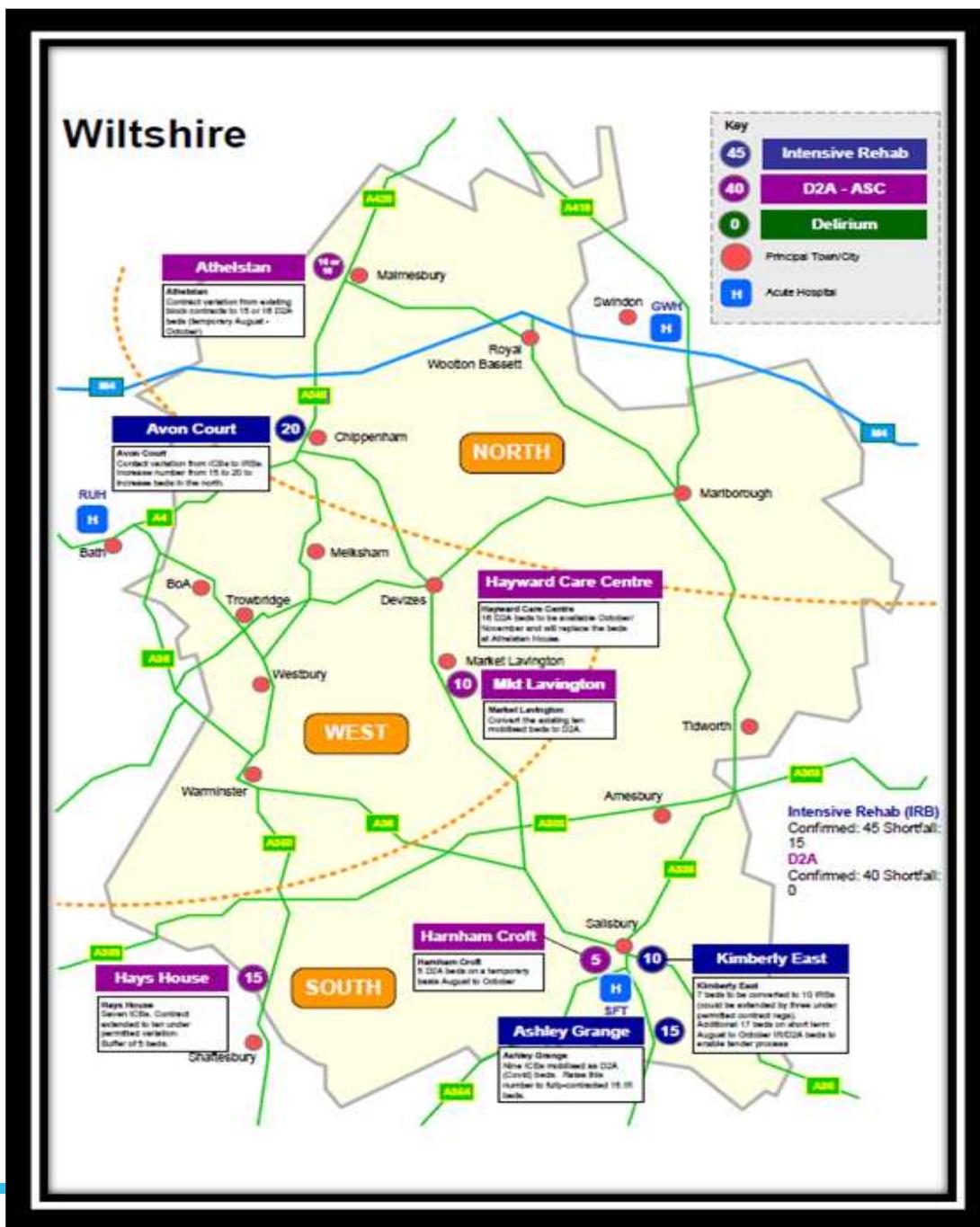
Continuing System Challenges

Capacity within dom care and other community providers to deliver required capacity and/or recruit additional workforce

Risk of increasing infection rates within care homes (care home and visiting staff testing) and for primary care

Significant culture change required to deliver discharge to assess model including restart of CHC and other assessment processes

Changing funding models e.g. Hospital Discharge Programme (6 weeks)

Health capacity restrictions acute, primary care and community as a result of social distancing

Backlog of demand within all health and social care services

Flu vaccination plan for 2020/21, readiness for mass vaccination

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Wiltshire Council

Health and Wellbeing Board

24th September 2020

Subject: Gypsy, Roma, Traveller and Boater Strategy for Wiltshire 2020-2025

Executive Summary

1. Gypsy, Roma, Traveller and Boater communities experience significant inequalities throughout all stages of life. Gypsy, Roma and Traveller people experience the worst health outcomes of any ethnic group, and the average life expectancy is 10-12 yeas less than the general population. Higher rates of miscarriage, a greater proportion of individuals with long-term health conditions, and higher rates of depression and suicide are just some of the inequalities experienced by these communities. Members of the Boater communities also face significant challenges across the life course, resulting in poorer health outcomes.

2. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. The importance of tackling health inequalities has also been highlighted in the recent NHS Long Term plan.

3. In Spring 2019, the first Health Needs Assessment (HNA) for GRT&B communities in Wiltshire was undertaken. The HNA highlighted the significance of wider social determinants on health particularly in these communities. These can have far more significant effects on an individual's health than direct health-related interventions – wider determinants include employment status, living standards and educational attainment.

4. The current Wiltshire GRT&B strategy is due to finish in 2020. A new strategy has been developed for 2020-2025 using intelligence from the recent HNA, together with input from a range of stakeholders and public consultation. The evidence base for the strategy is based upon key government documents, published literature and evidence of best practice.

5. This new strategy is focussed on reducing the significant inequalities experienced by these communities and will work across the wider socioeconomic determinants of health to address these.

6. The COVID-19 pandemic continues to highlight the significant effect of inequalities on the health and wellbeing of vulnerable communities. This strategy will work within the framework of the Council's Recovery plans.

Proposal(s)

It is recommended that the Board:
   i)   Acknowledge the Health Needs Assessment and approves the
         GRT&B Strategy for implementation

Reason for Proposal

The new GRT&B strategy will seek to work across Wiltshire with partners in the health and social care system, and further afield. The approval and adoption of the strategy by the HWB would reflect this broad approach to addressing health inequalities.

Kate Blackburn
Interim Director of Public Health
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

24th September 2020

Subject: Gypsy, Roma, Traveller and Boater Strategy for Wiltshire 2020-2025

Purpose of Report

1.   The purpose of this report is present the final draft Gypsy, Roma, Traveller and Boater strategy for Wiltshire for approval by the HWB (Appendix 1)

Relevance to the Health and Wellbeing Strategy

2.   The GRT&B strategy contributes to all four themes of the Health and Wellbeing Strategy – Prevention, Tackling Inequalities, Localisation and Integration.

- **Prevention** – the GRT&B strategic priorities aim to increase uptake of preventative services amongst the GRT&B communities

- **Tackling Inequalities** – tackling inequalities across the wider determinants of health is the central aim of this GRT&B strategy

- **Localisation –** building GRT&B community member involvement and feedback into all activities across the GRT&B strategy is a key theme

- **Integration –** a core theme through all the strategic priorities is to improve multi-agency dialogue and information sharing, to help reduce inequalities and deliver care and support at the right time in the right place

Background

3.   The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

4. Travellers experience significant inequalities throughout all stages of life. Gypsy, Roma and Traveller people experience the worst health outcomes of any ethnic group, and the average life expectancy is 10-12 yeas less than the general population. Higher rates of miscarriage, a greater proportion of individuals with long-term health conditions, and higher rates of depression and suicide are just some of the inequalities experienced by these communities.

5. The Parliamentary Women and Equalities Commons Select Committee published a report last year assessing the inequalities experienced by these communities[1]. This inquiry found that Traveller communities have the worst outcomes across a wide range of areas, including education, health, employment, criminal justice and hate crime. They reported that national and local policy makers have failed to tackle these long-standing and substantial inequalities.

6. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. Furthermore, the public sector equality duty highlights the need for due regard of advancing equality of opportunity between those who share protected characteristics (e.g. ethnicity such as Gypsy or Irish Traveller) and those who do not.

7. The importance of tackling health inequalities has been highlighted in the recent NHS Long Term plan. This is reflected in the continued higher share of funding towards areas with high health inequalities, and requirement for local health systems to describe how they are specifically reducing health inequalities.

8. COVID-19 has disproportionately affected those living in disadvantaged areas, and those from minority ethnic backgrounds. It has highlighted the significant inequalities experienced by vulnerable communities. The need for this strategy and its work to reduce inequalities is therefore highly pertinent in the context of COVID-19, and in keeping with the Council's Recovery plans.

9. In Spring 2019, a Health Needs Assessment (HNA) (Appendix 2) was undertaken to better understand the needs of the Wiltshire Gypsy, Roma, Traveller and Boater population. This was the first local HNA for these communities, using local data, national resources and published evidence. This intelligence shows that there are inequalities across several areas e.g. poor educational attendance and attainment; reduced uptake of carer support. Whilst local data was limited, the evidence from national and published data shows that the GRT&B communities continue to have significant needs.

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[1] https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html

10. The HNA was informed by service user and service provider feedback. Feedback from local GRT community members broadly corroborated the findings of the HNA whilst highlighting some notable areas of difference (e.g. access to primary care was felt to be adequate).

11. The HNA highlighted the opportunity to improve cultural awareness amongst all services who interact with these communities, to help reduced barriers to service uptake. It also identified the need to improve community representation in the development and implementation of policies and services for Travellers. Furthermore, it highlighted the importance of information and data sharing between services to help support members of the community.

12. The significance of social determinants on health (e.g. housing, education) is also evident from the HNA. These can have far more significant effects on an individual's health than direct health-related interventions – wider determinants include employment status, living standards and educational attainment. This highlights the important interplay between inequalities experienced in all aspects of life, and an individual's health outcomes.

13. The current Wiltshire GRT&B strategy is due to finish in 2020. A new strategy has been developed for 2020-2025 using intelligence from the recent HNA, together with feedback from stakeholder consultation. The evidence base for the strategy is based upon key government documents, published literature and evidence of best practice.

14. The strategy has been developed by Wiltshire Council's Public Health team in partnership with the Traveller Reference Group (TRG) and a range of partners across Wiltshire.

15. The TRG oversees and supports the implementation of the Traveller Strategy whilst also addressing other relevant issues related to Traveller communities and has a membership of council and non-council partners. Council departments represented include housing, communications, commissioning, planning, early help, enforcement, public health, community engagement countryside and councillor representation. External partners include NHS and primary care, fire services, and police service.

16. The GRT&B strategy contributes to the Wiltshire Council business plan priorities of Stronger Communities and Protecting the Vulnerable.

Main Considerations

Engagement and Consultation

17. In December 2019, the TRG approved the draft GRT&B strategy for overview and scrutiny by the Health Select Committee.

18. In January 2020, the Health Select Committee supported the draft GRT&B strategy, ahead of a public consultation followed by consideration of the final draft by the HWB due in April 2020. The HWB meeting was re-scheduled due to the COVID-19 pandemic to September 2020.

19. A public consultation took place during February - March 2020 for a 21-day period. The draft strategy document was uploaded onto the Wiltshire Council website with an accompanying online survey.

20. The consultation generated 17 respondents – 10 from individual members of the public, and 7 on behalf of organisations.

21. There was broad agreement from respondents that the strategy reflected the needs of the GRT&B communities of Wiltshire. A lack of specific projects was noted in one response – however, it was felt that this document should provide strategic direction, and specific projects will be developed during implementation. Another response expressed concern that 5 years was too short a timescale. However, this had previously been discussed by the TRG, and felt to be an ambitious but achievable timescale.

22. The survey allowed comments and feedback on each strategic priority. All comments were reviewed and considered with the final draft document. There were broadly three areas of amendments based on the public consultation.

23. A key factor which was highlighted in several responses to the public consultation was the challenge of accessing services due to non-permanent residence or not living in a 'bricks and mortar' residence. This included registration with healthcare, attending appointments, provision of social care, and attending education. These factors have been highlighted accordingly throughout all priorities in the final draft.

24. Respondents noted the importance of promoting good community relationships and engagement between GRT&B community members and other local communities. Therefore, the cross-cutting theme *'Integrate community members involvement and feedback as much as possible'* has been updated to '*Facilitate engagement with GRT and Boater communities'.* This reflects the need for better integration of GRT&B community members into decision making processes, and the need to promote good community relationships.

25. Adequate facilities and access at sites and moorings were also highlighted as an important issue through public consultation. The physical environment in which people live is known to be a significant determinant of health, particularly for the GRT and Boater community. The importance of this issue has therefore been strengthened in the strategy.

26. A number of additional key partners were identified for strategy implementation, and these have been included as appropriate.

The final draft strategy

27. The GRT&B strategy provides direction for Wiltshire Council and partner organisations to reduce inequalities experienced by Traveller communities, increase Traveller cultural awareness amongst all services, improve local data collation and sharing between partner agencies, and improve community members involvement in the decision-making processes which affect them as well as local community engagement.

28. The strategy has a wide remit, looking beyond health inequalities as an acknowledgment that Traveller communities experience substantial inequalities in many aspects of life.

29. Focussing on inequalities will bring together a range of organisations to address the issues, leading to targeted pieces of work specifically for these communities. These will be in addition to the usual business plan of all involved organisations.

30. The TRG and other key stakeholders reviewed the HNA and a draft version of the strategy document. The feedback and comments provided have been incorporated into the final version of the strategy.

31. The strategy will have 7 strategic priorities, and 4 cross-cutting themes running through all of these:

> 1. Educational attainment and attendance
> 2. Preventative services (primary, secondary and tertiary) – including management of long-term conditions; screening; immunisations; pharmacy and dental services
> 3. Safeguarding and violence prevention
> 4. Mental health
> 5. Maternal health and early years
> 6. Social care and carer support
> 7. Place and Community e.g. site safety, access to refuse points

> A. Increasing awareness of GRT and Boater culture and health needs
> B. Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available
> C. Improved local data collation and analysis specific to GRT and Boater communities in Wiltshire
> D. Facilitate engagement with GRT and Boater communities

32.   The implementation and evaluation of the strategy will be overseen by the TRG who will be accountable to the Health and Wellbeing Board. The TRG will monitor progress, and feedback to relevant committees and boards throughout the lifetime of the strategy.

33.   An implementation plan is currently being drafted in conjunction with TRG members. The aim of the plan will define 1-2 key projects/programmes per strategic priority in a bid achieve better outcomes for GRT&B communities in Wiltshire.

Next Steps

34.   If the HWB approve the final draft document for publication, the new GRT&B strategy for Wiltshire will replace the current strategy.

Kate Blackburn
Interim Director of Public Health
Wiltshire Council

Report Author:
Dr Michael Allum, Public Health Specialty Registrar, Wiltshire Council
Michael.allum@wiltshire.gov.uk

04 September 2020

Background Papers

The following document has been relied on in the preparation of this report:

Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025 (final draft)

Appendices:

Appendix 1: Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025 (final draft)

Appendix 2 Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire

Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025

Dr. Michael Allum

Specialty Registrar, Public Health

September 2020

Introduction

Wiltshire Council brings together a wide range of services and responsibilities that engage with Traveller communities. A Wiltshire Gypsy and Traveller strategy was published in 2010, which was refreshed in 2016. During this time, the needs of the community and the services available have changed. In addition, there has been an increasing awareness and understanding of the differing needs of the Boater population, which is significant in Wiltshire. The first Health Needs Assessment of the Gypsy, Roma, Traveller and Boater population in Wiltshire (Wiltshire Council, 2019)[1] was recently completed. This has provided the most current assessment of the health needs of these communities and identify the best evidenced interventions to meet these needs. This has allowed the development of this new strategy using the most up to date information and evidence.

Who are Travellers?

The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

Under the Equality Act 2010, several groups have recognition as ethnic groups protected against discrimination. These include English, Welsh and Scottish Gypsy Travellers, Irish Travellers, and Romany Gypsies and Roma people. However, Showpeople and New (or New Age) Travellers are not recognised within these definitions and may not be protected (Parliament,2019).

The definition for "gypsies and travellers" collectively for the purposes of planning policy have been stated as (Department for Communities and Local Government, 2015: p.9):

> *'Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family's or dependants' educational or health needs or old age have ceased to travel temporarily, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.*
>
> *In determining whether persons are "gypsies and travellers" for the purposes of this planning policy, consideration should be given to the following issues amongst other relevant matters:*
>
> *a) whether they previously led a nomadic habit of life*
>
> *b) the reasons for ceasing their nomadic habit of life*
>
> *c) whether there is an intention of living a nomadic habit of life in the future, and if so, how soon and in what circumstances.'*

For the purpose of this strategy, the term 'Traveller' will be used to describe all members of communities described above, including Gypsy, Roma, Traveller and Boater communities. However, where a differentiation is required between land-based and the live-aboard boating

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[1] Health Needs Assessment available online https://www.wiltshireintelligence.org.uk/library_/gypsy-traveller-and-boater-populations-health-needs-assessment/

community, these will be differentiated by Gypsy, Roma and Traveller (GRT) communities and Boater communities respectively.

Why do we need a Traveller strategy?

It is widely acknowledged that members of the Traveller community have significantly worse health outcomes than the general population and experience substantial health inequalities. The recent GRT and Boater Health Needs Assessment (HNA) highlighted that these challenges continue both at national and local level (Wiltshire Council, 2019). Figure 1 highlights some of the most substantial and stark health inequalities and challenges experienced by these vulnerable communities, according to national data and published evidence.

Figure 1: *Health inequalities experienced by Traveller communities (data source: Wiltshire Council, 2019)*
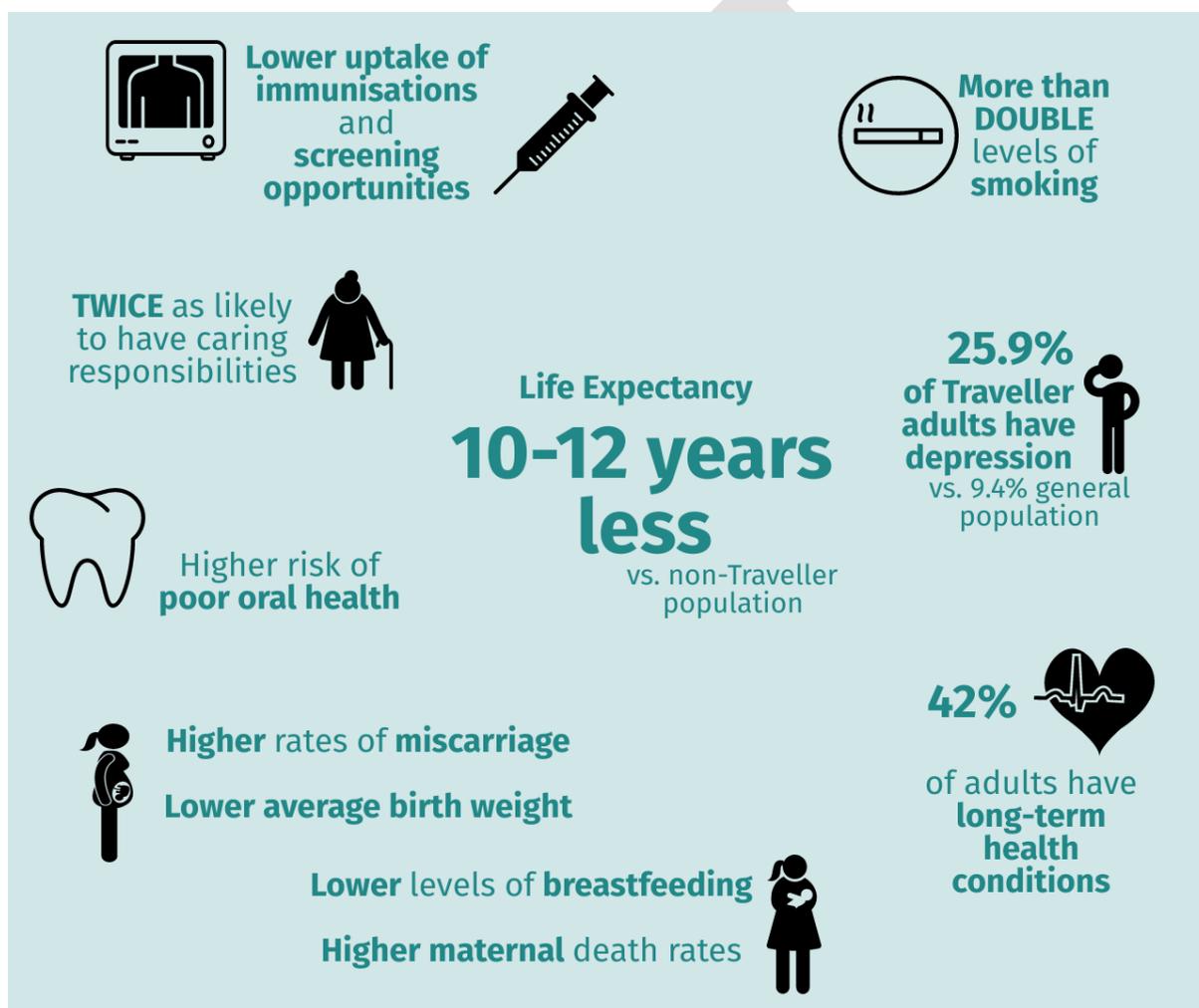
Two key priorities within the Wiltshire Council Business Plan (Wiltshire Council, 2017) are creating strong communities, and protecting the vulnerable. This strategy will build on these priorities, to help address the significant health inequalities faced by the Traveller community, and to support these Wiltshire communities to live healthily.

Development of the strategy

The strategy has been developed based on key national and local documents and the input from a wide range of stakeholders in Wiltshire. This feedback has been facilitated primarily through the Wiltshire Traveller Reference Group, which comprises council and non-council partners, and public consultation.

The recent GRT and Boater HNA provided an up to date analysis of the current health needs of these specific communities in Wiltshire. Whilst there were some data limitations and challenges with getting a detailed local picture, the HNA gathered all the relevant evidence and importantly also gained input from community members where feasible. In addition, the HNA collated the evidence on best-practice interventions to help address the identified gaps in meeting needs. The HNA therefore forms the evidence base of this strategy, for both identifying the inequalities to target but also the means to reduce them.

In Spring 2019, the House of Commons Women and Equalities Committee published a report on tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament, 2019). This provided a comprehensive overview of the current national state of inequalities faced by these communities. The report highlighted the breadth of agencies and organisations with responsibilities towards addressing these challenges, with recommendations for action upon several departments in central and local government, NHS England, the Care Quality Commission, and Ofsted. The recommendations from this report have also been used in the strategy development.

Initial discussion with the Traveller Reference Group with regards to the strategy framework highlighted the importance of focussing on addressing inequalities. Another important factor was ensuring that the strategy focussed on actions and plans specific to GRT and Boater communities which are in addition to the on-going usual business plans.

Addressing health inequalities

Health inequalities describe differences in health outcomes experienced by individuals which are not due to chance but by factors beyond their control which have created significant and persistent effects on the individual's health. This presents a significant social injustice– the number of years an individual is likely to live, the proportion of those spent in a state of good health, and the opportunities to live a healthy life are strongly linked to the extent of deprivation and disadvantage experienced by an individual. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. Furthermore, the public sector equality duty highlights the need for due regard of advancing equality of opportunity between those who share protected characteristics (e.g. ethnicity such as Gypsy or Irish Traveller) and those who do not.

The importance of tackling health inequalities has been highlighted in the recent NHS Long Term plan (NHS England, 2019). This is reflected in the continued higher share of funding towards areas with high health inequalities, and requirement for local health systems to describe how they are specifically reducing health inequalities. The Women and Equalities Committee have recommended to the Government that this resource allocation should account explicitly for the needs of Gypsy, Roma and Traveller people within a given NHS Clinical Commissioning Group (CCG) area.

Health is not determined by clinical healthcare along, and the role of all agencies including local government to improve health and health inequalities is reflected in the wider

determinants of health. These are the broad social and economic circumstances that can affect an individual's health throughout their life, such as the level of educational attainment, employment status, living standards and access to green spaces (Public Health England, 2017). This is summarised in the Dahlgren-Whitehead model (Figure 2) which maps the relationship between the individual and the social, economic and physical environment surrounding them as the layers of influence on their health. The Marmot review (Marmot, 2010) established that the wider determinants of health have significant effects on health inequalities and therefore actions is required across all determinants to throughout the life course to address health inequalities.

Figure 2: *Dahlgren-Whitehead model of the social determinants of health (Dahlgren and Whitehead, 1991 cited Public Health England 2017)*
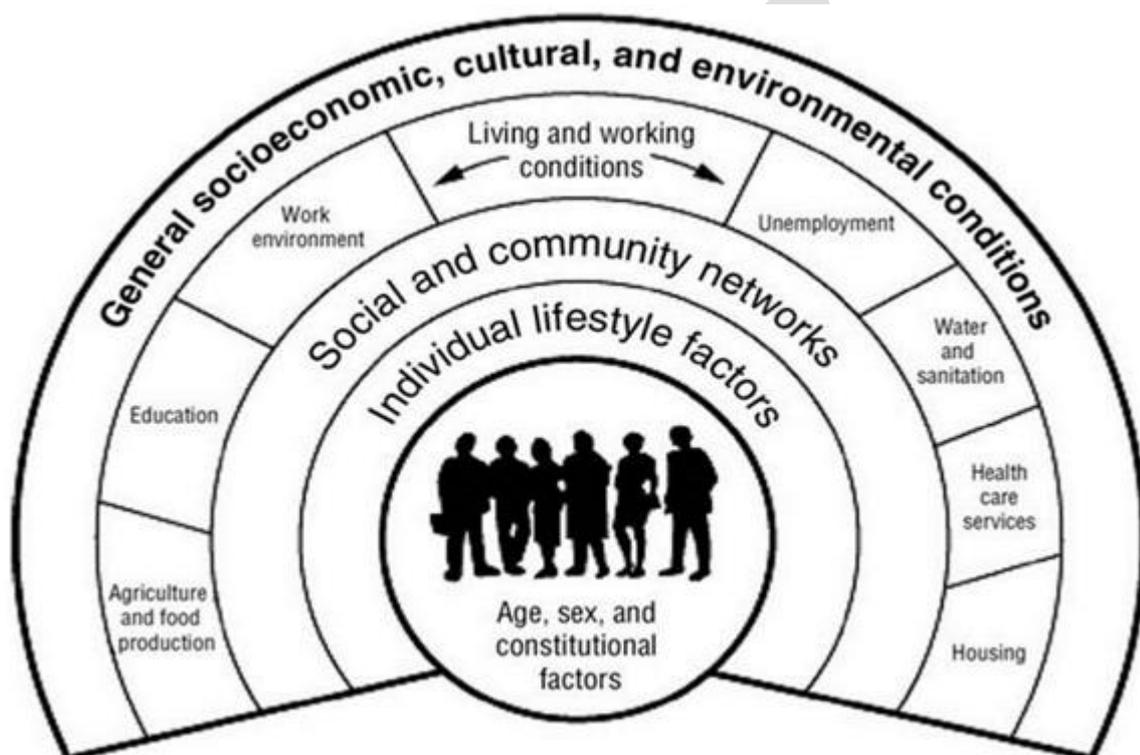
This demonstrates the need for working across all Wiltshire systems between partner agencies to help tackle the significant inequalities faced by these communities. This is reflected in the aim and strategic priorities of the GRT and Boater health strategy.

Aim
- To tackle inequalities experienced by the Gypsy, Roma, Traveller and Boater communities of Wiltshire.

Strategic Priorities and Themes

1. Educational attainment and attendance
2. Preventative services (primary, secondary and tertiary) – including management of long-term conditions; screening; immunisations; pharmacy and dental services
3. Safeguarding and violence prevention
4. Mental health
5. Maternal health and early years
6. Social care and carer support
7. Place and Community e.g. site safety, access to refuse points

Four cross-cutting themes run through all these priorities:

A. Increasing awareness of GRT and Boater culture and health needs
B. Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available
C. Improved local data collation and analysis specific to GRT and Boater communities in Wiltshire
D. Facilitate engagement with GRT and Boater communities

STRATEGIC PRIORITIES

1 — Educational attainment and attendance

2 — Preventative services

3 — Safeguarding and violence prevention

4 — Mental health

5 — Maternal health and early years

6 — Social Care and carer support

7 — Place and Community

4 CROSS-CUTTING THEMES

Increasing awareness of GRT and Boater culture and health needs

Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available

Improved local data collation and analysis specific to GRT and Boater communities

Facilitate engagement with GRT and Boater communities

Strategic Priority 1: Educational attainment and attendance		
Inequalities	*GRT* - Higher rates of absenteeism - Significant reduction in attendance when transitioning from primary to secondary school education - Substantially greater proportion of children requiring SEN support, and requiring deprivation pupil premium - Lowest attainment of all ethnic groups throughout schooling *Boater* - Challenges of school access with cruising requirement of boat licences with non-permanent moorings	
What we will do	• Increase proportion of children attending secondary education from GRT background (as a marker of GRT community attendance) • Improve educational attainment at both primary and secondary level education • Reduce potential barriers to school attendance – tackle bullying; ensure schools are welcoming and culturally aware of GRT & Boater communities; challenges of non-permanent address • Explore models of education delivery to empower educational attendance and attainment within GRT and Boater communities in Wiltshire • Involvement of key partner organisation and community members in addressing identified educational needs • Gather intelligence (quantitative and qualitative) to better understand the educational needs of the GRT and Boater communities in Wiltshire • Explore options to offer skills and vocational training for 14-16 year olds from Traveller backgrounds, and improve adult literacy	
Key Partners	• Education Welfare service (Wiltshire Council) • Further Education • Children's Services (Wiltshire Council) • Schools • Employment and Skills (Wiltshire Council) • Ethnic Minority and Traveller Achievement Service (Wiltshire Council)	• School Improvement Partners • Friends, Families and Travellers (a Traveller led charity) • 'Virtual school' team • Canal and River Trust
Examples of effective interventions	'Virtual headteacher' model	

Strategic Priority 2: Preventative Services		
Inequalities	• Lower uptake of screening and immunisation interventions • Higher rates of smoking • Greater proportion of individuals with long-term conditions requiring secondary/tertiary prevention[2] • Reduced uptake of dental services and worse oral health outcomes • Challenge of registration for and access to healthcare, in particular for Boater community, with non-permanent address	
What we will do	• Increase uptake of universal screening and immunisation services within GRT and Boater communities in Wiltshire. • Review the invitation process for screening and immunisation services within the context of GRT and Boater challenges (e.g. access to facilities, health literacy, postal invitations) • Improve local data collation to facilitate better measurement and understanding of inequalities experienced by GRT and Boater communities within preventative services • Explore feasibility of at-site healthcare provision as already occurs at some Traveller sites • Improve opportunistic interventions for preventative health input at every opportunity (e.g. MECC training for non-clinical staff) • Explore options for community health champions or similar community member leadership in health promotion • Review the registration process for GP practices for those with non-permanent addresses	
Key Partners	• Wiltshire Clinical Commissioning Group (CCG) • Primary Care Networks, particularly those with GRT and Boater community sites located within them • Health Visitor service (Virgin Care)	• Public Health (Wiltshire Council) • Dental Public Health (NHS England) • Screening and Immunisations teams (NHS England/Public Health England) • Pharmacies
Examples of effective interventions	• 'Drop in' sessions with healthcare professionals at accessible venues such as Traveller site and community centres • 'Pop up' clinics at events such as horse fairs • Opportunistic childhood immunisations during any appointment at GP • Recruiting community health workers from within the GRT community • Help card scheme to indicate poor literacy requiring assistance from healthcare professional	

[2] Prevention can be considered as primary, secondary or tertiary. Primary – preventing disease; secondary – prevent worsening of disease already present; tertiary – improving quality of life and symptoms with chronic conditions

Strategic Priority 3: Safeguarding and Violence Prevention	
Inequalities	• Unknown levels of domestic abuse and violence in GRT community • Significant barriers to reporting (e.g. amongst older generations, different perceptions of role of women within family structure; risk of marginalisation from wider community; mistrust of authorities) • Provision of appropriate refuge
What we will do	• Ensure all front-line staff who provide services to GRT and Boater communities have culturally-appropriate safeguarding training to be able to identify, sign-post and raise concerns as required • Identify any gaps in information sharing particular to GRT and Boater communities (e.g. due the mobile nature of some groups; good working relationship with some agencies but not all), especially across borders (e.g between maternity services) and between agencies; improve pathways and information sharing networks to address any identified gaps
Key Partners	• the Multi-Agency Risk Assessment Case Conference (MARAC) partner agencies • Youth Offending Team (Wiltshire Council) • voluntary/third-sector organisations e.g. Victim Support • all front-line services, including within local authority (e.g. Enforcement, Estates, Housing) and other public sector agencies (eg. Fire and Rescue Service; Highways Agency, GP practices)
Examples of effective interventions	• Domestic violence project undertaken by Leeds GATE, initiated by member of the GRT community

Strategic Priority 4: Mental Health	
Inequalities	• Higher rates of depression and anxiety in GRT communities • Higher rates of suicide • Local community members expressed concern around mental health issues • Challenges with taboo around mental health, and with health literacy in accessing and navigating mental health services
What we will do	• Increase access and awareness of mental health and mental health services (including the spectrum of mental health services available) working with those who already have trusted relationships with the GRT community • Review current pathways to accessing mental health services and consider known barriers for GRT&B communities (significant taboo; health literacy; perceptions of who needs mental health

	services; need for GP to refer into pathways; intermittent internet access; access to healthcare sites whilst travelling) • Explore options of working with trusted community/charity organisations to help address barriers and stigma associated with mental health, and also improve site access for mental health service staff • Consider the development of community mental health champions, in a similar manner to Strategic Priority 2 for health promotion	
Key Partners	• Primary care (CCG/GP practices) • Avon and Wiltshire Mental Health Partnership • Public Health (Wiltshire Council)	• Substance misuse services • Front-line services
Examples of effective interventions	• Sign-posting to mental health services by healthcare outreach workers (Leeds CCG Gypsy and Traveller Health Improvement Project)	

Strategic Priority 5: Maternal Health and Early Years		
Inequalities	• Higher rates of miscarriage, infant mortality and maternal morbidity • Lower levels of breastfeeding and immunisation uptake • Local concerns around attendance at antenatal appointments, loss to follow up, late presentation during pregnancy, and continuity of care when travelling particularly safeguarding issues	
What we will do	• Improve levels of breastfeeding and infant immunisation uptake in Traveller communities in Wiltshire • Explore models of information sharing to maximise continuity of care for those who travel during pregnancy • Consider any barriers intrinsic to home/site visit risk assessments particular to GRT&B communities which could be modified. • Increase number of Traveller sites visited regularly by Health Visitor service • Empower maternity and health visitor services, as trusted professionals, to recognise and easily sign-post GRT and Boater community members to other services as required (e.g. dental services, housing information) • Work with site providers (e.g. local council, private landlords) to provide basic contacts and information for new/returning residents of local healthcare support	
Key Partners	• Local community maternity services (SFT, RUH, GWH) • Primary Care	• Health Visitor service • Public Health (Wiltshire Council)
Examples of effective interventions	• Tailored maternity pathways, developed with GRT community members (Leeds GATE)	

Strategic Priority 6: Social care and carer support	
Inequalities	• Being a carer is twice as common in GRT community compared to general population • Minimal use of carer support services in Wiltshire by carers identifying as from GRT background • Many carers not accessing appropriate benefits or living aids • Local concern around provision of social care to those not in bricks and mortar residence, particularly Boater community
What we will do	• Increase the uptake of carer support in Wiltshire by members of GRT and Boater community • Review any barriers to social care provision for those not resident in bricks and mortar.
Key Partners	• Carer Support Wiltshire • Primary Care • Adult Social Care
Strategic Priority 7: Place and Community	
Inequalities	• Local communities express concerns over site conditions, and challenges in addressing this when working with authorities • Boater communities concerns around provision of moorings, road access, points of water supply, foul water disposal and refuse/recycling points • Higher rates of child accidents in GRT communities • Living conditions and environmental factors one of the most significant contributory facts to poor health in GRT community (Gill *et al,* 2013)
What we will do	• Work with GRT community members to improve pathways for addressing housing and site condition concerns, both for local authority owned and private Traveller sites where feasible • Work with Boater community members and the Canal and River Trust to ensure adequate provision of amenities, and access to moorings, to provide a safe environment for all • Ensure that private Traveller sites have access to a minimum standard of basic amenities • Engage and inform GRT and Boater community members about site safety (e.g. fire safety awareness) • Empower front-line staff to recognise and sign-post issues experienced by GRT and Boater community members to the appropriate services (e.g. safeguarding; maternity services) • Work across services (e.g. healthcare, education) to maximise utility from sharing data gained when new residents access a site or when a new private site is registered; also consider utilising communication points to provide health promotion messaging (e.g. leaflets on local maternity services sent with housing support information)
Key Partners	• Housing, Planning, Enforcement, Countryside Access, Environmental Health (Wiltshire Council)

	• Canal and River Trust • Other front-line agencies involved in site safety (e.g. Fire and Rescue Service, Police) • Private Traveller site owners
Examples of effective interventions	• Agency agreement between local authorities and other services, providing a co-ordinated consistent approach across the county (Multi-Agency Traveller Unit, Leicestershire)

Strategy Governance and Implementation framework

The strategy will be under the governance of the Health and Wellbeing Board. This reflects the broad strategic approach to addressing inequalities across the wider determinants of health, with partnership working between council and non-council agencies throughout the county.

The 7 strategic priorities provide the approach to strategy implementation. Key partners within each priority will create working groups and include additional agencies or organisation as appropriate. The role of each working group will be to:

- Develop and implement specific projects to address the inequalities highlighted
- Seek opportunities to integrate the 4 cross-cutting themes into all project development
- Report back to the TRG to provide update and feedback to the wider group

References

DEPARTMENT for COMMUNITIES and LOCAL GOVERNMENT, 2015. *Planning policy for traveller sites* [online]. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/457420/Final_planning_and_travellers_policy.pdf [Accessed 10th April 2019]

GILL, P., MacLEOD, U., LESTER, H., HEGENBARTH, A., 2013. *Improving access to health care for Gypsies and Travellers, homeless people and sex workers.* The Royal College of General Practitioners.

MARMOT, M., 2010. Fair Society Health Lives (The Marmot Review). *Strategic Review of health Inequalities in England post-2010*, 2010.

NHS ENGLAND 2019. *The NHS Long Term Plan* [online] Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf [Accessed 4th April 2019]

PARLIAMENT, HOUSE OF COMMONS 2019. *Tackling inequalities faced by Gypsy, Roma and Traveller communities* [online] Available from: https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2017/inequalities-faced-by-gypsy-roma-and-traveller-communities-17-19/ [Accessed 5th April 2019]

PUBLIC HEALTH ENGLAND 2017. *Health profile for England: 2017 – Chapter 6:social determinants of health* [online] Available: https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health [Accessed 2nd December 2019]

WILTSHIRE COUNCIL, 2017. *Business Plan 2017-2027*. http://www.wiltshire.gov.uk/council-democracy-business-plan [Accessed 26th November 2019]

WILTSHIRE COUNCIL, 2019. *Gypsy, Traveller and Boater Health Needs Assessment.* Available from https://www.wiltshireintelligence.org.uk/library_/gypsy-traveller-and-boater-populations-health-needs-assessment/ [Accessed 1st October 2019]

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Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire

July 2019
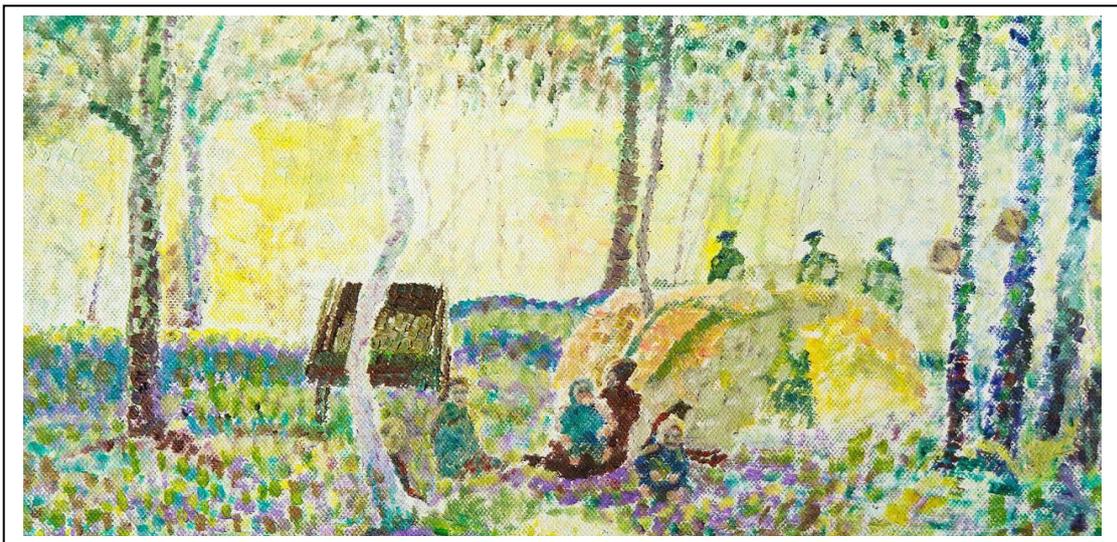
Part of the JSNA

Wiltshire Council
Where everybody matters

Needs Assessment/Report prepared by:
Michael Allum, Jane Vowles and Steve Maddern
Telephone: 01225 716844
Email: Michael.allum@wiltshire.gov.uk, Jane.Vowles@wiltshire.gov.uk, steve.maddern@wiltshire.gov.uk

www.wiltshirejsa.org.uk

Summary

Gypsy, Roma, Traveller and Boater communities describes a range of people from different ethnic and minority groups. All these communities experience some of the worst health outcomes of any minority group in the UK, and there is significant health inequality experienced compared to the general population. Assessing the needs of this community is challenging, with a lack of detailed data and a reduced level of engagement between community members and professional agencies. Addressing such significant health inequalities is a key priority, both within the national and local policy context.

The number of people in this community in Wiltshire is unclear. Approximately 750 people identified as Gypsy or Traveller ethnicity in the 2011 census. More recent data suggests around 630 people live on Traveller sites, and 250 children from Gypsy or Traveller of Irish Heritage attend local schools. Almost 560 people are thought to live on a boat (either permanently or temporarily) on the Kennet and Avon canal in Wiltshire.

Evidence suggests that the health outcomes for Gypsy and Traveller communities are worse compared to the general population across the life course. Life expectancy is 10-12 years less than the general population, and there is significant health inequality in dental, maternal, child and mental health. This is compounded by reduced use and access of healthcare services. There are also issues with domestic abuse, and attendance in education.

The provision of current services for Gypsy, Traveller and Boater communities is challenging to assess due to lack of local detailed data. Services which are universal to the general population are available to the community, and there are specialist services for Traveller education and housing sites. There are examples of local partnership working between multiple agencies and Traveller sites, but this is not uniform throughout the county.

Evidence from the literature and from examples of projects in other areas of the country suggest that the development of a trusted working relationship between professionals and members of the Gypsy, Traveller and Boater community is crucial to improving health outcomes. Utilising and developing such relationships, promoting community-driven enablement, and improving local data collation and sharing are all recommended to meet the health needs of the local Gypsy, Traveller and Boater community.

This is the first time a Health Needs Assessment has been done to explore the issues experienced by Gypsy, Traveller and Boater populations in Wiltshire. This assessment provides a snapshot of the current intelligence we have around these communities and will be refreshed as appropriate should new intelligence become available.

Contents

Background

Wiltshire Council provides a wide range of services to its population, although there is a perceived inequality between Traveller communities and settled communities. Services across the public sector need to work together to empower and support both Traveller and settled communities to live together.

Definitions

The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

Under the Equality Act 2010, several groups have recognition as ethnic groups protected against discrimination. These include English, Welsh and Scottish Gypsy Travellers, Irish Travellers, and Romany Gypsies and Roma people. However, Showpeople and New (or New Age) Travellers are not recognised within these definitions and may not be protected (Parliament,2019).

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> *'Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family's or dependants' educational or health needs or old age have ceased to travel temporarily, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.*
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> *In determining whether persons are "gypsies and travellers" for the purposes of this planning policy, consideration should be given to the following issues amongst other relevant matters:*
> *a) whether they previously led a nomadic habit of life*
> *b) the reasons for ceasing their nomadic habit of life*
> *c) whether there is an intention of living a nomadic habit of life in the future, and if so, how soon and in what circumstances.'*

Health inequalities

Significant health inequalities exist between the Gypsy and Traveller population in England and the settled community, even when compared with other socially deprived or excluded groups, and with other ethnic minorities (Parry *et al,* 2007):

- 42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population
- Higher levels of stress, anxiety and depression

- Considerably higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%)
- Higher rates of stillbirth, infant mortality and maternal death
- Gypsies and Travellers have the poorest self-reported health and provide more unpaid care than any other ethnic minority (Office for National Statistics, 2013)

Gypsy and Traveller communities experience wide ranging inequalities (Cemlyn *et al*, 2009) and the lack of suitable accommodation underpins many of the inequalities that people in this community experience. A lifetime of experiencing racism and discrimination in education, access to health care, employment and other social and public contexts impacts adversely on their health.

Gypsy and Traveller communities experience worse health, die earlier than the rest of the population and are less likely to receive effective continuous health care that meets their needs. They are largely invisible to health service commissioners. There is little robust data available to assist in effective commissioning and monitoring of services to meet existing health needs and improve health outcomes.

National and local policy context

The recent NHS Long Term Plan commits to a more concerted and systematic approach to reducing health inequalities (NHS England, 2019). Local health systems have new requirements to set out how they will specifically reduce health inequalities by 2023/24 and 2028/29. NHS England has identified a number of good practice examples which will be considered for inclusion in a menu of evidence-based interventions, due to be published with Public Health England, to help this process.

The Houses of Parliament Commons Select Women and Equalities Committee has recently completed (April 2019) an inquiry into tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament,2019). This assessed the impact and progress achieved from 28 commitments to tackling inequalities made by a 2012 ministerial working group. The findings and recommendations from this report will be referenced throughout this needs assessment as it provides a comprehensive and current review of the wider context of Gypsy, Roma, Traveller and Boater community inequalities.

Wiltshire Council brings together a wide range of services that engage with Gypsy and Traveller communities. The current Traveller Strategy was refreshed in 2016 (Wiltshire Council, 2016). The strategic aims were:

- That service provision and engagement is co-ordinated throughout the Council and involves consultation with Traveller communities.

- Services and facilities are improved to empower Traveller communities, through joint working, participation and involvement.

- The needs of Traveller communities and settled communities are recognised and addressed in partnership, in line with our aim to create strong and resilient communities with residents that are living healthy, active lives.

- All council officers understand their role in regard to the safeguarding of adults and children in Traveller communities.

The implementation and delivery of a traveller strategy is overseen by the Wiltshire Traveller Reference Group.

Aim and scope

The aim of this health needs assessment is to identify the needs of the Gypsy, Traveller and Boater communities in Wiltshire, to describe the current services and support in place to address these needs, and to identify the gaps in meeting these using evidence-based or best-practice approaches. This report, in conjunction with further input from the Traveller Reference Group, will guide ongoing developments in reducing health inequalities and improving health outcomes for this particular community.

The scope of this report will focus on Gypsy, Traveller and Boater communities in Wiltshire. Showmen and circus families are not included specifically in this assessment, but many of the outcomes and recommendations may be applicable. Accurate local data is challenging to report, and therefore national or literature-based data may be used as a substitute.

Local health needs

Demographics

There are an estimated 496,043 people living in the Wiltshire Council Unitary Authority area (mid-year 2017 estimates). This population is expected to grow to 526,200 by 2027. 51% of the population is female. Wiltshire is predominantly White British (93%).

Most routine data is collected at national level for Gypsy and Traveller community demographics, with 'snapshots' of locally collected data available.

2011 Census

The most recent comprehensive data on Gypsy and Traveller demographics is from the 2011 Census. In England and Wales, 58,000 people identified themselves as Gypsy or Irish Traveller. In Wiltshire, 757 identified themselves as a Gypsy or Traveller (0.2% of the population, compared with 0.1% population in England and Wales).

Nationally, the average (median) age of the Gypsy and Traveller population is 26 years old, with 39% of the population being below 20 years old. There is marked difference in the age structure of the Gypsy and Traveller population compared to the national population (Figure 1) with a substantially greater proportion of younger adults and children and fewer older adults.

Figure 1: Comparison of population age structure – Gypsy or Irish Travellers vs. England and Wales, 2011 Census
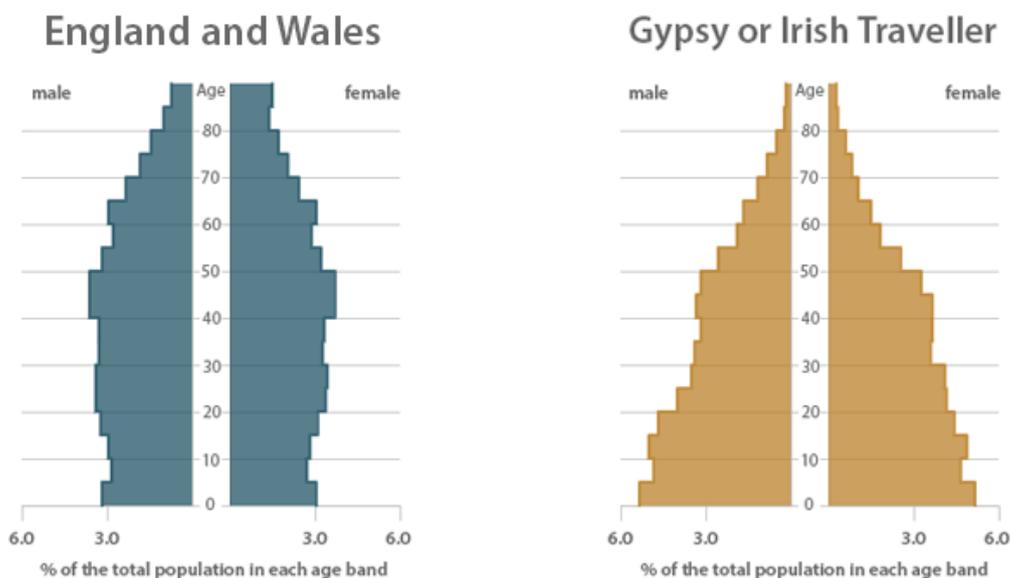
Table 1 summarises some key indicators of difference in demographics, comparing those identifying as Gypsy and Traveller community members to England and Wales overall, identified through the 2011 Census.

Table 1: Comparison of Gypsy and Traveller community characteristics, compared to overall national figures in ONS Census 2011.

	Gypsy and Travellers	England and Wales overall
Households with dependent children which are lone parent households	45% (NB 45% of households have dependent children)	25%
Individuals describe their health as 'very good' or 'good'	70%	80%
Those aged >16 with no qualifications	60%	23%
Economic activity	47% economically active, of these - 51% employed - 26% self-employed - 20% unemployed - 4% full time students Economically inactive -27% looking after family - 26% long term sick or disabled -16% retired -31% 'other'	63% economically active

Data from the 2011 Census has been used to show the geographical distribution of people who identify as Gypsies or Travellers (Figure 2). This shows areas of populations throughout the county, with pockets of larger populations in the North, North-West and South.

Figure 2: Geographical distribution of Gypsy or Traveller individuals, based on 2011 Census (Wiltshire Council, 2016)
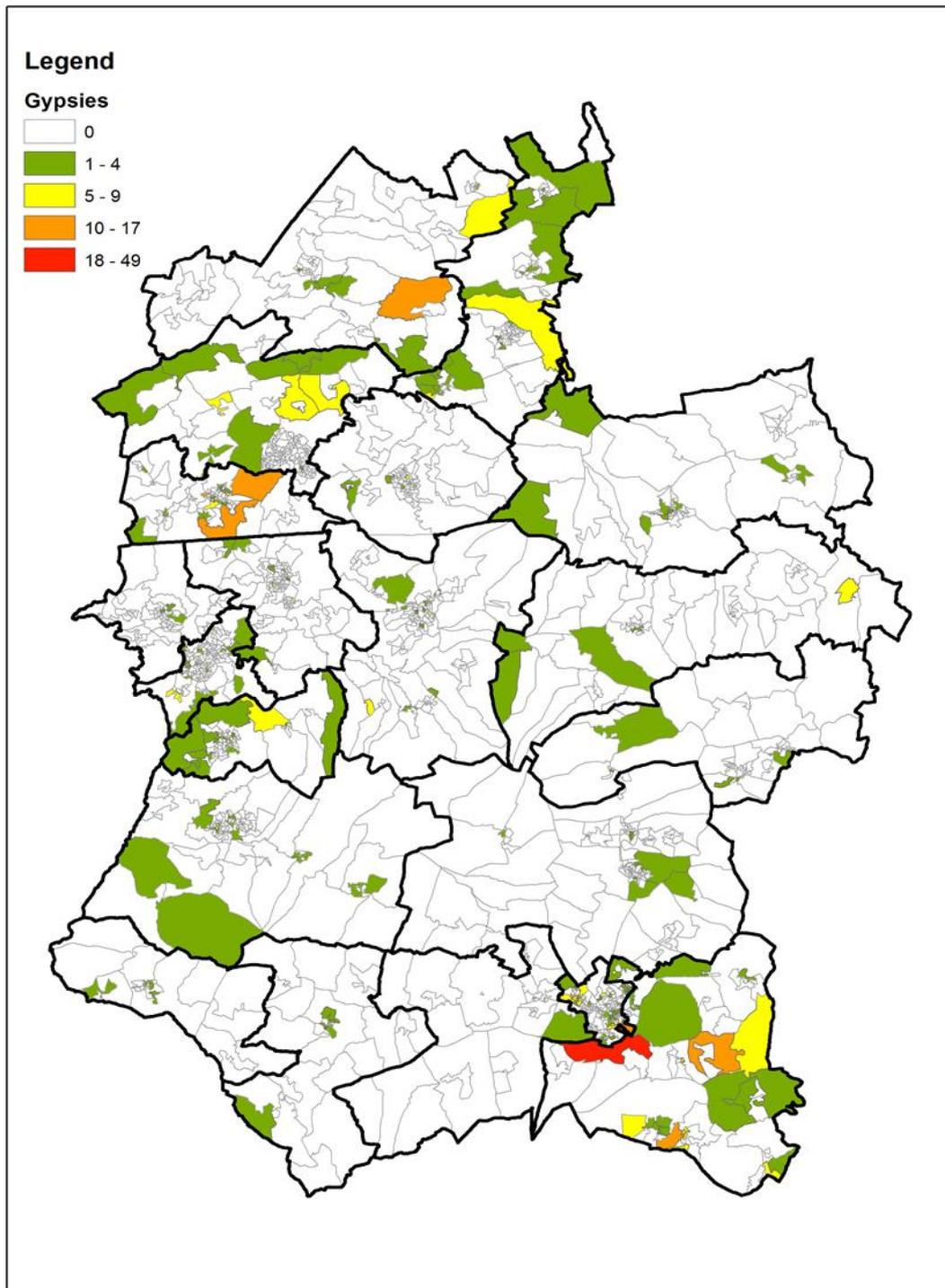
Other sources of demography

The most recent Gypsy and Traveller Accommodation Assessment (GTAA) for Wiltshire, in 2014, showed there were 200 traveller families on permitted and tolerated traveller sites in the county, totalling 634 people (Opinion Research Services, 2014). The majority of families (171) were gypsies and travellers. There were 29 show people families on 4 sites. The next GTAA is currently being undertaken, and a final report should be available after August 2019.

The January 2019 school census[1] identified 250 children in maintained or Academy status primary, secondary or special schools in Wiltshire whose ethnic group is Gypsy/Roma or Traveller of Irish Heritage. This was 0.36% of the school population, and the majority of these (198) are in primary education. January 2018 school census data (DfE, 2018) showed the 0.37% of the school population were Gypsy/Roma or Travellers of Irish Heritage, which was larger than the South West (0.24%) but similar to England overall (0.40%). This only records those with Gypsy/Roma or Traveller of Irish Heritage ethnicity, and therefore does not provide information on those not defined by ethnicity e.g. New Age Travellers, Boaters.

Overall, there is a lack of robust routine and recent data which reflects the entire Gypsy and Traveller population in Wiltshire. However, available local data suggests that the population in the county is under 1,000, with a substantial proportion of school age children. However, this data may be limited for several reasons. Historically, there can be reluctance from those who identify as Gypsy or Traveller ethnicity to report their ethnicity to officials or institutions due to history of persecution and discrimination. Secondly, due to the mobile nature of the population, such 'snapshots' may be less stable in their accuracy compared to other populations.

559 people lived on a boat on the Kennet and Avon canal in Wiltshire either permanently or temporarily in 2013/14 (Wiltshire Council, 2018). A survey of Boaters in 2017 found amongst 137 respondents:
- The majority were working age adults, aged 35-44 (26%), 45-54 (27%) or 55-64 (23%). 17.5% of respondents were aged 16 year or younger.
- 54% of survey respondents were male
- 33% were in full-time employment, 13% part-time, 23% self-employed and 19% retirees.

Needs of the Gypsy and Traveller population

Health needs can be defined as the ability of the population to benefit from health care provision (Stevens & Gillam, 1998). Gypsy and Traveller community members can experience health difficulties as any other member of the population. However, there may be specific areas of health and its wider determinants that are particular issues for the Gypsy and Traveller community.

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[1] Data from communication with Childrens Services, not yet published for public

Health Needs

There is a lack of assessment of health needs specifically for the local Wiltshire population of the Gypsy and Traveller community. Local Hospital Episode Statistics data does not currently delineate Gypsy or Traveller ethnicities within its coding.

Evidence from national data and literature identifies significant health needs within this population, summarised below (Van Cleemput 2018; North Somerset Council, 2013; Parliament, 2019; Racial Disparity Unit, 2019)

Child Health	Higher infant mortality Lower birth weight Lower levels of breastfeeding Lower immunisation rates Higher rates of accidents
Maternal Health	Higher maternal death rates Higher prevalence of miscarriage (16% vs. 8%)
Adult Health	Significantly worse health status Life expectancy is 10-12 years less than non-Traveller population Greater proportion have long-term conditions (42% vs. 18% general population) Higher prevalence of coronary heart disease and respiratory problems Significant over-representation of early/premature deaths
Mental Health	Higher prevalence of depression (25.9 % vs 9.4%) Suicide rate six times greater in Travellers in Ireland than national population
Lifestyle behaviours	Higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%) *lack of robust evidence on any differences in alcohol or substance misuse
Access and use of health services	Fewer patients reporting a positive experience of GP services (72.9% vs 83.8%) Double number are carers for ill or disable relatives compared to general population More likely to use A&E as first point of contact Home care for terminal ill in preference to hospice care

The preference of using emergency secondary care to GP services for primary health consultations has significant knock-on effects. The low incidence of diabetes, stroke and cancer in Gypsy and Traveller communities is likely to be indicative of late presentation, and Gypsy and Traveller people are less likely to attend screening (Van Cleemput 2018). There is therefore a substantial gap in the delivery of preventative and health promotion services. Overall there is an inverse relationship between the increased need for healthcare in the Gypsy and Traveller community, and the reduced uptake, access to or use of health services.

A recent systematic review (McFadden *et* al, 2018) examining the barriers to healthcare faced by the Gypsy, Roma and Traveller (GRT) community found the following common themes:

1. Health services issues
   a. Difficulty registering with primary care
   b. Reluctance of health professionals to visit sites
   c. Accessibility issues e.g distance, inflexible service
   d. Difficulty making appointments and waiting times
   e. Lack of data (e.g. population size, health needs and service usage) barrier to providing appropriate healthcare
2. Discrimination and attitudes of health care professionals e.g. negative stereotyping, poor communications
3. Cultural and language barriers
   a. Need for same gender healthcare professionals, particular for sexual and reproductive healthcare
   b. Cultural differences e.g. accommodating large family groups to attend appointments
   c. Taboo topics e.g. mental health and substance misuse
   d. Culture of fatalism in some GRT communities
   e. Requirement for interpreters, particularly for Roma patients
4. Health literacy
   a. How to access and navigate healthcare services, particularly mental health, sexual and reproductive health and dental health services
   b. Compounded by poor functional literacy
5. Service-user attributes
   a. Age and gender – e.g. men less likely to talk about health, and more often present at later stage of disease progression
   b. Individual preference e.g. alternative therapies; self-reliance; consulting with family
   c. Fear or mistrust e.g. expectation of discrimination, fear of removal of children, fear of diagnosis

A significant health inequality within the Gypsy and Traveller community is the difference between men and women. Male community members experience worse health outcomes in comparison to female members, and worse still in comparison to the general male population (Hodgins and Fox, 2012). Contributory factors include a reluctance to seek medical attention with illness as a sign of 'weakness'; health seen as a female domain; taboo around discussion of sexual health; poor health literacy.

Dental health

In a similar pattern to general health, there is evidence to suggest that Gypsy and Traveller communities have high levels of unmet need, low dental registration and minimal use of preventative services (Edwards & Watt, 1997). Children in Gypsy and Traveller communities are at high risk of developing dental caries in future (Doughty *et al*, 2016). Guidance produced by National Institute for Health and Care Excellence (NICE, 2014) highlights people from traveller communities as high risk of poor oral health or having difficulty accessing dental services.

Part of the JSNA Family

Mental wellbeing and welfare needs

Rates of mental health issues, including depression and anxiety, are more prevalent in Gypsy and Traveller communities compared to the general population.

Domestic abuse is a serious and long-standing area of concern within Gypsy and Traveller communities and the agencies that work alongside them. Several factors contribute to this issue within this community (Parliament, 2019):

- Risk of marginalisation from the whole community if a woman reports domestic abuse or a marriage breaks down
- Different views on the role of women in marriage e.g. viewed as property of husband, and therefore may not recognise abuse
- Loss of wider community and support network
- Mistrust of social services and police, and fear of removal of children

At organisation/system level, challenges have also been noted in:

- Provision of appropriate refuge (e.g. away from wider network to avoid identification)
- Reliance on short-term funding and voluntary sector to provide specialist support to women from Gypsy, Roma and Traveller communities

The responsibility of caring for ill or disable relatives is expected within Gypsy and Traveller communities, and many carers do not consider themselves as 'carers'. Having carer responsibilities is twice as common in Gypsy and Traveller communities then the general population (Parry *et al*, 2007). However, evidence suggests that many do not access support services, receive appropriate benefits or living aids (Minority Ethnic Carers of People Project (MECOPP),2013 cited van Cleemput, 2018 p684).

Educational needs

National analysis shows that pupils from Gypsy, Roma or Traveller backgrounds have the lowest attainment of all ethnic groups throughout their school years. Persistent absence rates (pupils missing ≥10% of their school sessions) from Gypsy/Roma pupils (49.2%) and Irish Traveller (64.0%) are substantially higher than the general population (10.8%). Similarly, the percentage of temporary exclusions is highest in these two ethnic groups (17.29% & 16.2% respectively) (Racial Disparity Unit, 2019).

In Wiltshire, persistent absence rates in pupils recorded with Gypsy/Roma or Traveller of Irish Heritage ethnicity in the January 2019 school census was 53.6%. This is substantially higher than the rate for all pupils in Wiltshire of 9.7%.

The Wiltshire Children and Young People's Health and Wellbeing Survey in 2017 was carried out in 95 schools and colleges across Wiltshire, and 9,951 pupils completed the survey from year groups 4, 5, 6, 8, 10 and 12.

There were 43 respondents identifying as Gypsy Roma or Traveller. These small numbers preclude meaningful statistical interpretation for trends or differences, and specific percentages cannot be detailed due to the risk of identifying individuals. Nevertheless, the survey suggests that more pupils who are Gypsy, Roma or Traveller ethnicity have been bullied, miss 10 or more days of school last term, drink energy drinks regularly, report being in serious trouble with the police, felt the need to carry a weapon, and smoke and drink alcohol, and not report enjoying school compared to all

Wiltshire pupils. A smaller percentage of Gypsy, Roma or Traveller pupils reported themselves or anyone in their immediate family ever being a victim of domestic abuse or violence.

As identified in the January 2019 school census, the majority of Gypsy or Traveller children in schools are primary school age, and there is a marked drop-off rate from primary to secondary level education. Whilst 0.50% of all primary school children are recorded as Gypsy Roma or Traveller of Irish Heritage, this group account for only 0.17% of all secondary school pupils. This trend is reflected nationally, and several contributory factors have been suggested (Parliament, 2019):
- Home education
- Children starting work
- Travelling with families
- Bullying and discrimination at school
- Concerns around mixing students of different genders (e.g. in PE)
- Concerns around relationship and sex education, particularly in mixed gender groups

A greater proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity in Wiltshire (Table 2):
- are recognised as having Special Education Needs (SEN) by schools
- have an Education, Health and Care Plan (EHCP), therefore their needs are recognised by the local authority after a statutory assessment process
- attract a pupil premium due to deprivation

Table 2: Proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity with SEN, EHCP or pupil premiums, compared to all children in Wiltshire (data from January 2019 school census)

	Gypsy Roma or Traveller of Irish Heritage ethnicity	**All children**
% SEN support	34.8	12.3
% Education, Health and Care Plan	5.2	3.4
% deprivation pupil premium	43.6	12.9

An important gap in data is with regards to those not defined by ethnicity, such as New Age Travellers or Boaters. Non-ethnicity based data with regards to education is not routinely collected, and therefore the needs of this population is more challenging to characterise.

Housing needs
Planning policy for traveller sites has been provided by the Government to guide local authority activity with regards to traveller sites. Local planning authorities are advised to make their own assessment of need, encouraged to plan for sites over a reasonable timescale, and to enable provision of suitable accommodation from which travellers

can access education, health, welfare and employment infrastructure (Department for Communities and Local Government, 2015).

Section 124 of the Housing and Planning Act 2016 inserted a new Section into the Housing Act 1985 requiring that Local Authorities assess the accommodation needs of persons residing in houseboats and caravans within their district. The Government published draft guidance (Ministry of Housing, Communities & Local Government, 2016) to local housing authorities on the periodical review of housing needs (caravans and houseboats). The Government recommends in its guidance that the local housing authority or partnership conduct a specialist survey and/or qualitative research to obtain this information.

There is currently a programme of work within Wiltshire Council as part of this national legislation and policy requirement. The Gypsy and Traveller Development Plan Document will help to provide for the accommodation needs of travellers. A crucial component of this is the Gypsy and Traveller Accommodation Assessment which was last undertaken in 2014 (Opinion Research Services, 2014) but will be updated in July 2019.

This estimated that between 2014 and 2029, an extra 90 pitches would be required to be provided in Wiltshire to meet future need. This estimate would account for all current unauthorised pitches those with temporary planning permissions, concealed households and a compound net annual rate for new household formation of 2%.

Current services & support

Health

Under the NHS Long Term plan, adjustments to CCG funding will be undertaken to assist areas with the greatest health inequalities. This is to help deliver one of the main aims of reducing such inequalities. No specific adjustment in the revenue allocation formulae will be implemented for Gypsy, Roma or Traveller populations during the current 5-year funding cycle (NHS England, 2019b), partly due to the lack of suitable adjustment processes to account for unregistered people. However, the recently published Parliamentary enquiry in to tackling inequalities recommends an explicit section for CCGs to outline the needs of Gypsy, Roma and Traveller people in their local area, and that this need should be taken into account by NHS England when allocating funding (Parliament, 2019).

Gypsy, Irish Traveller and Roma categories are not currently on the NHS data dictionary. This creates difficulties in monitoring the equity of access and service uptake in these minority groups. The addition of these categories to the NHS data dictionary has been highlighted as a matter of urgency (Parliament, 2019).

Primary Care

Registration

Difficulties in registering with GP practices have been widely reported by members of the Gypsy and Traveller community. This can be attributed to perceived or actual discrimination, challenges with literacy in completing forms, and the unnecessary requirement for proof of address or identification to register (Parliament, 2019). NHS England have produced clear guidance that neither identification nor proof of address is required, and have highlighted that people from the Traveller, Gypsy or Roma community should not be refused registration based on where they reside or their lack of settled accommodation (NHS England). A report by a leading national Traveller charity suggests there is still evidence of GP practices refusing registration based on lack of proof of residential address (Friends, Families and Travellers, 2019).

The number of patients registered with GP practices in Wiltshire, who have recorded their ethnicity as Gypsy or Traveller background, is difficult to ascertain. There is no direct access of GP registers from Wiltshire Public Health Intelligence team, and there is no centralised access scheme from Wiltshire CCG. Therefore, contacting individual GP practices to ascertain this data is required. Furthermore, as already discussed due to barriers and reluctance to registration, this data would be unlikely to record the number of individuals in the area. Nevertheless, this would be a useful source of service activity data.

Communication and engagement

Gypsy and Traveller communities have lower literacy rates compared to the national average. This will affect how they access services, register with a GP, and receive information leaflets.

Levels of digital literacy, technology and internet use are also lower. It is important that any changes in the delivery of healthcare that rely on technology do not discriminate.

GP practices should offer support when needed with form filling, provide easy to read materials, and ensure patients with low literacy are supported throughout their health journey.

Cultural awareness

Gypsy and Traveller communities have cultural differences that may not initially be apparent. There are several distinct cultural groups within the umbrella term Gypsies and Travellers, with often widely differing traditions and practices. For example, within Gypsy and Traveller communities, women traditionally may not share or discuss their health issues with male members of their family. Women are often the main carers in the family and therefore can find it difficult to get appointments at convenient times or may have to take children with them to appointments. There are often strict rules around gender with some Gypsy and Traveller communities, meaning that women will only agree to see female doctors, and men only male doctors. Men can often be unwilling to seek help for health issues or attend GP practices. Mental health is usually not talked about and is felt to be an issue that family should deal with. When

communicating with members of Gypsy and Traveller communities, it is important to consider that many will have experienced discrimination or stigmatisation from mainstream services. This may affect how they act or feel when accessing their GP practice.

Wiltshire's Health and Wellbeing Board should ensure Travellers are included as key stakeholders. The Board will be relying on the JSNA to inform their work. It is therefore critical that traveller's health assessments are conducted and that these communities are fully involved in the process.

Secondary Care

As already highlighted, NHS data monitoring does not sufficiently gather detail of Gypsy and Traveller ethnicity. Review of local Hospital Episode Statistics data by the Wiltshire Public Health Intelligence Team did not identify any markers to demonstrate service activity or use by patients from Gypsy or Traveller ethnicity backgrounds.

Secondary care for Wiltshire residents is provided by three acute Trusts: Great Western Hospitals NHS Foundation, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust. Community hospitals are situated in Chippenham, Devizes, Melksham, Savernake, Trowbridge and Warminster, with Minor Injury Units at Chippenham and Trowbridge hospital sites.

Drug & Alcohol Services

The Drug and Alcohol service for adults in Wiltshire is provided by Turning Point. Current data collation does not identify Traveller and Gypsy ethnicity, which will likely be grouped under White British or White Irish. Data from service activity during quarter 3 of 2018-19 showed the majority of service users identified as White British or White Irish (957 out of 1001 total), reflecting the ethnicity profile of Wiltshire.

Pharmacy

The Wiltshire Health and Wellbeing Board produces a Pharmaceutical Needs Assessment, and the current assessment is for the duration 2018-2021 (Wiltshire Council, 2018). This identified a total of 73 pharmacies of which 2 are registered as distance-selling pharmacies. This represents 14.5 pharmacies per 100,000 population. The assessment found the range of pharmacy provision in Wiltshire extends to meets the needs of various specific diseases, different populations and also lifestyle choices.

Health Visiting

Virgin Care deliver the Wiltshire Health Visitor service for children (0-5 years old) and family health. This provides ongoing additional services for vulnerable children and families and contribute to multidisciplinary services in safeguarding and protecting children.
Health visiting is separated into group localities, and the current service delivered throughout the county is summarised below:

Greenways West
- Covers Chippenham, Corsham and Malmesbury
- Includes the Local Authority run site Thingley Park in Corsham
- Further arrangements in place to visit private sites (Frampton Farm and Sutton Benger)

High Post North, West and South
- Covers Salisbury, Wilton, Amesbury, Larkhill, Bulford, Durrington and Downton
- The Local Authority sites covered are Dairy House Bridge caravan site; Oak Tree Field Caravan site; Lode Hill Caravan Site

Derby Court Central and South
- Covers Warminster, Westbury and Melksham
- There are no Local Authority sites in these areas.
- A private traveller site at Hawkeridge (Westbury), a private site (Bonnie Park) in Bratton and two sites at Semington are also covered

Table 2 highlights the available pitches in Local Authority, private and unauthorised sites.

Table 2: Local data from biannual caravan count for Wiltshire (July 2018)

Area of the county	Number of Local Authority sites in each area	Numbers of pitches in each area
North and West Wiltshire	1 Thingley Park 1 Fairhaven	31 7
East Wiltshire	0 sites	0
South Wiltshire	1 Lode Hill 1 Dairy House Bridge 1 Oak Tree Field	10 14 40
Total Local Authority sites	5	102
Area of the County	**Number of Private or Unauthorised Sites in each area**	**Number of pitches on each area**
North and West Wiltshire	44 Private sites 1 Travelling Show People site 3 Unauthorised Encampments (not tolerated) 3 Unauthorised sites without planning permission	155 5 [4 caravans counted] [3 caravans counted]
East Wiltshire	1 Private site 1 Travelling Show People Site, Unauthorised Tolerated 2 Unauthorised Encampment	1 10 caravans counted [2 caravans counted]
South Wiltshire	11 Private Sites 2 Travelling Show People sites 6 Unauthorised Encampments 7 Unauthorised sites without planning permission	8 2 [9 caravans counted] 14 caravans counted
Total Private or Unauthorised Sites	81	171 pitches 42 caravans counted

National Screening Programmes

There are several NHS national screening programmes which should be delivered to all eligible populations.

Antenatal screening programmes
- Infectious diseases in pregnancy (HIV, hepatitis B, syphilis)
- Foetal anomaly screening programme
- Screening for sickle cell and thalassaemia (inherited blood disorders)

Neonatal/newborn screening programmes
- Newborn and Infant Physical screening programme: within 72 hours of birth, and repeated at 6-8 weeks (congenital heart disease, developmental dysplasia of the hip, congenital cataracts, cryptorchidism)
- Newborn bloodspot testing – screening for 9 rare but serious condition, mostly metabolic conditions. Usually tested on day 5 of life, but can be up to 1 year old (except cystic fibrosis test)
- Newborn hearing screening programme – offered within 4-5 weeks of birth

NHS Health Checks
- NHS Health Checks programme is for adult aged 40-74, without a pre-existing condition, offered every 5 years

Cancer screening programmes
- Cervical screening – offered to women aged 25-49 every 3 years, women aged 50-64 every 5 years
- Breast screening – women aged 50-71 invited every 3 years
- Bowel screening – currently screening offered every 2 years to men and women aged 60-74 (additional testing schedule in development)

Other screening programmes
- Abdominal aortic aneurysms – all men aged 65 invited
- Diabetic retinopathy screening – offered to all with diabetes aged 12 or over

Uptake of screening services is difficult to ascertain, as ethnicity is not recorded with in the National Screening Programme data. A request to Primary Care could be made to establish participation data within these screening programmes, however, the absence of ethnic origin on registration status could make this difficult.

Screening uptake may be challenging for several reasons. Often, invitations are based through GP registered addresses. This requires registration with GPs, and regular access to the registered address. Furthermore, information is often provided in written format, which may present challenges for those with reduced literacy. Differences in health beliefs, and in particular a significant fear of cancer as a definite terminal diagnosis, hence avoidance of screening, may also contribute (Parry *et al*, 2007). This is all within the wider context of reluctance and mistrust with official services.

Immunisation Programmes

The routine immunisation schedule for the U.K can be considered to within four age groups:

- 8-16 weeks old
- 1 year to 3 years 4 months
- Early teenagers e.g. HPV, meningococcal groups ACWY
- Aged 65 and over e.g. Pneumococcal, annual Influenza, Shingles

In addition to these universal immunisation programmes, there is an annual influenza vaccination programme for those:

- Aged 65 and over
- Pregnant
- With certain long-term medical conditions
- Are main carers for elderly or disable person whose welfare may be at risk if their carer falls ill
- Children in reception class and school years 1-5

Further vaccinations are provided to pregnant women, namely whooping cough and hepatitis B vaccinations.

There is no reliable data to characterise vaccine uptake in the local Gypsy and Traveller community. This is reflected nationally, partly due to the challenges already described with regards to accurate recording of ethnicity. Evidence does suggest that there is low or variable uptake of childhood immunisations, and this mirrors several outbreaks of measles and whooping cough in Traveller communities (Jackson *et al*, 2016). HPV vaccination uptake, during secondary school, may be hampered by the reduced secondary school attendance already detailed. Data on adult vaccine uptake is more limited.

Evidence from a qualitative study published (Jackson *et al,* 2016), showed Travellers are less likely to access health services, including immunisation. The study aimed to understand what influences Travellers' immunisation behaviours and identified ideas for improving uptake.

- 174 people from different Traveller communities (Romanian/Slovakian Roma, English Gypsy, Irish Traveller, Scottish Show people)
- 39 service providers (e.g. health professionals) who work with Travellers.

The study identified what helps, and hinders, immunisation uptake, and developed ideas for programmes to help.

There was widespread acceptance of immunisation.

- A few English-speaking Travellers worried about multiple/combined childhood vaccines, adult flu and whooping cough. Concerns about vaccines offered during pregnancy and human papillomavirus vaccine were most obvious in the Bristol English Gypsy/Irish Traveller community.
- Language, problems with reading, discrimination, school attendance, poverty and housing were barriers for some Travellers.
- Trusting relationships with health professionals were valued.
- Some English-speaking Travellers described problems of booking and attending for immunisation.
- Service providers tailored their approach for Travellers. Funding cuts, NHS reforms and poor monitoring challenged their work.

Five programmes were identified as most important across the communities:
1. training for health professionals to understand Traveller ways of life
2. identification of Travellers in health records to tailor support and check uptake
3. provision of a named frontline person in general practitioner practices to provide respectful/supportive service
4. flexible systems for booking appointments, recall and reminders
5. protected funding for health visitors specialising in Traveller health.

A request for childhood immunisation status has been made to the Child Health Information Service, using the postcodes of known traveller sites. However, this excludes boaters.

Dental services

Community dental services is provided in Wiltshire by Great Western Hospitals NHS Foundation Trust. Dental Access Centres provide NHS dental treatment to residents who do not have a regular dentist and are in need of urgent care. These are based in Chippenham and Salisbury (as well as Central and West Swindon). There is also an Oral Health Promotion team who provide Oral health Improvement Programmes aimed at improving the dental health of the local population and reducing health inequalities.

Mental wellbeing and welfare

Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust provide community services within Wiltshire, including primary care liaison services along GPs.

Domestic abuse adult victim services cover a spectrum of risk. The Multi-Agency Risk Assessment Case Conference (MARAC) seeks to safeguard the highest risk victims and their families, through a coordinated partnership approach and targeted action plans to reduce immediate risk. Independent domestic violence advisors provide specialist high risk support and advice and through the provision of housing, including refuges, ensure victims and their families can live in a place of safety. Moving down the risk spectrum, domestic violence protection orders facilitate moving the perpetrator away from the victim, the domestic violence disclosure scheme allows partners to know of previous history of domestic violence and early sharing of information through the domestic abuse conference helps safeguard victims. In addition, a community-based 'outreach' support service for victims offers longer term interventions through domestic abuse support workers.

As of November 2018, data collation through domestic abuse support services did not have Gypsy or Traveller ethnicity as a defined category, and no addresses were listed at known Gypsy and Traveller sites. There was anecdotal evidence of support to victims from the GRT community who live outside of known sites, but this was not quantified.

Carer support is delivered by Carer Support Wiltshire. This service is commissioned by Wiltshire Council and Wiltshire CCG to deliver information, advice and support to

carers in Wiltshire. A search of the active carers database in May 2019 by Carer Support Wiltshire showed less than 5 individuals (out of 11,000 listed) who identified as Gypsy, Roma or Traveller background. Furthermore, no current staff members could identify any direct working with individuals who identified as Gypsy, Roma or Traveller backgrounds.

Education

Education plays a central role in the social inclusion and wellbeing of Travellers. National studies show Travellers have the highest proportion of people without qualifications of any ethnic group.

The Wiltshire Traveller Education Service (TES) aims to improve the capacity of schools to raise the attainment, achievement and engagement of Traveller pupils. The team consists of one Early Help Functional Lead, one Advisory Teacher, three Teaching Assistants and an Education Welfare Officer support

This service provides support to enhance educational provision for Traveller children, ensuring that they meet their full potential by providing bespoke in-school support packages catering to the individual need and abilities of these pupils. It also aims to improve school/home liaison and foster positive relationships between families, schools and the wider community.

Support is provided to families to help access Nursery, Pre-school and foundation stage learning, this may include work with other partner agencies. There is a provision to provide education for children who are visiting the county, such as Fairground and Circus families.

TES can provide training to external agencies, teachers, support staff, leadership teams and governors. Schools can refer an individual Traveller pupil to the service by using a Single Agency Referral Form (SARF).

Attendance

Data from the January 2019 School Census which covers pupils in Wiltshire at our maintained or Academy status primary, secondary and special schools showed 250 pupils recorded with Gypsy Roma or Traveller of Irish Heritage which is 0.36% of the census caseload.

- 198 Primary School pupils which is 0.50% of all Primary School pupils
- 2 Special School pupils which is 0.29% of all Special School pupils
- 50 Secondary School pupils which is 0.17% of all Secondary School pupils

The geographical distribution of Gypsy, Roma and Traveller children is demonstrated in Figure 3. This shows clustering of higher numbers of GRT children in Cricklade, Corsham, Trowbridge and Salisbury areas.

Figure 3: Map demonstrating the distribution of Gypsy, Roma and Traveller children in schools, based on 2019 School census.

Gypsy, Roma and Traveller children from school census information 2019
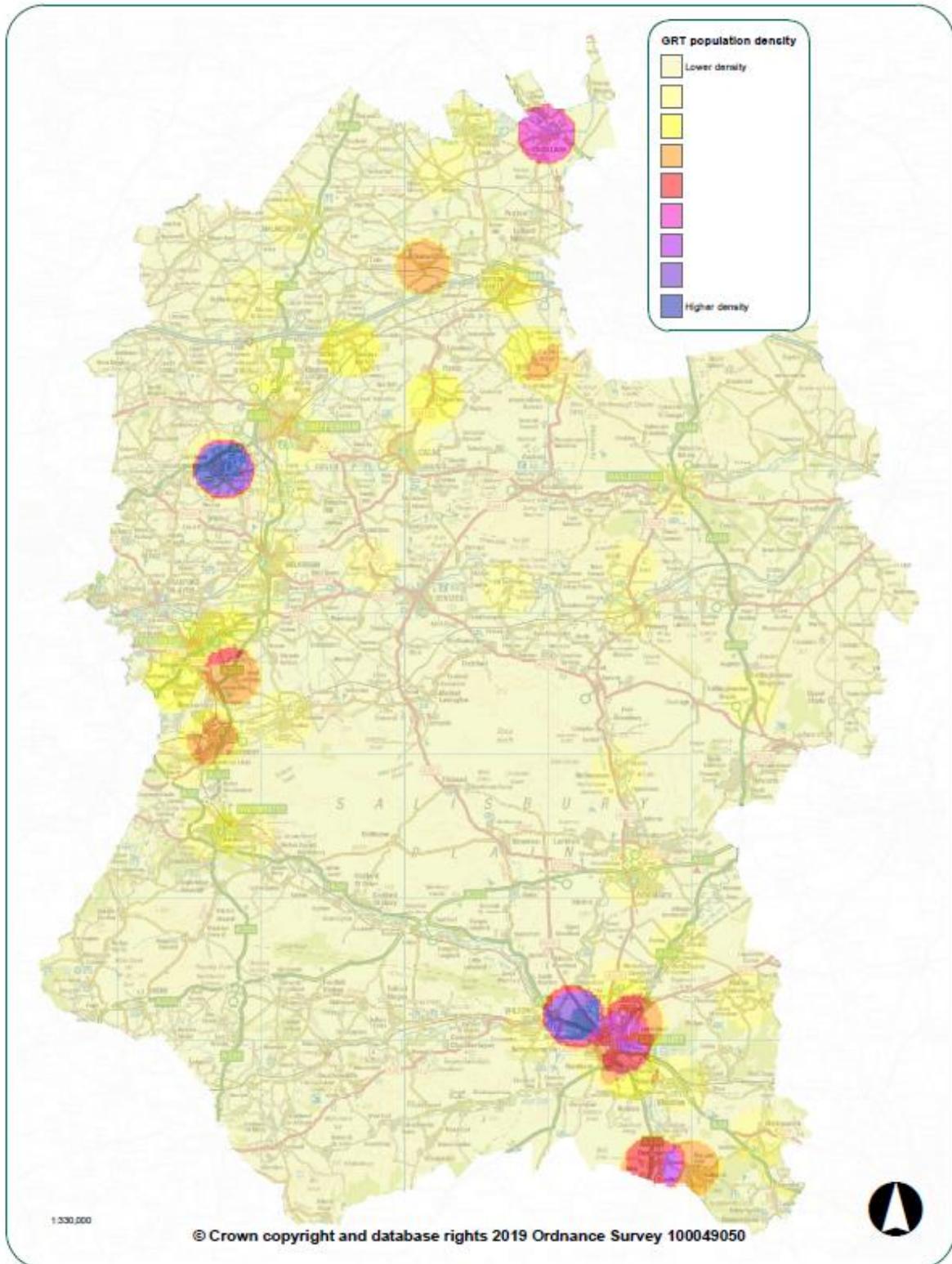
Number of pupils recorded with traveller ethnicity where their attendance rate at school is less than 90% i.e. they are a persistent absentee and as a percentage of the entire traveller caseload recorded in the census.

- 134 of the 250 pupils are classed as persistent absentees

Housing

Wiltshire Council currently own and/or operates 5 residential Gypsy and Traveller sites around the county. However, the ownership of two sites (Dairy House Bridge and Oak Tree Field) along with an adjacent transit site (Odstock transit site) will be transferred to a private purchaser, pending completion of legal transfer. Residential sites provide permanent accommodation in the form of 'family pitches' on which a building is provided to facilitate:

- Cooking
- Washing
- Bathing

The families occupy under licence conditions and are subject to pay:

- Rent
- Council tax
- Site service charge
- Water
- Electricity usage

They provide their own sleeping accommodation in the form of a caravan/mobile home.

Recent data is available through the national biannual traveller count (MHCLG, 2018). In July 2018, there were the following sites:

This current level of provision is: Area of the county	Number of local authority sites in each area	Numbers of pitches in each area
North Wiltshire (1 site)	Thingley	31
East Wiltshire (0 sites)	0	0
South Wiltshire (3 sites)	Lode Hill Dairy House Bridge Oak Tree Field	12 18 32
West Wiltshire (1 site)	Fairhaven	7
Total	5	100

No transit sites are currently available in Wiltshire.

Type of site	Number of caravans	Percentage of total caravan count
Authorise site (private or public)	473	94%
Unauthorised developments (on land that was owned by the Gypsies and Travellers)	12	2%
Tolerated unauthorised encampments (on sites where the land was not owned by the Gypsies and Travellers)	0	0%

A map (Figure 4 below) displaying the current Gypsy and Traveller sites (July 2018) in Wiltshire demonstrates the geographical distribution of sites throughout the county. The colour-coding, detailed in the key, demonstrates the nature of these sites, showing the majority are privately funded sites.

An unauthorised encampment is when an individual or group of individuals move onto a piece of land that they don't own, without the permission of the landowner. People parking caravans on their own land without planning permission are not unauthorised encampments (in that they cannot trespass on their own land) - they are "Unauthorised Developments" and are always dealt with by enforcement of planning legislation by Wiltshire council.

Before commencing any action to evict an unauthorised encampment, local authorities have an obligation to carry out welfare assessments of the unauthorised campers. This may necessitate the involvement of local NHS bodies, where health issues are apparent.

It should be noted that, where the landowner is a local authority or other public body, the necessary welfare assessments should be carried out alongside the court procedures and should be completed before any eviction is carried out.

Figure 4: Map of July 2018 caravan count (excluding unauthorised encampments)

Gypsy and Traveller Sites in Wiltshire - July 2018

Legend:
- Privately Funded with Planning Permission
- Travelling Show People - January only
- Local Authority Managed
- Unauthorised Site Without Planning Permission

Crown copyright. All rights reserved. Wiltshire Council 100049050, 2018
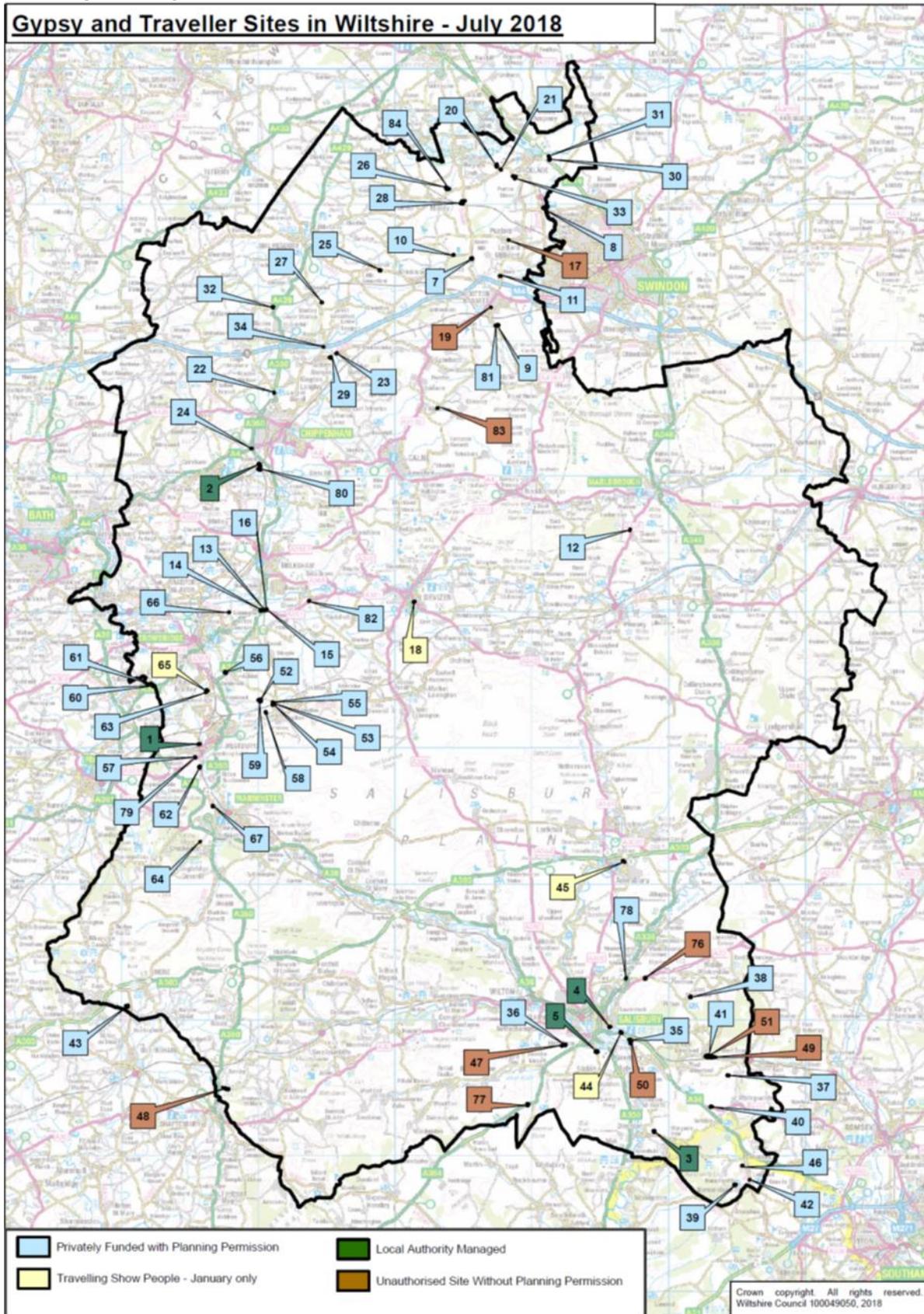
Other support agencies - national

Friend Families and Travellers (FFT)

FFT is a national charity that works on behalf of all gypsies and Travellers regardless of ethnicity, culture and background. FFT is working to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life.

FFT provide advice and consultancy, promote health and wellbeing, work on research and policy, deliver training and resources. They investigate and expose unfair treatment, advocate for equal rights and empower individuals to challenge inequality. Educate professionals to provide fair access to services.
FFT celebrate Gypsy, Roma and Travellers' rich history, culture and contributions to society and share this with the wider public.

At least half of FFT Trustees, staff, interns and volunteers are Gypsy, Roma and Travellers. The FFT website offers a policies, publications and information on issues affecting Gypsies and Travellers such as end of life care, healthcare on the water, and information for health service personnel to have a better cultural understanding of Travellers' attitudes to sexual relationships and sex education.

The Traveller Movement (TM)

TM is a national charity committed to the fulfilment of human rights for ethnic minority Gypsy, Roma and Traveller people. They have a proactive community advocacy strategy, help build capacity and act as a bridge between the Gypsy, Roma and Traveller sector, service providers, and policy makers.

Their members are predominantly composed of Gypsy Roma and Traveller people. The charity deliver work in research, policy and lobbying, campaigns on human rights, equality and justice, access to justice, community development and economic inclusion.

Other support – local

Traveller Reference Group

The Traveller Reference Group aims to improve the health and wellbeing of the traveller population of Wiltshire in line with the strategic objectives of Wiltshire Council to create stronger and more resilient communities and ensure those from traveller communities have healthy, high-quality lives.

The TRG oversees and supports the implementation of the Traveller Strategy and is made of a range of council and non-council partners.

Council departments represented include
- Housing
- Communications

- Commissioning
- Planning
- Early help
- Enforcement
- Public health
- Community engagement
- Councillor representation.

External partners include
- NHS and primary care
- Fire services
- Police service.

The Council's Traveller Reference Group has implemented a Traveller Strategy Action Plan to gain intelligence and develop a better understanding of the Traveller community. In conjunction with neighbouring Local Authorities data is being gathered to inform Council policy and develop referral pathways. To deliver on these actions and in response to the new legislative requirements the TSAP will inform the Council's work on the Local Plan and delivering its Traveller Strategy, and more specifically, planning for the needs of the Travelling community in its area.

There are emerging challenges and themes which include,
- lack of a postcode to register with at primary care
- unreliable communication such as lack of telephones and postal services /communication /access by emergency service such as ambulance crews is difficult as locations are often unknown.
- practitioners may be reluctant to make home visits due to many factors including perceived safety issues and physical barriers i.e. 2 miles down a towpath.
- a reluctance from this community, especially men, to acknowledge and seek treatment for ill health
- poor literacy and education i.e. invitation letter for cancer screening and or childhood immunisation may be unread or seen as not relevant.
- lack of trust with authority figures and a sense of being judged for example a traveller with a chronic respiratory condition may feel their lifestyle is judged if an observation is made about damp living conditions

Boaters

Difference in needs

Whilst there is a significant overlap with the needs of the boater population with that of the wider Traveller community and the general population overall, there are factors unique to the boater community which are important to consider.

Boats on the canal must be licensed by the navigation authority, the Canal and River Trust. There are currently 2 permanent moorings on the Canal in Wiltshire that have planning consent for residential mooring. Those without a home mooring must be registered as continuous cruisers. The law and boat licence conditions state that continuous cruisers must satisfy the navigation authority that they are being used for 'bona fide navigation'. It is unlikely that continuous cruisers will satisfy their licence conditions if they (Canal and River Trust, 2019):
- do not have a cruising range over a year of 20 miles or more
- do not move moorings after 14 days on regular (unsigned) stretches of the canal, or after the period detailed on short stay mooring signs without agreement from the Canal & River Trust.
- do not undertake navigation beyond a small area

There are up to approximately 500 permanent moorings mainly on the offside of the Canal or in marinas which although designated for leisure use have a significant percentage of residential occupation.

The geography of the Kennet and Avon Canal contributes important factors as well. The Canal is a single passageway running across Wiltshire (see Figure 4). It crosses into BaNES and Berkshire on the west and east side of the county respectively. This therefore means that those on continuous cruising licences are likely to travel between local authorities, and due to the single linear passage there may be challenges with increasing distances from places of work, school etc. This, in addition to the requirement to move every fortnight unless alternative agreements are made, could have significant effects in particular on education and access to healthcare which are particular to the boater community.

Survey data

Wiltshire Council snapshot survey

In the summer of 2017 Wiltshire Council undertook a snapshot survey of the boating community on the Kennet and Avon Canal with the aim to collect information about the communities' accommodation needs. The key findings are that additional residential moorings are needed on the Canal. In addition, the community would like to see infrastructure improvements to the Canal and its surroundings

The survey captured essential information on the need for additional moorings in Wiltshire. However, in addition it allowed for the return of general information on household demographics, type of boat used etc.

This report will also be used to inform further cooperation with neighbouring local authorities who share a section of the Kennet and Avon Canal, namely: Bristol City Council; Bath and North-East Somerset Council (BaNES), West Berkshire Council and Reading Borough Council. Planning for the accommodation needs of boaters will also require close cooperation with the Canal and Rivers Trust (CRT) who controls the immediate towpath along the Canal; stakeholders such as environmental agencies; local landowners, the boating community, and others through formal and informal consultation

In total, 137 responses were received. There are approximately 500 boats used for residential purpose in Wiltshire and in 2013/14, 559 people were estimated living on a boat in the county.

- 117 respondents stated that they use their boat as their primary home
- 94 stated that they are continuous cruisers who live aboard most of the year
- Out of the 137 respondents,
- 33 live on their boat with a home mooring.
- 97 respondents stated that they spend 365 nights on their boat and a further 20 stated that they spend approximately three quarters of the year (275 nights) on their boat.
- 65 respondents confirmed that they have been living over 5 years on their boat; and
- 39 stated between 2 and 5 years.
- Most people who live on their boat most of the time are over 16, with
- the biggest age groups being those aged 45-54 (37), followed by 35-44 (36), and 55-
- 64 (32). Only 24 people are 16 years old or younger.
- There were only two households who stated that 3 people lived on their boat, so the majority of households consist of only 1 or 2 people.

Given their transient way of life the Boaters survey sought to find out more about respondent's local connection. More than one answer could be provided and the answers with the highest total were;

- 78 answered registered with a doctor in Wiltshire.
- 55 answered work in Wiltshire
- 53 registered to vote in the county
- 10 answered sending their children to school in Wiltshire, is roughly consistent with the low number of children who live on boats

The survey also provided useful information regarding improvements the community would like to see at or in the vicinity of the Canal. In land-use planning terms:

- provision of moorings
- road access and car parks
- points for water supply
- foul water disposal
- refuse disposal/recycling points

were listed as the most important improvements. Other requests for improvements are directed at the CRT who manages the waterway and immediate towpath;

- dredging and general maintenance of canal infrastructure.

Part of the JSNA Family

Annual Canal and River Trust survey

The Canal and River Trust annual Boat Owners survey provides some further insight into the community living on the Kennet and Avon canal (Canal and River Trust, 2018). It is important to highlight that the regional detail is to the whole canal, not just to the section within Wiltshire.

Nationally, 37% of boat owners use their boat as a permanent or temporary place of residence. There is a greater proportion of those aged below 45 years, and females, who use boats as permanent or temporary residence compared to those who use it for leisure.

Amongst those who do most of their boating on the Kennet and Avon Canal, 44.8% use their boat for permanent or temporary residence. This region has one of the highest proportion of residence use, compared to 36.3% nationally. The motivation for living on a boat amongst those on the Kennet and Avon Canal is much more likely to be for a lower cost of living compared to other areas, and over two thirds of residential boats expressed an interested in permanent or long-term moorings.

Outreach worker

Bath and North-East Somerset (BaNES) CCG commission an Outreach worker to work with Boaters on health and welfare issues. This role has identified common health issues, such as depression and anxiety, and injuries from falls and machinery. Challenges and barriers to healthcare for boaters include GP registration, long distances to travel to appointments (particularly due to cruising requirements), and difficulty with access for emergency services.

The is currently no outreach worker working directly with Wiltshire Boaters and Travellers, however funding for a 2-year health inequality project has just been secured which will include support for the Wiltshire boater community.

The map below (Figure 5) shows the location of the Kennet and Avon canal within Wiltshire.

Figure 5: Map of the Kennet & Avon Canal in Wiltshire

Local Demands

Two interviews were undertaken to gain the local views from partners working in the local community.

Health Trainer feedback

Anecdotal information obtained from the Senior Health Trainer covering Thingley Park Traveller site.

Outreach services are provided by a Health Visitor, a Health Trainer, Children's centre outreach worker and a children's play worker visiting Thingley park traveller site once a month with the Blue Bus charity taking a professional team to the community.

Women living at the site are more likely to engage with Health Trainers than men. Topics which are covered include healthy eating, and practical emotional wellbeing support.

Key issues which have been identified:
- difficulty to gain trust of services
- literacy
- health literacy e.g.
  - when or when not to attend healthcare services
  - which services to attend e.g. A&E/Out of Hour services vs. GP
- health service use more acute or reactive, rather than engaging with preventative treatments
- similar pattern of behaviour with regards to oral health and dental services
- domestic abuse

The majority of residents at Thingley park are registered at The Porch Surgery in Corsham as the site is located within the Corsham boundary. There are a few registered patients at Rowden surgery in Chippenham.
Chippenham Community Hospital's Minor Injury Unit hospital is used by the residents, unfortunately the hospital admissions data for children cannot identify this community group.

Residents at Thingley Caravan Site refer to themselves as a mixture of Irish and Welsh Travellers. Each family has a day room for cooking, washing and bathing separately from their caravan. Residents pay council tax and rent.
33-35 plots.

Children living at Thingley Caravan site attend one of the three primary schools in Corsham.

Health Visitors feedback

Health issues reported by the Health Visiting team are that the lack of literacy is common. Heath Visitors will try to call parents to arrange appointments, but sometimes keeping a routine appointment or recognising a number is difficult. It is recognised that same day appointments work best. Issues highlighted by the health visitor team is as follows:

- Lack of adequate sanitation can be an issue with head lice and scabies common.
- Breast feeding rates are reported to be low.
- Domestic abuse is not uncommon.
- Immunisation uptake is variable dependent on the beliefs of the extended family.
- Observed maternal grandmothers have a great deal of influence in the family and this considered in health promotion.
- Dogs on site can cause issues with visiting, but for the most part are behind gates.
- Engagement at routine reviews is variable.
- Ages and Stages Questionnaires are completed with behaviour scores needing follow ups.
- Isolation is a concern to access appointments as if the mothers do not drive, the taxi firms decline to pick up from sites.

All teams report no current issues with vising Traveller sites.

Resident/service users feedback

Challenges in establishing communication for feedback between members of the GRT and Boater community and authorities is clearly recorded in the literature and already discussed. Nevertheless, it was important to gain input from community members where possible.

Several ways of gaining community feedback were attempted, via organisations or professional individuals who already had established working relationships. The Friends, Families and Travellers (FFT) charity was approached, but there was no current engagement work being undertaken by the charity in Wiltshire. Various local authority partner schemes (Health Visitors, Health Trainers, Children's Centre and the Traveller Education Service) were contacted to discuss ways of gaining community feedback for the health needs assessment. All services who worked with Gypsy and Traveller communities only worked at the Thingley site (near Chippenham). Feedback was gained from community members by service professionals visiting the site. This was a facilitated discussion using a pre-written information sheet, developed with service professional input to reflect the findings of the health needs assessment to date.

Community Feedback

As part of the development of this Health Needs Assessment we undertook a community engagement exercise with a traveller community based in one of the market towns in Wiltshire. Engagement with Gypsy and Traveller communities can be difficult. The community engagement relating to boaters specifically will be carried out as part of a wider project aimed at supporting the community (from September 2019). Feedback was obtained on the HNA conclusions by developing a briefing sheet for council officers to use when engaging with traveller communities. This briefing sheet provided a basic overview of the HNA findings and asked those from traveller backgrounds if they agreed or disagreed with the main points of the HNA, asked if there was anything missing in the HNA or not correct and what did the community think could be done in Wiltshire to improve the health in their community including what should be the main priorities. Responses were obtained from four female travellers below:

1. **Do you agree or disagree with these points? Which points sound familiar, and do any not sound like what you experience?**

Not breastfeeding was a common theme from the respondents, being seen as 'not compatible' with the traveller way of life due to lack of privacy and embarrassment. When asked 'what would you do if one of the women chose to breastfeed', the traveller responded, 'I'd tell her to cover herself up and go in the bedroom, it's not how we do things, it's embarrassing.'

Views on vaccination was mixed amongst the group, some recalling that their children had been vaccinated but showing concerns over the potential side-effects of vaccines. One traveller said 'Some people avoid vaccinations, they are afraid of the side-effects of vaccinations.'

Cardiovascular disease and cancer were highlighted as a common concern with the traveller population, which reflects the most common causes of mortality in the under 75s in the general Wilshire population.

Mental health was raised a concern, a traveller stating that 'more than half of the people on here feel depressed. There's lots of people on here feeling ill, in pain all the time. People are worried about money and there's not much to look forward to. We feel discriminated against. There's no access to a dentist. We don't always understand how things work.'

All respondents felt they had no issues with registering with a doctor and that their experience of accessing primary care services was generally good although getting access to dental services was difficult. Female travellers will often show preference to see a female doctor depending on the health issue.

Overall, services provided by GPs, midwifery and ambulance services were seen positively. Some concerns were raised over discrimination experienced when using pharmacy services and from the police.

One traveller's experience:
"Some people have poor attitudes towards travellers, and don't explain thigs to you clearly. You don't want to have to explain to people that you can't read, but I do. I've found people don't always explain things properly, not making an effort to help you. The doctors are good, this was in the pharmacy. I needed to buy something, and the woman wouldn't read out the instructions to me."

Many of the travellers who responded highlighted their roles as carer and the importance of caring within the community. One traveller said, 'I care for my mother, lots of people care for family. You should care for family.'

Support when accessing secondary care was not seen as positively, as one traveller mentioned, 'when I had to stay in hospital last year, my family didn't feel welcome. They were asked to leave the hospital and even the car park. This is when you need your family around you.'

Overall, the respondents believed they did not have any difficulty in accessing and navigating healthcare services. Although one traveller felt that know what is available and where to go can be sometimes challenging. The community highlighted internet was often not used.

2. Is there anything missing from the HNA or not quite right?

From those that engaged with us, no issues were raised as missing or not quite right from the HNA. Some of the concerns that were raised were linked specifically to the site that the travellers live and these concerns will be fed back to the appropriate council department.

One traveller commented, 'My community is positive. We all look after each other. This has a positive effect on my health.'

3. What do you think could be done in Wiltshire to improve your health? What should be the main priorities?

From those that engaged with us, the main concerns relating to health were related to site conditions where they live. These concerns will be fed back to the appropriate council department.

The concerns highlighted in the responses link to site conditions, access to support to remedy these conditions and reducing the stigma / discrimination linked to accessing services. This highlights the need for the Council to continue its role in supporting its offers to understand traveller culture and needs to be better placed to support them.

A few quotes below summarise the responses:

'If people talked to us in a proper manner. Some people talk to us like we're pigs or aliens.'

'This is in the community, not within healthcare. It takes longer to get what you need. You have to stand up for yourself to get what you need. People need to be more

understanding, it's difficult getting help if you can't read and people won't read things to you, for example in the pharmacy or at the council offices. This impacts on our health.'

'Getting things sorted on here. We've been told to ring the housing department if we need something fixed, but they don't understand what you're talking about when you tell them what the problem is.'

What works

The Marmot report, 'Fair Society Healthier Lives' (Marmot 2010), described that people with lower socioeconomic status have worse health outcomes and shorter life expectancy than those higher up the socioeconomic scale. Professor Sir Michael Marmot seeks to increase health equity through action on the social determinants of health.

This report assesses the potential and opportunities for new care models to drive a health system that focusses on population health, reduces health inequalities and takes action on the wider determinants of health. If new models of care can capitalise on the opportunities in the new system and deliver these approaches, then overall improvements to health, reductions in health inequalities and reductions in demand for health care services should result. However, currently there is only partial uptake of the available opportunities through existing mechanisms. As such there is scope to further develop action on health inequalities which the report intends to support.

In 2014 the Government published a report from the Data and Research Working Group of the National Inclusion Health Board (NIHB): Inclusion Health Board Report Hidden Needs: Identifying Key Vulnerable Groups in Data Collections. The report identified that the poor health experiences of some Gypsy and Traveller groups made them particularly vulnerable in terms of much higher rates of mortality and morbidity than the general population.

The health experiences of some Gypsy and Traveller groups are so much worse than their counterparts that (following the Inclusion Health Board's intent to focus on the worst outcomes) they should be designated as particularly vulnerable.

Male Irish travellers in Ireland have a suicide rate 6.6 times higher than the general population; Gypsy Travellers in the Thames Valley have a 100-fold excess risk of measles arising from low immunisation. The report of the Confidential Enquiry into Maternal Deaths in the UK, 1997-99, found that Travellers have 'possibly the highest maternal death rate among all ethnic groups.

These population health findings based on robust data are stark and require urgent public health focus, including targeted suicide prevention services, a robust system of reporting of infectious diseases in the Gypsy/Traveller population and of levels of immunisation (both currently absent), and a robust system for monitoring maternal mortality.

In September 2013, the Royal College of General Practitioners and the NIHB produced a toolkit on commissioning for socially excluded groups. This aimed at widening access to health services and improving the health outcomes of marginalised groups, specifically the homeless, Gypsies and Travellers and sex workers. It included the following "commissioning considerations" when planning services for Gypsies and Travellers:

- Information sharing between different agencies is a key factor in improving access for Gypsies and Travellers, especially given their high mobility and complex needs.
- Community engagement is important for professionals to establish a relationship with the wider network of people, and makes sure that a trusted relationship is gradually set up. This will also contribute to the design of a service that meets the community's perceived need and develop a sense of ownership.
- Mainstream services: Even though one of the most widely implemented strategies has been the 'dedicated health visitor', this should not necessarily be seen as an example of best practice. In fact, Travellers do not want dedicated services, but would much rather be able to access the same high quality services as everyone else, which will also reduce 'singling out' (PCC Framework, 2009).
- Poor living conditions and environmental factors are the single most influential contributing factor to the poor health status of Gypsies and Travellers, including stress. This makes partnership working between the different agencies, including the NHS, Local Authorities Social Services, Housing and Environmental Health, and voluntary sector organisations, even more important to provide a coordinated response to these inter-related issues.

A recent systematic review (McFadden *et al*, 2018) identified several types of engagement projects which could enhance or facilitate access to healthcare for those in Gypsy, Roma or Traveller communities:

1. Specialist roles to work with community members e.g. involvement of community members as links between healthcare and their respective communities
2. Outreach work – these projects highlighted the importance of positive relationships between communities and services, however there is a risk of increased disengagement from mainstream services due to access to outreach services
3. Dedicated healthcare services and staff for GRT communities
4. Raising health awareness within GRT communities. These initiatives showed increased knowledge and awareness of health issues from community members, and attracted positive feedback
5. Handheld or personal records - these interventions were of interest to health care professionals and community members, but challenges with efficacy and confidentiality were notable.
6. Cultural-awareness training of all professionals
7. Collaborative working between community members and professionals – this was a common theme in many engagement projects. There is a risk of disengagement however if there is lack of regular contact.

Literature review

A literature search was undertaken by the Royal United Hospital (Bath) Library service, to identify the available evidence for interventions to address Gypsy, Traveller and Boater health needs or reduce health inequalities.

Whilst there was some evidence available for GRT communities, there was very limited evidence with regards to Boater communities. There is a clear gap in the available evidence on this matter.

Key factors that were identified in the available literature (Greenfields 2017):
- Having local arrangements for effective monitoring of GRT health status through detailed data recording of ethnicity
- Improving cultural competence of people working with GRT communities, including health professionals
- 'In-reach' visits to large Gypsy and Traveller sites
- Leadership from CCGs in identifying and addressing the health needs of this vulnerable population
- Including members of the GRT community in developing join strategic needs assessments and joint health and well-being strategies.
- Activities aimed at subgroups of the GRT population
    - Social events for older people incorporating gentle physical activity
    - Healthy-eating initiatives that use Gypsy/Traveller recipes cooked in healthy ways
    - 'Drop in' sessions with healthcare professionals at accessible venues such as GTR sites and community centres
- 'Pop up' clinics at events such as horse fairs have increased uptake of immunisations and preventative screening services

A notable example in the primary care setting was a Doncaster-based GP practice which adopted several changes to better meet the needs of their GRT population. This has resulted in increased immunisation levels from 4% in 2003 to 70% in 2014, and increased cervical screening tests from no women to 55% of eligible patients. Measures included
- Opportunistic childhood immunisations (e.g. during any appointment)
- Sending welcome notes to visiting Gypsy and Traveller groups inviting them to visit the practice
- Offering longer and evening appointments
- Giving patient part of their medical records to allow patient-led information sharing between GP practices

In Leeds, tailored community maternity pathways were developed in partnership with members of the GRT community. This increased uptake of maternity services and engagement at an earlier, with improved maternal outcomes and the development of ongoing relationships between health professionals and wider family members.

The Royal College of General Practitioners (RCGP) Clinical Innovation and Research Centre produced an evidence-based commissioning guide for CCGs and Health and Wellbeing Boards to improve access to health care for Gypsies and Travellers (Gill *et*

al, 2013). They advised the following considerations for commissioning of services to improve inclusion of GRT communities:

- o Information sharing between agencies: to improve access, particularly to address the highly mobile population with complex needs.
- o Develop trusted relationships through community engagement, to facilitate co-design of services to meet the community's needs as well as develop a sense of ownership
- o Ensure mainstream services are accessible and high quality, rather than creating specific but separate GRT-only services (e.g. dedicated health visitors)
- o Partnership working is required between multiple agencies to address poor living conditions and environmental factor, one of the most influential contributing factors to poor health

Recruiting community health workers from within the GRT community has been effective in regards to health education around asthma (Brady and Keogh, 2016). This programme used a 'train-the-trainer' approach to help educate the wider community about asthma including secondary preventative education. This initiative helped increase capacity of specialist asthma knowledge, and importantly was well received by members of the community.

Examples of practice in other areas

'Virtual' headteacher model

In Cambridgeshire, a pilot project employed a 'virtual' headteacher for children in Gypsy, Roma and Traveller communities to have oversight and specifically support this group. The headteacher addressed issues around distance learning during travelling seasons, ensuring schools had books and resources reflecting GRT communities, and developing robust distance learning materials, as well as supporting pupils whose parents struggled to help them with homework. Results suggested the initiative increased awareness of issues faces by GRT communities, and some evidence of narrowing attainment gaps between GRT and non-GRT students (Children and Young People Now, 2014). However definitive conclusions were precluded due to the small numbers of individuals involved.

Local Area Co-ordinator, Leicestershire

Leicestershire County Council have adopted the Local Area Co-ordination model (currently in use in Wiltshire) with a specific countywide co-ordinator for all Traveller families in the area (approximately 2,800 individuals). Their role is to co-ordinate the multi-agency response for individual Traveller families, and work within both the Public Health team and the Multi-agency Travellers Unit (see below). Their objective is to assist community members to support each other, help guide them through the healthcare service, and also to increase awareness of the health needs and cultural practices of the Traveller community amongst professionals.

Multi-agency Travellers Unit, Leicestershire

Using the traditional model of a specialist Gypsy and Traveller officer was felt to be problematic, as the responsibilities for issues were passed from one person to the next without any consistency of service for both the Gypsy and Traveller population. By drawing up an agency agreement between all the local authorities and other services, such as the police, Travelling Families Health Service, Housing-related Support and the Traveller Education Service, the unit has been able to coordinate a consistent approach to delivering services across the whole of the county. The programme has been successful in training the Gypsy and Traveller community to give presentations and empowering them to get actively involved in promoting their culture. The community representatives act as a floating resource and are often invited to attend meetings of community forums and other specific events. They can also be used for training sessions for members in all tiers of local government.

The proactive engagement and consultations with the Gypsy and Traveller communities has resulted in some tangible outcomes, including Gypsy and Traveller communities attending community events and helping to bust myths commonly held by local residents. The projects have led to improved cohesion and better relationships between Gypsy residents and other local people[2].

Bath and North East Somerset (BaNES)

Local work with being done with Travellers who stop on Bath and North East Somerset (BaNES), this is called Unauthorised Encampment. This work has shown travellers passing through counties will have children under the age of 5 who have not received their full immunisations. BaNES Local Authority has developed a pathway to ensure the first response team to an unauthorised encampment site will ask families a short questionnaire on their Health Needs before processing with the enforcement policy. The local Health Visitor will be notified within the first 2 days so they can visit the families. The health information collected can then, with permission from the travelling family, be passed on to the next health visiting team in their travelling direction.

Brighton and Hove Clinical Commissioning Group and Brighton and Hove City Council – Health Engagement Project

Brighton and Hove CCG and Brighton and Hove City Council commissioned the FFT charity to provide health engagement workers, to identify any health needs and gaps in the Gypsy and Traveller community in the local area.

By working in co-production with community members, the engagement workers were able to form actionable recommendations for service design, and to provide health intelligence to commissioners. They were also able to inform community members of services that they are entitled to and help them to overcome barriers to accessing services.

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[2] https://www.local.gov.uk/sites/default/files/documents/proactive-engagement-mult-0dc.pdf

Leeds CCG Gypsy and Traveller Health Improvement Project

This projected aimed to build bridges between the GRT community and health-related services in Leeds (Warwick-Booth *et al*, 2018). A Specialist Nurse was commissioned for the project, who helped provide health advice, sign-post community members to services, and also collected data for the project evaluation.

The role was successful in providing a 'bridge' to GP practices, by providing advocacy to community members and explanation of the processes involved (e.g. registration). Health advice and sign-posting was particularly used for mental health issues. A Help card scheme, indicating poor literacy requiring assistance from healthcare professionals, was well received as part of the project.

Identification of Health Gaps

1. Lack of local data

There is a paucity of data at a system level on the use and access of vital services by the Gypsy and Traveller community. This is particularly the case in healthcare, and creates challenges in accurately assessing need, informing commissioning decisions and evaluating the effects of any interventions.

2. No uniform approach or provision of specialised health interventions

There is no uniform approach to the provision of additional support to Gypsy and Traveller communities. Whilst some sites in the North of the region have a multi-agency approach with additional support through the charity sector, there is no evidence of such work in other areas of the county. This creates a further geographical inequality within a group with already marked health inequity in comparison to the general population.

3. School attendance and attainment

Attendance at school, in particularly secondary school education, is reduced in the Gypsy and Traveller community. Gypsy and Traveller children may require additional support to have access to education, and alternative models may be required to accommodate for frequent movement and cultural requirements.

4. Health inequalities across multiple indices

This has been identified in national data and in the literature base. Gypsy, Roma and Traveller communities experience the worst health outcomes of any ethnic minority. Multiple indices of health outcomes across the life course (from maternal health to end of life care) demonstrate this, including wider determinants of health. This gap in health outcomes is long-standing and significant.

5. Lack of accessing carer support

Almost no carers known to Carers Support Wiltshire self-identified as Gypsy, Roma or Traveller background. Whilst this may partly be due to not openly identifying as GRT background with the service, it is highly likely that a substantial number of carers in the GRT community are not accessing carer support.

Recommendations

There are five broad themes for recommendations.

1. Improve awareness and understanding of Gypsy, Roma, Traveller needs

A key area of need is the improvement in trust and understanding between GRT communities and the professional agencies required to promote and maintain better health. Improving cultural awareness amongst professionals should promote better working practices and could help reduced discrimination (actual or perceived) experienced by GRT community members. This should be undertaken in all agencies involved with the community (e.g. healthcare, housing, education). It should be aimed broadly (e.g. general cultural awareness e-training) and around specific issues highlighted as barriers or challenges (e.g. awareness of GP practice staff around registration requirements).

Such actions could help to reduce mistrust of professional services by GRT members, and therefore help with service use and access. It would also help to better understand the needs of the local community, improving commissioning decisions.

2. Support and promote close working relationship with the GRT and Boater community

A recurring theme has been the importance of close working relationship between trusted professionals and community members. There is already good examples of this working within the county (e.g. Health Trainers in North Wiltshire). Where such relationships already exist, they should be supported and promoted to maximise their use for GRT community members in reducing health inequality. When such relationships are not in place, these should be encouraged with sensitivity and appropriate communications. Close working with trusted third-party sectors (e.g. FFT) to establish working relationships could be undertaken.

These established and trusted relationships are a preferable way to help GRT community members improve health, in comparison to professional-driven or official agency actions.

There is evidence that maternal, perinatal and childhood health programmes are the most well-received and have best working relationships between healthcare professionals and GRT community members. These areas therefore could be used as

pathways to introducing broader general health advice (e.g. smoking cessation, healthy eating) into the dialogue between community members and professionals.

3. Promote community-driven enablement

In addition to closer working relationships with professionals, actions should be taken to promote GRT community self-enablement. Improving community representation in related groups, such as Wiltshire Council's Traveller Reference Group, would assist in ensuring the needs of the community are being addressed. Using the Local Area Co-ordination model, members of the GRT and Boater community members could be assisted and supported in helping other members of the community to access and navigate the local healthcare system.

Supporting carers should also be a key consideration, but with appropriate cultural sensitivity. Working with the community to ensure carers are appropriately supported with additional help as required, will help to meet needs for both those being cared and their carers.

4. Improve data collation and data sharing

There are challenges with assessing the current needs of the GRT and Boater community due to lack of specific data. This is an issue both at national level and with local data. The recent Parliament enquiry with regards to inequalities in GRT communities urged NHS England to code ethnicity including Gypsy, Roma or Traveller ethnicities. This will greatly assist in assessing the current service use by community members. Local data arrangements should explore including these categories at the soonest possible opportunity, as national data changes have been suggested for several years.

Locally, qualitative work should be undertaken (e.g. detailed health needs survey) to better describe the current needs of the GRT community and the Boater community. This would assist in the planning and commissioning of current services, and also in the future evaluation of any intervention.

Data sharing between health care services, particularly primary care services, Wiltshire CCG and Wiltshire Public Health should be improved to allow easier capture of sub-population need.

In particular, universal services (e.g. maternity, Health Visitors programmes, NHS Health Checks) should ensure a consistent and comprehensive approach to gathering data highlighting vulnerable and underserved groups, such as the Gypsy and Traveller community. This would help future assessments of unmet need, as well as assisting commissioners and service providers to address inequalities through targeting underserved groups.

The possibility of access to anonymised data based on protected characteristic should be explored, as tackling health inequalities is a key priority of the NHS Long Term plan.

5. Respond to national policy changes and local survey results

The publication of NHS England's toolkit on addressing health inequalities should provide useful evidence-based intervention to reduce health inequalities, such as those seen in GRT communities.

A key focus of the NHS Long Term plan is to address health inequalities, and CCGs which have evidence of significant inequalities may receive additional funding to address these inequalities. Such funding opportunities should be actively sought. There should also be strategic alignment in all healthcare-related organisations with the NHS Long Term plan to ensure continued work on reducing health inequalities across the healthcare economy.

The 2017 Boater survey in Wiltshire identified increasing numbers of residential moorings, and improved Canal-side infrastructure as key priorities. These contribute as wider determinants to health outcomes, and so organisations involved in these interventions should be encouraged to undertake these improvements.

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References

BRADY, A-M. & KEOGH, B., 2016. An evaluation of asthma education project targeting the Traveller and Roma community. *Health Education Journal* 75(4), 396-408.

CANAL and RIVER TRUST, 2018. *Boat owners survey 2018* [online]. Available from https://canalrivertrust.org.uk/media/original/40022-2018-boat-owners-views-survey-report.pdf?v=bca3a3 [Accessed 30th April 2019]

CANAL and RIVER TRUST, 2019. *Continuous cruising – your questions answered* [online]. Available from: https://canalrivertrust.org.uk/enjoy-the-waterways/boating/buy-your-boat-licence/continuous-cruising/continuous-cruising-your-questions-answered [Accessed 30th April 2019]

CEMLYN, S., GREENFIELDS, M., BURNETT, S., MATTHEWS, Z., WHITWELL, C. 2009. Inequalities experienced by Gypsy and Traveller communities: A Review *Equality and Human Rights Commission,* 2009.

CHILREN and YOUNG PEOPLE NOW, 2014. *Head Teachers for Children on the Move* [online]. Available from: https://shareweb.kent.gov.uk/Documents/KELSI/Pupil%20support%20and%20wellbeing/Inclusion%20Support%20Services%20Kent/GRT%20Pilot%20CYPN%2002%2009%2014.pdf [Accessed 14th April 2019]

DEPARTMENT for COMMUNITIES and LOCAL GOVERNMENT, 2015. *Planning policy for traveller sites* [online]. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/457420/Final_planning_and_travellers_policy.pdf [Accessed 10th April 2019]

DEPARTMENT FOR EDUCATION, 2018. *Schools, pupils and their characteristics: January 2018* [online]. Available from:

https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018 [Accessed 8th April 2019]

DOUGHTY, J., SIMONS, D., PEARSON, N., EVANS, P., WRIGHT, D., 2016. Challenges identified in a pilot outreach dental service for Traveller children in Hackney, East London. *Community Dental Health* 33, 185–188

EDWARDS, D.M. & WATT, R.G., 1997. Oral health care in the lives of Gypsy Travellers in east Hertfordshire. *British Dental Journal* 183, 252-257.

FRIENDS FAMILIES and TRAVELLERS 2019. *No room at the inn: How easy is it for nomadic Gypsies and Travellers to access primary care?* [online] Available at: https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf [Accessed 11th April 2019]

GILL, P., MacLEOD, U., LESTER, H., HEGENBARTH, A., 2013. *Improving access to health care for Gypsies and Travellers, homeless people and sex workers.* The Royal College of General Practitioners.

GREENFIELDS, M., 2017. Good practice in working with Gypsy, Traveller and Roma communities. *Primary Health Care* 27(10), 24-29.

HODKGINS, M. & FOX, F., 2012. 'Causes of causes': ethnicity and social position as determinants of health inequality in Irish Traveller men. *Health Promotion International* 29(2) 223-234.

MARMOT, M., 2010. Fair Society Health Lives (The Marmot Review). *Strategic Review of health Inequalities in England post-2010*, 2010.

MCFADDEN, A., SIEBELT, L., GAVINE, A., ATKIN, K., BELL, K., INNES, N., JONES, H., JACKSON, C., HAGGI, H., MACGILLIVRAY, S., 2018. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. *The European Journal of Public Health* 28(1), 74–81

MINISTRY OF HOUSING, COMMUNITIES & LOCAL GOVERNMENT, 2016. *Review of housing needs for caravans and houseboats: draft guidance* [online]. Available from: https://www.gov.uk/government/publications/review-of-housing-needs-for-caravans-and-houseboats-draft-guidance [Accessed 15th April 2019]

MINISTRY OF HOUSING, COMMUNITIES & LOCAL GOVERNMENT, 2018. *Traveller caravan count: July 2018* [online]. Available from: https://www.gov.uk/government/statistics/traveller-caravan-count-july-2018 [Accessed 8th April 2019]

NHS ENGLAND. *Ethnic Gypsy, Roma and Traveller Communities – How to register with a doctor (GP)* [online] Available from: https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-gypsy-traveller-roma-communities.pdf [Accessed 11th April 2019]

NHS ENGLAND 2015. *Patient Registration – Standard Operating Principles for Primary Medical Care (General Practice)* [online] Available from: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/01/patient-registrations.pdf [Accessed 11th April 2019]

NHS ENGLAND 2019. *The NHS Long Term Plan* [online] Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf [Accessed 4th April 2019]

NHS ENGLAND 2019b. *Equality and Health Inequalities Analysis – For 2019-20 and 2023-24 revenue allocations to Clinical Commissioning Groups* [online]. Available from https://www.england.nhs.uk/wp-content/uploads/2019/01/04-pb-31-01-2019-ccg-allocations-ehi-analysis-form.pdf [Accessed 10th April 2019]

NORTH SOMERSET COUNCIL, 2013. *Gypsy and Traveller Needs Assessment Chapter* [online]. Available from: https://www.n-somerset.gov.uk/wp-content/uploads/2015/11/gypsy-and-traveller-needs-assessment-chapter.pdf [Accessed 10th April 2019]

OFFICE for NATIONAL STATISTICS, 2013. *Trends in general health and unpaid care provision between ethnic groups, 2011* [online]. Available from: https://webarchive.nationalarchives.gov.uk/20160105204901/http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/ethnic-variations-in-general-health-and-unpaid-care-provision/sty-trends-in-health.html [Accessed 15th April 2019]

OFFICE FOR NATIONAL STATISTICS, 2014. *2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales?* [online] Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/datasets/2011censusanalysiswhatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales [Accessed 16th April 2019]

OPINION RESEARCH SERVICES, 2014. *Wiltshire Gypsy and Traveller Accommodation Assessment* [online] Available from: http://www.wiltshire.gov.uk/wiltshire-gtaa-final-report.pdf [Accessed 8th April 2019]

PARLIAMENT, HOUSE OF COMMON 2019. *Tackling inequalities faced by Gypsy, Roma and Traveller communities* [online] Available from: https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2017/inequalities-faced-by-gypsy-roma-and-traveller-communities-17-19/ [Accessed 5th April 2019]

PARRY, G., Van CLEEMPUT, P., PETERS, J., WALTERS, S., THOMAS, K., COOPER, C., 2007. Health status of Gypsies and Travellers in England. *J Epidemiol Community Health.* 2007 Mar; 61(3): 198–204.

RACIAL DISPARITY UNIT, 2019. *Ethnicity facts and figures.* [online]. Available from https://www.ethnicity-facts-figures.service.gov.uk/ [Accessed 10th April 2019]

ROGERS, C. & GREENFIELDS, M., 2017. Hidden losses and 'forgotten' suffering: the bereavement experiences of British Romany Gypsies and Travellers. *Bereavement Care*, 36:3, 94-102.

STEVENS, A. & GILLAM, S., 1998. Needs assessment: from theory to practice. *British Medical Journal* 316(7142), 1448–1452

Van CLEEMPUT, P., 2018. Health needs of Gypsy Travellers. *InnovAiT,* 11(12), 681-688

WARWICK-BOOTH, L., WOODWARD, J., O'DWYER, L., Di MARTINO, S., 2018. *An Evaluation of Leeds CCG Gypsy and Traveller Health Improvement Project*. Leeds Beckett University.

WILTSHIRE COUNCIL, 2016. *Wiltshire's Traveller Strategy Refresh 2016-2020* [online] Available from: http://www.wiltshire.gov.uk/sppolicy-wiltshire-traveller-strategy-2016-refreshed.pdf [Accessed 8th April 2019]

WILTSHIRE COUNCIL, 2018. *2017 Boaters Survey* [online]. Available from: http://www.wiltshire.gov.uk/sppgt-2017-draft-boaters-survey-with-appendices.pdf [Accessed 10th April 2019]

WILTSHIRE COUNCIL 2018. *Wiltshire Pharmaceutical Needs Assessment 2018* [online]. Available from: https://www.wiltshireintelligence.org.uk/library_/pharmauctical-needs-assessment/ [Accessed 11th April 2019]

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Wiltshire Council

Health and Wellbeing Board

17ᵗʰ September 2020

Subject: SEND Inclusion Strategy 2020-2023

Executive Summary

1. This report describes the key achievements of the previous (Special Educational Needs and Disability) SEND strategy 2015 – 2019, before setting out the background and the consultation that was taken forward to create a SEND Inclusion Strategy for 2020 – 2023.

2. This strategy has been developed in co-production with parent/carers, children and young people and the organisations who make up the Wiltshire SEND Local Area Partnership.

3. The strategy was approved by Cabinet on 24ᵗʰ March 2020.

4. The main focus of this strategy is to support the development of inclusion for children and young people with SEND.

5. There are three main considerations for Health and Wellbeing Board:

   - To be assured that the strategy reflects the scope of intention regarding SEND inclusion and whether the consultation process appropriately included and enabled Wiltshire stakeholders to engage in the development of this strategy.
   - To understand and support how the strategy will be monitored
   - To appreciate the financial situation and be assured that the appropriate activity is referred to in this strategy.

6. The priorities created through the development of the strategy received good support from stakeholders. This strategy seeks to create an overview of the work that that will be taken forward in the next few years to support the education and wellbeing of children with SEND in Wiltshire.

7. Further detailed plans will come to the SEND local area partnership board to support the development of the priorities included in the attached SEND Inclusion Strategy.

   1.

Proposal(s)

It is recommended that the Board:
   i)   Approve the SEND Inclusion Strategy 2020 - 23

Reason for Proposal

To support the work of Wiltshire's SEND Local Area through this SEND Inclusion Strategy 2020 - 23

Terence Herbert
Chief Executive Officer
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

17ᵗʰ September 2020

Subject: SEND Inclusion Strategy 2020-2023

Purpose of Report

1. The purpose of this report is present the SEND Inclusion Strategy 2020-23 for approval by the HWB (Appendix 1)

Relevance to the Health and Wellbeing Strategy

2. The SEND Inclusion Strategy contributes to all four themes of the Health and Wellbeing Strategy – Prevention, Tackling Inequalities, Localisation and Integration.

    *   **Prevention** – the SEND Inclusion Strategy promotes inclusion and wellbeing and has priorities which focus on removing exclusion in education

    *   **Tackling Inequalities** – The strategy focuses on tackling inequalities through improved support for those with mental health or learning disabilities and improved outcomes for children with a disability and care leavers.

    *   **Localisation –** supporting strong communities and protecting the most vulnerable through improving the range and quality of provision

    *   **Integration –** the strategy highlights the importance of holistic plans including health, care and education, and the need for community inclusion and well-planned transitions.

Background

3. The Previous three year SEND strategy completed at the end of 2019. Seven priorities were established for this three-year period:

    *   Priority 1 - Clear, Comprehensive and Accessible Information
    *   Priority 2 – Right Place and Right Time
    *   Priority 3 – Improving Outcomes & Practice
    *   Priority 4 – Focus on Inclusion
    *   Priority 5 – Early Identification, Positive Engagement & Improved Transitions
    *   Priority 6 – Supporting Settings & Staff
    *   Priority 7 – Managing Financial Pressures

4.   Over this period the following work was achieved through these priorities:

Priority 1
- The local offer website was established
- Wiltshire Parent Carer Council (WPCC) established over 2500 members (compared to the national average of 400 members)
- A new training programme led by parent/carers and professionals together for all parents with a child with SEND, called "Time Out for Families", was successfully piloted and will be continued as part of this new strategy
- The Local Area took forward a comprehensive self-assessment and established a data dashboard to monitor progress.

Priority 2
- Wiltshire Council was successful in an application for a new free school for 150 children/young people with Autism (ASD) and/or Social Emotional and Mental health difficulties (SEMH)
- An additional 52 resource base places have been created
- A commitment has been established to bring three special schools in the north together as one new school, committing £33m to create up to 400 places across the three sites.

Priority 3
- Key stage one and two results for children with SEND have significantly improved, from being in the bottom quartile of national results to the top quartile by 2018.
- Over 80% of applications for an EHCP are completed in 20 weeks compared to the national average of 58%[1]
- The conversion of statements to EHCPs was met to schedule in April 2018, based on person centred planning
- Satisfaction in the impact of our short breaks scheme was rated at 97% by respondents and WPCC and Wiltshire Council were invited to meet the minister for Education to share the success of this scheme.
- 94% of young people with SEND when leaving education go into further training or employment, this is one of the highest rates in the country.

Priority 4
- 51% of children and young people are in an inclusive school setting (mainstream schools, resource bases or Enhanced Learning Provision) (national average 38%). Wiltshire has continued to invest in resource bases and this has been welcomed by parent/carers
- Training has been taken forward through the Families and Children's Transformation programme (FACT) across the partnership using THRIVE, an approach to trauma informed practice

Priority 5
- There has been a significant shift towards early intervention which has led to better early years outcome for all children with SEND in the measurement of a Good Level of Development (GLD)

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[1] https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

- A new transitions guidance document has been developed and has been well received by professionals and families

Priority 6
- New guidance has been taken forward around banding, funding, referral for EHCPs, annual reviews and the commitment with Virgin Care and Oxford Health for training has been renewed
- New funding has been drawn in to offer school-based support for mental health, with a range of online options
- SENCO (Special Educational Needs Coordinator in schools) networks have been established

Priority 7
- Funding pressures have continued to rise, and while Wiltshire has contained its costs when compared to other Local Areas in the country, overall the growing deficit remains a significant and major concern.
- Over £15m of new funds have been brought into the local area to support SEND priorities in the last 18 months through grants and applications (Army rebasing funds, SEND capital grant, funding from the Department for Education (DfE) to build a new special school in the South).

Wiltshire was also subject to the new SEND Local Area Inspection led jointly by the Care Quality Commission (CQC) and Ofsted. Wiltshire was praised particularly for its partnership working, our commitment to engagement with parent/carers, and our holistic and child centred approach to responding to the changes led by the Children and Families Act 2014. Following the inspection, the CQC/Ofsted can choose to send a letter of improvement to the local area. Wiltshire was one of a handful of local authorities where no letter was required.

"Senior leaders in the local area from education, health and social care are working together constructively to deliver and improve services for children and young people who have special educational needs (SEN) and/or disabilities. They demonstrate ambition to deliver high-quality outcomes for children and young people, despite the increasing demands on budgets and financial constraints. As a result, they have detailed and appropriate plans in place to tackle their key priorities for improvement"[2].

5.	Focus for next three years

The new strategy creates a new vision for SEND for the future, building on the work of the SEND local area inspection, blending this work into that of the Health and Wellbeing board and wider strategies such as FACT and the development of the Bath, Swindon and Wiltshire CCG partnership (BSW).

The Vision created with stakeholders through consultation is:

"**All children and young people with SEND and their families will have a voice that is heard. They will know how to access, and be**

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[2] https://files.ofsted.gov.uk/v1/file/2763765

able to access the joined-up support they need to thrive in their communities, to enjoy life and reach their full potential"

This is to be underpinned by the following principles, also created by stakeholders, that all children/young people with SEND will:

- **Be safe and feel safe when trying new things**
- **Be able to learn from each other and grow together with all children/young people**
- **Be able to have choice wherever possible**
- **Have access to information and communication for themselves and the people around them that helps them along**
- **Experience joined up help and support because this strategy is being coproduced**
- **Have additional needs identified early so support can start as soon as possible**
- **Be educated as close to home as possible**

The priorities established for the next three years are:

1. **Developing holistic plans with children and young people**
2. **Inclusion and removing exclusion in education**
3. **Inclusion and wellbeing in the community**
4. **Improving the range and quality of provision**
5. **Achievement and progress**
6. **Well planned transitions**

The Stakeholders agreed that we should achieve this by:

- Working with children and young people with SEND so that they can tell us how we are doing
- Setting up a SEND and Inclusion board involving representatives of all the people and organisations who got involved in the consultation and can help us make this strategy happen
- Using the joint agency Families and Children Transformation Project (FACT) the Health and Wellbeing Board and the Bath & North East Somerset, Swindon, Wiltshire (BSW) Clinical Commissioning Group (CCG) to support and co-ordinate change through all the relevant organisations
- Working closely with schools/colleges/nurseries on a regional basis to improve inclusion
- Setting up a monitoring process which lets us know if we are achieving our vision linked to each of the priority areas (a SEND Dashboard)
- Creating a budget recovery plan that links to the strategic priorities

- Reporting to everyone about the money to ensure that we can afford these plans
- Developing Quality Assurance e.g. through self-evaluation and peer evaluation for services
- Creating a universal wellbeing check that children and families can use themselves
- Making our strategy and our minutes from the SEND and Inclusion Board available online so that everyone can see what we are doing and achieving
- Having an annual opportunity for all stakeholders to talk about how we are doing to ensure we stay on track, for example by a webinar.

Main Considerations

Engagement and Consultation

6. The strategy sets out a comprehensive response to the views, comments and issues raised by stakeholders through the consultation process. This strategy represents a core document with high levels of engagement which sits amongst a range of strategic responses to the scope of the issues that the local area SEN partnership wants to develop and address. There are separate plans either in place or in development which create the detail behind each of the priorities and actions identified in the strategy.

There are three main considerations for HWB:

- To be assured that the strategy reflects the scope of intention regarding SEND inclusion and whether the consultation process appropriately included and enabled Wiltshire stakeholders to engage in the development of this strategy.
- To understand and support how the strategy will be monitored
- To appreciate the financial situation and activity surrounding and included in this strategy

7. The consultation

There were four main ways in which consultation was taken forward:

a) Meetings with young people

Our Youth Ambassadors met with 21 young people with SEND across Wiltshire. The Youth Consultants took forward in depth interviews with 21 young people across the timescale of roughly two weeks. A relatively small pool of respondents was collated; however, a range of age, gender, academic abilities and geographical location was achieved.

Three venues were visited; Lavington secondary school, Hardenhuish secondary school (Chippenham) and Old Sarum Youth Club (Salisbury). This variety allowed the consultants to identify a range of different SEND experiences and identify how reports of these experiences differed between respondents interviewed in an educational (Lavington and Hardenhuish) setting and respondents interviewed in an informal (Old Sarum Youth Club) setting.

b) Face to face meetings with parent/carers and professionals

Officers working alongside Wiltshire Parent Carer Council (WPCC) had three initial meetings across the county with parent/carers, professionals and community members

| Locations	Number of Attendees
7th October 2019, Assembly Room, Town Hall, Devizes	31
8th October 2019, Chippenham Golf Club	19
11th October 2019, Stones Hotel, Salisbury	28

In these meetings a set of slides was shared and then attendees took part in a number of workshop activities to explore what has been achieved so far around SEND and inclusion and what would be important for the future.

The team creating the strategy (WPCC and professionals from across the local area for SEND in Wiltshire) then met together to gather together what had been said. From these deliberations seven priorities were proposed and an initial vision statement set out.

There were then a further three meetings arranged, where stakeholders (some from the existing meetings, but mostly new attendees) came together to review the priorities, develop the vison statement and identify key actions for the strategy.

Locations	Number of Attendees
11th November 2019, Salisbury City Hall	18
14th November 2019, Corn Exchange Devizes	17
21st November 2019, Wiltshire College, Chippenham campus	10

Below are photos of some of the notes
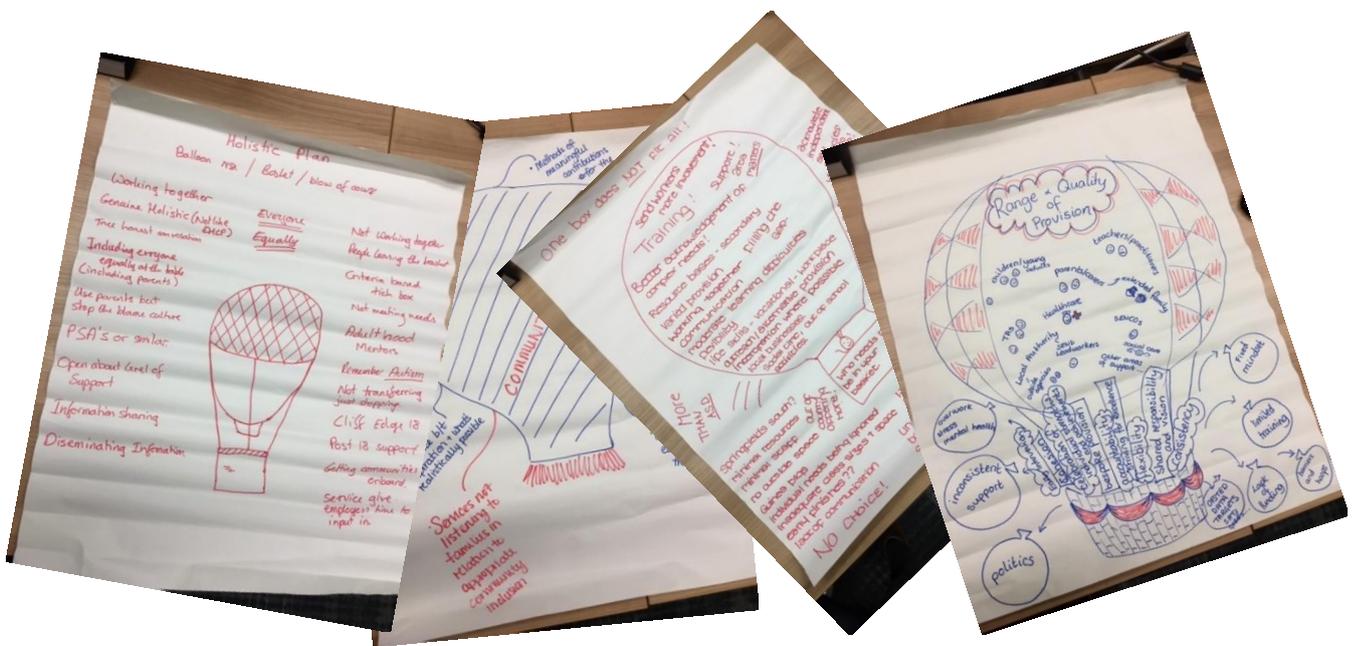
c) Meetings with Professionals and schools

The team went to a number of meetings including:

- o Head Teachers' regional briefings
    - 16th September, Devizes, 18 attendees
    - 17th September, Trowbridge, 38 attendees
    - 18th September, Chippenham, 25 attendees
    - 19th September, Salisbury, 35 attendees
- o Primary Head Forum (PHF) and the Secondary Heads Association (WASH)
- o SENCO networks

These were helpful meetings enabling schools to engage with the agenda and discuss their part in making the principles and priorities work in their schools.

d) An online survey

The on-line SEND Inclusion Strategy received twenty-four responses from parent carers, practitioners and friends or relatives. This ratio was similar to the representation in the face to face meetings.

The participants had accessed a wide range of services with School SENCO's remaining one of the most used sources of support and help, followed by the Wiltshire Council's SEND and (Specialist SEN) SSENs teams.

Services accessed / worked with over past 12 months
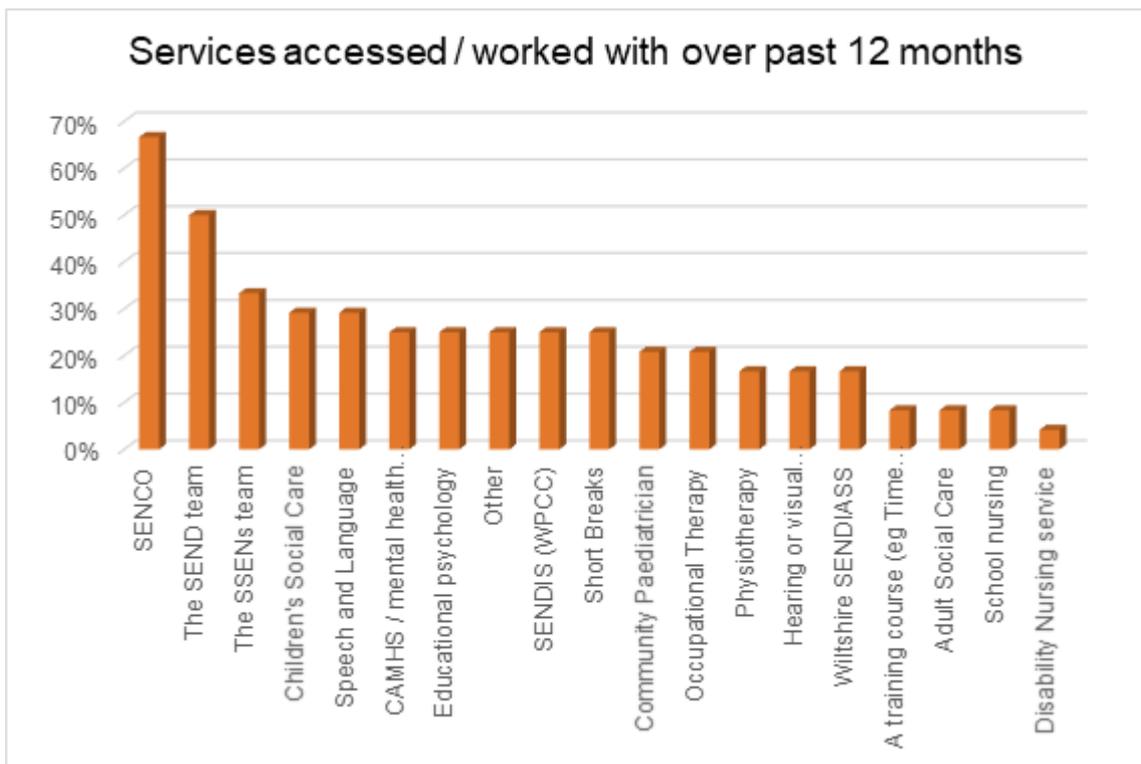
80% of respondents reported that they were 'supportive' or 'very supportive' of the proposed vision. 16% said they were 'not supportive or 'Not at all supportive' of the proposed vision. No further information was given about the reasons.

How supportive are you of the proposed vision?

- Neither supportive or not supportive 4%
- Supportive 21%
- Not supportive 8%
- Very supportive 59%
- Not at all supportive 8%
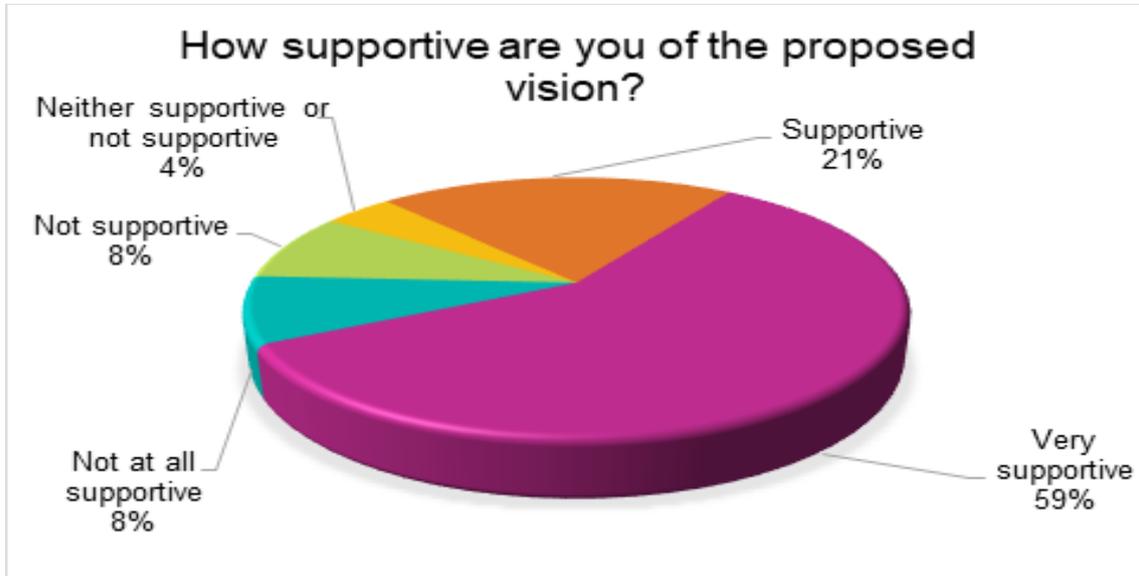
The majority of respondents thought it was 'very important' or 'important' that the areas below were covered in the strategy.
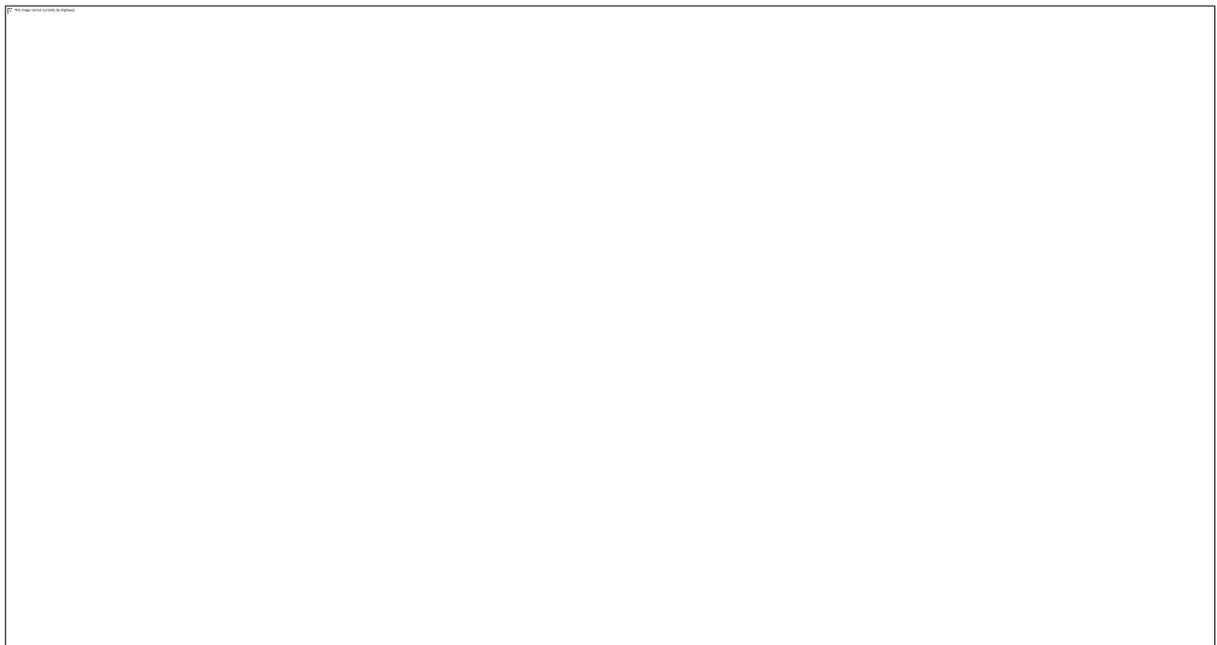
Their main priority just ahead of Progress and achievement and school inclusion was "Inclusion in the community". This reflects the discussion with the children and young people where isolation and stigma were identified as some of their most significant concerns.

Below the chart shows the areas which rated "very important" and "important".

Eight areas we think the new strategy needs to cover

Area	Percentage
Info/support/safeguarding	83%
Transitions	83%
Meaningful plans	83%
Transport	67%
Range and quality of provision	88%
Community inclusion	96%
Increase inclusion	92%
Achievement and Progress	92%

Legend: Achievement and Progress, Increase inclusion, Community inclusion, Range and quality of provision, Transport, Meaningful plans, Transitions, Info/support/safeguarding

8. Monitoring the Strategy

The other consideration for the is how this strategy will be monitored. There is a new SEND Local Area Board being created. Members of the board include:

- Wiltshire Council (including, commissioning, the SEND service, public health and social care)
- The Clinical Commissioning Group
- Our Community Health provider – Virgin Care
- Our Children's Mental Health provider – Oxford Health
- Wiltshire Parent Carer Council
- A representative of Wiltshire schools and early years settings
- A representative of the children's Voluntary Sector Forum

This group will be responsible for monitoring the progress and outcomes as articulated in the strategy. The group has informally existed since the introduction of the 2014 Children and Families Act. This strategy will helpfully formalise the responsibilities and commitments of the stakeholders involved.

9. Funding & Schools Forum

There are two distinct funding streams for pupils with SEN & disability. Local authority budgets and the high needs block (HNB) of the ringfenced DfE dedicated schools grant (DSG.) There is opportunity for members to increase local authority budgets to reflect local demand pressures.

Significant investment has been made in those services funded by the local authority in recent years reflecting the Council's commitment to vulnerable pupils. Wiltshire is also investing in new Special School provision in the north, funded from borrowing on top of the SEND capital grant.

The funding for the schools, educational services and support for pupils with SEN & disability through the DSG is allocated annually by the department for education (DfE).

Funding per pupil per local authority has been compared, out of a total of 149 local authorities, Wiltshire schools are 15th lowest funded. For high needs pupils, Wiltshire is the 105th lowest funded local authority for HN block funding per pupil which sounds reasonable until you consider that Wiltshire is funded at 12% of the highest funded local authority and would need to be multiplied by 8 to bring Wiltshire up to the top of the table and be aligned with Windsor and Maidenhead. A significant part of the current formula is based on historical pupil number snapshot at a time when Wiltshire had comparatively low numbers of pupils with "statements." The DfE will be reviewing the formula for high needs pupils for 2021-22 financial year and we anticipate a larger proportion of the national funding level which better reflects the numbers of children and young people with EHCPs in Wiltshire.

It has been nationally recognised that the level of funding for the most vulnerable pupils has been historically insufficient and included in the 2020-21 allocation is an additional £4.441m which is Wiltshire's share of the additional £680m (with £100m held centrally for adjustments) announced by the government in August 2019. Whilst this additional funding is most welcome, it does not fully address the magnitude of the cumulative pressures from previous financial years nor does it fully address the anticipated pressure for 2020-21 financial year for Wiltshire. The pressure on the 2020-21 high needs budget has been estimated at £14.4 million. This reflects both current year and 2020-21 demand increases.

The Department for Education has recently consulted on changing the conditions and regulations applying to the dedicated schools grant (DSG), to clarify that it is a ring-fenced specific grant, separate from the general funding of local authorities. It will also clarify that local authorities are expected to carry forward any deficits they may have on their DSG accounts, and the deficit does not have to be covered by their general reserves.

It is therefore imperative that schools and local authority officers work together in strategic partnership to ensure value from provision for pupils. Schools Forum agreed a transfer of 0.8% (£2.200 million) in 2019-20 and have agreed a 0.7% (£2.065 million) for 2020-21. The growth fund has been set at the DfE funded level which is estimated at being £1.6 million higher than Wiltshire's required level. This will create a positive variance to offset HNB pressures elsewhere. A new working group, reporting to the SEND Inclusion Board, comprising heads and local authority officers has been set up to support and challenge the programme of transformational work, to develop mainstream inclusion, ensure core processes are in place and expand the number of quality specialist placements available in Wiltshire schools. These factors are inherent in the SEND Inclusion Strategy.

Overview and Scrutiny Engagement

9. A verbal briefing has been provided to the chair and vice-chair of the Children's Select Committee (and open to members of the committee and members of the SEND task group). The draft strategy has been presented to:

    - The SEND Local Area Board (who also have the lead on this strategy)
    - The Clinical Commissioning Group Board
    - The FACT Board
    - The regional school's meetings
    - WPCC
    - Wiltshire Council's Cabinet

Safeguarding Implications

10. The implementation of this strategy will continue to prioritise the safeguarding needs of children and young people with SEND. Stakeholders particularly established a number of principles for the way the strategy is implemented and one of those is to keep children/young people safe, but with a particular focus on how we can enable children and young people and their families to take risks which take forward their wellbeing in safe ways.

Public Health Implications

11. The wellbeing and health of our children and young people with SEND is clearly at the heart of this strategy. The local area partnership, through the SEND Inclusion board, will be working together to improve the health and wellbeing of children and young people with SEND enabling them to be confident members of their communities.

    This should both maintain our commitments within public health as well as the wider commitments within the Wiltshire business plan (2017 – 27), but more importantly, building on our commitment to partnership, genuinely enable our children and young people with SEND to thrive in our communities.

Procurement Implications

There are no direct implications for procurement although a number of the intended projects will involve procuring services. This will be taken through appropriate processes as required by the council Part 10 Procurement and Contract Rules.

Equalities Impact of the Proposal

12. A review of equalities impact has been taken forward for this strategy, but each project will also need to assess the impact as they are progressed. Overall the impact is positive as this strategy is focused on supporting the

needs of some of our most vulnerable children, young people and their families in Wiltshire.

Environmental and Climate Change Considerations

13. The impact of the strategy should support Wiltshire's commitment to combating the negative effects of climate change by supporting children and young people with SEND to be part of their local community and minimising transport to access schools out of county wherever possible. Through this we hope they can also participate in all local schemes which support the 'reduce, recycle and reuse' agenda.

Risks that may arise if the proposed decision and related work is not taken

14. There are no direct risks appertaining to this report, however it is essential to the wellbeing of children with SEND and the financial efficacy of our work that we put in place a plan that has full engagement and agreement of stakeholders to enable the necessary actions to be taken.

Financial Implications

15. As described in the main considerations within this report, despite additional investment, the financial challenges continue both at a local and national level. The work of the high needs block working party is key in developing a strategic approach and reducing the Council and Wiltshire schools' exposure to further financial risk.

     The proposed action plan activities are wide and varied and the group will both support and challenge management of these.

     A series of the project or actions identified in the strategy have a particular impact on financial recovery. These include:

Projected Recovery Plans & Savings	20-21 Forecast £M	21-22 Forecast £M	22-23 Forecast £M
Dyslexia friendly schools	-0.007	-0.050	-0.100
Inclusion and school effectiveness project	-0.800	-1.000	-1.000
ELP/RBs	-0.400	-0.400	-0.400
SEND assessment and EHCP	-1.000	-1.000	-1.000
Review of INMSS including commissioning challenge	-0.500	-0.500	-1.000
Post 16 Transition	-0.300	-0.600	-0.600
SEND AP project	-0.360	-0.360	-0.500
Digital solutions	-0.500	-1.000	-2.000
Early intervention and support project	-0.200	-0.300	-0.500
Total Estimated Working Group Savings Target	**-4.067**	**-5.210**	**-7.100**

Legal Implications

16. There are no specific legal implications from the implementation of this strategy although each project or area of work may have specific issues that

will be appropriately considered through the business and action plans of each project.

Workforce Implications

17. There are no specific Human Resource implications in implementing this strategy, however the strategy is a commitment to a fundamental cultural change which will lead to reviews of the SEND system and therefore at some point job descriptions and responsibilities.

Conclusions

18. The Strategy is commended for approval by the Health and Wellbeing Board.

Next Steps

19. If the HWB approve the final draft document for publication, the new SEND Inclusion strategy for Wiltshire will replace the current strategy.

Helean Hughes (Director - Education and Skills)

Report Author: Alison Enever – Head of Special School Transformation
alison.enever@wiltshire.gov.uk

31st July 2020

Background Papers

The following document has been relied on in the preparation of this report:

The draft SEND Inclusion Strategy 2020 – 2023

Appendices:

Appendix 1: The draft SEND Inclusion Strategy 2020 – 2023

Wiltshire SEND Inclusion Strategy 2020 – 2023

Foreword

Welcome to this document that sets out the strategy for all children and young people with special educational needs and disabilities (SEND) 0 – 25 in Wiltshire.

This strategy has been put together through working with parent carers, children and young people, voluntary sectors groups, Wiltshire Parent Carer Council (WPCC) and professionals from across a partnership of organisations that work with people with SEND including Wiltshire Council, Wiltshire Clinical Commissioning Group, Wiltshire pre-schools settings and childminders, schools and colleges, our provider of children's and adolescent's mental health support (Oxford Health) and our provider of community care (Virgin Care).

As a partnership we want the very best for our young people with SEND (including those on SEND Support and with an Education Health and Care Plan) now and in the future and we believe that inclusion needs to be at the heart of our strategy so that every child or young person with SEND feels valued and empowered to be part of their community now and in the future.

Cllr Pauline Church

Cabinet member for Children, Education and Skills

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Coproduction

Wiltshire is committed to coproduction and as part of this strategy we want to take the next steps[1] towards working together.

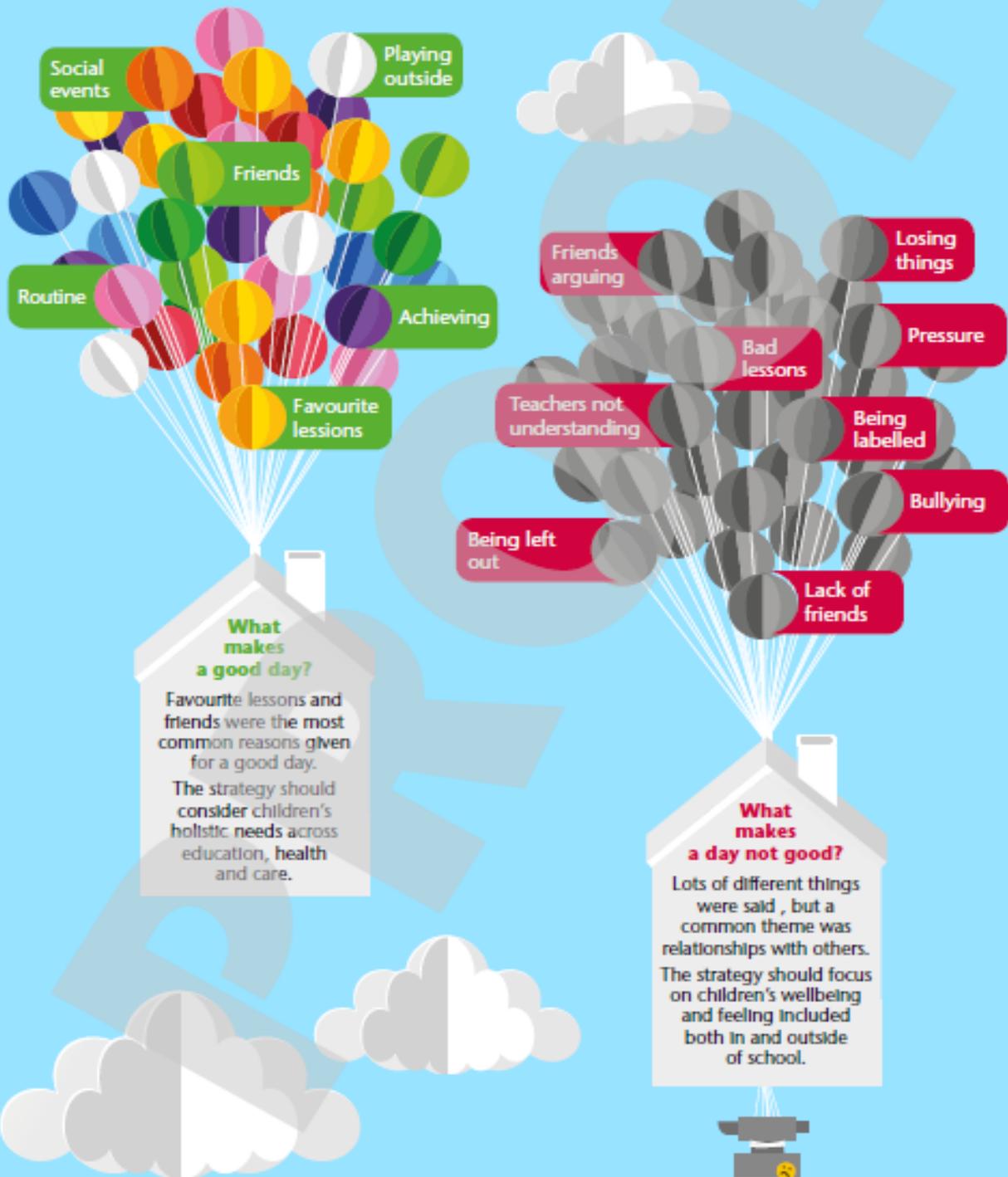|	
Co-Production We develop, decide, design and do together	Parents and professionals work jointly on the development of decisions that are made in an equal and reciprocal relationship
Participation We decide together	Parents and professionals work together in strategic groups and decision making groups to decide what should happen and shape services
Consultation You give us a choice then we decide	Parents/carers are asked what they think about particular developments os issues
Information You tell us	Parents/carers are provided with information from the department/provider about what is happening
No Engagement We do not have contact	Parents/carers do not know who to contact and have no working relationship with department/provider

The creation of this strategy has been a good opportunity to work together and ensure that the local area is prioritising the work that will make the most difference in the lives of families and children with SEND. The participation of parent carers, children and young people and the wider community is vital to ensuring that we can bring inclusive communities together.
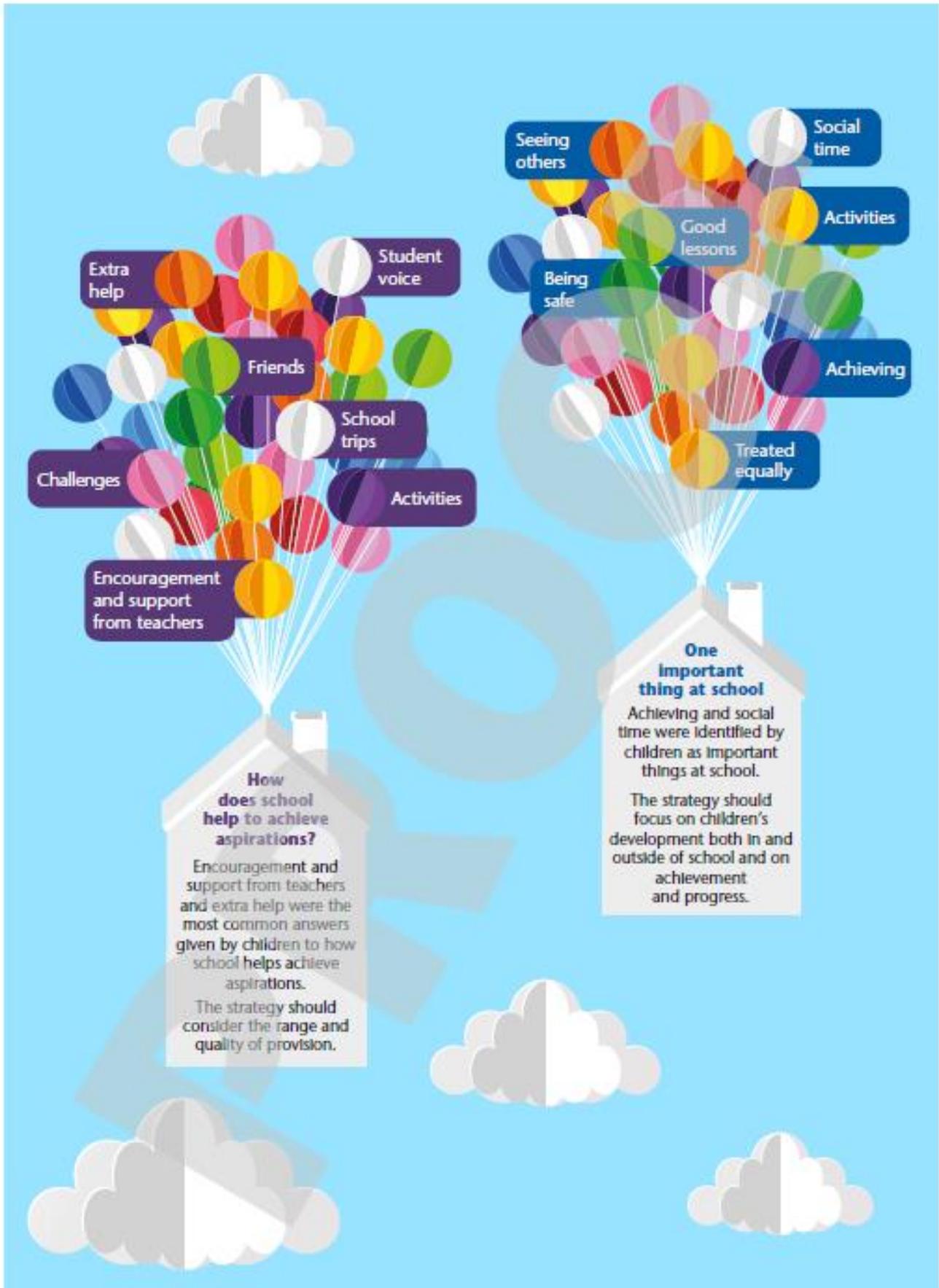
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[1] https://lx.iriss.org.uk/sites/default/files/resources/Co-production.pdf

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What Children and Young People with SEND think is important to include in the strategy

What children and young people with SEND think is important to include in the strategy

While the professionals and our parents did their thinking we had some time with Voice and Influence team lead to talk about what we thought was important.

Social events · Playing outside · Friends · Routine · Achieving · Favourite lessons

What makes a good day?

Favourite lessons and friends were the most common reasons given for a good day.

The strategy should consider children's holistic needs across education, health and care.

Friends arguing · Losing things · Bad lessons · Pressure · Teachers not understanding · Being labelled · Being left out · Bullying · Lack of friends

What makes a day not good?

Lots of different things were said , but a common theme was relationships with others.

The strategy should focus on children's wellbeing and feeling included both in and outside of school.

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Wiltshire SEND Inclusion Strategy 2020 - 2023

Extra help

Student voice

Friends

School trips

Challenges

Activities

Encouragement and support from teachers

Seeing others

Social time

Good lessons

Activities

Being safe

Achieving

Treated equally

How does school help to achieve aspirations?

Encouragement and support from teachers and extra help were the most common answers given by children to how school helps achieve aspirations.

The strategy should consider the range and quality of provision.

One important thing at school

Achieving and social time were identified by children as important things at school.

The strategy should focus on children's development both in and outside of school and on achievement and progress.

1) Introduction – the Vision

The vision is to work together to create an environment where:

"All children and young people with SEND and their families will have a voice that is heard. They will know how to access, and be able to access the joined-up support they need to thrive in their communities, to enjoy life and reach their full potential"

.

Key Principles

Underpinning this, stakeholders set out some key principles that must run through the implementation of the strategy that all children and young people should:

- **Be safe and feel safe when trying new things**
- **Be able to learn from each other and grow together with all children and young people**
- **Be able to have choice wherever possible**
- **Have access to information and communication for themselves and the people around them that helps them along**
- **Experience joined up help and support because this strategy is being coproduced**
- **Have additional needs identified early so support can start ASAP**
- **Be educated as close to home as possible**

The vision and principles for this strategy is built on the commitments that have been developed by stakeholders and partners over the last few years, including Wiltshire's Health and Wellbeing Partnership (2019 -2022)

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

You can read this document by following this link:
https://cms.wiltshire.gov.uk/documents/s167722/D19025-HW2018-strategy-v6.pdf

And the vision set out in Wiltshire's Transformation plan for children and young people's mental health and wellbeing (2015 - 2020) which is now being developed through the Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG)

'All children and young people have the opportunity to thrive and enjoy good mental health now and throughout their lifetimes, they are resilient and equipped to manage the ups and downs which life throws at them. Those with emotional wellbeing and mental health needs can seek the right support, recover and participate in welcoming, inclusive and supportive communities".
You can read this document by following this link:

http://www.wiltshireccg.nhs.uk/wp-content/uploads/2019/11/WiltshireCCGLTPRefresh2019_FINAL-2.pdf

2) National Context

Nationally the Children and Families act 2014[2] changed the way professionals work together to meet the needs of children with SEND. Our strategy needs to ensure that we:

- get education, health care and social care services working together better

- tell children, young people and their parents what they need to know about their disability or special educational needs

- make sure children, young people and families know what help they can get when a child or young person has special educational needs or a disability

- make sure different organisations improve how they work together to help children and young people with special educational needs

- give children and young people and their parents more say about the help they get

- set up one overall plan to look at what help a child or young person needs with their education, and their health and social care needs, all at the same time

- give a child or young person just one plan for meeting their education, health and social care needs, which can run from birth to age 25 if councils agree that a young person needs more time to get ready for adulthood

- make sure children, young people and their parents can choose the help they need

- provide ways to help sort things out if a child or young person or their parent needs to appeal about the help they get

In 2015 Ofsted and the Care Quality Commission (CQC) set up a new inspection of local areas of all the organisations in a county who are helping children and young people with SEND. This is a five-year programme completing the first round of inspections in 2020. Ofsted have also changed their working brief so that there is more focus in school inspections on the most vulnerable pupils, as they know that more work needs to be done and that more funding is needed[3].

In October 2019 the House of Commons Education Committee published a first report on special educational needs and disabilities[4] since the 2014 act. The Council for Disabled Children[5] summarised the report noting that:

"While the reforms contained in the 2014 Children and Families Act were the right ones, implementation was hampered by a lack of resources, poor administration, a lack of accountability, and a disjointed approach not only across central government but within the DfE, as well as on the ground.

The Committee recognises that in a fragmented system, co-ordination across local authorities, the health service and schools must be prioritised. The system is already under pressure, with a funding shortfall in children's services and schools under strain. The Committee notes that early support in schools is vital, that local authorities need increased powers to build schools, and that support to children must be, and too often isn't, high quality. Any work by central government to resolve shortcomings in the system needs to address responsibilities under the Equality Act 2010. Increasingly the indications are that the system has lost focus on the impact of a range of factors that are compromising the rights of disabled children to an education."

As part of this statement the government has announced a full review of SEND services during 2020[6]

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[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/359681/Young_Person_s_Guide_to_the_Children_and_Families_Act.pdf
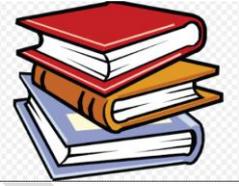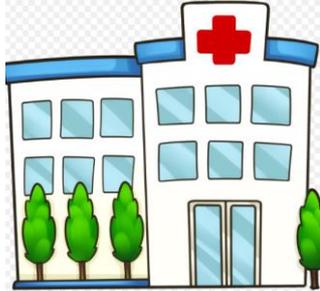
[3] https://nasen.org.uk/news/send-report-published.html & https://nasen.org.uk/news/national-audit-office-report-support-for-pupils-with-send-in-england.html & https://www.ssatuk.co.uk/blog/send-no-longer-the-poor-relation-during-an-ofsted-inspection/

[4] https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/20.pdf

[5] https://councilfordisabledchildren.org.uk/news-opinion/news/education-committee-inquiry-send

[6] https://www.gov.uk/government/news/major-review-into-support-for-children-with-special-educational-needs

3) Wiltshire Context

8,500 children and young people with SEN Support (12.2 % compared with national average of 11.9%)	6,685 children in Early Years settings 277 mainstream nurseries 4 District Specialist Centres	51% of children and young people with EHCP are placed in a mainstream, Resource Base or Enhanced Learning Provision (Nationally 38%) 5.1% of pupils with an EHCP are in out of county independent special schools compared to 5% nationally.
3,500 children and young people with an EHCP (3.3% compared with national average of 3.1%)	69,773 children and young people in Wiltshire schools 239 Schools 20 Primary Resource Bases 33 secondary schools with Enhanced Learning Provision (ELP) 6 Special Schools	3 acute hospitals 1 countywide Children's Community Health Services provider 1 countywide CAMHS provider
79% increase in number of EHCPs between 2013 - 2019 in Wiltshire (National average 52%)	619 young people with SEND EHCPs in colleges and sixth form 79 post 16 colleges and sixth form settings	21% of pupils with SEND are registered for Free School Meals (FSM) (no-SEND 8%) 4% of pupils with SEND have a case open as Children in Need (CiN) (No-SEND 0.6% 0.88% of children with SEND are looked after (LAC) (no SEND 0.14%)

4) Statistics and Finance around children and young people with [7]SEND

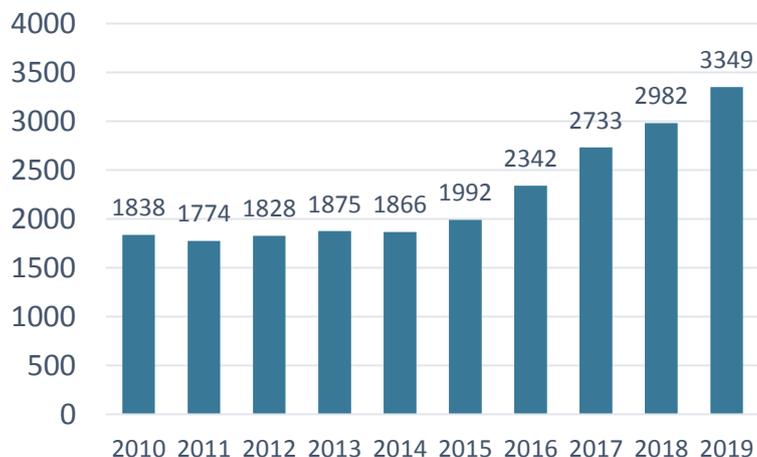### Chart 1 - Total number of EHCPs (and statements), 2010-2019

Year	Value
2010	1838
2011	1774
2012	1828
2013	1875
2014	1866
2015	1992
2016	2342
2017	2733
2018	2982
2019	3349

Chart 2 - Number of new EHCPs (and statements) 2010 - 2019 (calendar years)

Year	Value
2010	164
2011	249
2012	258
2013	204
2014	292
2015	382
2016	392
2017	415
2018	553
2019	606
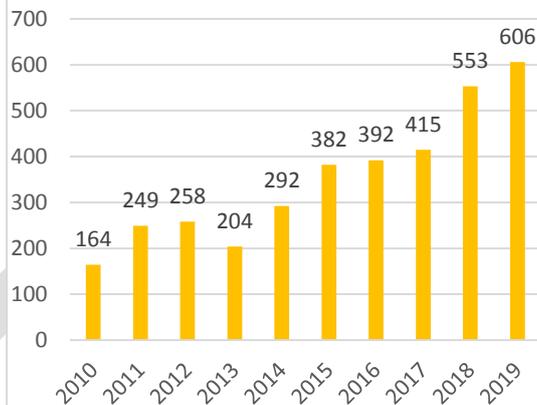
Chart 3 - High needs block allocations, spend, and level overspend, 2016-2020 (£mn)

Year	HNB allocation (after recoupment)	HNB spend	Overspend
2015-16	31.1	32.9	1.8
2016-17	31.7	32.7	1
2017-18	37.2	38.9	1.7
2018-19	39.2	44.9	5.8
2019-20	39.9	44.9	5
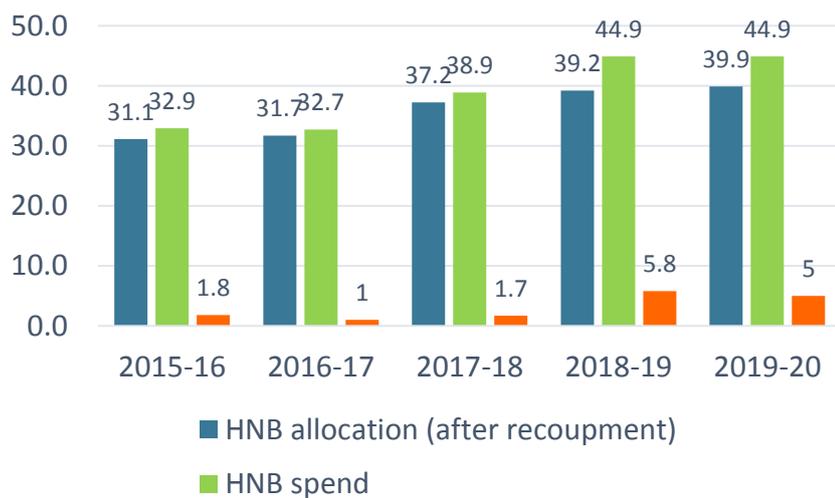
Chart 4 - Capital Scheme Total £M

- Free School South (DfE funded): 12.000
- System of Excellence - North (LA funded): 33.194
- SEND Capital (DfE funded): 1.778
- Inclusion & Access (LA funded): 0.05
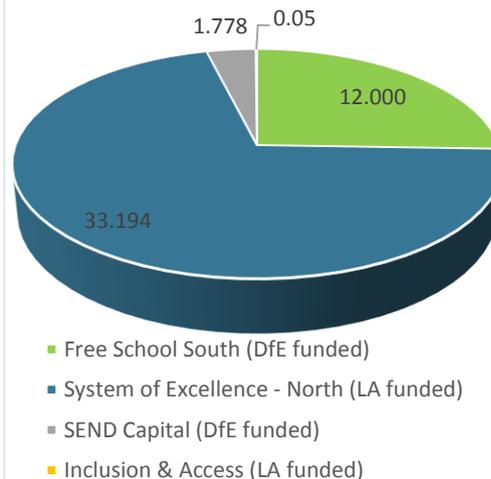
Chart 5 - Primary need profile 2019

Phase	Area	C&L	C&I	SEMH	S/P
Primary	Wiltshire	28%	39%	17%	5%
Primary	England	31%	38%	16%	6%
Secondary	Wiltshire	42%	27%	16%	5%
Secondary	England	43%	22%	20%	7%
Special	Wiltshire	31%	53%	13%	1%
Special	England	43%	37%	13%	6%
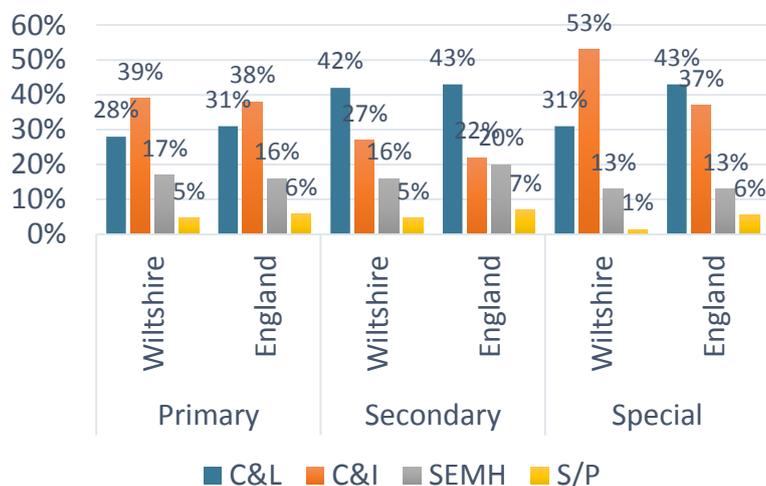
Chart 6 % of pupils with autism as their primary need by phase / sector, 2019

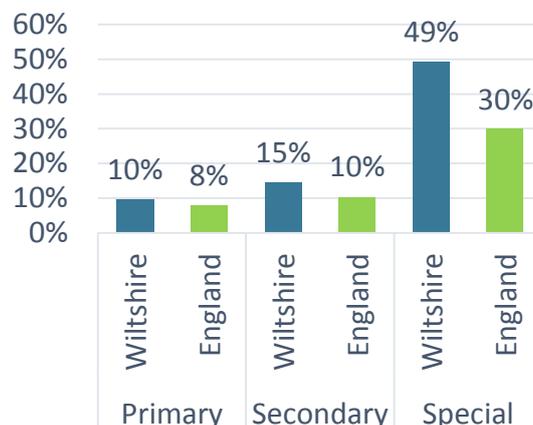| Phase	Wiltshire	England
Primary	10%	8%
Secondary	15%	10%
Special	49%	30%

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Chart 1: Since 2104 there has been a sharp rise in EHCP's following the introduction of the Children and families Act 2014. This has risen more significantly here in Wiltshire than in some other Counties

Chart 2: There was a sharp rise in the number of requests for EHCPs in 2018. The majority of these requests were made by Schools.

Chart 3: The funding available through the High Needs Block has steadily risen over the last 5 years, however spending has risen more steeply

Chart 4: This table shows the new funding that has been made available for capital projects, this includes external funds from the DfE and funding being made available through Wiltshire Council.

Chart 5: This table shows that Communication and Interaction (which includes autism/ASD) is the most common SEND designation for children in primary school. In Secondary school Cognition and learning is the most common SEND designation for young people. In both mainstream settings this is very similar to the national picture. In special schools Wiltshire has more children and young people with communication and interaction concerns than is the case across the county.

Chart 6: This table shows that the rise in the number of children and young people with communication and interaction is particularly linked to a diagnosis of ASD/autism. Significantly more of these pupils with ASD are in special school settings and we will need to review whether this is offering these children and young people the best access to qualifications and inclusion.

5) Outcomes

Wiltshire has done well in working towards the goals within the Children and Families Act 2014 and in 2018 we received a positive SEND Local Area Inspection. This was an inspection of how we all work together including schools, the council, WPCC, the voluntary sector and health[8].

However, Wiltshire like other areas have struggled to create all of this within the funding that comes from central government. All the partners and stakeholders in Wiltshire are committed to continuing to improve services for children and young people with SEND, but we also know that we have to reduce our spending in line with the budget.

Early Years Foundation Stage (EYFS)
Children with SEND achieve well at the end of EYFS when their achievement at the Good Level of Development (GLD) is compared to the national average, the South West and similar Authorities. Over time achievement has been above average for children in who have an Education Health and Care Plan (EHCP) and for children who receive SEND school support.
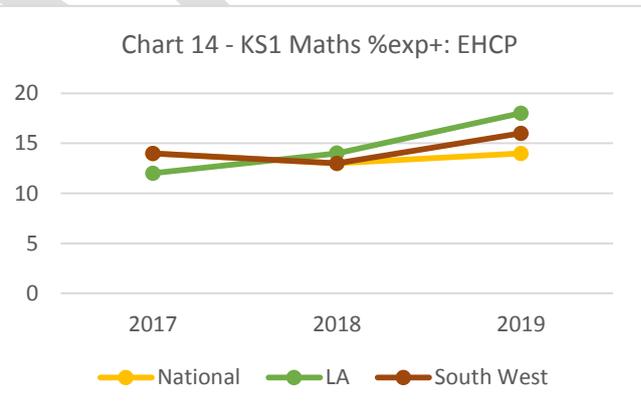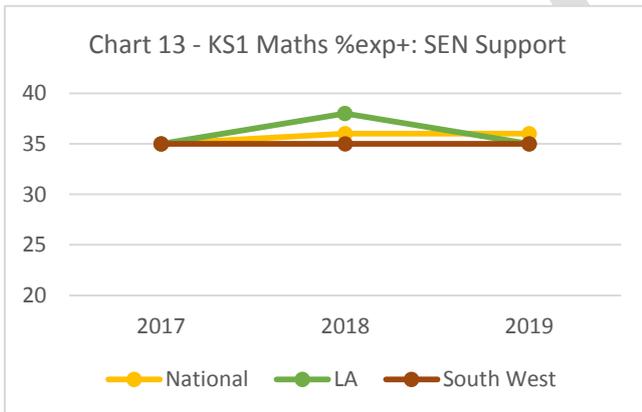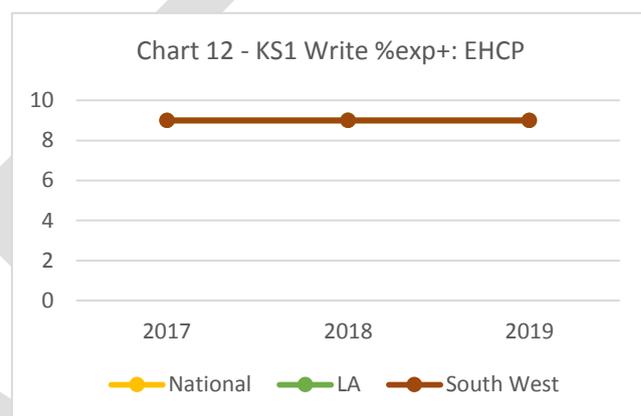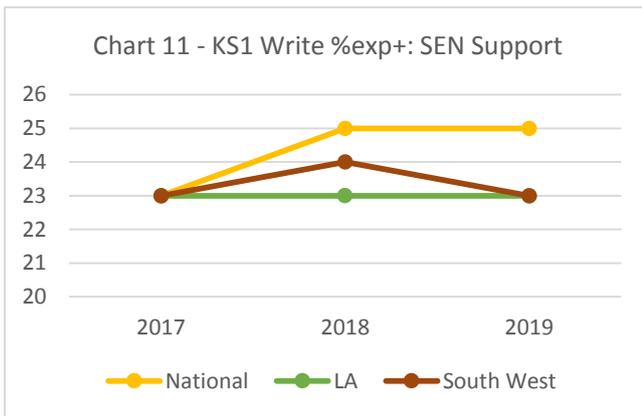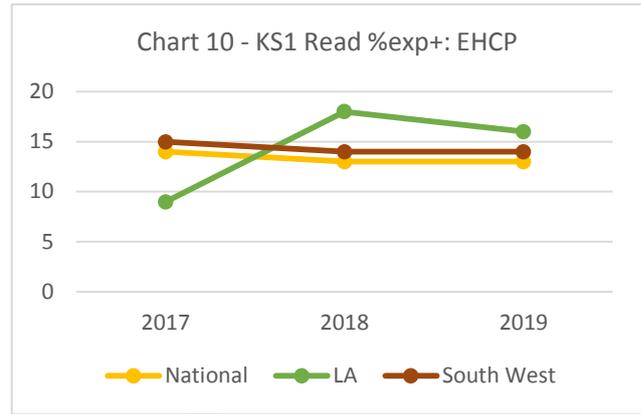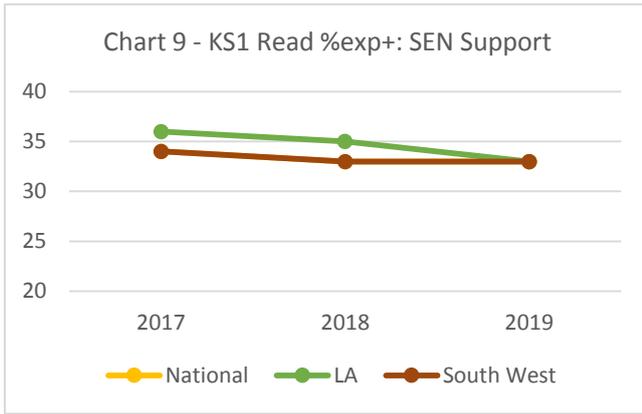
Chart 7 & 8 - GLD for all pupils with SEND
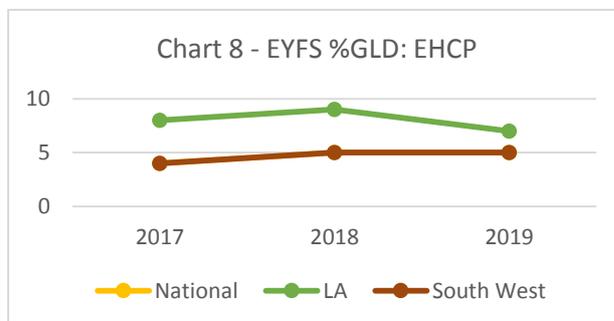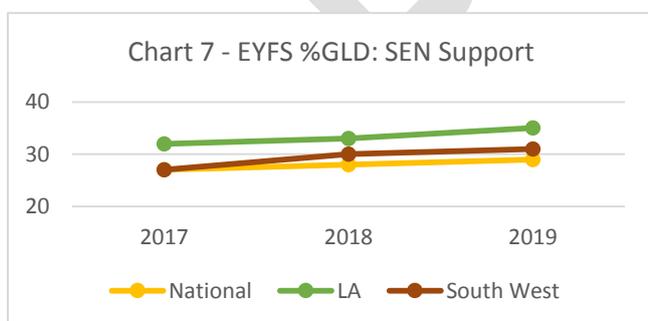
[7] C & L Cognition and learning, C& I Communication and interaction, SEMH – Social Emotional and Mental Health concerns, S/P Sensory/ Physical
[8] https://files.api.ofsted.gov.uk/v1/file/2763765

Key Stage 1

Chart 9 - KS1 Read %exp+: SEN Support

Legend: National, LA, South West

Chart 10 - KS1 Read %exp+: EHCP

Legend: National, LA, South West

Chart 11 - KS1 Write %exp+: SEN Support

Legend: National, LA, South West

Chart 12 - KS1 Write %exp+: EHCP

Legend: National, LA, South West

Chart 13 - KS1 Maths %exp+: SEN Support

Legend: National, LA, South West

**Chart 14 - KS1 Maths %exp+: EHCP**

Legend: National, LA, South West

Key stage one results for both children on SEN Support and EHCP are either at or above national averages, part from writing which is below national achievements. However, both maths and reading for children with an EHCP is just above national averages.

Key Stage 2

The percentage of children with an EHCP or on SEN Support in Wiltshire achieving the expected standard in reading, writing and mathematics is broadly in line with the national average.

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Chart 15 & 16 Reading, writing and maths results combined for Key stage 2

Chart 15 - KS2 %exp+ RWM - SEN Support


Chart 16 - KS2 %exp+ RWM - EHCP
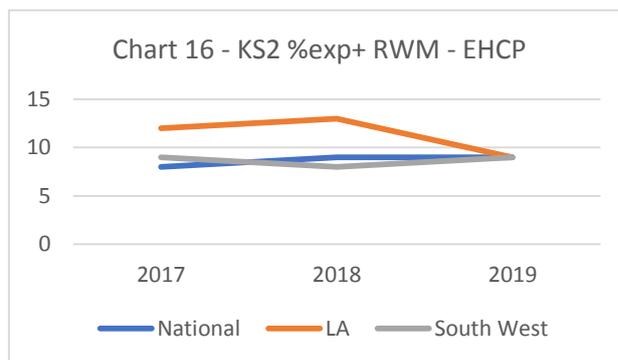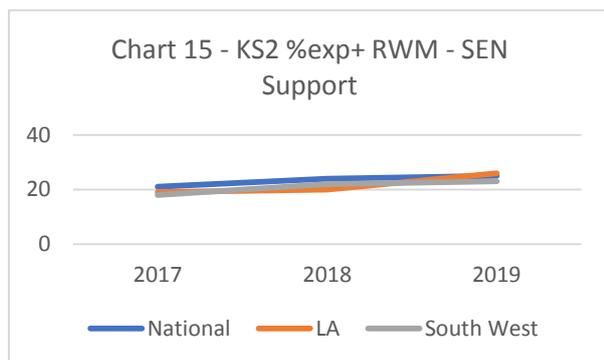
However, the rate of progress across KS2 varies between subjects. The colours in the tables below show where these results are significantly different from the national position. Children in Wiltshire with SEND are making better progress than similar children nationally in their reading. Progress in writing is weaker for pupils with SEND than nationally, continuing the trend from Key stage 1. Children with an EHCP are progressing better in maths than nationally. However, progress in maths for pupils at SEN support is not as good.

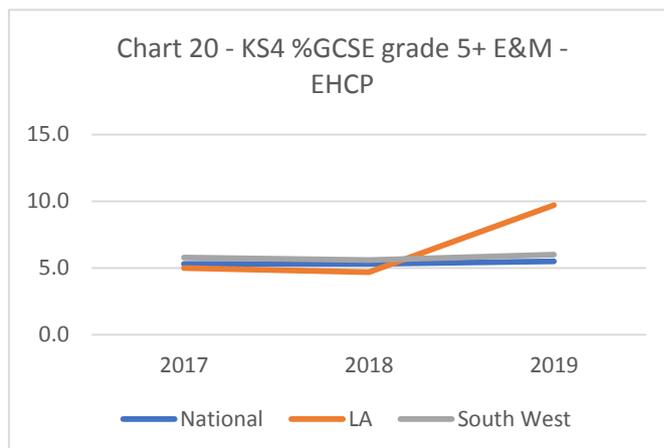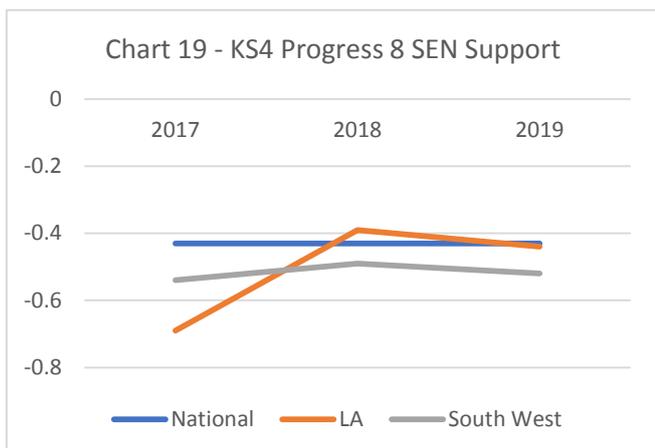| KS2 Reading progress	SEN Support	EHCP	No SEN
National	-1.03	-3.51	0.36
LA	-0.63	-2.69	0.36
KS2 Writing progress	SEN Support	EHCP	No SEN
National	-1.74	-4.27	0.53
LA	-2.29	-4.41	0.16
KS2 Maths progress	SEN Support	EHCP	No SEN
National	-1.04	-3.87	0.38
LA	-1.58	-3.64	-0.44

Key Stage 4

Attainment at GCSE is better than nationally for young people with an EHCP, though young people at SEN Support attain slightly less well than their peers nationally.

Chart 17 - KS4 %GCSE grade 5+ E&M - SEN Support

Chart 18 - KS4 %GCSE grade 5+ E&M - EHCP
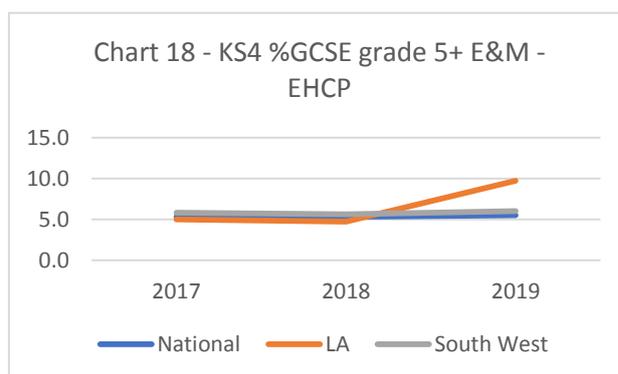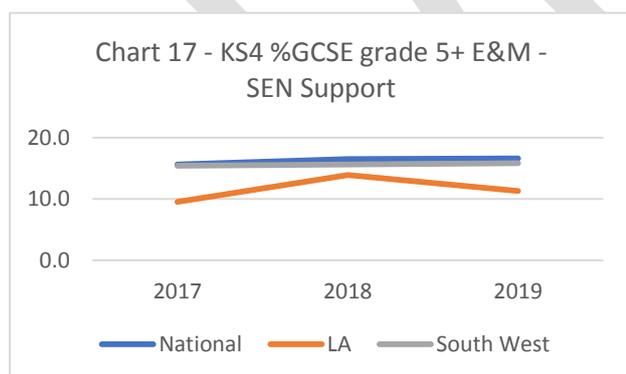
KS4 GCSE grade 4+ English & Maths	SEN Support %	EHCP %	No SEN %
National	32.1	11.0	71.1
LA	31.1	13.3	74.6

Progress figures indicate the same pattern as attainment. Young people in Wiltshire with an EHCPs make more rapid progress than their peers nationally. The progress for SEN support children is similar to the national progress rate. From these figures we can conclude that strengthening SEN Support


Chart 19 - KS4 Progress 8 SEN Support

Chart 20 - KS4 %GCSE grade 5+ E&M - EHCP

should be an important part of this strategy.

KS4 Progress 8	SEN Support	EHCP	No SEN
National	-0.42	-1.16	0.08
LA	-0.44	-0.92	0.14

Key Stage 5

Of the 816 pupils with SEN, 31.99% achieved a Level 2 qualification in English and Maths by age 19. This compares well to Wiltshire's statistical neighbours average (31.3%) and the national average (30.62%). This ranks Wiltshire 62 nationally out of 152 Counties. These are sourced from the Department for Educations Level 2 and 3 attainment by young people aged 19 in 2018.

Chart 21 - Percentage of those with SEN who achieved a Level 2 qualification in English and Maths by age 19
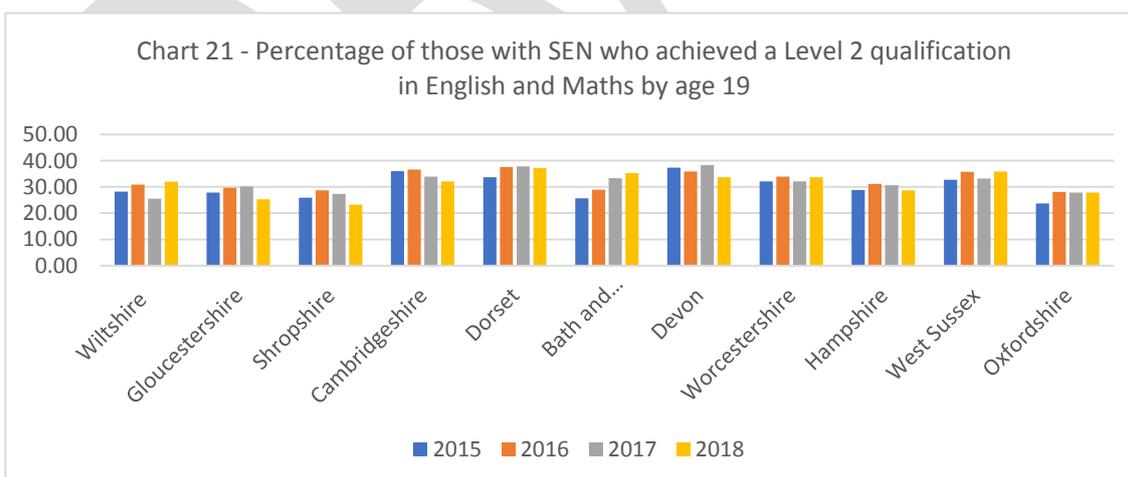
Percentage of KS5 SEN entering education, employment or training destination

Of the 92 young people identified with SEN in Wiltshire in 2019, 85% continued into education, employment and skills. This figure appears to be a significant drop compared to the previous year (94%), however this indicator now includes those who were studying Level 1, 2, 3 and entry level

between the age 16-18. Wiltshire is slightly lower than its statistical neighbour's average (85.9%), and the national average (86%). Wiltshire is ranked joint 74 in the country[9].

Exclusions from School

In Wiltshire the latest data suggests that while Wiltshire schools permanently exclude fewer pupils with SEND, the use of fixed term exclusions for pupils with an EHCP is significantly above the national average. This is one of the reasons for prioritising inclusion within this strategy[10].

Wiltshire	% Permanently Excluded	% Fixed term excluded	% more than 1 fixed term exclusion
Wiltshire SEN Support	0.11%	14.75%	6.83%
National SEN Support	0.34%	15.10%	6.09%
Wiltshire EHCP	0.05%	20.31%	14.75%
National EHCP	0.16%	15.95%	6.43%

In Wiltshire the latest data suggests that while Wiltshire schools permanently exclude fewer pupils with SEND, the use of fixed term exclusions for pupils with an EHCP is significantly above the national average. This is one of the reasons for prioritising inclusion within this strategy.

Attendance at School

Children by SEND Status with Absence Rates. Data taken from the latest DFE published Exclusion Data for Academic Year 2017/18 with a comparison of Wiltshire Absence Rates to National Absence Rates - Persistent absentees are pupils who attend less than 90% of their available sessions. Red totals are higher than the national average and green below the national average

Wiltshire	% Persistent Absentees	% Overall Absence
Wiltshire SEN Support	17.27%	6.51%
National SEN Support	18.30%	6.50%
Wiltshire EHCP	24.53%	8.76%
National EHCP	25.10%	8.70%
Wiltshire No SEN	8.93%	4.42%
National No SEN	9.40%	4.40%

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[9] This data was sourced from provisional destinations data published by DFE in October 2019, for mainstream schools 2016/17 cohort in 2017/18.

[10] Data taken from the latest DFE published Exclusion Data for Academic Year 2017/18 with a comparison of Wiltshire Exclusion Rates to National Exclusion Rates. Red totals are higher than the national average and green below the national average

6) The Priorities

Through the consultation 6 priority areas were drawn out:

1. **Developing holistic plans with children/young people**
2. **Inclusion and removing exclusion in education**
3. **Inclusion and wellbeing in the community**
4. **Improving the range and quality of provision**
5. **Achievement and progress**
6. **Well planned transitions**

Priority 1 - Developing holistic plans with children/young people

We want to ensure that there is a good plan for every child and young person with SEND which thinks about their whole life and has contributions from all the people and organisations that can help them reach their goals.

What have we achieved so far?

- Successful Local Area inspection for Wiltshire SEND (February 2018) and Children's services (June 2019), recognising the progress made through joint working
- The local area's quality assurance of plans suggests that 95% are helping children/young people and families
- We have set up the Harbour Centre in West Wiltshire and started to develop the model in the south east to support children with early mental health and emotional issues
- Established a Dynamic Support Register for children and young people with learning disability and/or autism with significant mental health needs.
- Developed person centred early identification, assessment and planning.

What do we need to do next?

a) Futher improve communication and coordination between education, health and social care so that everyone has a clear understanding of the shared accountability for joint working throughout the SEND process with a specific focus on the role of health
b) Improve the lines of communication together – so that each child or young person has one coordinated plan with one named key worker
c) Further develop the local offer through clarifying pathways to early help and enhancing the breadth and depth of what is currently available
d) Further develop the use of SEND Independent Advice and Support service (SENDIAS) to ensure the health offer is fully communicated to parents and schools
e) Develop the auditing and quality assurance process for plans so that the information can be the best it can be
f) Identify any gaps in service provision and make changes and adaptations to service roles to ensure gaps are addressed
g) Utilize and develop digital opportunities for writing, reviewing and delivering plans
h) Develop and further improve our decision-making panels to ensure that challenge, support and accountability is rigorously applied at all levels within the SEN system
i) Reduce waiting times for support within statutory and health services, with specific recognition of mental health support services
j) Strengthen the integrated 2-year-old pathway to support early identification and assessment.

Some examples of how we will know we have been successful:

- Reduction in waiting times for accessing support ensuring help is not dependent on diagnosis
- Parents and professionals will say plans are more effective
- Children and young people will say their wellbeing has improved
- Parent carers will say the information they access is easier to understand
- Fewer young people become mental health inpatients
- Children & young people in vulnerable groups (e.g. LAC & CiN) receive timely assessments & plans.

Priority 2 - Inclusion and removing exclusion in education

We want to increase access to, and the capacity of, local mainstream schooling to better meet the needs of children and young people with SEND, including those with the higher level of need.

We want every child and young person to feel part of their school community and that the support, help, education and opportunities around them will help them on their journey.

What have we achieved so far?

- We have kept permanent exclusions at secondary level low
- We have developed ways of working in partnership to offer early help
- We have created a managed moves forum to help offer choice to children/young people
- We have new funding from the National Health Service – England (NHSE) to develop more support in primary and secondary schools for children and young people with mental health difficulties.

What do we need to do next?

a) Develop system capacity through a more focused training, coaching and mentoring approach by woking with schools and colleges to increase the number of children/young people who are educated locally
b) Develop and enhance the alternative provision offer through collaboration and coproduction with schools
c) Review the role of our SEND teams to focus on system development and improvement to maximise impact for all children and young people with SEND
d) Further utilise and develop ICT to provide quick virtual help to those working with childrenand young people with SEND
e) Ensure that advice and guidance around managing behaviour that challenges is consistent and integrated across services
f) Re-launch the Graduated Response tool so that it has a better user interface and is used more consistently and proactively by schools
g) Support Wiltshire Parent Carer Council (WPCC) to work with parent carers of children with SEN Support or educated at home to recognise their needs and improve early support
h) Further develop early intervention for young children with emerging mental health concerns
i) Ensure better integration between services to support service access for families and young people with SEND
j) Work with schools to reduce the stigma and associated bullying that young people with SEND experience
k) Develop the support of the Virtual Schools team with SEND provision
l) Manage, and strengthen quality checks for, unregulated provision.
m) Ensure that all programmes (e.g. FACT, whole school SEND, early years programmes) focus on early help solutions and systems to build capacity and sustainability in our services.

Some examples of how we will know we have been successful:

- There will be a year on year reduction on fixed term and permanent exclusions for children with SEND.
- More children and young people with SEND will be educated in mainstream settings year on year

- There will be a decreasing number of children and young people accessing Independent Special Schools year on year
- Improved early help with be shown by more children and young people with SEN Support plans balanced by a reduction in EHCPs year on year
- There are fewer children with SEND on reduced or part time timetables
- Every child is accessing safe educational provision.

Priority 3 - Inclusion and wellbeing in the community

We want to work with our communities so that children and young people with SEND and their families feel they can thrive.

We want to ensure we have highly effective systems, supports and structures for children and young people with SEND without needing an EHCP.

What have we achieved so far?

- We have developed a much-appreciated Short Breaks Scheme that give families the ability to control how money is spent
- We have successfully offered training for business and communities around Autism (ASD)
- We have developed a new course called 'Time Out' with and for parents which has been shown to offer all parents/carers of children with SEND a supportive course not dependent on having a diagnosis
- We have extended the Support in Wiltshire Autism Parenting Programme (SWAPP) course for parents of children with ASD so that more families can access the course quicker
- We have developed online support for children and young people, with mental health issues so that they can get help quicker in a way that they are comfortable with
- Training has been provided to youth settings to enable children with complex health needs who access the Children's Community Nursing Service to access local clubs and services in their community.

What do we need to do next?

a) Develop a clear and collective understanding and model of what effective early support looks like and how it can be accessed in partnership with community groups and across all services
b) Increase access to early social care support in a way that enables sustainable, long term outcomes for children and young people with SEND
c) Collaborate with Public Health to increase Disability Awareness in the community, including public transport, community groups and leisure facilities
d) Improve access to health services in local settings – particularly schools and colleges
e) Develop the Community Eating Disorder Service working towards 7 day a week assistance with home support
f) Work with the Youth Ambassadors scheme to support more young people to have their voice heard
g) Further develop the short breaks scheme to offer a wider range of inclusive opportunities in the community
h) Strengthen the Health Visitors role in sign-posting and referring families into community SEND provision
i) Increase access to out-reach to families with children with SEND by working with partners across the system

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j) Maximise choice and control for people with a learning disability, autism or both and their families through increased use of Personal Health Budgets

k) Engage with emerging provider collaboratives which will develop discharge pathways and community alternatives to inpatient provision

l) Develop community services that provide robust and person centred alternatives to hospital admission

Some examples of how we will know we have been successful:

- Children and young people with SEND will say they feel part of their local community
- Parents report they have accessed support and training which has enabled them to support their families
- Children report that they are empowered through the person-centred planning
- Community groups report better joint working
- Children in vulnerable groups (CiN, LAC, FSM) receive the additional joined up support that they need
- Families talk about positive social opportunities for their children and the children have fun.

Priority 4 - Improving the range and quality of provision

We want to ensure that all the services and support for children and young people with SEND are brilliant and are there at the right time in a way that meets their needs. This includes across education, health, social care and transport and the wider community.

What have we achieved so far?

- Successfully bid for new money to have a new school in the south of the county for 150 children and young people with ASD and social emotional and mental health concerns (SEMH)
- Agreed to amalgamate the three special schools in the north of the County (St Nicholas, Rowdeford and Larkrise) to become one school on three sites and provide for up to 400 pupils on the Rowdeford site
- Agreed with 8 primary schools to increase or have a new resource base to create 52 new places
- All community healthcare clinics for children in Wiltshire are now being provided within county
- Wiltshire children's community healthcare services are now using one electronic record which enables information to be shared between services and with GPs
- Reintroduced SENCO networks and regional meetings for schools with the LA
- Developed a new multi-professional Wiltshire Autism Assessment Service which is compliant with NICE guidelines.

What do we need to do next?

a) Develop the range and flexibility of provision to strengthen access to specialist knowledge, understanding and resourcing as part of an enhanced inclusive system
b) Further increase skills and capacity within schools through a Dyslexia and ASD accreditation scheme and development of regional hubs
c) Create additional specialist places and provision in response to need, to support mainstream capacity
d) Develop service specifications and outcome reporting for the children's community healthcare services by working with parents, carers, children and young people
e) Increase access to specific support and expertise for children and families earlier, without a diagnosis
f) Bring more mental health support to children and young people, particularly into schools and colleges and explore innovative ways to deliver this e.g. access to IT, Apps etc.
g) Increase good emergency responses for children with severe mental health needs
h) Develop alternate approaches to transport for children with SEND
i) Establish arrangements for coordinated health provision for when children and young people are placed out of county provision

Some examples of how we will know we have been successful:

- Educational settings will demonstrate improved outcomes for children with SEND.
- Specialist Education Provision developed based on needs and identified gaps
- Families report that equipment is available and recycled within agreed timescales
- Parents report that their child's needs are met because they can access services
- New special schools and resource base provision are developed with positive feedback from families
- Joint commissioning arrangements will be made around education, health and care provision to secure positive outcomes for young people with SEND
- Children and parents are involved in co-production for the development of services.

Priority 5 – Achievement and progress

We will work together to ensure every child and young person does well in their education, achieves well-being and good outcomes in adulthood.

What have we achieved so far?

- Early Years Foundation Stage (EYFS) results show Wiltshire has 28.9% of young children with SEND achieving a good level of development (GLD), compared to 24.3% nationally
- Key stage 1 and 2 results in progress and attainment have improved such that they are broadly in line with national data
- Key stage 4 results are closer to national averages and have improved in the last 3 years

What do we need to do next?

a) Develop a rating/ measure of wellbeing for children and young people with SEND
b) Implement an 'Inclusion Dashboard' for all schools/colleges and early years settings to enable a way to measure the impact of plans to children and young people.
c) Develop the role and function of Lead SENCO's to support the development of SENCO's and the development of wider inclusive practice in schools
d) Ensure the use of high quality SEND review and evaluation practices so that actions and improvements for SEND provision are well informed and show increased impact
e) Further develop solution focused, multi-agency planning and development processes
f) Develop and deliver a training programme for all SEND governors. Increase the SEND knowledge of all governors' to raise the profile of SEND and create a more questioning culture around inclusion within the schools.
g) Further develop guidance to colleges, schools and early years settings to support them in their provision for meeting the medical needs for children and young people

   Note: The delivery of improved achievement and progress for children and young people with SEND will be supported through the delivery of the other five strategic priorities in this strategy.

Some examples of how we will know we have been successful:

- There is information in all plans about children and young people's wellbeing and that this shows their wellbeing is improving
- For progress and attainment for all children and young people with SEND to be in line with or above national averages
- The number of young people with SEND engaged in education, employment and training increases year on year.

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Priority 6 - Well planned transitions

We want to ensure that every child and young person gets the right help as they go through significant life events such as starting at a new school or college and becoming young adults as they leave education.

Our aim is for children and their parent/carers to experience seamless transitions, across education, employment, social care and health.

What have we achieved so far?

- Set up a Transitions Board helping to manage services as young people move into adulthood
- Changed the review paperwork for EHCP's to include sections on planning for transition
- In 2019, Wiltshire achieved some of the highest rates in the country for young people with SEND accessing apprenticeships (820), paid work (91) and voluntary work (37).
- Offered a primary mentoring service to targeted schools in areas of highest vulnerability
- Joint working with adult mental health services to improve the transition between child and adult mental health services
- Embedded CAMHS staff in our social care teams offer consultation and support to the multi-disciplinary work force
- Reduced the impact of transition by working in a more integrated way with multi-agency partners
- Co-produced a Preparation for Adulthood document

What do we need to do next?

a) Identify a strategic lead for transitions
b) Support special and mainstream early years settings, schools and colleges to review how they can work collaboratively to meet the collective needs of children and young people across the system
c) Start the preparation for adulthood earlier so that young people can make more informed decisions about how they wish to lead their adult lives
a) Support forces families moving into the county to ensure a smooth journey
b) Establish effective services,provision and pathways to support young people preparing for adulthood to remain within their community and ensure smooth transition into adult services where appropriate, covering supported employment, apprenticeships, traineeships, internships and independent travel
c) Work with the District Specialist Centres, to increase opportunities for early years children to transition across settings
d) Start early engagement with employers to understand what they need in the workforce
e) Promote and improve the uptake of annual health checks for young people from Yr 9 onwards with learning and physical disabilities
f) Strengthen working between early years settings and health visiting particularly in relation to the integrated 2-year-old review
g) Ensure any health plans are considered and reviewed prior to any transition

Some examples of how we will know we have been successful:

- All children with SEND have a smooth transfer from their early years setting to primary school
- All primary schools report that they feel confident in meeting the needs of children in reception
- Secondary schools have arrangements in place to ensure all children make a successful transfer into Year 7
- The number of young people with SEND engaged in education, employment and training increases year on year

- Plans for children aged 14 and above reflect aspirations for future education training and employment
- Checklists and resources designed to help transition reviews are used by settings and families to achieve good quality reviews
- There is an increased uptake of college courses and apprenticeships for young people aged 16-19 with SEND year on year.

7)   How we will do this and how will we know it is working?

We will achieve this by:

Governance and strategy

- Setting up a SEND and Inclusion board involving representatives of all the people and organisations who got involved in the consultation and can help us make this strategy happen
- Using the joint agency Families and Children Transformation programme (FACT), the Health and Wellbeing Board and the Bath and North East Somerset, Swindon, Wiltshire (BSW) Clinical Commissioning Group (CCG) to support and coordinate change through all the relevant organisations
- Setting up a monitoring process which lets us know if we are achieving our vision linked to each of the priority areas (a SEND Dashboard)
- Aligning Strategies so that they work together for our for children and young people
- Creating a budget recovery plan that links to the strategic priorities and supports improvements in quality
- Developing Quality Assurance e.g. through self-evaluation and peer evaluation for services
- Creating a universal wellbeing check that children and families can use themselves
- The needs identified in the SEND Strategy will be included in the Joint Strategic Needs Assessment.

Communication and sharing

- Working with children and young people with SEND so that they can tell us how we are doing
- Working closely with schools/colleges/nurseries on a regional basis to improve inclusion
- Reporting to everyone about the money to ensure that we can afford these plans
- Making our strategy and our minutes from the SEND and Inclusion Board available online so that everyone can see what we are doing and achieving.

8)   Appendices

Appendix 1 – SEND Inclusion Strategy Consultation

There were two main ways in which we consulted on the creation of this strategy, face to face meetings and an online survey.

1. **Face to face meetings**
   a. Officers working alongside Wiltshire Parent Carer Council (WPCC) had three initial meetings across the county with parent/carers, professionals and community members

Locations	Number of Attendees
7th October 2019, Assembly Room, Town Hall, Devizes	31
8th October 2019, Chippenham Golf Club	19
11th October 2019, Stones Hotel, Salisbury	28

In these meeting a set of slides was shared and then attendees took forward a number of workshop activities to explore both what has been achieved so far around SEND and inclusion and what would be important for the future.

The team creating the strategy (WPCC and professionals from across the local area for SEND in Wiltshire) then met together to gather together what had been said. From these deliberations seven priorities were proposed and an initial vision statement set out.

There were then a further three meetings arranged, where stakeholders (some from the existing meetings, but mostly new attendees) came together to review the priorities, develop the vison statement and identify key actions for the strategy.

Locations	Number of Attendees
11th November 2019, Salisbury City Hall	18
14th November 2019, Corn Exchange Devizes	17
21st November 2019, Wiltshire College, Chippenham campus	10

Consult
presentation final.p

Below are photos of some of the notes

b. Meetings with Professionals and schools

The team went to a number of meetings to inform and gain input from a range of professionals including:

- o Head Teachers regional briefings
    - 16th September, Devizes, 18 attendees
    - 17th September, Trowbridge, 38 attendees
    - 18th September, Chippenham, 25 attendees
    - 19th September, Salisbury, 35 attendees

- o SENCO networks
    - typically 25 attendees

- o FACT (Family And Children's Transformation) Board
- o Wiltshire SEND Inclusion Board
- o Clinical Commissioning Board
- o Wiltshire Council Cabinet
- o Health and Wellbeing Board

c. Meetings with Children and young people with SEND.
21 young people with SEND were interviewed by youth ambassadors, who had wide ranging discussions about the things that were important to them. The main theme and issues are show in the balloons in the main report. This piece of work was underpinned by the biannual health survey https://www.wiltshirehealthyschools.org/partnership-projects/fab-research/ which highlighted similar positive levels of wellbeing, but also particular concerns about being bullied, labelled and excluded.

2. An online survey

The on-line SEND Inclusion Strategy received twenty-four responses from parent carers, practitioners and friends or relatives.

Who responded to the survey

Practitioner, 38%
Parent / Carer, 50%
Friend or relative, 13%
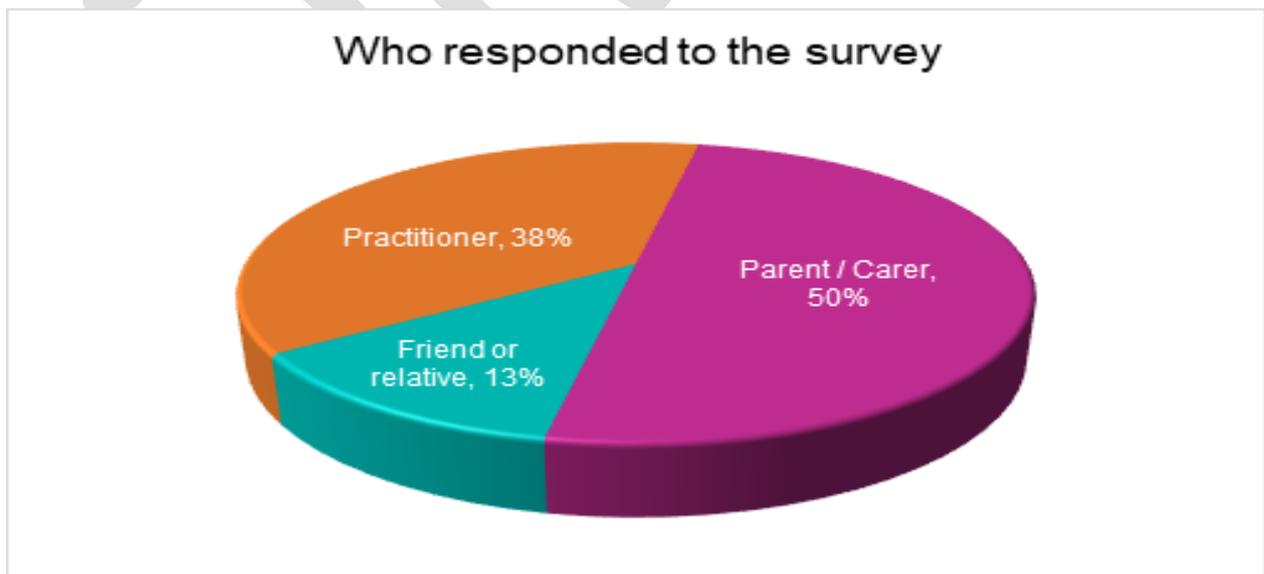
The participants had accessed a wide range of services.
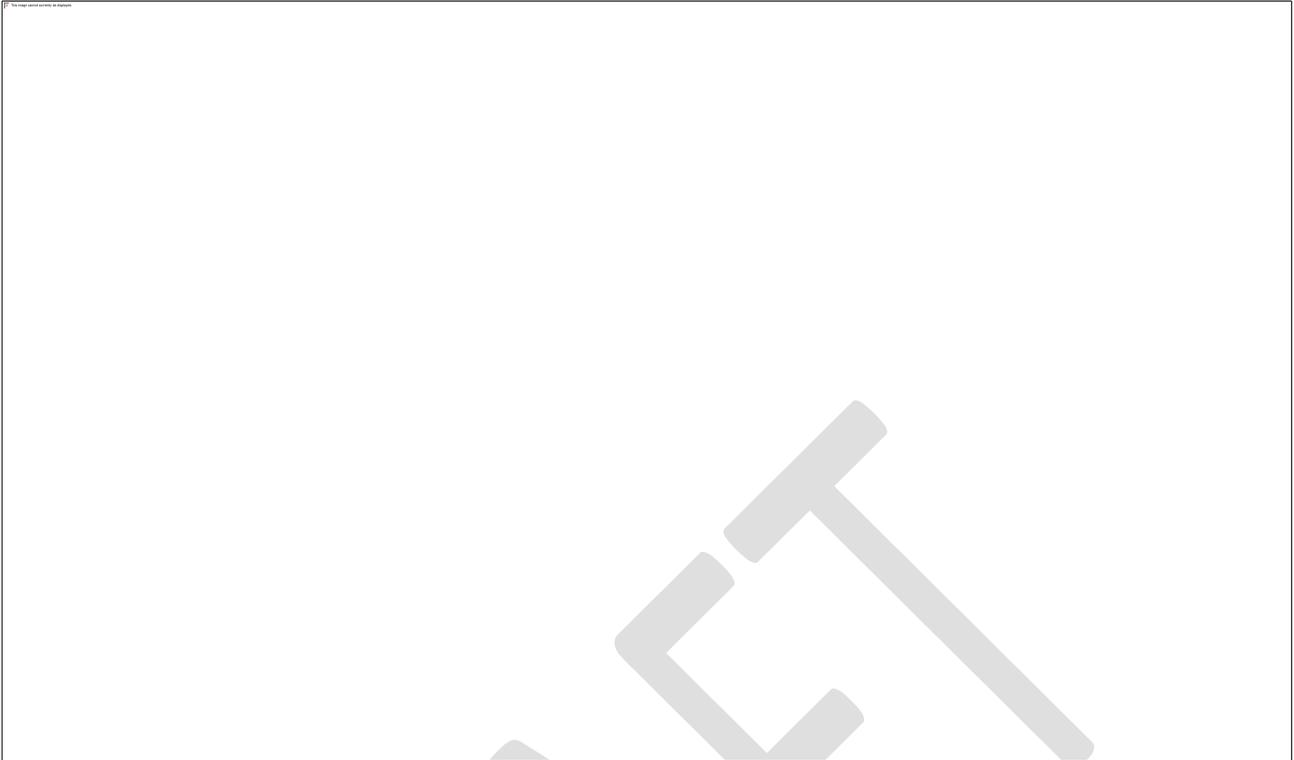
80% said they were 'supportive' or 'very supportive' of the proposed vision. 16% said they were 'not supportive or 'Not at all supportive' of the proposed vision.

The majority of respondents thought it was 'very important' or 'important' that the below areas were covered in the strategy.
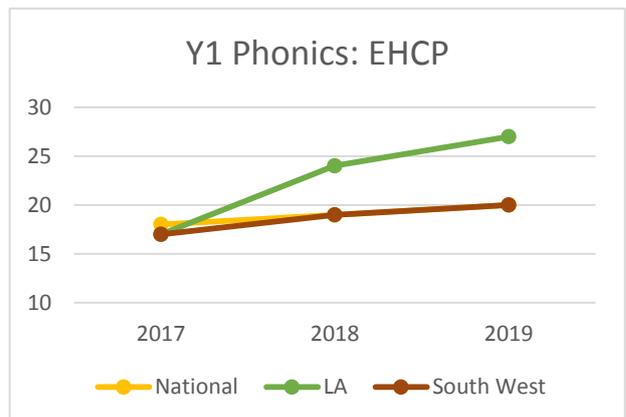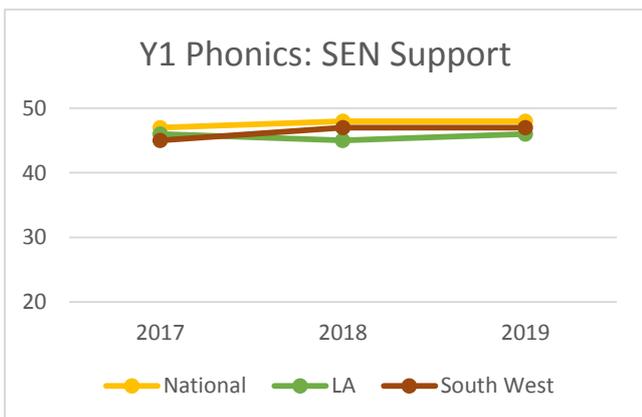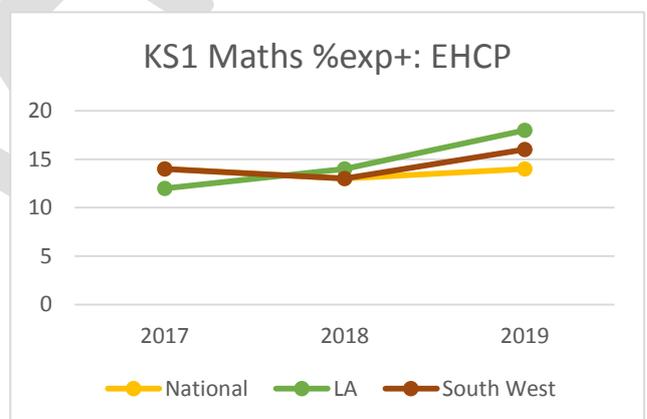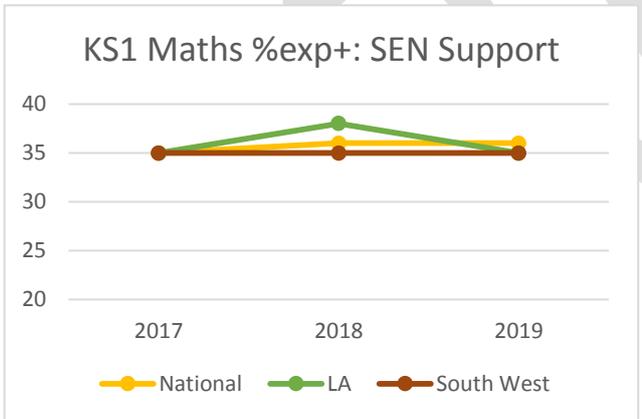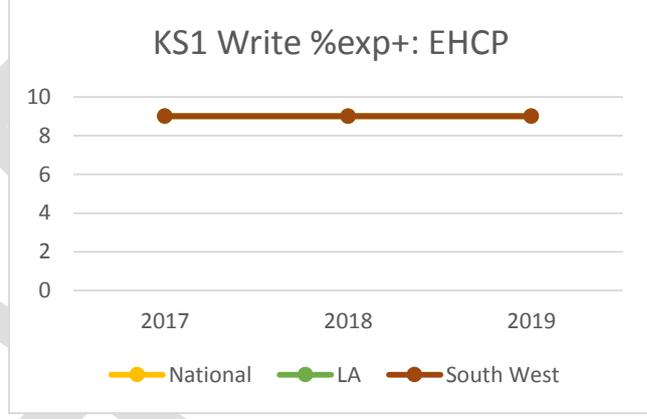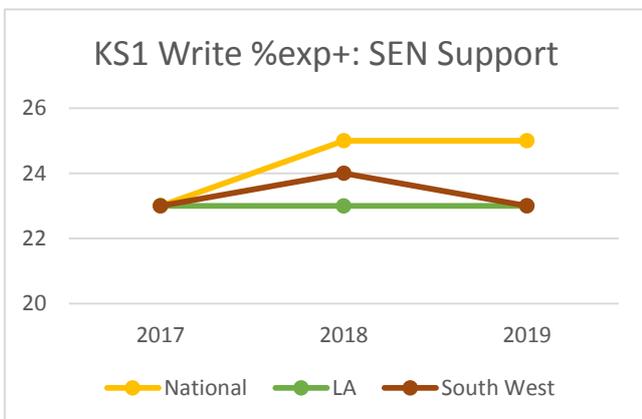
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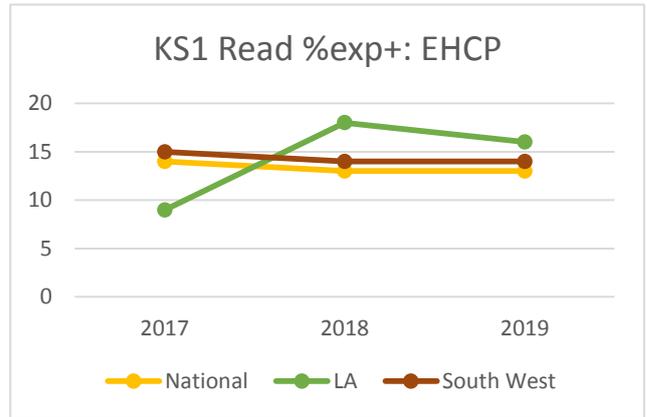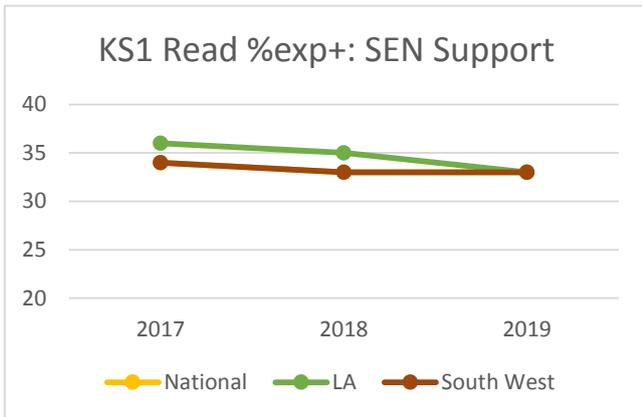This image cannot currently be displayed.

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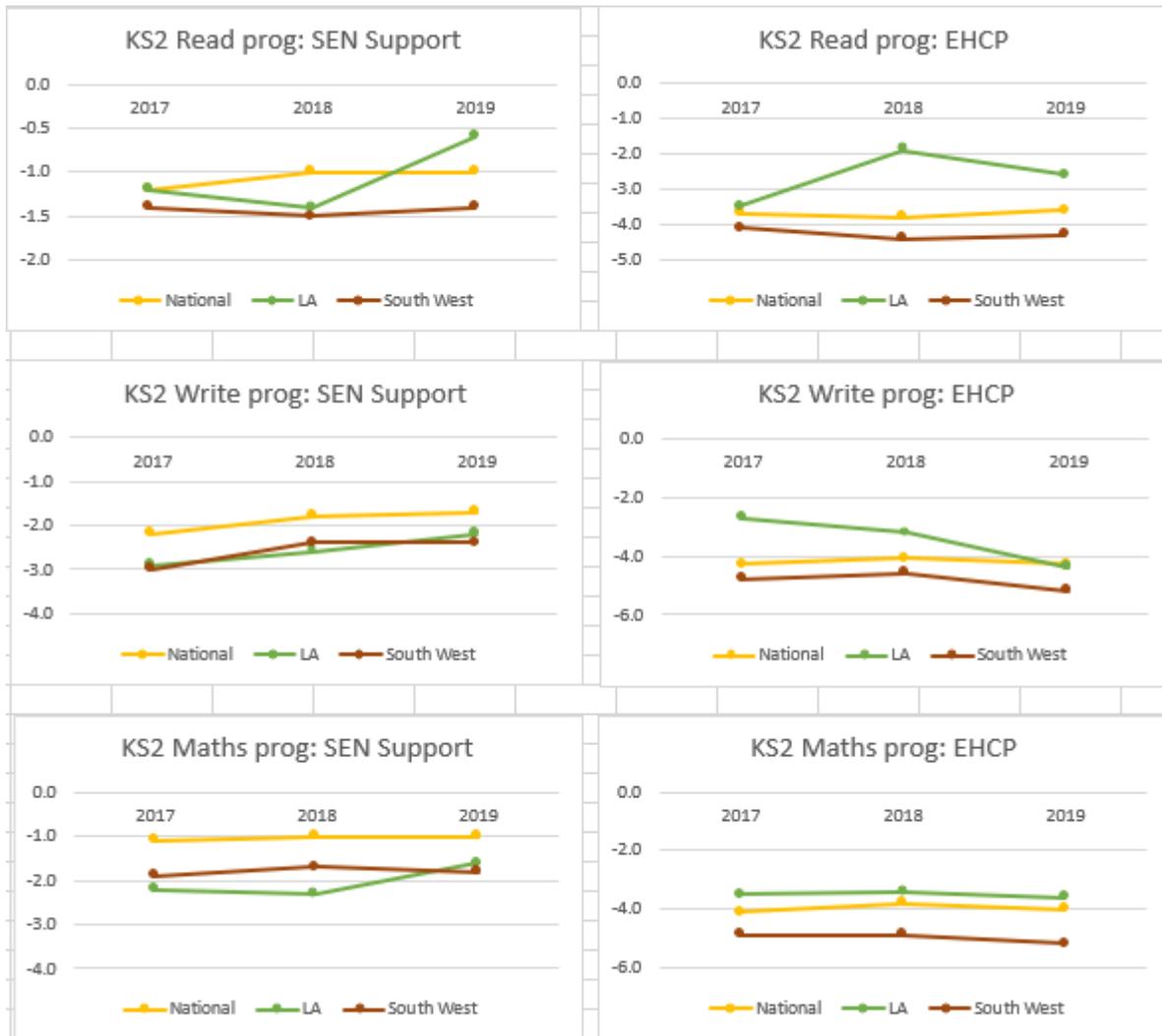**Appendix 2: Overview of SEN KPIs for Local Area**

Currently recorded by SEND team Wiltshire	Proposed additions
<u>Monthly</u> Involvement - Voice of child EHCP - Numbers of plans EHCP - New requests EHCP - Monthly progress EHCP - Statutory deadlines EHCP - Quality of My Plans EHCP - My Support Plans Resources - Client Spend <u>Quarterly</u> Summary of Spend by Bandings Outcomes - Exclusions Outcomes - Independent travel training Outcomes - Use of alternative provision Keeping C&YP close to home - SEN numbers in residential placements Keeping C&YP close to home - SEN numbers in out of county settings Keeping C&YP close to home - SEN numbers in ISPs and ISSs Keeping C&YP close to home - SEN Numbers in mainstream settings, RBs and ELP broken down by primary need Keeping C&YP close to home - SEN Numbers in Wiltshire Colleges Keeping C&YP close to home - SEN Travel Times Keeping children and young people close to home - SEN Looked after Children Involvement - Mediation Involvement - Tribunals Involvement - Complaints Involvement - Compliments Choice & Control - Direct Payments Choice & Control - Placement in line with parental choice Workforce & Capacity - Caseloads Resources - Resource Base Capacity Resources - ELP Capacity Resources - Special School Capacity <u>Annually</u> Outcomes - Pupil Premium Outcomes - Education attainment	<u>EHCP's</u> Vulnerable groups with EHCPs Placement of CYP with EHCPs <u>Absence, exclusion and attainment</u> EHCP Pupils (by need) Persistent absence of SEN pupils Primary Attainment Secondary Attainment Home Education Attainment by age 19 Post-16 destinations <u>Health indicators</u> 2.5 year reviews/CIN with disabilities Adults with LD living in settled accommodation

Further educational data

Key Stage One

KS1 Read %exp+: SEN Support

KS1 Read %exp+: EHCP

KS1 Write %exp+: SEN Support

KS1 Write %exp+: EHCP

KS1 Maths %exp+: SEN Support

KS1 Maths %exp+: EHCP

Y1 Phonics: SEN Support

Y1 Phonics: EHCP

Key stage 2

KS2 Read prog: SEN Support

KS2 Read prog: EHCP

KS2 Write prog: SEN Support

KS2 Write prog: EHCP

KS2 Maths prog: SEN Support

KS2 Maths prog: EHCP

Appendix 3 – Glossary

ASD	Autistic Spectrum Disorder
BSW	Bath, Swindon and Wiltshire Clinical Commissioning Group
CAMHS	Child and Adolescent Mental Health Service
C and I	Communication and Interaction
C and L	Cognition and Learning
CCG	Clinical Commissioning Group Community
EHCP	Education Health and Care Plan
EHE	Elective Home Education
ELP	Enhanced Learning Provision
EYFS	Early Years Foundation Stage
GLD	Good Level of Development
GP	General Practitioner or Doctor
HNB	High Needs budget (The funding local authorities receive for SEND)
ISS	Independent Special School
MLD	Moderate learning disabilities
NEET	Not in Education, Employment or Training
OFSTED	Office for Standards in Education
PATH	Programme for schools promoting alternative thinking patterns - Barnardo's
PMLD	Profound and Multiple learning disabilities
SALT	Speech and Language Therapy
SSENs	Specialist Special Education Needs Team
SLD	Severe learning disabilities
S/P	SLD and PMLD

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Wiltshire Council

Health and Wellbeing Board

24 September 2020

Subject: Healthwatch Wiltshire Update Report
(Annual Report in Brief, Volunteer Led Military Families Project, Response to COVID-19 and Priorities, Young Healthwatch)

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.

    II.   We published our Annual Report in June this year detailing our work over the previous year.

    III.   Our work last year included our first volunteer led project which looked at the experience of military families in Wiltshire.

    IV.   The priorities for engagement this year have been tailored to take account of the views shared by local people during the Covid-19 pandemic and the challenges faced by health and care services.

    V.   Our Young Healthwatch team have played a key role in designing a current project that looks at online mental health resources for young people.

Proposal(s)

It is recommended that the Board:

i) Notes the key messages from the report.
ii) Notes the contribution made by Healthwatch volunteers.
iii) Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

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. Healthwatch Wiltshire therefore ask the board to receive our latest update, make comment and reaffirm its commitment to listening to the voice of local people.

Presenter name: Julie Brown
Title: Acting Manager
Organisation: Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

24 September 2020

Subject: Healthwatch Wiltshire Update Report

Purpose of Report

1. To update the Health and Wellbeing board on the Healthwatch Wiltshire's recent work and its priorities for the coming year.

Relevance to the Health and Wellbeing Strategy

2. The projects outlined in this report fall into several themes within the Health and Wellbeing Strategy.

   Their findings provide insight into people's experiences of how services work together, their ability to access support and care and at a time and place that is suitable to them.

   The views of local people shared in this report can be used to influence developments in health and care services. Active participation in health and care services by local people and communities and can lead to people more responsibility for their own health, maintaining their own health and improving their health outcomes in the future.

   Our current project involving young people considers their views on mental health resources and how focussed they are towards young people. Such resources can play a key role in providing early support and may prevent longer term issues.

Background

3. 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.

Main Considerations

Our Annual Report

5. We published our annual report in June 2020, which outlines our work last year, including gathering 3,792 comments about health and social care services.

6.   Projects featured in the report include:

- The Community Cash Fund scheme which provided funding for five health and wellbeing projects that have benefitted and supported people with a variety of needs.
- Our report, Working Together to Improve Dementia Services in Wiltshire, details how strong partnership working between organisations has gone in to making these improvements.
- Work evaluating the Improved Access to GP Services Scheme.
- A volunteer led project that looked at the experiences of local people

7.   The full Annual Report is available on our website:

https://www.healthwatchwiltshire.co.uk/report/2020-07-01/our-annual-report-2019-20

Our volunteer led military families project

8.   Last year we ran our first volunteer led project which looked at Military Families' Experience of Health and Social Care Transition. This represented a new way of us working with our volunteers. Four of our volunteers took part in all aspects of the planning, question development, approach, reporting and presentation of the project. They were supported through the project by an experienced research colleague at Help and Care and the Healthwatch Wiltshire staff team.

9.   The key findings of their report were:

- Most people we spoke to told us that they had been able to register with a GP and found this a relatively easy process.
- Finding a dentist was reported to be much more difficult and over a third of our respondents were not registered with a dentist.
- Transfer of records was reported as being problematic and causing delays and a lack of continuity of treatment.
- The process of transferring on to a waiting list when moving from another area did not appear to be consistent.
- The process of transferring on to a waiting list when moving from another area did not appear to be consistent.
- Some of our respondents felt that there was a lack of understanding of military life among health and care services and that this affected their experience of using these services.
- Information about how to access mental health support was not always available and accessing these services was reported as difficult for some people.
- Information about available health, care and community services was not always available to people, and they told us that this would be useful.

The full report is available on our website:

https://www.healthwatchwiltshire.co.uk/report/2020-09-09/military-families%E2%80%99-experience-health-and-social-care-transition

Recent work during the Covid-19 pandemic

10. The coronavirus (Covid-19) pandemic meant that health and care services have had to rapidly change and adapt their services, and we recognise the challenges that this has presented for health and care services.

11. The outbreak has also resulted in changes to our work, with much of our planned public engagement and visits to services paused and a greater focus on providing advice to the public and supporting the local response to Covid-19.

12. We created dedicated coronavirus advice and information pages on our website to make them easier to navigate and find the information that people are looking for. These included:

- General government and Public Health England information, which has been updated regularly.
- A community support page providing information on the Wiltshire Wellbeing Hub and local voluntary groups.
- Information on how people can stay in touch with their loved ones who are currently in hospital.
- A dedicated page for mental health support and a page for children and young people's mental health.

13. During this time, we saw an increase in visits to our website and interaction with social media posts.

14. We also continued to gather the views of local people and regularly shared these through our reports.

15. Our key findings were:

- Most people could find and understand the information they needed about Covid-19 but acting and keeping up to date with changes was more difficult.
- There was a need for clear information about testing and looking after health and wellbeing.
- Virtual appointments had worked well for many people, but there were some circumstances and individuals where these were difficult or not possible.
- Some people were not accessing services due to fear of Covid-19, or fear of 'overloading' the service.
- There was understanding of the pressures on services. Appreciation was given of the commitment, dedication and kindness of health and care workers.
- As time has moved on, there has been more frustration expressed about delays to routine treatment and dentistry.
- The pandemic has affected many people's mental health and wellbeing.

- Community Groups, voluntary organisations and volunteers have been a valuable source of support to local people.

16.   We have used local people's views and experiences and the way that health and care services have needed to inform and adapt our priority areas for the future.

        The full report is available on our website: https://www.healthwatchwiltshire.co.uk/news/2020-08-12/what-weve-been-hearing-you-during-covid-19-outbreak

Healthwatch Wiltshire priority areas

17.   Our priority areas for the remainder of 2020/21 are:

- Primary Care - A project looking at people's experiences of different types of GP services including virtual, phone, face to face.
- Autism - Hearing views of people living with autism around service provision and community support.
- Mental Health and Wellbeing - engaging people regarding mental health and wellbeing including working in partnership with other organisations to develop an online forum.
- Young People - A mystery shopping project that evaluates mental health websites for young people.

18.   We have been working with commissioners and partners to develop these projects and welcome input with the aim of ensuring that the projects are useful and can support service development.

Young Healthwatch Update –Mystery shopping project

19.   In our recent work with young people they told us being able to access information and make informed choices was important to them.

20.   We have set up Young Healthwatch, a group of volunteers, who want to make a difference to their community and have an interest in the wellbeing of young people in Wiltshire.

21.   We are working with a group of young people to review selected mental health websites from a young person's perspective. These young volunteers are an integral part of the project and are involved with question development, engagement activity, collation of results and final reporting.

22.   The project aims to identify young people's views about what information is useful and relevant, what they think is good about them and what could be improved for young people using these services.

23.   We have linked in with commissioners and local providers of these services and our findings will be shared with them.

Next Steps

24.   We are in the process of developing a more detailed workplan and project proposals for these priorities.

25.   We will continue to liaise with commissioners and providers within these areas to identify where we can add value and make an impact.

26.   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: Julie Brown
Title: Acting Manager
Organisation: Healthwatch Wiltshire

Report Author: Julie Brown, Acting Manager, Healthwatch Wiltshire

Healthwatch Wiltshire Update

Annual Report in Brief, Volunteer Led Military Families Project, Response to COVID-19 and Priorities, Young Healthwatch Project
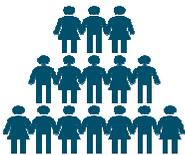
Our Annual Report in brief – Our activities

Listened to 3,792 comments from people about health and care services

Published 8 reports

40 volunteers supported us giving 1,750 hours of their time

Attended 142 events

There were 281,652 engagements with us on social media.

Slide 2

SP1   Stacey Plumb, 08/07/19

Some of our Key Projects

Evaluating GP Improved Access

Dementia Community Services

Community Cash Funds

Volunteer Led Military Families Project

Our Volunteer Led Military Families Project

Our Volunteer Team Led the project and took part in all aspects of the planning, question development, approach, engagement, reporting and presentation of the project.

Chas – Background in education, with experience in business and voluntary sectors

Deborah –previously worked for the army in Germany as a civilian nurse and married a soldier who retired in 2012

Hazel – Trained as a nurse with the army. Service in Germany looking after families of servicemen. Continued nursing in the UK as a boarding school senior nurse

Meg – Retired headteacher with an interest in children with special needs. Also working with Carer Support on a group for bereaved carers and is a member of her PPG

Key Findings

- GP registration was an easy and straightforward process

- Significant issues with communication and transfer of records

- Process of transferring on to a waiting list when moving from another area seemed inconsistent.

- Lack of continuity in transitioning between specialist services

- Dentists – nearly 40% could not find an NHS dentist

- Mental Health support is not always accessible or consistent for adults or children and young people

- A need for greater understanding of military life amongst health and care services and that this affected their experience of using these services.

Recent Work during the COVID-19 Pandemic

➤ Greater focus providing advice to the public and supporting the local response to COVID-19.
➤ Created a dedicated coronavirus advice and information pages on our website that was regularly updated. This included:

General government and Public Health England information.
A community support page
Information of how to stay in touch with people in hospital
Page for mental health support and for children and young people's mental health

During this time, we saw an increase in visits to our website and interaction with social media posts.

➤ We also continued to gather the views of local people and regularly shared these through our reports. We heard from 375 people who gave us 466 comments about health, care and community services.

➤ We regularly shared these views and through our reports during this time with key commissioners and providers of health and care services.

Some of the things people told us:

Want to express my thanks to all involved with me being able to continue to receive my cancer treatment. I will be eternally grateful

A huge thank you to all the staff at the surgery during such a difficult time. I have had 4 telephone consultations during the Covid-19 outbreak and cannot fault the service. The receptionists making the appointments were efficient and kind and the appointments offered quickly and in amazing time!

Treatment booked was cancelled due to covid19. No communication about reinstatement of treatment. Still waiting for the treatment.

Due to closures of almost everything, my autistic daughter's mental health has plummeted.

I am being contacted every two weeks by phone by the diabetic specialist nurse. They are excellent and I feel that they would be there for me if I needed help.

My mum went into care just as Lockdown happened, therefore we were not able to help settle her in. Although normal activities and visits were stopped the Care Home was great at informing us of what was happening and keeping mum active and well.

Feeling very lonely and isolated and found people don't really want you to say anything other than "I'm OK", even when you are not.

It was excellent. A really efficient and helpful service. It is good to see younger people involved with volunteering and befriending isolated people. I hope that this continues after the pandemic is over.

Our priorities and workplan

Our revised workplan taking into account locals people's views and changes to how services run due to COVID-19

- Primary Care - A project looking at people's experiences of different types of GP Services including virtual, phone, face to face.

- Autism - Hearing views of people living with Autism around Service Provision and Community Support

- Mental Health and wellbeing - engaging people regarding mental health and wellbeing including working in partnership with other organisations to develop an online forum.

- Young People - A Mystery Shopping Project that evaluating mental health websites for young people.

Linking with commissioners and partners to develop these projects to ensure that their useful and can support service development.

Young Healthwatch Mystery Shopping Project

We have set up Young Healthwatch, a group of young volunteers, who want to make a difference to their community and have an interest in the wellbeing of young people in Wiltshire.

Their first project involves reviewing selected mental health websites from a young person's point of view.

Our young volunteers are involved with designing the approach, question development, engagement activity, collation of results and final reporting.

Our Young Healthwatch Volunteers talk about their work on this project.