

Updated AGENDA

Meeting: WILTSHIRE HEALTH AND WELLBEING BOARD
Place: Salisbury Room - County Hall, Trowbridge
Date: Thursday 21 November 2013
Time: 3.00 pm

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718378 or email SharonL.Smith@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:

Cllr Jane Scott – (Leader of the Council) - **Chairman**
Dr Stephen Rowlands – (CCG Chairman) - **Vice Chairman**
Dr Simon Burrell (CCG – Chair of NEW Group)
Dr Toby Davies (CCG – Chair of SARUM Group)
Debra Elliott (NHS England)
Christine Graves (Healthwatch)
Cllr Keith Humphries (Cabinet Member Public Health, Protection Services, Adult Care and Housing)
Angus Macpherson (Police & Crime Commissioner)
Cllr Laura Mayes (Cabinet Member for Childrens Services)
Cllr Jemima Milton (Portfolio Holder for Adult Care and Public Health)
Dr Helen Osborn (CCG – Chair of WWYKD Group)

Non-Voting:

Gareth Bryant (Wessex Local Medical Committee)

Patrick Geenty (Wiltshire Police Chief Constable)

Carolyn Godfrey (Wiltshire Council Corporate Director with statutory responsibility for Children's Services)

Chief Executive or Chairman representative Salisbury Hospital FT (Peter Hill)

Maggie Rae (Wiltshire Council Corporate Director with statutory responsibility for Adult and Public Health Services)

Chief Executive or Chairman representative Bath RUH (James Scott)

Cllr Ian Thorn (Opposition Group representative)

Deborah Fielding or Simon Truelove (Chief Officer or Chief Accountable Officer)

Iain Tully or Julie Hankin (Avon and Wiltshire Mental Health Partnership (AWP))

Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)

Ken Wenman (South West Ambulance Service Trust)

AGENDA

1 **Chairman's Welcome, Introduction and Announcements**(Pages 1 - 2)

To include the following:

Chairman's Announcement – RNIB Eye Pod at County Hall

2 **Apologies for Absence**

3 **Minutes**(Pages 3 - 14)

To approve and sign the minutes of the meeting held on Thursday 12 September 2013.

4 **Declarations of Interest**

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

5 **A Call to Action (NHS England)**

In June 2013, NHS England announced the start of a strategic process led by NHS England in partnership with Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards and national partners.

The process is intended to promote a new style and method of working focused on how best to shape care around the interests of patients now and for future generations.

A presentation providing further information will be given by Deborah Fielding (CCG), Debra Elliott (NHS England) and Maggie Rae (Wiltshire Council).

6 **Joint Health and Wellbeing Strategy**(Pages 15 - 34)

The Board adopted a revised version of the Joint Health and Wellbeing Strategy at its meeting held in September 2013 and resolved to receive a further progress report at its next meeting.

A report is now attached outlining recent activity and progress made against the priorities of the strategy for the Boards consideration and comment.

7 **Health and Social Care Integration**(Pages 35 - 44)

The Board resolved at its previous meeting to receive an update report on the work being undertaken for future integration of commissioning and service delivery.

A joint report from Wiltshire CCG and Wiltshire Council is now provided with details of the work taking place.

The Board is asked to endorse the next steps proposed within the report.

8 **Winterbourne View progress report**(Pages 45 - 94)

The Board at its previous meeting in September resolved to receive a further update report on progress made in relation to the DoH report 'Transforming Care: a National Response to Winterbourne View Hospital'.

A joint report from Wiltshire CCG and Wiltshire Council is now provided for the Boards consideration and comment.

9 **Public Health Annual Report**(Pages 95 - 96)

The Public Health Annual report, highlighting public health activity for 2012/13, was noted by Wiltshire Council Cabinet at its meeting held in September 2013.

A [link](#) to the report is provided with this agenda and hard copies will be made available at the meeting for noting.

10 **Safeguarding Boards Annual Reports**(Pages 97 - 172)

A report from the Wiltshire Safeguarding Adults Board (WSAB) is attached for the Board's consideration.

A further report from the Wiltshire Safeguarding Children Board (WSCB) is also attached requesting that the Board invite the Independent Chairman to attend its next meeting in January where the WSCB Annual Report will be considered.

11 **End of Life Care**(Pages 173 - 178)

A review of the End of Life Care Strategy is currently being undertaken by Government and is due to be reported in January 2014. The Secretary of State for Health has written to Health and Wellbeing Boards to alert them to the work being undertaken and inviting them to consider it within their own JSNA and JHWS.

Wiltshire's Joint Health and Wellbeing Strategy already includes a range of activity in Wiltshire to improve end of life planning and coordination and an End of Life Strategy Group is currently drafting a revised strategy for Wiltshire which

should also be available for discussion in January.

A report for the Board's consideration is provided.

12 **Commissioning Services for Armed Forces**(Pages 179 - 188)

From April 2013 NHS England took up its duties to deliver better outcomes for patients within its available resources. One of the responsibilities will be to directly commission health services for those members of the Armed Forces and their families registered with Defence Medical Services Medical Centres.

The attached report sets out where NHS commissioning responsibility lies for all members of the Armed Forces Community.

The Board is asked to note the report and NHS England's desire for the commissioning of health care services to be discussed at the Military Civilian Integration Partnership with the objective of developing and agreeing a co-commissioning approach to armed forces personnel and their families.

13 **Governance arrangements**(Pages 189 - 200)

The Board holds an important relationship with other governance structures, including that with Council, Safeguarding and joint commissioning boards for adults and children's services.

To assist partners with their role on the Board and as a reminder of current arrangements governing health and wellbeing in Wiltshire a report is attached which sets out the relationship of the Board with the other governance structures.

14 **Adult Autism Strategy Self Assessment**(Pages 201 - 236)

The Department of Health (DoH) is currently leading a formal review of progress against the Adult Autism Strategy including seeking assurances from local authorities and the NHS on progress made and that the Strategy objectives remain fit for purpose. Local authorities were contacted to provide assistance in taking forward a second self assessment exercise.

As part of the process, Health and Wellbeing Boards are expected to discuss the assessments by the end of January 2014 to provide evidence for local planning and health needs assessment strategy development and to support local implementation work.

In line with this request a report is attached for consideration and comment.

15 **Urgent Items**

16 **Date of Next Meeting**

The next meeting of the Health and Wellbeing Board will take place on 16 January 2014.

The meeting will take place at 3pm at Great Western Hospitals Lecture Hall, Swindon.

RNIB Eye Pod Simulator at County Hall

When: 21 November 2013 – 2pm to 6pm

Where: Outside the main entrance at County Hall, Trowbridge

Following the recent publication of the Vision Ahead report and its consideration by the Health and Wellbeing Board, RNIB has been working closely with different groups to bring forward improvements for blind and partially sighted people living in Wiltshire.

To support this ongoing engagement in the area, RNIB is bringing the Eye Pod Digital Sight Loss Simulator to County Hall in Trowbridge for the November Health and Wellbeing Board Meeting to give board members the chance to experience first-hand the effects of the four most common causes of sight loss.

A profile that provides an outline of key prevalence and public health statistics for the local area along with a range of policy recommendations and links to data sources will also be available at the Pod. Photos and a press release can also be sent to interested visitors upon request.

Members of the public are also welcome to visit the Eye Pod at this event to experience the effects of eye conditions and learn about sight loss, local services and the importance of regular eye tests.

For further information visit: <http://rnib.org.uk/eyepod>

We look forward to welcoming you to the Pod!

Marie Jenkins
South West Regional Campaigns Officer

T: 0330 119 0621

E: marie.jenkins@rnib.org.uk

This page is intentionally left blank

WILTSHIRE HEALTH AND WELLBEING BOARD

MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 12 SEPTEMBER 2013 AT BOARDROOM, TRUST HEADQUARTERS, SALISBURY HOSPITAL, Odstock Road, SALISBURY, WILTSHIRE SP2 8BJ.

Present:

Dr Gareth Bryant (Wessex Local Medical Committee), Dr Toby Davies (CCG Chair of SARUM Group), Debra Elliott (NHS England), Carolyn Godfrey (Corporate Director), Christine Graves (Healthwatch), Chief Executive Salisbury Hospital (Peter Hill), Chief Executive Great Western Hospital (Nerissa Vaughan), Cllr Keith Humphries, (Cabinet member) Angus Macpherson (PCC), Cllr Laura Mayes (Cabinet member), Cllr Jemima Milton (Portfolio Holder), Maggie Rae (Corporate Director), Dr Stephen Rowlands (CCG Chairman), Cllr Jane Scott OBE (Leader of the Council and Chairman) and Deborah Fielding (CCG Chief Officer)

Also Present:

Laurie Bell (Service Director), David Bowater (Senior Corporate Support Officer), James Cawley (Service Director), Julia Cramp (Service Director), Jocelyn Foster (Bath RUH), Ian Gibbons (Service Director), Julie Hankin (Avon & Wiltshire Mental Health Partnership), Phil Matthews (Chair of the former WIN), Maggie McDonald (Senior Scrutiny Officer), Cllr John Noeken (Chairman of the Health Select Committee) and Robin Townsend (Interim Service Director).

1 Chairman's Welcome, Introduction and Announcements

The Chairman welcomed everyone to the first formal meeting of the Board, noting that the Board had been in shadow form to establish priorities prior to becoming statutory in April 2013 via the Health & Social Care Act 2012.

Attendees were reminded that the Board had a duty to encourage integrated working between health and social care commissioners across the county and the Chairman looked forward to working with all partners of the Boards.

Before proceeding through the agenda, it was confirmed that a request had been received for the Vision Ahead item to be considered immediately following Item 5 (Joint Health & Wellbeing Strategy). As there were no objections to the change in order this was agreed.

Agenda Item 3

2 **Confirmation of Vice-Chairman**

Dr Stephen Rowlands (CCG Chairman) was confirmed as Vice Chairman of the Health and Wellbeing Board.

3 **Apologies for Absence**

Apologies for absence were received as follows:

Chief Executive Bath RUH (James Scott)
Patrick Geenty (Wiltshire Police Chief Constable)
Cllr Ian Thorn (Opposition Group representative)
Iain Tully (Avon & Wiltshire Mental Health Partnership)
Ken Wenman (South West Ambulance Service Trust)

Joss Foster (Bath RUH) attended on behalf of James Scott. Dr Julie Hankin (AWP Clinical Director for Wiltshire) deputised for Iain Tully.

4 **Declarations of Interest**

There were no declarations of interest received.

5 **Joint Health & Wellbeing Strategy**

Maggie Rae, Corporate Director Wiltshire Council, introduced the Joint Health and Wellbeing Strategy which the Board had a statutory function to prepare and approve.

In considering the strategy the Board were reminded that the Shadow Health and Wellbeing Board had been involved in the preparation of the strategy presented today which had also taken into consideration the views of the voluntary sector, area boards and the public as part of the consultation.

Deborah Fielding, Chief Officer CCG, confirmed that all parties had worked well together to produce the joint strategy which covered the mandate well and had resulted in an exciting approach. This was fully supported by the Corporate Director with statutory responsibility for children's services.

In opening up discussion to the floor, the NHS England representative, Debra Elliott, welcomed the document, confirming that she felt this would form a good building block for future strategies and requested that the minutes reflect her thanks to the work that had taken place in forming the strategy.

The Chairman, in drawing the Boards attention to the proposals as outlined in the report, requested an additional recommendation that an annual report highlighting progress should be brought back for consideration. However, this

should not deter update reports being presented in the interim period where significant changes were made.

It was therefore proposed that a short paper on performance monitoring of the Strategy be presented to the next meeting of the Board in November.

To communicate the content of the strategy effectively an easy read version and appropriately branded version would be requested.

In concluding discussion it was resolved as follows:

Resolved:

That the Board:

- 1) Notes the findings of the consultation on the draft Joint Health and Wellbeing Strategy;**
- 2) Adopts the revised version of the Strategy presented to the Board as the final version;**
- 3) Reaffirms its commitment to reviewing the strategy again in 2014; and**
- 4) Receive a progress report on the Strategy at its next meeting in November 2013 with further updates provided as and when necessary thereafter.**

6 Vision Ahead

Phil Matthews, Chairman of the former Wiltshire Involvement Network (WIN), was in attendance to present the Vision Ahead report which looked at the support provided for those with sensory impairments in the county and how this could be improved.

In presenting the report Mr Matthews confirmed that the work undertaken had resulted in 24 recommendations, details of which were detailed within the report.

James Cawley, Service Director Wiltshire Council, emphasised the positive work undertaken to produce the report, the good partnership working and agreed that individual organisations should be encouraged to consider the recommendations provided and find ways to implement where possible.

The Board welcomed the report and proposed that the Adults Joint Commissioning Board take forward the recommendations made.

Agenda Item 3

Resolved:

That the recommendations contained within the Vision report be passed to the Joint Commissioning Board to progress.

7 **OFSTED report on Wiltshire Children's Services**

Cllr Laura Mayes, Cabinet member for Childrens Services, gave a verbal update following the recent unannounced Ofsted Inspection in July.

Cllr Mayes was pleased to confirm that a judgement had been made in August that the classification of the team had now moved from inadequate to adequate. Thanks were given to Carolyn Godfrey, Corporate Director with statutory responsibility for children's services, and her team acknowledging the significant changes that were brought about in order to achieve the change in status.

Cllr Mayes commented that she was now much more confident in the quality of services, however, there was still more to do and the Council was not complacent. The aspiration was to provide an outstanding service for children and young people.

For those wishing to view the Ofsted report this could be found via the following link:

www.ofsted.gov.uk

Resolved:

To note the update provided.

8 **Winterbourne View Action Plan**

James Cawley, Service Director Wiltshire Council, presented the joint report from Wiltshire Council and Wiltshire CCG which provided details on progress made in relation to the Department of Health's (DoH) recommendations.

In presenting the report attention was drawn to areas requiring further work as outlined which included governance arrangements and the roles and responsibilities within the team which was progressing well with regular discussions on progress taking place.

Joint Commissioning was also identified as an area requiring further work with confirmation that the Joint Commissioning Board was to consider a report at its October meeting which would include an update on the expected standards identified by the DoH.

Attention was drawn to Appendix 2 of the report (Action Plan) which having been in place for a significant period of time had resulted in most of the actions now being completed.

Confirmation was given that the Wiltshire residents who had been placed at Winterbourne View were now safe and comfortable and being looked after well.

To ensure the Board remained fully updated on progress made, it was proposed that a report from the Joint Commissioning Board would be presented to the Board at its next meeting in November.

Resolved:

- 1) That the Board note the report and progress made in relation to the Department of Health report 'Transforming Care: a National Response to Winterbourne View Hospital'.**
- 2) That an update report be presented to the Board at its next meeting in November 2013.**

9 Trowbridge Birthing Centre

Nerissa Vaughan, Chief Executive Great Western Hospital (GWH), presented the report provided on the temporary transfer of maternity services from Trowbridge Birthing Centre.

In presenting the report clarification was made that a visit by the Care Quality Commission (CQC) in December had resulted in concerns over midwifery staffing levels which had not met national guidelines. Although it was understood that in part this was caused by natural reductions such as holidays and sickness levels, the Trust had invested a further £250k towards staffing and the Centre was now in a position to reopen on 30 September 2013.

The Chairman proposed that a joint press release from the Board and GWH be released providing clarification of the Centre opening date and that a briefing note should also be provided to Wiltshire Councillors at the same time.

In discussing lessons learnt, the Chief Executive apologised for the way the information had been made public.

The Chairman thanked Nerissa Vaughan for the update and it was resolved as follows:

Resolved:

- 1) To note the update provided; and**

Agenda Item 3

- 2) That a joint press release from the Health and Wellbeing Board and Great Western Hospital and a Councillor briefing note would be provided to include details of the reopening dates of the Birthing Centre.

10 Community Services Transformation

The Chairman clarified that there were several service transformation projects underway at present but that the report presented today related to adult community services. Children's services commissioning was being reviewed and would be on a future agenda for the Board's consideration.

The Chairman introduced Debbie Fielding, Chief Officer Wiltshire CCG, who was asked to present the report on adult Community Services Transformation.

In presenting the report note was made that the Board, in its shadow form, had also considered several update on the review of adult community service provision. It was also noted that an important part of the proposed service provision would be the clustering of GP hubs and the CCG were working closely with GP colleagues to develop services around GP practices. With this in mind, it was proposed that primary care services would be based around 23 clusters, each with a population of around 20,000. A Care Coordinator would be assigned to each cluster and it was understood that there was almost a full complement now appointed.

The above model of care would be aligned to meet the needs of the population throughout their lives, striving to ensure people were able to live independently at home for as long as possible.

The priorities for joint health and social care development were also highlighted. These included the STARR scheme (for supporting those coming both in and out of hospital), multi-disciplinary working and work around Transfer of Care. Noting the latter it was confirmed that a pilot project had been running at the Bath RUH to identify patients who, with the right packages of care, should be better placed to leave hospital at an earlier opportunity.

It had been noted that a rapid response within one hour of crisis contributed to reducing unnecessary admissions. The Care Coordinators would take on the responsibility of working within this timeframe and were expected to work in conjunction with a simple point of access for healthcare professionals.

In noting the positive joint commissioning of voluntary and community sector services already in existence, the Community Transformation Programme would also be exploring other opportunities in this area.

Maggie Rae, Corporate Director Wiltshire Council, thanked all involved in the current delivery of community services and was pleased to see the proposed

Agenda Item 3

local service model presented, noting the national mandate issued by central government for integration of health and social care services by 2018.

The Board recognised the need for cultural change and for the public to be kept abreast of services changes in the future, noting that as the integration of service developed there would be a natural change in culture and expectations. Strong, clear and consistent communication of this message would also be required.

All were in agreement with the content of the report and its aims but recognised that the timeframes around the retendering of contracts could be problematic.

The Chairman, in expressing concern over the timeframe, noted that it could impact on integrated services with uncertainty on how partnership working could be developed given that future providers would not be known.

The Chief Executive of GWH reiterated that the hospital, as the current community services provider under contract, were also concerned with the impact retendering of contracts could have in terms of service delivery for the local population, delaying investment in services and creating uncertainty for staff.

Clarification was made that the report clearly outlined the expected service model for the community and that initial guidance received from central government implied that retendering of contracts, which had already been extended by a year, would need to take place as outlined.

The Chief Executive of GWH asked that the Board take into consideration the cost implications to the GWH as the current provider to meet the needs of the proposed model.

In noting the differing models of integrated services around the country and uncertainty on legislative requirements around tendering it was suggested that the views of NHS England should be sought.

Deborah Fielding confirmed that a meeting was due to take place between the CCG and NHS England the following week. It was therefore suggested that at this meeting information on working arrangements around the country as well as clarification on whether any flexibility remained in relation to the tendering of contracts would be sought. Following this meeting an options paper would then be prepared by the CCG for consideration by the CCG Board prior to a report being presented to the Health and Wellbeing Board.

Maggie Rae noted the concerns raised by GWH and clarified that the Council would also be impacted by the service realignment, noting that the Council would be required to reorganise its care model in line with that of any partner organisations.

Agenda Item 3

Further comments included that further comparison work could be undertaken on other local authorities and working patterns for health professionals. Borough of Poole Council had undertaken a review of health and social care working arrangements and drawn on best practice from Holland and it was felt considering their working model might be of benefit.

In concluding discussion the Chairman thanked all in attendance for the positive debate that had been undertaken at the Board's first public meeting and resolved as follows:

Resolved:

- 1) To note progress made to date;**
- 2) To receive an update on the model of care at the Board's next meeting;**
- 3) To receive an update on the vision for integration at the next meeting of the Board; and**
- 4) That following the CCG Board meeting in October, where the outcome of the meeting between the CCG and NHS England will be discussed, an update on the discussion would be circulated to Board members for consideration. To be circulated before the next meeting.**

11 Pharmaceutical Needs Assessment (PNA)

Maggie Rae, Corporate Director Wiltshire Council, presented the report on Pharmaceutical Needs Assessment (PNA), noting that the Board was required by statute to develop and publish the PNA by 1 April 2015.

The Board were asked to note that a small working group had met to discuss the requirements, the membership of which were outlined within the report. The working group having considered the requirements placed upon the Board felt that the inherited PNA was fit for purpose and made proposals for the future development of the PNA. This included proposals for consultation and sign off on a new PNA ahead of April 2015.

The Chairman thanked the Corporate Director for the report and the Board resolved as follows:

Resolved:

That the Board:

- 1) Accept the recommendations from the PNA group that the inherited PNA is fit for purpose;**

- 2) **Agree the proposed timeline for publishing the first HWB PNA and inclusion of the PNA on the forward plan for July 2014 and February/March 2015;**
- 3) **Delegate the PNA process and decisions to the PNA working group which includes two Health and Wellbeing Board members (Cllr Keith Humphries and Steve Rowlands); and**
- 4) **Delegate the updating of the PNA to the Director of Public Health and the Public Health lead.**

12 **Funding for Serious Case Reviews**

James Cawley, Service Director Wiltshire Council, presented the report on funding for serious care reviews which requested that a full partnership approach to adult case reviews should be undertaken, including equal financial contributions from each of the commissioning bodies.

Ensuing discussion included the difference in funding arrangements between Children's and adults safeguarding noting the statutory functions placed on the LSCB.

In noting the differences in approach to the children and adult boards and that the adult board was to become affected by statute in the future it was proposed that a report on the funding approach of both Boards (not just for serious case reviews) be considered by the Board in due course.

The Service Director clarified that the proposal for funding applied to commissioning partners only and as such requested that the Police and Crime Commissioner (PCC), CCG and Wiltshire Council representatives consider whether equal contributions of around £15k each would be acceptable.

All were in favour of the proposal and each would ensure that written confirmation of this would be provided.

Resolved:

That the involved partners (namely Wiltshire Council, CCG and PCC) contribute on an equal basis towards the cost of serious case reviews (envisaged to be approximately £15k).

13 **Disabled Children and Adults Pathfinder project**

Julia Cramp, Service Director Wiltshire Council, was in attendance to present a report which outlined the requirements of the Children and Families Bill, provided a brief update on progress in relation to the Pathfinder project and

Agenda Item 3

consultation to create a fully integrated 0-25 Special Educational Needs and Disability (SEND) Service.

In presenting the report clarification was made that the Bill required organisations to work together to jointly commission services across education and care and to ensure clear guidance existed on those services.

The Service Director confirmed that the authority was in a good position to meet the requirements which included streamlining arrangements and creating an Education, Health and Care Plan for each young person by September 2014.

It was noted that the vision of the Bill for an integrated service focusing on the needs of children, young people and their families, was in line with the work already undertaken by the Pathfinder project and that the decision to re-align service structures for the creation of the SEND service had been fully supported by Cabinet. Formal consultation with effected staff on the proposed structure was underway.

The Board noted the importance of ensuring that guidance on the service was available in an easy to read format for those using the service itself. Specific reference was made to a recent easy read report presented to Swindon Borough Council as an indication of what might be required. The JSNA report referred to was produced by the Swindon Advocacy Movement (SAM) and could be found via the following link:

<http://ww5.swindon.gov.uk/moderngov/documents/s61668/LD%20-%20Appendix%202.pdf>

The Chairman thanked the officer for the report.

Resolved:

To note the update provided.

14 **Disabled Children Charter**

Julia Cramp, Service Director Wiltshire Council, introduced a report on the Disabled Children Charter which requested that the Boards consider signing up to the Charter, noting the commitment this would place upon it in doing so.

The Charter had been created to support HWBs in meeting their responsibilities towards children and young people with disabilities and SEN and was aligned with current SEND legislation changes as referred to within the previous item.

The Board were supportive of signing up to the Charter noting the commitments as outlined within the report.

Resolved:

- 1) That the Board agree to sign up to the Disabled Children's Charter; and**
- 2) That an update report would be brought back to the Board in 12 months on progress.**

15 **Countywide Health Prospectus**

Debbie Fielding, Chief Officer CCG, presented the draft Prospectus for the Board's consideration and comment.

In presenting the prospectus it was confirmed that at the formation of the CCG there had been a requirement to produce a 2 year plan (Clear and Credible Plan), detailed strategy and commissioning plans. Details of this plan were considered by the Shadow Board and were available on the following website:

<http://www.wiltshireccg.nhs.uk/publications/reports-and-strategies>

NHS England had now requested that CCGs produce a prospectus based on the 2 year plan that was easily understood by the public. The version provided for discussion was at a very early draft stage whilst the communications team developed a more user friendly version.

Clarification was provided that the 2 year plan referred to above applied to 2013/14 and the CCG would be issuing details of its commissioning intentions for the following 3 to 5 years thereafter.

In seeking the views of the Board, confirmation was provided that the document would include further information on partnership working. The Wiltshire Council and CCG communications teams would assist further in this area.

Resolved:

- 1) The CCG is asked to note the comments of the Board; and**
- 2) That Wiltshire Council and CCG Communication teams liaise to progress references to partnership working within the Prospectus.**

16 **Date of Next Meeting**

The next meeting of the Wiltshire Health and Wellbeing Board would take place at 3pm on Thursday 21 November 2013.

Agenda Item 3

17 **Urgent Items**

The Chairman asked that thanks be given to the Chief Executive of Salisbury Hospital for allowing the first formal meeting of the Board to be held at the venue.

All Board members were reminded that all partners were encouraged to request any relevant items for inclusion on future agendas.

With this noted, the CCG requested that the NHS England 10 year strategy (A Call to Action) be included as an agenda item at the next meeting to be held in November as it was felt that the consultation around the strategy should be led by the Board. The consultation would be an opportunity to ask the community of Wiltshire to identify the health priorities within the resources available.

Resolved:

That the NHS England 10 year strategy (A Call to Action) would be considered as the first item at the next meeting of the Board in November.

(Duration of meeting: 3:00 pm – 5:10 pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic & Members' Services, direct line 01225 718378, e-mail SharonL.Smith@wiltshire.gov.uk

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

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Progress Report on the Joint Health and Wellbeing Strategy

Executive Summary

The report outlines recent activity and performance against the priorities in the Joint Health and Wellbeing Strategy.

Proposal(s)

It is recommended that the Board:

- i. notes the progress that is being made on joint activity to deliver Wiltshire's Health and Wellbeing Strategy;
- ii. comments on any additional information they would like to see within future progress reports;
- iii. identifies any issues on which they would like further information at a future meeting;
- iv. agrees to a full annual report for the end of next year to inform an update of Wiltshire's Joint Health and Wellbeing Strategy.

Reason for Proposal

The last meeting of the Health and Wellbeing Board formally agreed the Joint Health and Wellbeing Strategy. At the same time, a progress report was requested to provide a little more detail on the work that is currently underway.

The Joint Strategic Assessment remains the best place to access detailed information on the overall outcomes that are being delivered in Wiltshire, so the progress report concentrates on offering a high level snapshot on key outcome indicators as well as a narrative on how agencies have been working together recently to deliver improved outcomes.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Debbie Fielding
Accountable Officer
Wiltshire CCG

Maggie Rae
Corporate Director
Wiltshire Council

Agenda Item 6

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Subject: Progress Report on the Joint Health and Wellbeing Strategy

Purpose of Report

1. To outline activity and performance against the priorities in the Joint Health and Wellbeing Strategy.

Background

2. The first meeting of the Health and Wellbeing Board in September formally agreed the Joint Health and Wellbeing Strategy. At the same time, a progress report was requested to provide a little more detail on the work that is currently underway.
3. The Joint Strategic Assessment remains the best place to access detailed information on the overall outcomes that are being delivered in Wiltshire, so the progress report attached at Appendix 1 concentrates on offering a high level snapshot on key outcome indicators, together with a short narrative on how agencies have been working together recently to deliver improved outcomes through the joint activities set out in the Joint Health and Wellbeing Strategy.
4. The narrative in the progress report focuses on the highlights of recent activity, rather than providing an account of everything that has been delivered over the course of a year. The aim is to enable the Board to identify areas where they would like more detailed updates at a future meeting. The report does not seek to replicate the full information available in annual reports of constituent organisations.
5. The indicators used in the Joint Health and Wellbeing Strategy are largely based on 3 national outcomes frameworks – the Public Health Outcome Framework (PHOF), the Adult Social Care Outcome Framework (ASCOF) and the NHS Outcomes Framework (NHS OF). It is important to note that a number of indicators in these frameworks require further methodological work to be undertaken in order to collect or refine the data. Other measures are under review and still others have yet to establish baseline measures. Consequently, trend information is not available in all cases. It is fair to say there has been some frustration over how long it is taking to agree the indicators in some cases.
6. Most of the Outcomes Frameworks are updated throughout the year as data comes in. However, a larger release of finalised data in Adult Social Care and the NHS is expected shortly. It should be noted that results in the ASCOF framework give provisional information for 2012-13. Similarly,

Agenda Item 6

many of the Public Health indicators relate to information for 2011-12. This means there is a significant time lag in some cases for the outcomes.

7. Wiltshire Council has produced a summary profile for Wiltshire based on all the PHE data which includes spine charts for Wiltshire for each domain and further information on the definition and time of collection for each indicator. This is available [online](#) through Wiltshire Intelligence Network and has informed the report.

Main Considerations

8. The data in Appendix 1 uses a simple traffic light system depending on whether an outcome in Wiltshire is better than, similar to or worse than the England average. Where there are significant deviations an explanation is offered. Alongside the traffic lights, a narrative on recent activity is provided.
9. The results in the report highlight the importance of Wiltshire Council adopting a new personalisation policy to improve the notional reporting on the proportion of people being offered a personal budget. This will also facilitate joining up with personal health budgets from the Clinical Commissioning Group, which is one of the intentions of the Care Bill currently progressing through Parliament.
10. Another area highlighted by the report is the difference in the number of hospital admissions caused by deliberate and unintentional injuries for ages 0-14, which is better than the England average, and those aged 15-24, which is worse than the England average.
11. When considering the overarching success indicators in the strategy, life expectancy and healthy life expectancy within Wiltshire remains high, and the gap in life expectancy depending on inequality is smaller than for many authorities across England. Progress on improving these further can be provided in an update next year.
12. Given that the availability of outcomes data should be improved, it is recommended that the Board agrees to a full annual report for the end of next year to inform consultation on an update of Wiltshire's Joint Health and Wellbeing Strategy and the Board's priorities for the year.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Debbie Fielding
Accountable Officer
Wiltshire CCG

Maggie Rae
Corporate Director
Wiltshire Council

Report Author: David Bowater, Senior Corporate Support Officer, 01225 713978

Appendices

Appendix 1: Progress report on the Joint Health and Wellbeing Strategy

This page is intentionally left blank

Theme: I will be supported to live healthily: Prevention

Healthy ambition	Joint activity	Outcome measure	Recent activity and comments
<p>I will get the best start in life</p>	<p>Further development of integrated working between children's centres, health visitors and midwives to support mother and child</p> <p>National Healthy Child programme</p>	<ul style="list-style-type: none"> • Infant mortality (NHSOF 1.6i) 	<p>Development of pathways to access appropriate support from agencies for young children and families is underway and the Common Assessment Framework pathway for young parents is now in place.</p> <p>A review of the children's centres service specification is due to commence shortly.</p> <p>Midwives and Health Visitors continue to deliver some services from children's centres.</p> <p>Mum2 Mum breastfeeding peer support groups operate in 14 children's centres.</p>
		<ul style="list-style-type: none"> • Children in poverty (PHOF 1.1) 	
		<ul style="list-style-type: none"> • Low birth weight of term babies (PHOF 2.1) 	
		<ul style="list-style-type: none"> • Breastfeeding (PHOF 2.2) 	
		<ul style="list-style-type: none"> • Smoking status of mother (PHOF 2.3) 	
		<ul style="list-style-type: none"> • Child development at 2 years (PHOF 2.5) 	
<p>I eat well and get enough exercise; and have access to a range of opportunities for physical activity, including outdoors</p>	<p>Early Years Healthy Eating programme and Healthy Schools programme (inc. Forest Schools)</p> <p>Child Obesity and Adult Obesity Pathways implementation;</p> <p>Free child swimming in school holidays and leisure services promotion</p>	<ul style="list-style-type: none"> • Excess weight in 4-5 and 10-11 year olds (PHOF 2.6) 	<p>Delivery of Get Cooking classes in targeted children's centres. Delivery of HEY! (Healthy Eating programme) in Trowbridge children centre has started. HEY! is now being expanded using a train the trainer approach in order to build on capacity for delivery</p> <p>Continued work to ensure obesity pathway is appropriate and services in place as required</p> <p>Provision of free swimming for U16s in school holidays continues along with provision of 3 month free family swimming membership where obesity is identified as an issue</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

Page 20	Local measures to promote walking and cycling and active travel (e.g. Bike It Plus and Walking Challenge; sustainable transport planning and school/workplace travel plans)	• Use of green space for exercise/ health reasons (PHOF 1.16)	Delivery of bike it plus in Wiltshire schools in areas of high child obesity; in 2013-14 up to 18 schools will be engaged in Melksham, Chippenham, Devizes and Trowbridge areas with potential to develop into other areas in the future.
	Provision of green space close to where people live	• Excess weight in adults (PHOF 2.12)	Work on Green Infrastructure Strategy is underway.
	Active Health programme providing referrals for particular groups Green Gym scheme Support conservation volunteering Support communities to develop healthy lifestyle initiatives	• Proportion of physically active and inactive adults (PHOF 2.13)	Delivery of Active Health (Physical activity on referral scheme) across Wiltshire has continued along with provision of slimming on referral schemes, for people who meet criteria. Delivery of Get Wiltshire Walking programme Summer 2013 – Wiltshire Challenge, increasing cycling, walking, running has been linked with Connecting Wiltshire (travel planning resource) A range of community initiatives have been supported.
Make informed decisions about alcohol, cigarettes and drugs	Risky behaviour training Healthy Schools Programme ASSIST (A Stop Smoking In School Trial) intervention with schools Information provision and stop smoking service	Smoking prevalence of 15yr olds (PHOF 2.9)	To date 1375 year 8's have benefitted from having the ASSIST programme at their school and 242 year 8's have been trained as Peer Supporters.
	Stop smoking service specifically to target people with long term conditions and who are on surgical lists with stop smoking support	Adult smoking prevalence (PHOF 2.14) Alcohol related admissions (PHOF 2.18)	In 2012/13 Wiltshire's stop smoking service helped over 2,900 to quit smoking

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

I make informed decisions in relationships	Risky behaviour training Healthy Schools Programme Multiagency drop-in centres Sexual health clinics Screening programmes	<ul style="list-style-type: none"> Under 18 conceptions (PHOF 2.4) 	<p>Work continues on the full range of programmes in this area. The current teenage pregnancy rate is 22.4 per 1,000 females aged 15-17 years, (2011/2012) this fell from 24.2 per 1,000 in 2010/11. There has been an overall reduction of 30.2% on the baseline year 1998 when the rate was 32.1 per 1,000 females ages 15-17 years.</p> <p>11 schools have active drop-ins regularly within school term. Each school operates under a slightly different model depending on local service engagement and priority. All secondary schools have access to the School Nursing service and School Nurses often lead the service in schools. Drop ins offer a range of information to support young people, including healthy eating, relationships, problems at home, exam anxiety, drugs and alcohol and sexual health.</p>	
		<ul style="list-style-type: none"> Chlamydia diagnoses of 15-24yr olds (PHOF 3.2) 	<p>There are currently issues with CTAD, the data collection system for Chlamydia diagnosis. This shows Wiltshire performing slightly lower with regards to the uptake of Chlamydia screening amongst young people aged 15-24 years - 4.7% against the regional average of 6.2%. However, our local data shows us at 11% coverage. It is hoped that data collection issues will be corrected by next quarter. Of young people screened 9.5% are found to be positive for Chlamydia infection this is higher than the regional average of 8.2%. Wiltshire continues to target effectively and test young people most at risk</p>	
I can access the emotional support I need	Anti-bullying and counselling services Peer mentoring groups	<p>Pupils bullied in last 12 months - 31% primary, 18% secondary (England 36%, 31%)</p>	<p>Promoting anti-bullying week in November 2013. Formed a partnership with Relate and primary schools to deliver counselling to young children.</p>	
	<p>Sharing information on case referrals</p> <p>Suicide and self harm prevention strategy including:</p> <ul style="list-style-type: none"> appropriate and timely crisis 	<p>41% primary and 23% secondary pupils fear going to school sometimes because of bullying (England 28%, 22%)</p>	<p>Working with Oxford Health, we have produced self harm guidance for schools. Oxford health (CAMHS) provide consultation to social care teams and a specialist outreach service for Looked After Children who often find it difficult to engage with a clinic-based service. We continue to work with AWP on suicide prevention measures and mental health liaison services (on a pilot basis) are now in place in the three hospitals</p>	
Below the England value		Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon

	<p>intervention teams</p> <ul style="list-style-type: none"> • proactive primary care based mental health liaison services • recovery services <p>Promote positive mental health – five ways to mental health: Connect; Be active; Take notice; Keep learning; Give.</p> <p>Wiltshire Wildlife Trust wellbeing project or similar opportunities with the Local Nature Partnership.</p> <p>Debt/ financial capability advice.</p> <p>Information-sharing protocol, including with police on Anti-Social Behaviour (ASB) and vulnerable people</p>	<p>Persistent absence (15%) 2011/12 data for primary schools 2.7% and secondary schools 7.5% (England 3.1%, 7.4%)</p> <ul style="list-style-type: none"> • Emotional wellbeing of looked-after children (PHOF 2.8) • Suicide (PHOF 4.10) • Hospital admissions as a result of self harm (PHOF 2.10) • Excess under 75 mortality in adults with mental illness (PHOF 4.9 and NHSOF 1.5) 	<p>that serve Wiltshire patients.</p> <p>5 ways to mental health is being promoted through mental health and wellbeing information events, jointly with voluntary sector partners.</p> <p>The WWT wellbeing project is offering approximately 408 client placements per quarter and some 25 clients per months are assessed for the scheme. Client satisfaction with the service remains positive</p> <p>Work continues with recovery teams across the county, and the CAB debt advice service has been extended to all the relevant teams so that there is equal access to this service across Wiltshire</p> <p>The Wiltshire Public Services Board has developed an Information Sharing Agreement which has been extended to a range of partners including in the Voluntary and Community Sector.</p>
<p>If I have served my country in the Armed Forces, my family and I will be able to access appropriate support</p>	<p>Military Civilian Integration Partnership (MCIP) ensures appropriate contractual arrangements with service providers for military personnel to access services</p> <p>Wiltshire Veterans' Action Plan</p>	<ul style="list-style-type: none"> • Health outcomes for service and ex-service personnel based in Wiltshire 	<p>Army Rebasing Health Impact Assessment underway</p> <p>Army Rebasing Health Care Commissioners group set up</p> <p>Veterans Research project underway</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

My house is a warm and safe place for me to live	Promotion of Warm and Well initiative	<ul style="list-style-type: none"> Fuel poverty (PHOF 1.17) 	<p>Winter Warmth initiative has included elements of advice and information, establishing referral pathways, access to emergency heating measures, practical assistance in the home, access to crisis funds and ongoing winter support for older and vulnerable people.</p> <p>The Affordable Warmth strategy continues to be delivered through the partnership. Recent work has focused on identifying the key variables which predict cold homes and mapping these to highlight areas to be targeted for interventions</p>
	Affordable warmth strategy Adaptations to climate change	<ul style="list-style-type: none"> Excess winter deaths (PHOF 4.15) 	
If I get seriously ill, problems will be spotted early and I will be supported to live a long, healthy life	Falls and bone health strategy, including care pathways and integrated community teams	<ul style="list-style-type: none"> Falls and injuries in the over 65s (PHOF 2.24) 	<p>The Falls and Bone Health Group continues. There is an update of falls service mapping and gapping to include the STARR scheme and in-hospital falls, plus inclusion of data from ambulance service regarding falls and conveyance to hospital.</p> <p>There has been an expansion of Postural/stability classes in Salisbury to ensure wider access for population.</p> <p>Workshop on Falls Prevention to inform action plan for 2014.</p>
	Improved awareness of falls prevention and osteoporosis management.		
	Integrated community equipment service (including home adaptations)		
If I get seriously ill, problems will be spotted early and I will be supported to live a long, healthy life	Increase early diagnosis and delivery of health checks programme Improve cancer screening coverage Improve access to chemotherapy in the community Improve quality of life for cancer survivors	<ul style="list-style-type: none"> Cancer diagnosed at Stage 1 and 2 (PHOF 2.19) 	<p>NHS Health Checks programme transferred seamlessly to Wiltshire Council. The service is provided by all GPs.</p> <p>National Be Clear on cancer Campaigns promoted with the Sun and Skin Cancer Awareness Campaign Research into sunbed use in Wiltshire Research into which GPs have late diagnosis of cancer. Mobile chemotherapy units continuing to treat patients in more accessible locations.</p>
		<ul style="list-style-type: none"> Mortality from causes considered preventable (PHOF 4.3) Mortality from all cardiovascular diseases (PHOF 4.4) 	

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

	<p>Improve timely and early diagnosis of dementia and post-diagnostic support Improve timely and early diagnosis of diabetes, renal and other high-impact diseases</p>	<ul style="list-style-type: none"> • Mortality from cancer (PHOF 4.5) 	
	<p>Care co-ordination plans for those with any, or a combination of, long-term conditions. Risk stratification approach.</p>	<ul style="list-style-type: none"> • Proportion of people feeling supported to manage their condition (NHSOF 2.1) 	<p>23 care coordinators have been appointed (all to be in post by November) to work from GP surgeries to support people who have long-term conditions and are at risk of being admitted to hospital. Care coordinators will link closely with community health and social care services to ensure people get support to be independent at home.</p>

Page 24

Theme: I will be listened to and involved: Engagement

Healthy ambition	Joint activity	Outcome measures	
<p>As a child I will be offered opportunities, with my parents and carers, to participate in the development of services</p>	<p>Use of Children and Young People's Services Participation and Involvement Strategy Co-ordinated multi-agency consultation and sharing of findings</p>	<ul style="list-style-type: none"> • Local evaluation from users 	<p>Children's Voice & Influence Team recently completed a looked after children survey and have completed a week's survey work researching the experience of those in receipt of social care services. Children and Young People continue to contribute to all children's services strategies.</p>
<p>I can help commission care and support services for adults of working age</p>	<p>Co-production of care and support services, e.g. with Wiltshire's user led organisations, strategic action groups or tenants' groups.</p>	<ul style="list-style-type: none"> • 'Healthwatch Wiltshire' satisfaction measure 	<p>Healthwatch Wiltshire has established itself with a chair person and Board Members. It is currently out to advert for a Chief Operating Officer. It has recently held a stakeholders day where Board members met with over twenty different voluntary sector organisations representing the views of users and carers. All organisations agreed to work together for the better of health and social care in Wiltshire. A</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

	Use of Wiltshire Voices, engagement with advocacy and user networks, and support for community-led activities such as stroke clubs.		successful launch event also took place recently with all major services represented. Healthwatch are represented on all major Health and Social Care public boards in Wiltshire Roll out and publicity of Wiltshire Voices is continuing with community groups and services.
It is easy to find out what help is available	Communication and signposting services Improved information and advice about self care.	<ul style="list-style-type: none"> • The proportion of people who use services and carers, who find it easy to find information about services (ASCOF 3D) 	Production of Life is for Living Booklet, and Care Services Directory. Commencing work on commissioning information portal. 'Mapping and Gapping' work undertaken as part of Bridging the Gap project. Results being fed into Information Portal project
I make the important decisions on my care and support	Person-centred assessments, support plans and reviews Timely future planning for people with dementia	<ul style="list-style-type: none"> • The proportion of people who use services who have control over their daily life (ASCOF 1B) • H2LAH Survey questions 	Implementation of payment by results for providers linking customers outcomes to providers revenues New Help To Live At Home contract awarded in South and East Wiltshire. Wiltshire Dementia Strategy being developed.
I care for someone and I am involved in decisions about their care	Support for advocacy through Carers' Voice, Wiltshire Carers' Action Group, Carer involvement networks and other organisations	<ul style="list-style-type: none"> • The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C) 	Involving carers in decisions about the person they care for is embedded within all commissioning and operational processes. The Wiltshire Carers Strategy and Action Plan are in place and will be updated during 2014 to reflect the expected legislative changes imposed by the Care Bill and Children & Families Bill which will include carer consultation. Carers in Wiltshire are already offered individual assessments of their needs. In January 2012 they were provided with a choice of having their assessment undertaken by adult social care (or mental health teams), Carer Support Wiltshire and / or completing their own self assessment. A large proportion of carers are now electing to have CSW undertake their initial carer assessment. Carer Support Wiltshire are currently consulting with carers to develop

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

			<p>stronger carer involvement networks in Wiltshire to increase carer participation (particularly with hard to reach groups). This result of this consultation and the final proposal is to be submitted to the Wiltshire Carers Action Group in December 2013.</p> <p>Carers Voice survey was undertaken in July and Spurgeon's undertook 4 roadshows in August to consult with young carers and their families.</p>
I know what the council will pay towards my care and support	Personal budgets and direct payments	<ul style="list-style-type: none"> Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C) 	<p>A new Personalisation policy has been drafted which once adopted will mean every person can be offered a personal budget. The Council's approach to agreeing support plans with people currently means we achieve the strategic intentions of personalisation, even if the person does not technically have a personal budget. Support plans are agreed and developed with people. Those wanting to manage their own support can take the value of this support plan as a direct payment. This will form the basis of how personal budgets will be adopted.</p>
At the end of my life I can decide where I want to die	<p>End-of-life planning and co-ordination</p> <p>Appropriate support to care homes to improve end-of-life care.</p>	<ul style="list-style-type: none"> Numbers dying in setting of choice Numbers with end-of-life plans (NHSOF 4.6) 	<p>An End of Life Strategy group is currently drafting a revised strategy. Work is also underway on Electronic Palliative Care Co-ordination Systems (EPaCCS). EPaCCS provide a shared local record for health and social care professionals with rapid access across care boundaries to key information about an individual approaching the end of life, including their expressed preferences for care.</p>

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

Theme: I will be supported to live independently: Independence			
Healthy ambition	Joint activity	Outcome measures	
Regardless of my background, I will be supported to achieve my potential	<p>Joined-up work between children's centres and community health services and schools.</p> <p>Early identification of difficulties that could make children and young people vulnerable to under achievement and then providing signposting or direct support.</p>	<ul style="list-style-type: none"> School readiness (PHOF 1.2) % of all children achieving at Foundation Stage Profile, Key Stage 2 and 4 results compared to % children from vulnerable groups achieving at Foundation Stage Profile, Key Stage 2 and 4 results. 	<p>See 'I will get the best start in life' Healthy ambition</p> <p>An increasingly targeted approach to closing gaps in attainment has been developed with a particular focus on those with Free School Meals, Special Educational Needs and Looked After Children. This year's data on the attainment gap for vulnerable children will be available soon.</p>
		<ul style="list-style-type: none"> 16-18yr olds Not in Education, Employment or Training (NEET) (PHOF 1.5) 	<p>Number of NEET young people has been impacted this year by the raising of the participation age and the drive for new apprenticeships and traineeships. The PHOF indicator relates to 2012, as of July 2013 the proportion of 16-18 yr olds NEET has fallen to 5.2% from 6.2%.</p>
	<p>Joined-up services for special educational needs and disabled children and young people (0-25 yrs old); and transition into adulthood.</p> <p>Integrated commissioning across health, social care and education, together with development of personal budgets</p>	<ul style="list-style-type: none"> Health-related quality of life for carers (NHSOF 2.4) Reported experience of parents and carers 	<p>The SEND 0-25 service launches in January 2013 and there is continued close working with Wiltshire Parent Carer Council on the development of the service.</p> <p>Wiltshire Council and CCG have brought together children's commissioning across health, social care and education. However, work on personal budgets is at an early stage.</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

I can arrange my own care and support if I want to	<p>Direct payments</p> <p>Pilot personal health budgets</p> <p>Improved information and advice about self care</p>	<ul style="list-style-type: none"> Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C) 	<p>See earlier comments</p> <p>Personal health budgets are being piloted. Further work is required on how people who may have a health and a social care personal budget can use them together. The Care Bill require both personal budgets and personal health budgets to be offered.</p>
<p>I have the opportunity and support needed to work or volunteer my time</p>	<p>Employment support services, including for those with a long-term condition</p> <p>Promote healthy workplaces for those with mental health issues</p> <p>Support for voluntary service</p>	<ul style="list-style-type: none"> Proportion of adults with learning disabilities in paid employment Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1E, 1F) Employment for those with a long-term health condition including those with a learning difficulty or mental illness. Sickness absence rate. (PHOF 1.8 and 1.9, NHSOF 2.5 and 2.2) 	<p>Two services to support people with disabilities into employment are funded. Since March 2013 115 adults with disabilities have been supported in employment.</p> <p>Richmond Fellowship continue to provide vocational services for adults of working age with mental health issues. This is a jointly commissioned and funded service with Wiltshire CCG, consisting of a supported work service and an employment service preparing people for and assisting them into volunteering, education and training and employment. 20% of AWP service users have been supported into employment.</p> <p>Work continues on the workplace charter, starting with the Council first and then moving on to other workplaces, which focuses on healthy workplaces.</p> <p>Voluntary service continues to be promoted including through an active referrals scheme.</p>
My support helps me stay in control of my life	Rehabilitation, education, advocacy and support programmes for those with long term conditions, including dementia	<ul style="list-style-type: none"> The proportion of people who use services who have control over their daily life (ASCOF 1B) 	<p>Work has been undertaken to develop the evidence base on Long Term Conditions and how people with LTC can be supported. A Neurological Conditions Steering Group has been re-established.</p> <p>To improve access to financial advice and support two companies have been identified to offer Wiltshire people access to appropriate financial</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

		<ul style="list-style-type: none"> • Proportion of people who feel supported to manage their condition (NHSOF 2.1) 	advice. Get into Reading Groups for Dementia are being funded and commencing soon with a Wiltshire Dementia Strategy being developed. Dementia Community Activities Grants awarded.
		<ul style="list-style-type: none"> • Reduced time spent in hospital by people with long term conditions (NHSOF 2.3) 	An action plan is now in place targeting key triggers to care home admissions focusing on falls prevention, continence management and access to bereavement care. Consequently, the numbers of people re-abled are increasing. Help to live at home providers are required to facilitate customers to access community resources.
	<p>Active health and health trainer programmes.</p> <p>Wiltshire Wildlife Trust wellbeing project and/ or similar opportunities.</p>		<p>1036 people took part in the Active Health Programme between 1st February and 30th June 2013</p> <p>The Wiltshire Wildlife Trust programme supported 56 clients during the period April - June 2013. Of these, 35 remain active at the end of the quarter. The programme exceeded its activity performance attendance target with 304 attendances for 408 places.</p>
	Increasing access to services in the community (GPs, NHS Dentistry) and exploring co-location of services in community campuses	<ul style="list-style-type: none"> • Improving access to primary care (GP and dental) services (NHSOF 4.4/ GP Practice Data across Wiltshire) 	NHS England has launched a consultation on improving general practice - a call to action. The Area Team will be working with partners to develop a local strategy, based on the emerging principles. This offers the potential for primary care plus contracts, built on co-commissioning between NHS England, Wiltshire Council and CCG.

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

<p>I use care services and my quality of life is good</p>	<p>Quality assurance on safeguarding policies and procedures</p>	<ul style="list-style-type: none"> • Social care-related quality of life (ASCOF 1A) 	<p>A detailed update on safeguarding is available in the annual report of the safeguarding board.</p>
	<p>Good neighbour scheme</p>	<ul style="list-style-type: none"> • Self-reported wellbeing (PHOF 2.23) 	<p>Expansion of Wiltshire Good Neighbours county-wide has resulted in a shortfall of funding, consequently external funding is being sought. The scheme may have to be scaled back if additional resources cannot be secured. The current contract expires 31st March 2014.</p>
	<p>Bridging the gap initiative</p>	<ul style="list-style-type: none"> • Health-related quality of life for older people (PHOF 4.13) 	<p>The 'Bridging the Gap' initiative is considering the potential connections with the CCG Community Transformation Programme.</p>
	<p>Multi-sensory arts projects</p>	<ul style="list-style-type: none"> • Social isolation (PHOF 1.18/ ASCOF 1I) 	<p>Help to Live At Home providers are developing low level activities for older people not eligible for services. The council has successfully bid to roll out training on arts practice with dementia sufferers</p>
<p>Page 20 I care for someone else and my quality of life is good</p>	<p>Active support network for carers (including young carers)</p>	<ul style="list-style-type: none"> • Carer-reported quality of life (ASCOF 1D and NHSOF 2.4) 	<p>Carers are offered a range of free training through Wiltshire's Carer Training Network Partnership which can be booked via the Carer Support Wiltshire (CSW) website. The training programme is updated monthly.</p>
	<p>Employment, volunteering and training opportunities for carers</p>	<ul style="list-style-type: none"> • Wiltshire results of the 2012 ASC survey against the ASCOF 1D quality of life measure revealed that an average of 4 out of 10 carers had no unmet needs, 5 out of 10 had some of their needs being met and 1 out of 10 stated they had none of their needs being met. This 	<p>CSW volunteer service now has 140 carers and 45 ex carers who are volunteers and</p>
	<p>GP 'Investors in carers' scheme Information and guidance for carers provided within a single handbook</p>		<p>36 GP surgeries received an award under the GP Investors in carers scheme in June and are carer aware. The Carers Handbook was updated in June 2013 and now includes safeguarding information for carers and invites carers to be involved in the annual Carers Voice survey.</p>
	<p>Financial and benefits advice for carers</p>		<p>Wiltshire Citizens Advice have been providing a welfare, debt and money management and advice service for carers since April 2013.</p>

Below the England value	Similar to the England value	Above the England value	Indicator to be defined / benchmarked / new results available soon
-------------------------	------------------------------	-------------------------	--

	<p>Carer personalised breaks</p> <p>Advocacy for Carers</p> <p>Emergency and crisis support for carers: Emergency Card Service</p>	<p>element requires further investigation.</p>	<p>Carers who are assessed as eligible for a funded social care service can access a range of respite and break services as either a direct service or as a direct payment. These range from a sitting service, residential respite, live in respite, holiday grants, help with routine activities such as gardening, housework and one-off direct payments.</p> <p>From 1 July 2013 Spurgeons started providing a service for young carers including assessment, breaks, mentoring, advocacy, counselling and they are also working closely with CSW on the development of a transitions service.</p> <p>Over 1700 carers are registered on the CEC scheme and have access to Medvivo's emergency response service.</p>
<p>I get help so that I can live in my own home instead of moving to a care home.</p> <p>Page 31</p>	<p>'Moving Out' initiative</p> <p>Mental health awareness training for housing professionals. Early identification of people with mental health issues at risk of losing their tenancy.</p> <p>Dementia-friendly communities</p>	<ul style="list-style-type: none"> • People with mental illness or disability in settled accommodation (PHOF 1.6) • Proportion of adults in contact with secondary mental health services living independently, with or without support (ASCOF 1G, 1H, 2A) 	<p>In 2009 14 customers received new supported living packages. Between Jan – Sept 2013 189 customers received new supported living packages.</p> <p>New housing options staff and others within the council will shortly be receiving the appropriate training on mental health awareness.</p> <p>Dementia Friendly Communities Scheme initiated.</p>

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

Page 32	Delayed transfer of care measures including extra care facilities	<ul style="list-style-type: none"> Permanent admissions to residential and nursing care homes, per 1,000 population 	A delayed transfer of care task and finish group has been established to improve communication between health and social care organisations on issues that can reduce DTOCs. From 1 st November, a new Simple Point of Access and Rapid Response domiciliary service will be available to support people coming out of hospital
	<p>Integrated community equipment service, including home adaptations, Telehealth and Telecare</p> <p>Access to financial advice and support</p> <p>Help to Live at Home ongoing support and active ageing support</p>	<ul style="list-style-type: none"> Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital, into reablement/ rehabilitation services (ASCOF 2A, 2B and NHSOF 3.6) 	<p>An action plan is now in place targeting key triggers to care home admissions focusing on falls prevention, continence management and access to bereavement care. Consequently, the numbers of people re-abled are increasing.</p> <p>Two companies have been commissioned to offer Wiltshire people access to appropriate financial advice.</p> <p>Help to live at home providers are required to facilitate customers to access community resources</p>
	<p>I get help quickly at times of crisis, for example if I need help to leave hospital</p> <p>Help to Live at Home initial support plans; Starr beds – scheme for step up and step down care</p> <p>Seamless working between NHS, social care and mental health services to reduce delayed transfers of care</p> <p>Health gain agreement</p>	<ul style="list-style-type: none"> Numbers on initial support rose from 441 (2012) to 545 (2013) As at October 2013, 368 people had used a STARR bed as an alternative to hospital and 329 people had benefited from ‘step down’ care. 	<p>Initial support provides help quickly ahead of a detailed assessment taking place. The STARR Scheme is used to provide ‘step up’ care to prevent a hospital admission and ‘step down’ care to support discharge from hospital. Most patients discharged from the service return home with a care package in place.</p> <p>The health gain (s256) agreement between Wiltshire Council and CCG is due to be considered by Health and Wellbeing Board in November.</p>
Theme: I will be kept safe from avoidable harm: Keeping Safe			
Healthy ambition	Joint activity	Outcome measures	

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

As a child, I live, study and play in a safe environment	Child injury prevention initiatives	<ul style="list-style-type: none"> Hospital admissions caused by deliberate and unintentional injuries ages 0-14 (PHOF 2.07i) 	Wiltshire Fire & Rescue and Wiltshire Council work together to provide accident prevention messages in the home alongside home fire safety checks. 30,000 reflective arm bands were distributed through schools in 2013 to support visibility and road safety.
	Road danger reduction initiatives	<ul style="list-style-type: none"> Ages 15-24 (PHOF 2.07ii) 	Accredited First Aid training is delivered via children centre's in areas with some of the highest rates of childhood accidents.
As a child, my family and carers will be offered support to look after me	Carer, family and parenting support services	<ul style="list-style-type: none"> Number of active Common Assessment Frameworks (CAFs) for children and young people 	Early Help Strategy is now out for consultation. Number of open CAFs continues to rise - 1712 in October 2013.
	Use of the child assessment framework and taking on the 'lead professional role'	<ul style="list-style-type: none"> Children and young people and their families, reports on the outcomes of interventions 	CAF Co ordinators undertake interviews with a sample of Children and Young People and families when CAFs close – experiences and outcomes are largely positive.
As a child, when domestic violence, mental health issues or parental substance misuse occur, the impact on my family will be minimised as far as possible	Hidden Harm initiative	<ul style="list-style-type: none"> Reduced number of domestic violence incidents reported where children and young people are present 	Two Hidden Harm Link Workers are currently in place, although the service is currently under review. This work is linked to the Complex Families agenda and is a key priority of the Prevention of Harm Subgroup of the WSCB. The complex families work is building on the Think Family approach and case tracking work is taking place which is revealing the need for closer working between adult and children's services. A workshop is planned for early December.
As a child, I am able to remain with my family when it is safe to do so and protected from	Implementation of 'Working Together' guidance, including engagement with Local Safeguarding Children Board, and relevant safeguarding meetings	<ul style="list-style-type: none"> Rate per 10,000 Children and Young People on Child Protection Plans or in care 	Ofsted July 2013 confirmed that safeguarding was "adequate". There is some concern over the current numbers of Children and Young People on plan and the rate when compared to statistical neighbours (409 CPPs (End Sept 2013) which is a rate of 40 per 10,000 CYP (England 38, statistical neighbours 26))

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

abuse and exploitation			
If I suffer from domestic abuse, my needs are understood and I am offered the right support	Staff are trained and appropriate domestic abuse policies are in place for all agencies	<ul style="list-style-type: none"> Domestic abuse (PHOF 1.11) 	195 staff (children's centres, social work, health visitors, police, A&E) from a range of agencies were trained in 2012/13 on a range of topics related to domestic abuse. The remaining sessions for 2013 are fully booked up and have waiting lists.
If I have misused substances such as alcohol or drugs, I will be supported into treatment and sustained recovery	Early intervention and support for employment, training and housing services	<ul style="list-style-type: none"> Successful completion of drug treatment (PHOF 2.15) 	In 2012 the success rate for treatment was good for opiate users but not as strong for non-opiate users. The new Wiltshire Substance Misuse Service run by Turning Point has been in place since April 2013 and is now fully operational. The new service model is focused on recovery and recovery capital with support for employment, training and housing at the heart of individual recovery plans.
		<ul style="list-style-type: none"> Detection of drug use in offenders (PHOF 2.16) 	
My support helps me stay safe, but doesn't stop me living how I want to	Health and social care services work	<ul style="list-style-type: none"> proportion of people who use services, who say that those services have made them feel safe and secure (ASCOF 4B) 	A detailed update is available in the Safeguarding Board's annual report
If someone tries to harm me, it is investigated sensitively and quickly	Safeguarding policies, procedures and training Proportionate investigation of abuse-allegations	<ul style="list-style-type: none"> The proportion of people who use services who feel safe (ASCOF 4A) 	A detailed update is available in the Safeguarding Board's annual report
I feel safe	Victim support and other emotional wellbeing support	<ul style="list-style-type: none"> Older people's perceptions of community safety (PHOF 1.19) 	Wiltshire Council's Anti-Social Behaviour team work closely with Wiltshire Police and others to support victims of crime; under the umbrella of the Community Safety Partnership. The consumer protection team continue to carry out work with vulnerable groups, including older people to reduce rogue trading.

Below the England value

Similar to the England value

Above the England value

Indicator to be defined / benchmarked / new results available soon

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Health and Social Care Integration – update report

Executive Summary

This report provides an update on the work between Wiltshire Clinical Commissioning Group and Wiltshire Council Adult Social Care services on a range of joint service delivery and joint commissioning activities, demonstrating steps on a journey towards integration of commissioning and service delivery. This includes a proposed joint approach to commissioning of community services.

The report requests that HWB members endorse next steps so that further detailed work may be undertaken by officers, overseen by the Joint Commissioning Board

Proposal(s)

It is recommended that the Board:

- i. notes the developments in respect of integration of health and social care services, including:
 - The ongoing development of a shared vision
 - The establishment of a Joint Commissioning Board and shared principles for joint commissioning
 - The drafting of a Joint Business Agreement to provide a framework for all existing and new joint arrangements
 - The ongoing development of proposals for joint commissioning of learning disabilities services and mental health services, which will be reported back to HWB for decisions in early 2014.
 - Community Transformation developments
 - The work towards planning for the Integration Transformation Fund
- ii. Request a report back to its meeting in March 2013 on the plans for use of the Integration Transformation Fund in readiness for these plans to be submitted to NHS England.
- iii. Endorse the commitment to a shared intent to move towards the further joint commissioning of community services and authorise the JCB to develop next steps in terms of:
 - Recommending the scope of services to be jointly commissioned or aligned
 - Recommending any organisational/structural changes required to

Agenda Item 7

support joint commissioning

- Setting out performance monitoring and review frameworks
- iv. Note the joint proposal from Wiltshire CCG and the Council for consideration of a joint commissioning approach for community services
- v. Note a pending decision of the CCG Governing Body on 26th November 2013, regarding tendering options for community health services and request that the Chair of the HWB board is briefed on these options prior to the CCG Governing Body meeting on 26th November.

Reason for Proposal

Integration remains a key national and local priority and the Health and Wellbeing Board will need to agree to the use of the Integration Transformation Fund in the new year. The last meeting of the Health and Wellbeing Board also requested an update on the vision for integration at the next meeting of the Board; and on the model of care in the Community Transformation Programme.

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

Wiltshire Council

Health and Wellbeing Board

21st November 2013

Health and Social Care Integration – update report

Purpose of Report

1. This report provides an update on the work between Wiltshire Clinical Commissioning Group and Wiltshire Council Adult Social Care services on a range of joint service delivery and joint commissioning activities, demonstrating steps on a journey towards integration of commissioning and service delivery.
2. The report requests that HWB members endorse next steps so that further detailed work may be undertaken by officers, overseen by the Joint Commissioning Board.

National Policy context

3. In May this year, a national collaboration of care and support, including the Department of Health, NHS England, Local Government Association, Care Quality Commission and others, published Integrated Care and Support: our shared commitment. This document establishes the principles of national collaboration, sending a clear signal to the health and social care system that integrated care and support is a critical issue.
4. The Care and Support Bill (2012) sets out a new statutory principle to embed the promotion of individual wellbeing as the driving force underpinning the provision of care and support and population-level duties on local authorities to provide information and advice, prevention services and market shaping. These duties will be supported by a further **duty to promote co-operation and integration** to improve the way organisations work together.
5. The latest Comprehensive Spending Review, announced in June 2013, set out the future intention for the establishment of an Integration Fund of shared resources between local authorities and the NHS with a view to improving the delivery of integrated community services., and in August, the Local Government Association and NHS England published a joint Statement on this the Health and Social Care **Integration Transformation Fund** (the ITF). The new fund will not come into full effect until 2015-16, but the joint statement sets a clear expectation that CCGs and local authorities should build momentum in 2014-15 and set two-year plans from March 2014.
6. The ITF will be a pooled budget which can be deployed locally on social care and health, subject to national conditions which must be addressed in jointly agreed plans. There are six national conditions to use of the funds:

Agenda Item 7

- Plans to be jointly agreed, signed off by Health and Wellbeing Boards
- Protection for social care services (not spending)
- 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing, based on the NHS number
- A joint approach to assessments and care planning and where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

Local context

7. Wiltshire Council and Wiltshire CCG have made significant progress towards integration in establishing joint commissioning arrangements and progressing joint developments to transform health and care services.
8. In May 2013, with Health and Wellbeing Board support, partners submitted an expression of interest for national integration 'Pioneer' status. Whilst this bid was not one of the 12 selected national Pioneers, it proved a useful exercise in consolidating Wiltshire's shared vision for healthy, resilient communities and how integrated care will help us realise our vision, as follows:
 - We will create a simple, clear care system that operates nearer home.
 - Wiltshire's public and community services will work together to help people to delay and avoid long-term care.
 - We will commission from evidence about Wiltshire's health and care economy, starting with a detailed statistical analysis of the needs of Wiltshire's population and the quality and capacity of Wiltshire's system.
 - We will commission for outcomes that benefit people who use services and the taxpayers who pay for them.
 - Most people in Wiltshire who use formal social care pay something towards the cost. Two-thirds pay the entire cost. We will support community and voluntary organisations in Wiltshire to develop services for people who are not eligible for, or do not want, formal services from Wiltshire Council.
9. In June 2013, we were successful in being nominated for one of 26 national places in a systems leadership programme, sponsored by the Local Government Association. Our bid used the story of a notional resident – Gwen Wiltshire – who was admitted to hospital as a result of a fall, and then, after a lengthy stay in hospital, ended her life in a residential care home, and set out how we would expect Gwen's story to be different.
10. In respect of the Integration Transformation Fund, a national planning template has been provided and in Wiltshire, an officer working group has been established, reporting initially to the Joint Commissioning Board for Adults' Services to ensure plans are in place for these funds ready to report to the HWB in March 2014.

Joint Commissioning in Wiltshire

11. In January 2013, the Council and CCG established a Joint Commissioning Board (JCB) for Adults' Services and agreed the following shared commissioning principles to work to:

- Joint commissioning will take account of local needs and priorities, as set by the Wiltshire Health and Wellbeing Board through the Joint Strategic Assessment and the Joint Health and Wellbeing Strategy
- Joint commissioning will take account of an evidence-base of what works to deliver the best outcomes for local people
- A commitment to focus on early, creative preventive approaches, based in local communities
- A commitment to shared understanding of risk
- A commitment to improve information, advice and signposting about service available to people, including services available from the voluntary and community sector
- Acknowledgement of national direction, national outcomes and frameworks for the NHS and social care.

12. The JCB met for the first time in July 2013 and already has a full work programme, overseeing existing joint commissioning arrangements and developing proposals to bring to future meetings of the Health and Wellbeing Board on new joint commissioning arrangements. The work of the JCB to date includes

- The drafting of a formal Joint Business Agreement, to cover all joint arrangements between the Council and the CCG. This Agreement is now ready for signature and is the subject of a separate agenda item at this HWB meeting.
- Establishing and monitoring arrangements for the action plan in response to Winterbourne View
- The development of proposals for joint commissioning arrangements for mental health services, hosted by the CCG, with proposals coming back to the HWB in early 2014
- The development of proposals for joint commissioning arrangements for learning disabilities services, hosted by the Council, with proposals coming back to the HWB in early 2014.
- The oversight of joint commissioned elements of the Community Transformation programme.
- The establishment of a sub group to work on plans for the Integrated Transformation Fund.

Community Transformation Programme

13. In November 2012, Wiltshire Council and Wiltshire Clinical Commissioning Group, working with Great Western Hospital as the current community healthcare provider, committed to a shared programme of work to transform

Agenda Item 7

community health services. The shared vision and case for change for this work programme was agreed by the Joint Commissioning Board at its first meeting in July 2013.

14. People in Wiltshire today are living longer healthier lives than ever before. Once fatal diseases can now be cured or managed, adding years or even decades to a person's life. Such progress brings challenges and our system of health and social care is under ever increasing pressure. The benefits of people living for longer are often detracted from by many living with multiple complex health conditions.
15. At present, the needs of older people in Wiltshire are met by a range of services in various locations, ranging from the support from a neighbour or relative through formal home-based care or periodic care in hospitals and care homes to long-term care in a residential setting. Such services are often complex both to deliver and to receive. Wiltshire people have often expressed their frustration at the complexity of the system and the need to repeat their personal circumstances to numerous different health and care professionals each time they interact with a different part of the care team. Service users and front-line workers have said that integrated care and early interventions are priorities.
16. The vision for transforming community health services is to build an appropriate model for care closer to home, creating a sustainable care system that is built around individuals and local communities, with a focus upon the elderly, most vulnerable patients, supporting them appropriately to reduce or avert crises. Key to enabling the achievement of this vision will be multi-disciplinary teams, wrapped around primary care clusters, working across community health services, social care, mental health and other community resources such as the voluntary and community sector, to provide integrated, accessible care.
17. Joint developments towards community transformation have been reported regularly to the Health and Wellbeing Board. Plans are developing for service delivery to be concentrated around 23 local clusters of GP practices with increasing alignment between primary care, community health services and social care around these clusters. Plans are in place for better rapid response services to help people stay in their own home; a single point of access to health and care; clinical risk stratification; multi-disciplinary care coordination based in GP practices.
18. The CCG is currently considering options for the retendering of the Community Health Services contract, and will be taking a decision on tendering options at its Governing Body meeting on 26th November.
19. At its meeting in October 2013, the JCB considered a paper on the intent for joint commissioning of community health and social care services in Wiltshire on the basis that integrated commissioning may offer the opportunity to:
 - Target services to give the greatest impact on outcomes
 - Avoid duplication of services

- Ensure value for money and efficiency
 - Develop more coordinated services
 - Share best practice
 - Share expertise
 - Share intelligence about needs
20. The JCB has noted that a stated commitment to joint commissioning of community health and social care services would have implications for the CCG's re-procurement of the Community Health Services contract (currently held by GWH) and supported the proposal for a stated shared intent to move towards joint commissioning of community services.
21. The JCB also noted that joint commissioning can be interpreted in a range of ways, and alignment of future health and social care services under joint commissioning arrangements would not necessarily involve further pooling of budgets or a single health and care providers. Option for future joint commissioning and/or joint provision arrangements would need to be appraised in detail and would need to be referred to elected members and the CCG Governing Body for full debate and approval.
22. Subject to the agreement of the HWB, the next steps in support of joint commissioning of community services would be to
- Agree the scope of services to be jointly commissioned or aligned
 - Agree any organisational/structural changes required to support joint commissioning
 - Set out performance monitoring and review frameworks

Safeguarding considerations

23. Integration and joint commissioning provides opportunities to strengthen arrangements to ensure that people are kept safe from avoidable harm. The joint work already underway on the Winterbourne View Action Plan, overseen by the JCB, is one example of how the CCG and the Council can work together to strengthen safeguarding.

Public Health considerations

24. Integration and joint commissioning present opportunities for a range of joint working to ensure that people are supported to live healthily.

Environmental and climate change considerations

25. None known

Equalities impact of the proposal

26. Integration and joint commissioning present opportunities for a range of joint working to ensure that health inequalities are tackled and that higher levels of ill health faced by some less well-off communities are reduced. Commissioning based on evidence within the Joint Strategic Assessment will support this.

Agenda Item 7

Risk assessment

27. There is a clear national mandate for integration of health and social care services. Not to move forward on the integration journey would jeopardise service delivery and our ability to get the greatest impact on outcomes for people who use services.
28. Not to progress towards integration would also compromise the transfer of the Integration Transformation Fund to the local authority and ensure its use to protect and develop improved services.
29. Each development towards more integrated services needs to be managed robustly. We will need clear risk-share arrangements and agreements for dealing with financial pressures and disputes. The framework offered by the Joint Business Agreement will ensure that all risks are documented, managed and mitigated appropriately.

Financial implications

30. See Risk Assessment section above.

Legal implications

31. There are no known legal impediments to joint commissioning or to integration. The Joint Business Agreement and use of Health Act (2006) Flexibilities would provide the legal framework for all future arrangements.

Conclusions and Recommendations

32. The Health and Wellbeing Board is recommended to
33. Note the developments in respect of integration of health and social care services, including
 - The ongoing development of a shared vision
 - The establishment of a Joint Commissioning Board and shared principles for joint commissioning
 - The drafting of a Joint Business Agreement to provide a framework for all existing and new joint arrangements
 - The ongoing development of proposals for joint commissioning of learning disabilities services and mental health services, which will be reported back to HWB for decisions in early 2014.
 - Community Transformation developments
 - The work towards planning for the Integration Transformation Fund
34. Request a report back to its meeting in March 2013 on the plans for use of the Integration Transformation Fund in readiness for these plans to be submitted to NHS England.
35. Endorse the commitment to a shared intent to move towards the further joint commissioning of community services and authorise the JCB to develop next steps in terms of:

Agenda Item 7

- Recommending the scope of services to be jointly commissioned or aligned
- Recommending any organisational/structural changes required to support joint commissioning
- Setting out performance monitoring and review frameworks

36. Note the pending decision of the CCG Governing Body on 26th November 2013, regarding tendering options for community health services and request that the Chair of the HWB board is briefed on these options prior to the CCG Governing Body meeting on 26th November.

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

Report Authors:

Sue Geary, Head of Performance, Health and Workforce, Wiltshire Council
David Noyes, Director of Planning, Performance and Corporate Services, Wiltshire CCG

Unpublished documents used in production of this report

- *Wiltshire's Expression of Interest in national integration Pioneer status*
- *JCB paper – Intent for Joint Commissioning of Community Health and Social Care Services in Wiltshire (a paper by Wiltshire CCG).*

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Winterbourne View Update

Executive Summary

Following the publication of the Department of Health report in December 2012 "*transforming Care: a National Response to Winterbourne View Hospital*", a Winterbourne View Joint Improvement Programme was established. This is led at ministerial level. The Winterbourne View Joint Improvement Programme asked local areas to complete a stock-take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The Local Government Association and NHS England undertook a review of progress. A copy of the summary is attached to this report. The stock take report and summary of progress will be reviewed by the Winterbourne View action group and areas of development identified will be reviewed. A further update will be passed to the Joint Commissioning Board.

Proposal(s)

Health and Wellbeing Board note this report and the outcome of the stock take report and progress made and requests an update in six months time.

Reason for Proposal

To ensure the Health and Wellbeing Board is aware of the key issues that need to be progressed with Wiltshire Council and NHS Wiltshire CCG around The Dept of Health report "*Transforming Care: a National Response to Winterbourne View Hospital*"

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

Agenda Item 8

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Winterbourne View Update

Purpose of Report

1. The purpose of this report is to assure the Health and Wellbeing Board of the progress that has been made since the Department of Health issued its report ("*transforming Care: a National Response to Winterbourne View Hospital*") in December 2012 and the associated recommendations and to update on the recent stock take completed by the Local Government Association and NHS England on actions in Wiltshire.

Background

2. Following the Department of Health report in December 2012 a Winterbourne View Joint Improvement Programme was established. This is led at ministerial level. The Winterbourne View Joint Improvement Programme asked local areas to complete a stock take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014. The stock take has now been completed and the outcome has been shared nationally.
3. NHS England is working in partnership with local government and the Care Quality Commission (CQC), to perform a number of reviews into the care provided to people with learning disabilities and additional complex needs. This is being done under the umbrella of the 'Enhanced Quality Assurance Process' (EQAP) and as part of the Winterbourne View Joint Improvement Programme.
4. All Local Authority areas are asked to complete the Joint Health and Social Care Learning Disability Self-Assessment Framework by the end of November 2013. This involves Wiltshire Council working with NHS Wiltshire CCG and other local partners.

Main Considerations for the Health and Wellbeing Board

5. The stock take evidenced that Wiltshire Council and NHS Wiltshire CCG have implemented or is in the process of implementing all of the Department of Health recommendations. The Winterbourne Action Group will be reviewing the outcome of the stock take at its November 2013 meeting. (Appendix 1)

Agenda Item 8

6. Wiltshire Council and NHS Wiltshire CCG have been contacted by David Harling (EQAP Lead at NHS England) to discuss appropriate next steps in seeking the individuals or advocates consent to be part of the EQAP.
7. A template letter has been provided to Wiltshire Council and NHS Wiltshire CCG to send to all former Winterbourne View patients and their families, This will be hand delivered by the most appropriate case manager to ensure that it introduced and explained in a supportive way.
8. The Joint Health & Social Care self assessment framework is to be completed by 30th November.

Areas of Development

9. An updated Joint NHS and Local Authority Action plan (Appendix Two) was developed in response to the Winterbourne View Recommendations. Its implementation is overseen by a multi-agency steering group chaired jointly by officers from NHS Wiltshire CCG and Wiltshire Council.
10. The Winterbourne View action group is supported by a Project Group consisting of NHS Wiltshire CCG, Wiltshire Council and the CTPLD (Community Team for People with a Learning Disability). Terms of Reference for the project group have been drafted.

Areas requiring further work

11. Governance

- 11.1 Progress is being made and there are regular discussions between NHS Wiltshire CCG, Great Western Community Services and Wiltshire Council to agree the governance arrangements.

12. Joint Commissioning

- 12.1 The Department of Health have made clear that there is an expectation that we develop joint commissioning arrangements.
- 12.2 The Joint Commissioning Board (JCB) for Adults at its meeting on 24th October 2013 agreed recommendations around options for joint commissioning arrangements should be developed by the December 2013 JCB meeting for discussion between the Council and the CCG a separate report will be provided to the Health and Wellbeing Board.

Environmental and climate change considerations

13. There are no environmental and climate change considerations.

Equalities Impact of the Proposal

14. The implementation of the Wiltshire Council/NHS Wiltshire CCG joint action plan in response to the Department of Health recommendations is

Agenda Item 8

an important way of ensuring that Wiltshire citizens, no matter what disability they may have are able to live locally, near their families and communities. It is key in helping establish cohesive non stigmatising communities.

Risk Assessment

15. The Government have made it clear that implementation of their recommendations will be scrutinised. They have said that they will name and shame Council's and CCG's who are not progressing this work. It is high profile in terms of media interest, nationally and locally.

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

16. Reputation of the Council and CCG will be damaged.
17. People with learning disabilities and their families may not receive as coordinated and comprehensive service that they require.

Financial Implications

18. There are currently no direct financial implications.

Legal Implications

19. There are currently no legal implications.

Conclusions

20. The abuse which took place at Winterbourne View was a national scandal. This paper has provided an update on areas where the Council and CCG are reporting that they have improved and other areas where there is the need for improvement. However, it should be noted that plans are in place to improve all areas required.

Proposal(s)

21. The Health and Wellbeing Board is asked to note this report, the outcome of the stock take report and progress made and that a further update will be provided in six months time.

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

Report Author:
Mark Edwards, Wiltshire Council
Dina Lewis, Wiltshire CCG

Date of report: 7 November 2013

Appendices

Appendix 1 – Stocktake

Appendix 2 - Joint Improvement programme (LGA)

Appendix 3 - Action Plan

This page is intentionally left blank

Winterbourne View Joint Improvement Programme

Stocktake of Progress

Local analysis: Wiltshire

Attached is your stocktake return with analysis
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

[Ian Winter. ianjwinter@gmail.com](mailto:ianjwinter@gmail.com)

[Steve Taylor. Stephen.taylor@local.gov.uk](mailto:Stephen.taylor@local.gov.uk)

[Zandrea Stewart. Zandrea.stewart@local.gov.uk](mailto:Zandrea.stewart@local.gov.uk)

10th October 2013

Key Strengths	Areas for Development / Potential Development
1 Models of partnership	
WV working group established. It would be useful to know how long this commissioning working group has been established for and how effective it has been.	This may also be a development area
Whole system sign up appears strong	This may also be a development area
More info on maturity of systems mentioned would be useful. Eg the Joint Commissioning Board etc.	
Good governance and senior sign up evident.	

Item 10 - Appendix 1

Clear evidence of understanding of accountabilities are in place with appropriate structures.	
No mention of general issues related to OR for the general client group. This is an area likely to be a net importer of people subject to OR which would require some consideration.	
2 Understanding the money	
Clear governance arrangements, including for children.	
A joint financial strategy is under development. It is unclear from the stocktake how the finance and commissioning elements are being managed. The review is due to be completed by Jan 14.	
Evidence of a system in place to enabling future planning for people in transition.	
3 Case management for individuals	
Joint Community Team in place and a 0-25 Disability service in childrens social care	This may also be a development area
There is a great deal of change underway within the area, with Jan 2014 deadlines around significant area's such as commissioning, service specification etc.A lot is reliant upon the outcome of this overarching work.	
4 Current Review Programme	
Evidence of advocacy in place though response mainly focusses on structural changes and strategic goals.	This may also be a development area
Overall clarity is reported though the position in relation to individual cases is not clear details need to be built up?	This may also be a development area
Process in place to ensure quality of reviews	
Reviews completed.	
5 Safeguarding	
Evidence of embedded processes to monitor the quality of services within their area, across both adults and childrens services.	There is little evidence of positive engagement with providers around strategic planning and quality issues.
Evidence of oversight from both key safeguarding boards.	
Evidence of good governance overseeing safeguarding arrangements, including patterns of abuse and concern.	
6 Commissioning arrangements	
An initial assessment of commissioning requirements has been conducted by the WBV working group. Overall commissioning is led by the Joint Commissioning Board - though not clear about how commissioning requirements will be assessed as much work still in process and joint arrangements being put in place	This may also be a development area
7 Developing local teams and services	
-	
8 Prevention and crisis response capacity	

Commissioning intentions in respect of crisis and emergency response in process as above	This may also be a development area
9 Understanding the population who need/receive services	
-	
10 Children and adults – transition planning	
Good arrangements are reported to be in place	
11 Current and future market capacity	
-	
Other	
Dimensions of the stocktake about which you have requested support	

Winterbourne View Local Stocktake:	81 Wiltshire
Q	Locality Response From Stocktake Return
1. Models of partnership	Coded as
Codes Used Blank=NR	3
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>0 - No arrangement 1 - Included in existing arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement</p>
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>4, 5, 3, 7, 2</p>
<p>The Working Group mainly comprises NHS and Local authority commissioning and operational representatives. However, it is supported by Housing and other provider input. It reports to teh Joint Commissioning Board, which has NHS, Local Authority (including Housing) representatives. Children's Services Commissioning Team have recently produced for consultation on the 'Commissioning Strategy for 16-25 SEN and Disability Support' which is all about providing services locally, services that are holistic and person-centred and references Winterbourne View report.</p>	<p>A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other 5 - CCG(s) 6 -Specialist Commissioner 7- Other providers</p>

3	1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	0 - No 1 - Yes 2 - Not clear 3 - In development	3	Yes within Children's Services for 0-25 (strategy mentioned above). Within Adult Services there is the Joint Commissioning Board which is overseeing the establishment of Joint Commissioning arrangements. There is also a working group focusing on the needs of people with the most complex needs .
4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	1	The LD Partnership Board is monitoring the progress as is the Local safeguarding Adults Board who have produced and action plan and monitoring regime. Wiltshire Safeguarding Children Board will also be discussing Winterbourne View at its August meeting to check that it is assured that we have robust arrangements in place to check safety of young people with learning disabilities in residential and independent special school placements.
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	3	A progress report is going to the Joint Commissioning Board on 11 th July and will then be reported to the Health & Well Being Board.
6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/ discussion	1	The Joint Commissioning Board is the forum for resolving any differences should they arise.

7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	The WBV Working Group reports to the Joint Commissioning Board, as well as members of the group reporting into their own agencies. The Joint Commissioning Board reports to the Health & Well Being Board and also the governance arrangements within members own agencies i.e Council cabinet and CCG Governing Body. The Safeguarding Adults Board seeks assurance that the actions resulting from WBV are being actioned and monitor this with reports at each Board. It reports to the Health & Well Being Board. Key members of the Board are also members of the Joint Commissioning Board and Health & Well Being Board. Regular monitoring in relation to placements for children and young people will take place at the Safeguarding Children Board and links will be made with Safeguarding Adults Board to provide joint reports to the Health and Well Being Board.
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	0	No increases in the numbers of Ordinary Residence as a result of WBV have been seen or recorded.
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	2	Regional sharing of redesign plans to identify opportunities for resource sharing/ideas, for example, to share approaches to the issue that availability of inpatient services are reduced but appropriate alternatives are not yet in place..
2. Understanding the money				
10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	Wiltshire Council and Wiltshire CCG have a Joint Commissioning Board for Learning Disability services. As part of this process, costs of current services have been collated and shared, confirming sources of funding. In Children's Services, we have a monthly Joint Complex Needs Panel which brings together Social Care, SEN and Health Commissioners to agree any residential or independent special school placements for children and young people with complex needs.
11	2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	As above

12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	1	There is a Section 75 agreement for the integrated management function of the Community Team for People with Learning Disabilities.
13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	0	There is no pooled budget as yet, however options for joint commissioning arrangements are currently being considered by the Joint Commissioning Board.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	4	The 0-25 service in Wiltshire Council will be key in identifying the potential costs of young people in transition and childrens services.

15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A	1	1 We have a 'transitions tracker' that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services.
16	2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	0 - No 1 - Yes 2 - Not clear 3 - in process/development	3	3 The work currently being undertaken in relation to joint commissioning will create a joint financial strategy.
D. Case management for individuals				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	1	1 Yes. We have a joint specialist Community Team for People with Learning Disabilities (CTPLD Team) within Adult Care. In Children's Services we have in place a 0-25 Disability Service (this is based in social care),
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	3	There is clarity about the CTPLD team although there are some gaps that need addressing. A review of the service specification for the CTPLD will be completed by Jan 2014. Re Children's Services 0-25 team - WC Cabinet has recently asked that consideration be given to finding ways of including Special Educational Needs in this – by way of a response to the emerging legislation in the Children and Families Bill. As this goes ahead there will follow a detailed service specification which will detail the role and function of the 0-25 (stability) service. We are also working as a pathfinder to explore and develop ways of working more closely with relevant children's health care providers. Have developed a single assessment and planning process (in legislation called an Education, Health and Care Plan/ EHCP) which is being intensively tested.

19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Yes - currently the review programme is being prioritised to ensure capacity to deliver this.
20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Yes – there is an integrated operational management structure – there is monthly reporting about progress to Senior Managers in Wiltshire Council and reporting to the CCG Placements Team.
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	Yes through the usual review/care management processes and advocacy support – initially additional advocacy capacity was commissioned, however now advocacy needs are being met through the usual arrangements
4.	Current Review Programme			
22	4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	0 - No 1 - Yes 2 - Not clear 3 - in part	1	Yes – all individuals have been identified and reviews are all completed. Support for those people who were in Winterbourne View has been re- provisioned, though not all of those individuals are back in Wiltshire – this work is ongoing. For other individuals who are part of the wider review programme, all reviews are completed and re-provision of services is ongoing. (The review programme includes individuals who are funded by either Wiltshire Council or Wiltshire CCG, joint funded or funded through Section 117 arrangements)

23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process 4 Not applicable (i.e.none funded by specialist commissioning)	1	1 Yes – the Area Team update the CCG when reviews are completed.
24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	3	3 The Wiltshire Learning Disability Partnership Board has commenced forming connections with Health Watch – the Board includes people with a learning disability, carers and advocacy organisations – no formal report has been submitted to this Board yet. In Children’s Services, we have a Disability/SEN Commissioning Group which brings key people together including representatives of Wiltshire Parent Carers Council (parents of disabled children and young people/those with SEN). WPCC work closely with Health Watch.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	1 Yes. The register will also aid future planning.
26	4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	3	3 There is clarity about ownership but individual case details need to be built up.

27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	1 Adult Services – Yes advocates are involved routinely where appropriate. Children’s Services – new processes designed by customers to be person-focussed and centre on needs of child/young person. All workers encouraged to work with individuals and to refer on to advocacy services as required. We also have an excellent Voice and Influence team who work with young people at a strategic level to ensure their voice is heard.
28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	3	There is an operational Working Group involved in the Review programme which is further developing joint consistent recording standards, quality assurance systems and sharing good practice/peer learning.
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances	1	Yes – LD Nurses are involved in developing Behaviour Support Plans where appropriate.
30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	1	Yes - all required reviews have been completed
5. Safeguarding				

31	5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	1 Yes. Our updated policies and procedures include the ADASS guidance/protocol.
32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	1	1 Care providers , including housing are represented on the Safeguarding Board, as well as its sub groups.
33	5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	0 - No 1 - Yes 2 - Not clear 3 - N/A	1	1 CQC send weekly updates of reports which have been published . These are scrutinised on a weekly basis and commissioning teams follow up where appropriate. There are bi-monthly meeting with CQC , commissioners from NHS and Local Authority where services of concern are discussed. Within the Council there is a database of services of concern which is shared between commissioning and operational teams. Commissioning teams also undertake twice yearly reviews of all establishments. In Children's Services, Form B monitoring visits to residential care providers and independent special schools are undertaken in collaboration with other authorities. Ofsted gradings are checked.
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	1 The Safeguarding Adults Board has produced its own action plan in response to WBV. It requires updates from partners on progress and has an active assurance function. The WSCB will be discussing the findings of the Winterbourne View Review at its August meeting.

Page 10

35	5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	1	1 This is part of the action plan and assurance programme.
36	5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	2	2 The integrated CTPLD Team through their practise fora have regular sessions in order to share best practise. They do not, however, specifically focus on people within inpatient settings.
37	5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	1	1 The Community safety Partnership is piloting "Safe places" pilots in Devizes and Salisbury. The CSP Manager also sits on the Wiltshire Autism Partnership Board. Chairs of the CSP, LSAB, LSCB and Children's Trust also meet on a 6 monthly basis to ensure there is coordination between the different Boards.
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	1 Yes- through Board membership and sub group membership as well as organisational structures and processes. Key members are the Board links with CQC . They also are part of the same group who manage contracts and safe guarding staff. There is a central point for all safeguarding referrals which are triaged. This allows early detection of any patterns of possible abuse. In Children's Services, the Service Director for Commissioning and Performance (a joint post with the CCG) works with Social Care and SEN Case Officers in Schools and Learning to ensure that we have a process to maintain alertness to any concerns (involving case managers, Buyers of placements, and the Head of Safeguarding Quality Assurance).

6.	Commissioning arrangements			
39	6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes-WBV Working Group has developed action plan to ensure there is enough capacity to undertake the work needed. There are also specific multi-agency meetings to developed commissioning plans for any individuals who are still in assessment/treatment/ in patient settings.
40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3	These are being jointly reviewed, developed and delivered. We recognise the need for joint work with these people who have the most complex needs and are developing joint commissioning arrangements. We also have an integrated CTPLD.
41	6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	Yes, this information is shared and forms part of the work being undertaken by the Joint Commissioning Board. In Children's Services, the Buyers maintain a list of children and young people placed out of area in residential and fostering care, and there is also a list of children and young people who are outside Wiltshire in independent special schools.
42	6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	4	Yes but this needs updating as we develop joint commissioning arrangements.

43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	0	Not yet. This will form part of the Joint Commissioning arrangements.
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	0	Not yet. This will form part of the Joint Commissioning arrangements.
45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/under review	1	Current contracts are viewed to be sufficient and of good quality. However, as there is likely to be a retendering process for the current contract in 2014, there will be a reassessment of demand.
46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes, in the process of being developed by the WBV Working Group

47	6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	1	Yes, our plans are in line with this timetable
48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	0	
7. Developing local teams and services				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Individual discharge planning is well underway with 3 clients having been discharged into local residential care. The remaining 3 have been reviewed and once treatment is complete discharge will take place. There is determined approach to reduce future admissions to A/T. By 2014 the CCG and Council, together with key stakeholders, will have jointly redesigned local services for people who challenge & new services procured during 2014.
50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	Yes - through usual operational and contract review processes. They are assessed and viewed as being of high quality.

51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	Through usual Best Interest processes and training. We have a large group of operational staff who are trained as Best Interest assessors who are routinely involved in care planning. Our Mental Capacity Act/DOLS Professional Lead also provides regular training and has bi-monthly practise forum for staff.
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies				
52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	To be completed by Jan 2014 as part of our Joint Commissioning arrangements
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	To be completed by Jan 2014 as part of our joint commissioning arrangements.
54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	3	To be completed by Jan 2014 as part of our joint commissioning arrangements.
9 Understanding the population who need/receive services				

55	9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	This is work that will be completed during 2013. The LA is also currently developing a Market Position Statement for Learning Disability services.
56	9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	Yes, the review is comprehensive
10. Children and adults – transition planning				
57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	In terms of transitioning between children's and adult's social care – yes this is taken care of by the creation of a 0-25 (stability) service. There are other transitions in children's lives – nursery to school/ primary to secondary/ secondary to college etc and the new service has been designed to enable it to focus on these key points in a person's life. Currently Wiltshire Council has Pathfinder status to develop a 0-25 service and commissioning arrangements are still being finalised. Yes we have a 'transitions tracker' that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services. In terms of demand – we are getting better at it, but it is always volatile in children's services – simply because of diagnosis time frames, needs which only emerge as children grow, large numbers of children moving in and out of the county with the military etc.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	NR	
11. Current and future market requirements and capacity				

59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	This will be looked at as part of the Market Position Statement the LA is developing It is currently in progress.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	1	This will be looked at as part of the Market Position statement the LA is developing.
61	11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	0 - No 1 - Yes 2 - Not clear	1	Our 0-25 (stability service) is an example of innovative practice. It is a Pathfinder service. 'Commissioning Strategy for 16-25 SEN and Disability Support' which focuses on providing services locally, services that are holistic and person-centred .

This page is intentionally left blank

Publications Gateway reference 00498(s)

Winterbourne View joint improvement programme

Stocktake of progress report

Executive summary

www.local.gov.uk

Executive Summary taken from the 'Stocktake of progress' report, available from
www.local.gov.uk/winterbourne-view-joint-improvement-programme

Background

The stocktake of progress questionnaire, requested from chief executives of local authorities, clinical leads of local Clinical Commissioning Groups (CCGs) and the chairs of Health and Wellbeing Boards (HWBs), was sent out as an integral part of the Winterbourne View joint improvement programme (WVJIP) in June 2013.

Its purpose was to enable local areas to assess their progress against commitments in the Winterbourne View Concordat and to allow for good practice and progress from local areas to be shared nationally.

It was further intended to assist in local discussions with key partners, including people who use services, family carers and advocacy organisations, as well as providers. It was based on the principle that the changes required as a response to Winterbourne View could only be successfully delivered through local partnerships.

The aim of the stocktake was also to help local areas identify what development support they might require from the WVJIP.

The stocktake covered 11 key areas of enquiry:

- Models of partnership
- Understanding the money
- Case management for individuals
- Current review programme
- Safeguarding

- Commissioning arrangements
- Developing local teams and services
- Prevention and crisis response capacity
- Understanding the population who may need/receive services
- Children and adults transition planning
- Current and future market requirements and capacity

Sent out on 1 June, returns were requested by 5 July 2013. The majority of returns were received before or on the return date; others subject to discussion and sign off have all been received. Every locality has completed a stocktake and they have all been appropriately agreed.

It is clear that the local work to complete the stocktake has of itself created much of the discussion and decision making that is required to fulfil the Concordat commitments.

The WVJIP has undertaken some rapid work to analyse and assess the responses to both support localities in the next steps and to provide regional and national information. The detail of the analysis is set out in the full report.

The analysis of the stocktake returns is shown in the full report and was completed in two stages. The first stage collated the responses to each question. The second considered the detailed responses that were made by the majority of places to each question. This has provided a very rich picture of strengths, opportunities and development needs at a local and regional level.

From this and other information fed in through questions and comments from partnerships, the following headline conclusions are drawn.

Headline conclusions

As reported in the stocktake, there is evidence of:

- all localities engaging and working on the Concordat commitments
- progress and leadership across the partners
- HWBs being sighted on the Winterbourne priorities; many will be receiving detailed reports in the Autumn from their partnerships
- skilled and committed staff at commissioner, care management, community and provider levels and in leadership roles supporting change
- service user and family carer engagement, although this is not always consistent, nor evident everywhere
- safeguarding practices being followed consistently
- integrated/joint working, evident in assessment, commissioning and service development – though this is not evident everywhere
- the engagement of newly formed CCGs is bringing fresh impetus and priority in some localities
- innovation and strategic planning in some localities to reduce reliance on distant, long-term Assessment and Treatment (A&T) placements, including financial understanding and flexibility
- over 340 examples of good practice and local policy/practice – to be further analysed in partnership with the Social Care Institute for Excellence (SCIE) and NHS England colleagues.

Reflecting concerns raised nationally, the stocktake highlights the following areas for development locally:

- an urgent need to resolve issues of definition raised in 'Transforming Care' and the Concordat and in particular a need to clarify and define the key individuals who need to be considered as part of the change programme both now and in the future
- the development of whole life course planning
- the need to rapidly improve engagement, understanding and joint working across the various commissioning functions (specialist, forensic and health and social care)
- the need for localities to work together both within and across geographical boundaries to achieve longer term sustainable solutions
- a resolution to continuing difficulties in relation to Ordinary Residence
- consistent application at local level of Continuing Health Care criteria
- investment in behaviour support and community-based accommodation options to enable safe and local support services

- the integration of, and use of, financial resources with medium and long term financial strategies
- collaborative work with providers at national, regional and local level to develop alternatives to current provision
- expedite work to improve quality and consistency of care through robust commissioning
- increase the development of, and investment, in service user, family carer and advocacy activity
- increase the understanding and application of personalisation for all individuals, notwithstanding the complexity of their situation
- ensure wide understanding and application of the Mental Capacity Act (MCA) and
- support HWBs in their strategic role.

This summary analysis demonstrates that while every locality has evidenced a clear commitment to fulfilling the Concordat commitments and all are making progress towards this, inevitably some are more developed than others. The key issues that mark out this differential progress are as follows:

Leadership and partnership

Findings: Due to a range of factors the strength of the partnership between local authorities and their key partners are at different stages: organisational changes, financial pressures and the historical legacy of arrangements all impact on progress. Every locality is reporting some progress in this regard. Following the stocktake it is clear that all HWBs are aware of the Winterbourne View joint improvement programme.

This needs to be built on as a part of the developing role of HWB, and the boards themselves are at different stages of development.

Response: The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWB. This will link with the established Local Government Association (LGA) Health and wellbeing system improvement programme and partnership.

Engagement with individuals and families

Findings: In many areas, particularly those that have a strong tradition of working with partnership boards or similar, there is very good engagement at local level with the community and voluntary sector, as well as with user-led and family carer groups, and this often includes advocacy. However this is not universal – organisational changes and other pressures on all parts of the sector have led to some diminution of this engagement.

Response: In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy support must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers.

Work with providers

Findings: The stocktake shows that 93 per cent of localities have concluded or are progressing market intelligence/market development with their local providers. Many have already concluded a provider analysis.

Emerging relationships between commissioners and providers are variable. There are a few strong examples of good collaborative commissioning, but these are yet to have a real hold. Many places still rely on a more distant commissioning arrangement, too often characterised by supply appearing to determine commissioning outcomes. There remain very variable approaches to issues of quality and clarity of task, resulting in long-term arrangements that do not meet the post Winterbourne View requirements.

There is some anecdotal reporting that a small number of providers may be seeking to re-designate provision from A&T Centres to other similar types of provision without changing the nature and function of the service. If this is the situation it needs further explanation as this is clearly not acceptable.

Response: Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future.

The development of a standardised specification for services across all ages will support this, as will the Enhanced Quality Programme. The programme will work closely with the Care Quality Commission (CQC) in the continuing registration of providers.

Development of commissioning

Findings: The development of commissioning is both at the heart of achieving the WV priority changes and is the most complex and difficult area of development.

The stocktake shows that issues of commissioning between the key partners are inextricably linked to the use and flexibility of resources. This is the biggest single area that requires support and development. There is a very variable picture indeed of progress in providing integrated or joint commissioning in which individuals have a seamless pathway starting with a single assessment and supported by consistent care management.

Within this key area the issues that create difficulties are reported as:

- ordinary Residence rules and associated financial risks
- engagement between specialist, secure (forensic) and local commissioning (health and social care)
- use and criteria for Continuing Health Care
- the development of pooled or integrated budgets
- flexible use of resources including workforce, workforce planning and development and local skills assessments
- lack of longer term financial planning
- agreed definitions of the key target groups
- limited use of care management type services
- inconsistent application of standards and quality requirements.

Response: Work with commissioners at all levels will be a priority for the programme as detailed throughout this report. We will link with other relevant work through LGA, NHS England and NHS Improving Quality.

Planning for children, young people and adults – Preparing a pathway

Findings: There are a few very fine examples of work to improve the transition of young people to adulthood across the partnership. However, there are very few examples from the stocktake of places where the needs of children are seen within the context of their longer term care into adolescence and adult opportunities.

Response: This is a national, regional and local priority for WVJIP and will also need to engage other government departments, key national organisations and providers of services at all levels to achieve real change. Commissioning through children’s services is a vital component of this.

Future support and development

The Winterbourne View programme has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector-led improvement.

The key objectives of the programme are set out in ‘Transforming Care’ and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

An important feature of the stocktake has been the requests from each locality for ongoing support and development. This has been encouraged in the spirit of sector-led improvement. The stocktake will directly form the basis of the local and regional improvement offer from the programme.

The WVJIP Improvement Offer is aligned with the LGA and NHS England’s wider approach to improvement and the principles of sector-led improvement. This ensures engaging political leadership, finding new ways of working with local people and communities, inviting challenge from peers and sharing good practice. The self-assessment stocktake is an exemplar of using comparative data as a driver for improvement.

Eighty-six specific requests for support are identified, with at least one request in each of the 61 questions. The largest number of requests (distinct from general support needs) are regarding Ordinary Residence and associated financial risks, a range of issues relating to specialist commissioning, capacity in crisis response services and pooled budget arrangements. A summary table of support requests is available in the full report.

In addition there have been over 340 examples of good or demonstrative practice and local policy initiatives. These will provide a very rich source of information that will be used right across localities as part of development. This will be done over the autumn in conjunction with the Social Care Institute for Excellence (SCIE) using well established and proven methodology.

Items included highlighting innovative practice, sample protocols and/or agreements (for example s75 agreements) as well as local policy and practice examples. It is intended that this material will be available on the WVJIP knowledge hub in the coming weeks.

In the spirit of openness and transparency, the report will be widely available and publicised through both NHS and LGA channels. Local places are encouraged to use their own communication channels to further publicise and discuss this document, including potentially reporting to Health and Wellbeing Boards.

The detailed analysis of individual places will be made available to local areas for their own use, with the expectation that these will be reported to the HWB as appropriate.

In addition, regional summaries will be made available to LGA, NHS England, Association of Directors of Adult Social Services (ADASS), Association of Directors of Children's Services (ADCS) and Department of Health (DH).

This material will then inform the development of the improvement offer and supporting programme using the established four national priorities and bespoke regional and local support:

- Life course planning
- Working with providers
- Keeping people safe
- New financial models

Findings from the stocktake will be further informed by the LD Census and Joint Self-Assessment Framework (SAF).

Work with local areas will always be based on joint agreement regarding the issues to be explored and the approach to be used.

The key elements for regional activity will be:

- **Bespoke support** to partners or individual authorities based on their own reported current stage of development and their requests for support.
- The development of **regional priority plans** supported by resources from the improvement programme using local and existing networks and facilities to expedite progress, linking this to national work of both WVJIP and partner organisations. This will commence immediately with plans being in place by early November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with the LGA's principal advisers and quality surveillance groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with the Towards Excellence in Adult Social Care (TEASC) programme.

- The programme will provide **in-depth support and make links to existing programmes**. It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and local government including the Health and wellbeing system improvement, Adult safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England Commissioning Development work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for any further in-depth support will be:

- partner's request for 'deep-dive' support
- follow-up discussions on stocktake analysis that might warrant more study
- in-depth work to draw out exemplars of good practice or process
- significant numbers of challenging placements
- apparent stocktake responses that are out of step with regional findings
- where concerns about individual placements have been raised.

The sharing of innovative practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available.

Summary of WVJIP responses to issues raised in the stocktake

Set out below are the summary actions that will be built into the WVJIP improvement offer, determined by priorities identified from the self-reported stocktake of progress.

The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWBs. The apparent variability in the development of leadership arrangements across the regions will be followed up by the WVJIP. A key emphasis of the improvement programme will be to take account of the relative development of local partnerships and the need for progress.

In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers. The WVJIP will follow up on the availability and quality of advocacy arrangements locally and regionally.

Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future. As a priority this will include supporting regions to develop viable locally-based alternatives to long-term and geographically-distant services.

Work with the regulator, financiers and existing providers will be developed over the coming months to achieve step change in revised provision. “Jointness” of approach may also be indicative of how effective joint care planning and review processes are for people in receipt of care and support and this will be an issue followed up in further detail by the WVJIP.

Pathway planning for children, young people and adults is a national, regional and local priority for WVJIP and there is a need to engage across government departments, key national organisations and providers of services at all levels to achieve real change.

‘Transforming Care’ invites a range of “definitions” of both people and places and there is a pressing need for clarity and focus. This key action has been taken forward by the WVJIP and is an issue the JIP will want to clarify shortly. This work will be a key feature of the improvement offer.

The improvement programme will need to work with those places that still need to establish good strategic planning to ensure that the financial aspects are understood and that the mechanisms are in place to support the flow and flexibility of resources.

The following are areas for further follow-up with localities and have become key elements of the WVJIP programme. These will form the basis of improvement offer discussions.

- Alternative provision, including the ability to commission this within timescales and/or identifying suitable providers.
- Mental Health Act and/or Ministry of Justice restrictions.
- Funding arrangements, including lack of finance, clarity about specialist commissioning funding, NHS Continuing Care and Ordinary Residence.

Significant change is needed, particularly from early years through to adult care, if a fundamental shift in approach is to occur. Incremental change is not sufficient. The improvement programme needs to work with others to harness and target resources from Government, the sector and other sources to support some of the fundamental changes in the way planning, decision-making and care is delivered to children, and in order to ensure a different way of working in the future. Continuing to react year on year to rising numbers of children needing costly, but less effective, adult placements is not tenable.

The improvement programme response

Supported by NHS England, the LGA and the DH, the WVJIP has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector led improvement.

The key objectives of the programme are set out in Transforming Care and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress. A supporting programme plan has been developed.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

They support the achievement of the key outcomes for people set out in policy and achieved through the significant system, method and practice changes that are required.

Key principles of the improvement offer

- Coproduction of offers and outcomes with people with learning disability, autism and behaviour that challenges, and their families.
- All development will operate within the context of the engagement strategy agreed by the Board in May 2013.
- The improvement work will use existing local, regional and national structures and approaches to improvement.
- The improvement work will relate to wider views and approaches to improvement.

- It will align to and complement the existing improvement and development work of key partners at national and local levels.
- Work with local areas will always be based on joint agreement regarding the areas to be explored and the approach to be used.
- Any support and development will be provided in a transparent, constructive and supportive way while providing appropriate challenge and will not seek to duplicate existing mechanism or structures.
- All support activity will seek to use or share resources in a way that encourages local sustainability.
- While national offers may be developed these will be fine-tuned to support bespoke local application.
- The use of shared learning, the collation and sharing of innovative practice and peer development and challenge.

Key building blocks for improvement and a benchmark for progress

- Local leadership arrangements put in place to drive the programme.
- A clear understanding of current costs and commitments, sources of funding through the local authority, Clinical Commissioning Group (CCG) and specialist commissioning, and a determination to tackle longstanding barriers in relation to these (e.g. NHS Continuing Care).

- A clear, resourced, joint delivery plan focused on personalised community provision.
- Developed care management to ensure progress and quality.

Further details of the improvement offer will be presented to the WV JIP Board and key partners in early October and then publicised more widely after that.

The improvement team

- Ian Winter: Lead
- Zandrea Stewart: Principal Adviser
- Steve Taylor: Principal Adviser
- Angela Ellis: Engagement Adviser
- Jane Alltimes: Policy Adviser
- Kristian Hibberd: Communications Adviser
- Marie Coffey: project support

The team is working with:

- Emma Jenkins and LGA Principal Advisers
- Sam Cramond and Ray Avery, NHS England

The key messages from the stocktake of progress have impact across national, regional and local dimensions.

Working with the four national priorities, the improvement team will engage directly with localities, generally across the four NHS England regions and the nine geographic ADASS/ADCS groupings.

Follow up may be based on one or more of the below but will always be decided through joint agreement regarding the need for further study and the areas to be explored.

The key elements for regional activity will be:

Bespoke support

The first task will be to offer individualised engagement with partners in localities based on stocktake returns and analysis. This could include engagement at HWB level and strategic commissioning to assist in advice, planning and shaping based on the locality's own self-assessment. This will be based on the analysis returned to each partnership.

Regional support

The second activity will be to work in each of the nine regions using the existing networks and arrangements to develop the most appropriate work and responses based on aggregated stocktake returns and the leadership priorities. This will take place during September and October 2013. Resources will be made available to support local networks to develop this work. Each region will be supported to develop its own regional priority plan during November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with LGA Principal Advisers and Quality Surveillance Groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with TEASC.

In-depth support and links to existing programmes

It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and Local Government including the Health and Wellbeing System Improvement, Adult Safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for further in-depth support will be:

- Partners request for 'deep-dive' support.
- Follow up discussions on stocktake analysis that might warrant more study.
- In depth work to draw out exemplars of good practice or process.
- Significant numbers of challenging placements.
- Apparent stocktake responses that are out of step with regional findings.
- Where concerns about individual placements have been raised.

Based on the above the in-depth or deep dive approach must be a collaborative response that will support the partners in the locality and develop skill and knowledge that can be shared more widely.

Using principles already well established, for example by the sector led improvement activity and other methodology including appreciative enquiry, the deep dive will have a basic outline that is then matched to local requirements and priorities following discussions with the partners.

Where appropriate it will be linked to the Enhanced Quality initiative outlined above.

Winterbourne View Principal Advisers will be central in the discussions and local developments, though to achieve breadth of development with expertise and challenge it is very likely that a partner organisation(s) would be asked to work with us to set up the programme in detail.

National activity is already taking place which will feed into local developments.

Sharing innovative practice

The collation of good practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available. Resources will be made available broadly on a regional basis to support priorities and be allocated according to the key principles as outlines above and the stocktake analysis of priorities.

The requests for support from the stocktake returns will be collated and fed into this process.

Winterbourne View joint improvement programme

The programme has a small improvement team led by Ian Winter. The purpose is to lead national priorities and support action with regions to ensure that the Winterbourne View Concordat commitments are met.

Stephen Taylor

Telephone: 07920 061189

Email: Stephen.Taylor@local.gov.uk

Programme priority: New financial models, understanding information, and assuring progress in developing alternative models of commissioning.

Regional contact for: South East, South West and North East

Zandrea Stewart

Telephone: 07900 931056

Email: Zandrea.Stewart@local.gov.uk

Programme priority: Life course planning, for people from childhood into adulthood.

Regional contact for: Midlands, East of England and Yorkshire and Humber

Ian Winter CBE

Telephone: 07963 144128

Email: ianjwinter@gmail.com

Programme priority: Working with providers and developing quality standards.

Regional contact for: London and North West

Stephen Taylor, Zandrea Stewart and Ian Winter

Programme priority: Keeping people safe, appropriate use of legislation and guidance, promoting rights and raising expectations.



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, October 2013

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

WBV Action Plan

- This document only concerns the actions continuing on from WBV, there is a separate document concerning LD joint commissioning actions

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
1	Single commissioning strategy in place - pooled budget established	1.1 Review current commissioning and intentions of CCG/LA and the principle of pooled budgets	JC/JCC	MN/VH/DL/ET/HM	Jan-14	Split of work will be agreed when project manager is in post. Stakeholder workshops in Autumn- specs by Jan 14 CCG have project brief for redesign of health services for LD - Linked to Joint Commissioning
		1.2 Review current JSNA : identify development priorities from JNSA to support commissioning	JC/JCC	MN/DL/ HM	Jan-14	In terms of health input this will be led by Mike Naji In terms of social care Hazel Mathews and Emma Townsend are leading
		1.3 Use audit tool to review current service provision and outcomes	JC/JCC	MN/VH/DL/ MT	Jan-14	
		1.4 Use outcomes of audit to agree priorities for service development with LA/CCG commissioners Priorities to include - ensuring pathway for use of A and T units agreed - Identify how increasing capacity within County to meet needs of people whose behaviour challenges	JC/JCC	MN/VH/DL/ MT	Jan-14	
		1.5 Draft single commissioning Strategy	JC/JCC		Apr-14	
		1.6 Agree single commissioning strategy	Joint Commissioning Board		Apr-14	as above
		1.7 Establish review process for current advocacy services : use outcome of review - to identify development requirements for advocacy provision - establish implementation plan for developing advocacy provision, including on-going review processes	New CCL/Mike/Victoria		Jan-14	Currently there is a review of performance /activity being completed by Miriam Turner (CCG) and Annie Paddock (LA) - roles and responsibilities are being agreed

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
2a	Roles and responsibilities of Case Managers and Care Coordinators clearly defined	2a.1 Draw up draft roles and responsibilities for case managers that - specify roles and responsibilities of clinical expertise to support case management process - ensures meets requirements around robust care planning - ensures appropriate mental health practice - supports monitoring processes - ensure robust communication with families - ensures local safeguarding processes and procedures include b) processes for care coordinators to inform commissioners of relevant safeguarding concerns (see requirement 18) c) processes for care coordinators, commissioners and CQC inspectors to work together in regard to safeguarding alerts	ME/DL	MN/MB/RW	Jan-March 14	Mark Edwards will cover this work until the new CCL is in place. Mike Naji will cover the health aspect. ME to meet with RW and CTPLD management team to establish current work. VH replaced with DL as CCG lead Contract variation is needed to clarify RW's responsibilities to clarify what is commissioned and what is not. Project Group will work on this.
		2a.2 Agree roles and responsibilities with a) CCG b) LA commissioners	ME/DL	MN/MB	Jan-March 14	VH replaced with DL as CCG lead
		2a.3 Review roles and responsibilities with case management service providers : draw up change programme to meet requirements	ME/DL	MN/MB/RW	Jan-March 14	VH replaced with DL as CCG lead. RE added as LA project group member
		2a.4 Oversee future contract requirements around MHA applications	ME/DR	MB/ET	Jan-14	
		Draw up draft process for commissioners to periodically review case management processes : agree implementation plan	ME/DL	MB/ET	Jan-14	

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	2b	Effective placement process in place - assurance of aspects around the workforce and the skill mix.	2b1 Establish review process for evaluating how - outcomes are currently incorporated into care planning process for placements - what criteria are used to agree the use of providers	DL/RW/ME	ET	Jan-14	Wiltshire CCG Specialist Placement Coordinators to input for health has already started this piece of work and it will be reflected in DOH Contract. DL added as CCG lead
			2b.2 Use outcomes of review process to - support the development of case management process : link to Objective 3 <i>Roles and responsibilities of case managers clearly defined</i> - establish criteria for agreeing use of providers and implement process for using criteria - develop value-for-money methodology to support the process for agreeing providers	DL/RW/ME	MB/ET	Jan-14	This needs to run in parallel with the service specification development. DL added as CCG lead
Page 89	2c	Effective monitoring process in place for placements	2c.1 Review current process for monitoring placements across - CCG (part of the review process for CHC & SPP) - LA to see what is happening and whether it is what we want it to look like.	ET/RW/DL	MB/JB	Jan-14	JB, Senior Contracts Officer in LA will link with health ie contracts ?
			2c.2 Risk stratify services to determine priorities for monitoring	ET/RW	ET/DR	Jan-14	linked with spec development re roles/responsibilities. Council policy to be shared to allow for harmonisation
			2c.3 Use outcomes of monitoring review to - agree effective monitoring processes, including using risk stratification - maintain local register of all people with challenging behaviour in NHS-funded care - agree roles and responsibilities for undertaking monitoring : link to Objective 2 <i>Roles and responsibilities of commissioners clearly defined</i> and Objective 3 <i>Roles and responsibilities of case managers clearly defined</i> - ensure effective feedback processes are in place, including use of safeguarding information and feedback - ensure there is capacity for pharmacy led reviews where required	ME/DL	LF/MB/MN/JB	Jan-14	Linked to spec and contract. The local list of LD with complex needs is shared between the Council and the CCG (integrated CTPLD)
			2c.4 Review the competencies and capacity requirements for staff involved in monitoring : implement development plan to ensure required levels of competency and capacity are met by identifying levels of training	ET/DL	Project group	Jan-14	as above
			2c.5 Review current practice for working with providers who are not meeting contractual requirements	ET/DL	MB/DR/JB/HM/L F	Jan-14	as above

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
		Use review to agreed structured process for working with providers who are not meeting requirements, including processes for ending contracts and decommissioning services	ET/DL	MB/DR/HM/JB/L F	Jan-14	as above
		2c.6 Draw up draft process for commissioners to periodically review inspection and monitoring processes : agree implementation plan	ET/DL	MB/DR/JB/HM	Jan-14	as above

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
	3	Information sharing protocols in place to support best practice	3.1 Establish review of current protocols and practice	David Noyes/CSU/ Simon Truelove SIRO	Ian Kirby	Oct-13	Awaiting outcome of Caldicott 2
			3.2 Use outcome of review to develop change programme to - establish robust information protocols between all agencies - develop good practice	Contract meetings	IK	On- going	
Delivering revised service model	4	Agreed service model in place	4.1 Establish audit tool based on - Mansell Report requirements - requirement for generic mental health services to support people with LD and autism - requirement to reduce use of A and T units(links to 7)	MT/DL	MT/MB	Apr-14	When new CCL is in post - deadline may be extended if a procurement process is required. This is linked to joint commissioning
Page 91			4.2 Implement change programme to operationalise commissioning strategy - commissioning strategy including new service model and specifications (to include engagement/consultation) - New service procurement/tendering /contract variation Implement NICE quality standards and clinical guidelines on challenging behaviour and LD (issued summer 2015) Implement NICE quality standards and clinical guidelines on mental health and LD (issued summer 2016)	MT/DL	MT/DL	Apr-14	Commencing from April 14 (6-9 months procurement potentially)

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
	5 Effective contracting process in place	5.1 Establish audit tool based on Winterbourne requirements and to be included as part of standard Quality Schedule in all contracts	DL/ ET	ET/DR/LF/EH	Apr-14	Await guidance from Concordat
		5.2 Audit current contract arrangements for - CCG - LA	DL/ JB	ET/DR/LF/EH	Apr 14-ongoing	
		5.3 Review implications of bringing in changes to contracting process to meet requirements : link to - Objective 6 <i>Effective monitoring process</i> - Objective 3 <i>Roles and responsibilities of case managers clearly defined</i>	MN/ JB	ET/DR/LF/EH	Apr-14	
		5.4 Agree priorities for changes to contracting process - agree standards for specific requirements within contracts	DL/ IC	MT/ JB	Apr-14	Contract advice from CSU required
		5.5 Consult with service providers of proposed contract requirements	DL/ IC	MT/ JB	Apr-14	Contract advice from CSU required
		5.6 Implement change programme for contract process	DL/ JC	MT/ JB	Apr-14	Contract advice from CSU required

Workstream		Objective	Actions	Lead	Gr	Timescale	Comments
Other requirements	6	All Winterbourne residents and current A and T placements are followed-up to ensure appropriate arrangements are in place	6.1 Undertake specific exercise to follow-up all previous Winterbourne patients a) to ensure the impact of any abuse experienced or witnessed is minimised b) who remain in hospital with a view to return them to their own communities 6.2 Undertake specific review of current placements within A and T units to ensure there are clear plans for discharge	DL	MB	Ongoing	DL has just appointed 2 people to help with this. We have 5 assessment and treatment patients at present. RW to send MB information monthly and commissioners will meet regularly
	7	All people in learning disability or autism inpatient beds to have personal care plan based around their and their families' needs and agreed outcomes by June 2013	7 Review all in-patient placements and develop personal care plans as required : link to <i>Objective 9 Effective placement process in place (including effective assessment and treatment facilities in Wiltshire (with effective care pathways)</i>	DL/Interim C	MB	On- going	All have the same quality schedule as for the contracts. They will be monitored though the monthly quality review meetings. - This is in place
	8	All individuals should be receiving personalised care and support in the appropriate community settings no later than 1 June 2014.	8 Collate outcomes of reviews and identify commissioning needs to meet requirement to have all people in appropriate community setting by June 2014 : link to <i>Objective 7 Single commissioning strategy in place</i> Establish monitoring process to ensure target is met	DL/ME	MB/MT	Jun-14	Linked to Joint Commissioning
	9	Medicines Management	9 Establish review process for current use of anti-psychotic medication use : use outcomes of review to - agree if targets needs to be agreed to reduce usage - establish action plan to meet targets	Nadine Fox/ME	?	TBC	Completed - Nadine Fox to supply written confirmation.

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Public Health Annual Report 2012-13

Executive Summary

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

The report provides details of Public Health's activity in Wiltshire during 2012-13 and can be found electronically on the Council website.

<http://www.wiltshire.gov.uk/latestnews.htm?aid=146117>

Proposal(s)

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

Reason for Proposal

To ensure the Health and Wellbeing Board is made aware of the publication of the report.

Maggie Rae
Corporate Director
Wiltshire Council

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Wiltshire Safeguarding Adults Board Annual Report 2012-13

Executive summary

The purpose of the report is to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for comment and acceptance by the Health and Wellbeing Board. The Annual Report reviews the work of the Board during 2012-13 and sets out the priorities for the current year; it includes contributions from all partner agencies. The WSAB is now accountable to the Health and Wellbeing Board, which is why the report is being presented.

Proposal

That the Board:

- a) Comments on the Annual Report.
- b) Accepts it as the partnership to which the Safeguarding Adults Board is accountable.

Reason for proposal

The Wiltshire Safeguarding Adults Board brings together key agencies from across the county at senior level to ensure that their shared responsibilities for safeguarding adults who are defined as “at risk” are effectively fulfilled. It has been agreed that it should be accountable to the Health and Wellbeing Board as the senior partnership body that has responsibility for the issues with which the Safeguarding Board deals. It is therefore appropriate to present the Annual Report to the Health and Wellbeing Board.

Margaret Sheather
Independent Chair
Wiltshire Safeguarding Adults Board

Agenda Item 10

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Wiltshire Safeguarding Adults Board Annual Report 2012-13

Purpose of report

1. The purpose of the report is to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for 2012-13 for comment and acceptance by the Health and Wellbeing Board.

Background

2. The purpose of the Wiltshire Safeguarding Adults Board (WSAB) is to ensure that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower vulnerable adults effectively when abuse has occurred or may have occurred. The WSAB aims to fulfil its purpose by:
 - Maintaining and developing inter-agency frameworks for safeguarding adults in Wiltshire, including determining policy, facilitating joint training and raising public awareness.
 - Co-ordinating the safeguarding adults work undertaken by those organisations represented on the WSAB and monitoring and reviewing the quality of services relating to safeguarding adults in Wiltshire.
3. Part of its responsibilities is to produce an Annual Report which reviews the past year's work and sets out priorities for the coming year. The report for 2012-13 is attached as Appendix 1 to this report.
4. The Annual Report was also presented to the Wiltshire Council Health Select Committee on 10th September for their consideration and comment. A number of their comments are reflected in this final version of the report.

Main considerations for the committee

5. The board may particularly wish to note the following points.
 - The Board's progress across the range of its responsibilities, as set out in the Chair's Foreword, and that this has taken place in a context of continued change and financial pressure in all public services.
 - The initiation of greater involvement of service users in the work of the Board itself and across the wider safeguarding system.
 - The developments and achievements of the Board described in section 3 and those of the partner agencies in section 5.
 - The significant increase in safeguarding work identified in section 4 and the associated data.

- The priorities for the current year and beyond, that are set out in section 7.
- That the Care Bill, which will put Safeguarding Adults Board on a statutory footing, is currently progressing through parliament. Its passing into law will require a review of the Board's work to comply with any new regulations and guidance issued.

Environmental impact of the proposal

6. There are no environmental impacts from this report.

Equality and diversity impact of the proposal

7. The work of the WSAB has a significant role to play in promoting equality. It contributes to ensuring that all Wiltshire residents, whatever their circumstances or needs for support, can live free from the fear of harm or abuse, that they are treated with dignity and their choices respected.

Risk assessment

8. There are no specific risks associated to the proposed actions in this report. However, the assessment and management of risk generally is central to effective safeguarding work, both with individuals who are at risk and in the management of safeguarding in individual organisations and by the WSAB. The Board has established a risk register to ensure that it tracks any risks to the overall safeguarding arrangements that may arise. This has been particularly important during the intense period of change that has affected partner organisations.

Financial implications

9. There are no financial implications arising directly from this report. The WSAB has not previously had a specific identified budget, but work has begun to establish how funding of the board's main activities can be appropriately shared among key partners. The Health and Wellbeing Board received a report at its September meeting about the issue of funding for Serious Case Reviews. It agreed that these should be split between the Police and Crime Commissioner, the Clinical Commissioning Group and Wiltshire Council. It also decided to receive a report at a future meeting about the overall funding both for the children's and adults safeguarding boards.

Legal implications

10. There are no legal implications arising directly from this report.

Margaret Sheather
Independent Chair
Wiltshire Safeguarding Adults Board

Appendices

Wiltshire Safeguarding Adults Board Annual Report 2012-13.

<http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=1163&MId=7683&Ver=4>

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

21 November 2013

**Wiltshire Safeguarding Children Board (WSCB) Annual Report 2012-2013 -
a review of the effectiveness of safeguarding and promoting the welfare of
children in Wiltshire**

Executive Summary

This paper alerts the Health and Wellbeing Board to the publication of the Wiltshire Safeguarding Children Board Annual Report 2012/13.

Proposal(s)

It is recommended that the Board:

- i. Invites the Independent Chair of the Wiltshire Safeguarding Children Board to its next meeting to review the WSCB Annual Report and communicate any observations, concerns or queries

Reason for Proposal

The Wiltshire Safeguarding Children Board Annual Report for 2012/13 has now been published and is available [online](#).

The Independent Chair of the Board is not able to attend the Health and Wellbeing Board this time and given that safeguarding arrangements for children in Wiltshire are now rated 'adequate' an in depth discussion will be important.

**Carolyn Godfrey
Corporate Director
Wiltshire Council**

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

21 November 2013

End of Life Care

Executive Summary

The Government is currently undertaking a review of its End of Life Care Strategy. Alongside this a response is being developed to the independent review of the Liverpool Care Pathway and a Palliative Care Funding Review is being conducted which is due to report early in 2014.

As an important part of the Joint Health and Wellbeing Strategy a range of activity is underway in Wiltshire to improve end-of-life planning and co-ordination. This paper notes the recent letter to Chairs of Health and Wellbeing Boards from the Secretary of State for Health and invites the Board to consider a more detailed update on these issues at its next meeting.

Proposal(s)

It is recommended that the Board:

- i. notes the letter from Jeremy Hunt, Secretary of State for Health (Appendix 1) on End of Life Care;
- ii. agrees to a detailed discussion on the approach to End of Life Care in Wiltshire at a future meeting, preferably in January 2014.

Reason for Proposal

Improving End of Life Care is an important priority in Wiltshire's Joint Health and Wellbeing Strategy and requires close working between social care and health. A range of national developments and recent local activity means a discussion on End of Life Care will be timely at the Board's next meeting in January.

Cllr Jane Scott OBE
Chair of Wiltshire Health and Wellbeing Board
Leader of Wiltshire Council

Agenda Item 11

Wiltshire Council

Health and Wellbeing Board

12 September 2013

End of Life Care

Purpose of Report

1. To bring to the Board's attention the letter from the Secretary of State for Health on End of Life Care and invite further discussion on the issue at the Board's next meeting in January.

Main Considerations

2. Despite the fact that around 70% of people would prefer to die at home, 60% currently die in hospital - the culture of which is to cure people, or at least improve their state of health. This can lead to some patients receiving unnecessary painful or invasive treatment; equally there can be concerns that such patients are viewed as a burden on NHS resources and may not receive appropriate care.
3. Nationally there are a number of initiatives underway to ensure people receive good end of life care and to improve availability of hospice care. The Government is currently undertaking a review of its End of Life Care Strategy. Alongside this a response is being developed to the independent review of the Liverpool Care Pathway and a Palliative Care Funding Review is being conducted which is due to report early in 2014.
4. The Secretary of State for Health has written to Health and Wellbeing Boards to ensure they are aware of this work and invites them to consider it within their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. A copy of the letter is attached at Appendix 1.
5. As an important part of Wiltshire's agreed Joint Health and Wellbeing Strategy, a range of activity is already underway in Wiltshire to improve End of Life planning and co-ordination. An End of Life Strategy group is currently drafting a revised strategy which should be available for discussion in January. Work is also underway on Electronic Palliative Care Co-ordination Systems (EPaCCS). EPaCCS provide a shared local record for health and social care professionals with rapid access across care boundaries to key information about an individual approaching the end of life, including their expressed preferences for care.
6. Wiltshire Clinical Commissioning Group are currently recruiting additional staff to deliver improved End of Life Care and have made it a key priority within their operational plans. A Fair Dying event is also due to take place at the Guildhall in Salisbury in December. Further information about this will be circulated to Board members in due course.

Cllr Jane Scott OBE
Chair of Wiltshire Health and Wellbeing Board
Leader of Wiltshire Council

Report Author: David Bowater, Senior Corporate Support Officer, 01225 713978
8 November 2013

Appendices

Appendix 1 - Letter from Jeremy Hunt on End of Life Care

This page is intentionally left blank



Department
of Health

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*

*Richmond House
79 Whitehall
London
SW1A 2NS*

*Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk*

Dear Colleague,

- 4 NOV 2013

I would like to take the opportunity to inform you of work being done nationally to improve end of life care services and to highlight the importance of ensuring that people throughout the country have access to high quality services at the end of life.

As I am sure you are aware, the Government has specifically highlighted the importance of end of life care in the Mandate to NHS England. End of life care also features in the NHS Outcomes Framework and the updated NHS Constitution. However, whilst significant progress has been made in recent years to improve end of life care services, there is still much more work to do to ensure that people are receiving the highest standards of care at the end of life.

As part of this work, NHS England is currently undertaking a review and refocus of the End of Life Care Strategy, which is due to be completed in early 2014. Alongside this, the Leadership Alliance for the Care of Dying People, under the chairmanship of the National Clinical Director for End of Life Care, Dr Bee Wee, is working to set out the principles of good end of life care and to formulate a system-wide response to the Independent Review of the Liverpool Care Pathway, which was published in July.

NHS England is also undertaking work to develop a fairer, per-patient funding system for palliative care. The eight funding pilots we set up following the report of the independent Palliative Care Funding Review are due to complete in April 2014, with the aim of setting up a new funding system by 2015.

I am keen to ensure that the progress and momentum achieved in recent years in implementing the end of life care strategy is maintained. Health and Wellbeing Boards, as leaders in the local health and care system, are uniquely placed to contribute as part of a joined-up approach to improving care, informed by work being done nationally.

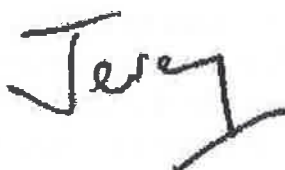
I am therefore keen to support Health and Wellbeing Boards in ensuring that locally-owned processes to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies fully consider end of life services; that the views and experiences of patients and families are fully and appropriately considered in the development process; and the commissioning and planning of local services is joined up with the work being done to improve these services at a national level.

As you will be aware, the Department has produced statutory guidance on JSNAs and JHWSs. We are also funding the Local Government Association and others to develop further resources to support the development of JSNAs, as well as support for local and national Healthwatch on patient and public engagement.

<https://knowledgehub.local.gov.uk>

I know you will share my desire to see end of life care services continue to improve across the country. The work of Health and Wellbeing Boards is central to this goal and I believe that by ensuring local work on end of life care is joined up with, and informed by work being done nationally, we will make progress together towards improving the provision of end of life care and the experiences of patients and families.

Yours sincerely,

A handwritten signature in black ink that reads "Jeremy". The signature is written in a cursive style with a long horizontal stroke at the end.

JEREMY HUNT

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Commissioning Services for Armed Forces

Executive Summary

From April 2013 NHS England took up its duties to deliver better outcomes for patients within its available resources. One of the responsibilities will be to directly commission health services for those members of the Armed Forces and their families registered with Defence Medical Services Medical Centres.

The attached report sets out where NHS commissioning responsibility lies for all members of the Armed Forces Community.

Proposal(s)

That the joint commissioning of services is discussed at the Military Civilian Integration Partnership hosted by Wiltshire Council with the objective of developing and agreeing a joint commissioning plan for Armed Forces personnel and their families who are currently or will be residing in Wiltshire.

Reason for Proposal

To seek the Health and Wellbeing Board's agreement for the proposed plans.

Debra Elliott
Director of Commissioning
NHS England

This page is intentionally left blank

Commissioning Services For Armed Forces



Debra Elliott
Director of
Commissioning
BGSW Area Team



1. Purpose of this document

From 1 April 2013, NHS England took up its full duties to ensure that the NHS deliver better outcomes for patients within its available resources and upholds, and promotes the NHS Constitution. As a single national organisation, NHS England will be responsible for ensuring that services are commissioned in ways that support consistency not centralisation; consistency in ensuring high standards of quality across the country. NHS England will work through its national, regional and area teams to discharge these responsibilities.

One of NHS England responsibilities will be to directly commission health services for members of the Armed Forces and their families if registered with Defence Medical Services Medical Centres.

The document sets out where NHS commissioning responsibility lies for all members of the Armed Forces Community, i.e. serving Armed Forces, their families, reservists and veterans.

Our ambition is to support commissioners in delivering a consistent, high quality approach to the delivery of services that secure the best outcomes for the Armed Forces and their families. NHS England will use the operating model to drive local improvements in quality and outcomes and reduce health inequalities.

2. Overview

Section 15 of the Health and Social Care Act 2012 ¹ gives the Secretary of State the power to require NHS England to commission certain services instead of Clinical Commissioning Groups (CCGs). These include 'services or facilities for members of the Armed Forces or their families'. Regulations will be laid to allow NHS England to assume these powers from April 2013.

These regulations define the scope of responsibility as being for any serving members of the Armed Forces stationed in England and any family dependants who are registered with a Ministry of Defence, Defence Medical Service (DMS) Medical Centre. In addition, reservists who require NHS health services while mobilised will be the commissioning responsibility of NHS England.

NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State's Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant

3. The Armed Forces community

Serving members of the Armed Forces, Reservists Veterans and all of their families form part of a larger 'Armed Forces Community'. It is helpful to describe

each of these components to clarify the context for how health services will be commissioned for each group in future.

Serving Armed Forces – Approximately 140,000 people, all of whom are registered with Defence Medical Services (DMS) Medical Centres in England. (Northern Ireland, Scotland and Wales have approximately 20,000 serving Armed Forces and registered dependants which are *outside* the scope of the NHS in England). Approximately half of the England DMS-registered population is concentrated in four areas (Devon, Hampshire, Wiltshire and North Yorkshire).

Their families – i.e. spouses / partners and dependent children and adults. Most are registered with NHS GP Practices. Approximately 20,000 are registered with DMS Medical Centres in England.

Veterans – Defined as anyone who has been a member of the serving Armed Forces for a day or more. There are approximately 4.8 million veterans in the UK (4 million in England). All should be registered with NHS GP Practices.

Reservists – Civilians who are called in to the serving Armed Forces from time to time for particular tours of duty. Reservists are regarded as members of the Armed Forces while mobilised. When not mobilised, reservists should be regarded as veterans when accessing NHS care. The numbers of reservists are planned to grow from approximately 15,000 to 30,000.

Overseas – In addition to the England-based population, there are 36,000 serving Armed Forces and dependants in Germany, and 17,000 on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK.

Devolved Administrations - ‘Devolved Administrations’ mean Scotland, Wales and Northern Ireland. The normal rules of the NHS commissioning responsibility apply. NHS England has responsibility only for commissioning health services for members of the Armed Forces and their families registered with DMS practices in England or, for those posted overseas, who choose to return to use NHS services in England. Devolved Administrations are responsible for commissioning care for members of the Armed Forces and their families registered in their countries or who return from Overseas to use services located in Devolved Administrations.

4. The New Commissioning Landscape

The following organisations have roles to play in the commissioning of healthcare for the Armed Forces Community:

Department of Health (DH) – The DH sets out the Secretary of State’s expectations and requirements of the NHS in the annual Mandate, agreed with NHS England, which will accompany the resources allocated by government to

the NHS. The Secretary of State retains responsibility for public health services and will enter into agreements for these responsibilities to be discharged by Local Authorities and Public Health England.

NHS England – NHS England is responsible for the direct commissioning of secondary and community health services for Armed Forces and families registered with the DMS Medical Centres. It assumes responsibility for commissioning some public health services through a section 7 a agreement with the Secretary of State, which Armed Forces and their families will be able to access.

Clinical commissioning groups (CCG's) - CCG's are responsible for commissioning health services for veterans and families of members of the Armed Forces registered with the NHS GP Practices. CCG's are also responsible for the commissioning of emergency care services for 'every person present in it's area', which includes for members of the Armed Forces and their families. It is also recommended that hosting of Armed Forces Networks transfer from SHAs by agreement to appropriate lead CCG's to sustain the work of the 10 Armed Forces Networks currently in place. Given the strong focus on veterans and Armed Forces family healthcare, CCG's are well-placed to lead Armed Forces Networks, with support from NHS England. Further discussions will be needed with Armed Forces Networks to agree their transition and leadership arrangements for the future.

Local Authorities (LAs) – LAs are responsible for commissioning the majority of public health services for people in their area including members of the Armed Forces, their families and veterans. The exceptions to this are screening services, immunisations, public health services for children aged 0-5 years, public health services for prisoners and other detainees and Sexual Assault Referral Centres (SARCs). These services will be commissioned directly by NHS England. Local authorities will also commission open access sexual health clinics and genito-urinary clinics.

NHS England is at the heart of an integrated system of organisations and services that are bound together by the value and principles of the NHS Constitution. NHS England is committed to joint working relationships with a wide range of organisations at a national and local level to ensure that there are continuous improvements in health and well-being.

The vision is that military personnel and their families should receive excellent health care from the NHS, tailored to their particular needs, in accordance with the Armed Forces Covenant.

As well as directly commissioning health care for serving members of the Armed Forces and their families where registered with the DMS Medical Centre, NHS England is responsible for ensuring the wider NHS system is effectively addressing the comprehensive needs of the Armed Forces, their families and veterans.

There are particular issues of access and entitlement for military personnel. Armed Forces personnel are excluded from the NHS Constitutions^s entitlement to choice NHS providers. Postings or deployments can interrupt existing

treatment and can result in serving military personnel or their families having to re-join waiting lists in new areas. This is one example of 'disadvantage' and the Armed Forces Covenant requires that serving members of the Armed Forces and their families should join waiting lists at a comparable waiting time.

The ambition of this framework is that patients experience a seamless transition between services, receiving as a minimum the same standards and quality of care that can be expected in the civilian community. The Government's Mandate to NHS England⁶ which sets out the Government's expectations of the NHS, contains the following reference to military health:

"The NHS and its public sector partners need to work together to help one another to achieve their objectives. This is a core part of what the NHS does and not an optional extra, whether it is working with local councils, schools, job centres, housing associations, universities, prisons the police or criminal justice agencies such as Police and Crime Commissioners and Community Safety Partnerships. NSH England's objective is to make partnership a success. This includes, in particular, demonstrating progress against the Government's priorities of: "Upholding the Government's obligations under the Armed Forces Covenant".

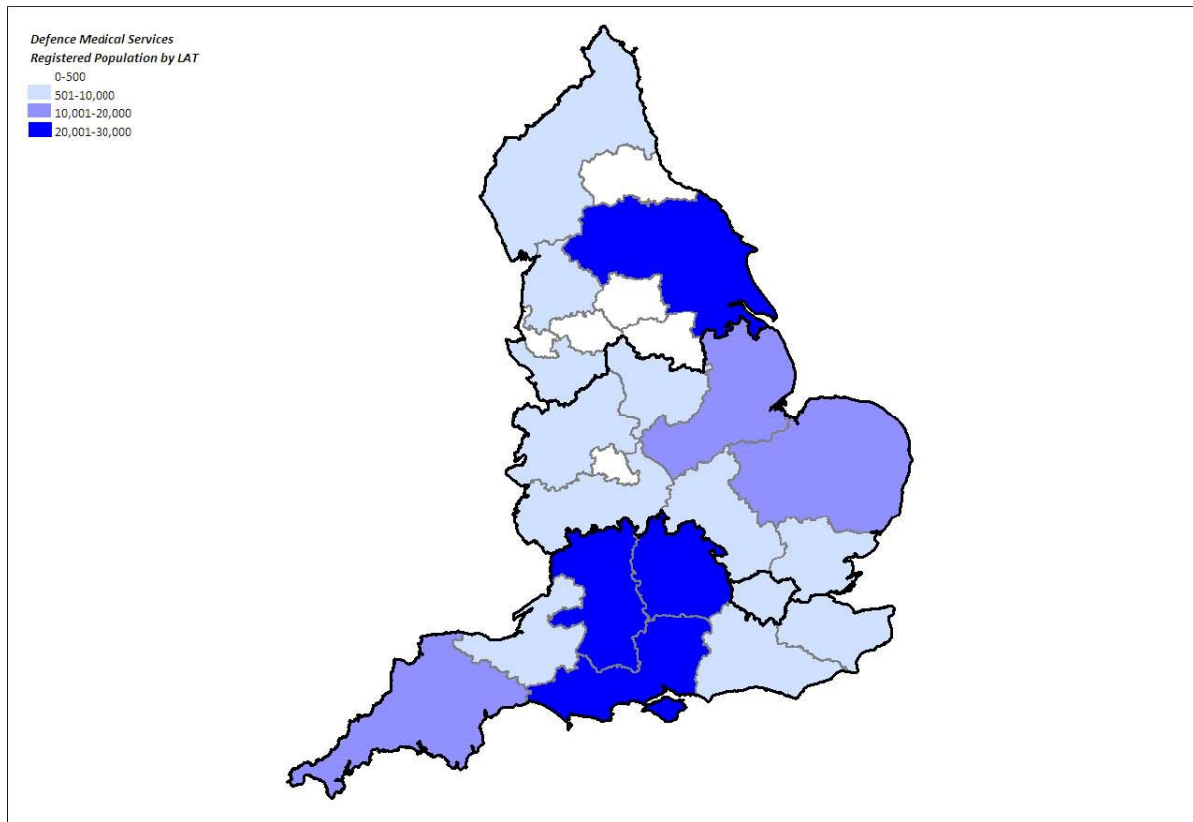
5. **The Integrated Commissioning Model**

NHS England is structured with 4 regions and 27 Area Teams (ATs). For Armed Forces commissioning, NHS England will be a single, national commissioner, with common operating procedures and commissioning policies deployed nationwide. This will ensure NHS England can deliver its commitment under the Armed Forces Covenant to deliver a consistently high quality health experience for members of the Armed Forces and their families, with no disadvantage as a consequence of their location.

National leadership will provide the framework to ensure consistency in commissioning. Drawing on nationwide insight and intelligence, clinical expertise and the Government's Mandate, there will be a national framework for contracts. Within this framework will be flexibility for the lead Area Teams to manage local relationships and performance, support innovation and secure high quality outcomes.

Three lead ATs, one in each of the North, Midlands and East and South (including London) regions have been identified. The lead ATs will build the expert capacity necessary to undertake NHS England commissioning role in respect of members of the Armed Forces and families registered with DMS Medical Centres. This will enable local partnership relationships to be developed between NHS England, CCGs, Local Authorities, the MOD, third sector organisations and providers, to ensure the services commissioned are delivered effectively.

The map on the next page shows the Defence Medical Services registered population by Local Area Team.



The three lead Area Teams are:

- a) **North Region:** North Yorkshire and Humber
Armed Forces population: 23,008
- b) **Midlands and East Region:** Derbyshire and Nottinghamshire
Armed Forces population: 39,680
- c) **South Region (including London):** Bath, Gloucestershire, Swindon and Wiltshire
Armed Forces population: 105,590

While there is a heavier distribution of the Armed Forces population in the South of England, the presence of the lead AT in the North and in the Midlands and East regions will ensure Armed Forces health needs can be addressed nationwide.

6. **Distribution of Defence Medical Services registered population by area team**

What this means for Wiltshire

The Army Regular Basing Plan

The Army Regular Basing Plan sets out the future lay down of the British Army as it moves back to the UK from Germany and restructures to deliver its future operating model , *Army 2020*.

The plan honours the policy commitment made in Strategic Defence and security Review (SDSR) to bring UK forces back from Germany by 2020. The Army is on track to bring 50% of its forces back by 2015 and the remainder in 2020.

The Defence Infrastructure Organisation will deliver service family homes and new single living accommodation for Armed Forces personnel.

The plan also forms a part of a wider commitment to give service personnel greater stability allowing their families to integrate better into local communities, their spouses to find long term jobs and their children to have continuity in education.

It is envisaged that by 2020 an additional 4000 Armed Forces personnel will be stationed in Wiltshire. It is anticipated that there will be 2000 additional personnel at Larkhill , 900 at Bulford, and 1100 in Tidworth.

In preparation for the increase in Armed Forces personnel and their families it will be crucial for partner organisations, both those commissioning and providing services, to work together to ensure that the incoming armed Forces personnel and families have full access to all services including;

- Maternity
- Primary and secondary care
- Public Health services
- Education
- Housing
- Transport
- Crime and Justice

The Commissioning organisations that will need to work together to ensure a full range of services are available to the incoming Armed Forces personnel and their families include:

- NHS England as the commissioner of Primary Care Services and elements of Public Health services along with secondary care service for Armed Forces personnel.
- Wiltshire Council as the commissioner and provider of education; housing; social care; transport; environmental services and/leisure.
- Wiltshire Clinical Commissioning Group as the commissioner of secondary care services for reservists and armed forces personnel dependants not registered with DMS.

Agenda Item 13

- Wiltshire Police as commissioners and providers of community policing and the wider crime and justice services.

In order to ensure that the planning and onward delivery of these services for the incoming Armed forces and their families is as comprehensive as possible the suggestion is that a working group be set with representatives of the commissioning organisations (listed above) and the MoD in order to develop a joint commissioning plan for this specific population and their families.

7. Recommendation

That the joint commissioning of services is discussed at the Military Civilian Integration Partnership hosted by Wiltshire Council with the objective of developing and agreeing a joint commissioning plan for Armed Forces personnel and their Families who are currently or will be residing in Wiltshire.

Debra Elliott
Director of Commissioning
NHS England, Bath, Gloucestershire, Swindon and Wiltshire Area Team

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Governance of Health and Wellbeing in Wiltshire

Executive Summary

Wiltshire's Health and Wellbeing Board has a number of important relationships with other governance structures, including the Council, Safeguarding Boards and joint commissioning boards for adults and children's services.

Proposal(s)

It is recommended that the Board:

- i. notes the current arrangements governing Health and Wellbeing in Wiltshire and formally endorses them

Reason for Proposal

It is important that all partners have a shared understanding of the role of different boards responsible for aspects of Health and Wellbeing.

The last year has seen significant changes in governance and this paper provides a summary of the current roles of the various boards.

The current arrangements were endorsed by the Health and Wellbeing Board when in shadow form and this paper invites formal endorsement of these now the Board is formally constituted.

Robin Townsend
Associate Director for Corporate Services (interim)
Wiltshire Council

Agenda Item 13

Wiltshire Council

Health and Wellbeing Board

12 September 2013

Governance of Health and Wellbeing in Wiltshire

Purpose of Report

1. To provide a reminder of current arrangements governing Health and Wellbeing in Wiltshire and set out the relationship of the Health and Wellbeing Board with other governance structures.

Background to the establishment of the Health and Wellbeing Board

2. Under the Health and Social Care Act 2012 the Council is required to appoint a Health and Wellbeing Board that works with partners, including GPs, to prepare a health and wellbeing strategy for the Council and to ensure that the commissioning of services is integrated. As the regulations were not issued until mid-February with guidance issued even more recently, combined with the elections in May, it was decided to wait the annual meeting of Council in May to formally appoint the board. Following this, the first meeting of the Health and Wellbeing Board took place in September.
3. The Board is regarded as an ordinary committee of the Council –appointed by the Council, reporting to the Council, with its membership agreed by the Council. Accordingly its proceedings are publicly accessible and its agenda and reports appear on the Council's website along with all other committees. Its voting members are also subject to the Council's code of conduct.

Membership of the Health and Wellbeing Board

4. There are exceptions to the Board being regarded as an ordinary committee of the Council in that key areas of traditional legislation have been modified on Membership of the Board as follows:-
 - the requirements of political proportionality are disapplied by the regulations and the Council can choose to appoint any councillors that it wishes;
 - officers are allowed to be members of the Board;
 - all members of the Board are permitted (including officers, GPs) to vote unless the Council directs otherwise.
5. The Health and Social Care Act also lays down minimum statutory membership of the Board. It requires that the councillor membership is nominated by the Leader of the Council in councils which are operating executive arrangements. Representatives of the Clinical Commissioning Group (CCG), NHS England and Healthwatch are to be appointed by those

respective organisations. Bearing this in mind the Council agreed that membership of the Board would be as follows:

Voting members

- The Leader of the Council
- Wiltshire Council Cabinet representatives with responsibility for Children, Adults and Public Health
- 4 representatives from the CCG
- 1 representative from Healthwatch
- 1 Police and Crime Commissioner (PCC)
- 1 NHS England representative

Non-voting members

- Wiltshire Council officers with statutory responsibility for Children, Adults and Public Health services
- Chief Officer / Chief Finance Officer of the Clinical Commissioning Group
- 3 Acute Hospital Trusts representatives (Salisbury Hospital FT, Great Western Hospital FT and Bath RUH FT)
- 1 South West Ambulance Service (SWAS) representative
- 1 Avon and Wiltshire Mental Health Partnership (AWP) representative
- 1 Wiltshire Police Chief Constable representative
- 1 Member of the Opposition representative
- 1 Wessex Medical Committee representative

Terms of Reference

6. A number of principles underlie the creation of Health and Wellbeing Boards and the spirit in which the legislation has been drafted – these include:-
 - shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations;
 - a commitment to driving real action and change to improve services and outcomes;
 - parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities;
 - shared ownership of the board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves;
 - openness and transparency in the way that the board carries out its work;
7. The statutory functions of the Health and Wellbeing Board contained within the Act are:-
 - to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
 - a duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under Section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

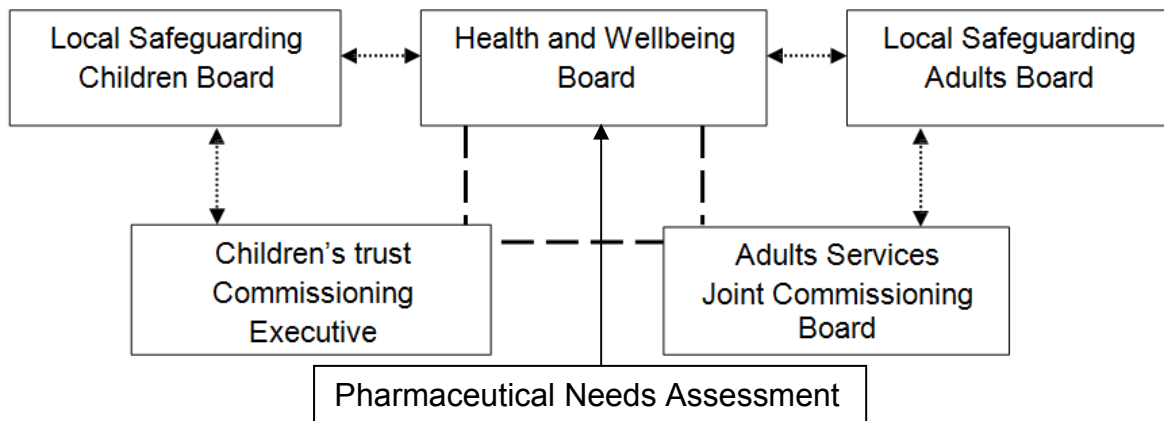
Agenda Item 13

- a power to encourage close working between commissioners of health related services and the board itself.
 - a power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
8. Councils are being asked to treat Boards as a completely new and unique body, one which has had its functions (as set out in paragraph above) conferred on it directly by statute. Consequently, these statutory functions are the agreed Terms of Reference for Wiltshire's Health and Wellbeing Board. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013 has also established a duty on the Board to undertake Pharmaceutical Needs Assessments.
9. The Act also provides for Councils to delegate any other functions to the Board under section 196(2) of the Health and Social Care Act 2012. This could include, for example, certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities. The Board is currently concentrating on its core functions and has not sought further delegations from Council.

Accountability and Relationships with Council and other structures

10. The Department of Health are very keen that the Board's proceedings should be conducted in such a way that both the non-councillor membership and the public feel able to engage and participate in an inclusive and welcoming forum. As a committee of the Council, the Health and Wellbeing Board will also report to Council regularly on the business it transacts. This should help to embed its business within the council and aid cross party ownership of the issues with which it is dealing. In particular the Boards are tasked with preparing the JSNA and JHWS and when consulting on these will wish to include partner organisations as part of this process.
11. The work of the Health and Wellbeing Board may be subject to scrutiny although its decisions are not subject to call-in. It may wish to work with Overview and Scrutiny (the Health Select Committee) to develop particular areas of work that it is focussing on. Conversely the Health Select Committee will be working closely with the Health and Wellbeing Board to ensure its work programmes are aligned.
12. There are also broader relationships within the Council with other structures. Both the commissioning of services for adults and children will work as advisory sub groups of the Board and whilst these are not formally accountable to the Board the commissioning arrangements will be brought together at Board level through joined up reporting arrangements. Likewise

the safeguarding responsibilities of the Council are performed through the respective multi agency Safeguarding Boards for Adults and Children. Whilst again the governance of these Boards will be separate they will have a critical relationship with the Health and Wellbeing Board which will be both mutual and complementary. These relationships are described in the structure chart below.



Pharmaceutical Needs Assessment

13. A working group has also been established to deliver a refreshed Pharmaceutical Needs Assessments, as agreed at the last meeting of the Health Wellbeing Board. This will be reporting to the Board on its work ahead of public consultation in summer 2014 and, following consultation, early in 2015.

Joint Commissioning Board for Adults Services

14. A wide range of activity on Adults Services between Wiltshire Council and the Clinical Commissioning Group has been underway for some time. This includes the ongoing development of a shared evidence base; the production of a Joint Business Agreement; a joint action plan for the reduction of delayed transfers of care; joint commissioning and pooled budget for carers services; joint commissioning of STARR step-up and step-down beds; A joint action plan in response to Winterbourne View recommendations; and the work on the transformation of Community Services.
15. In order to make jointly agreed recommendations for change to the two commissioning organisations, a Joint Commissioning Board (JCB) for Adults Services was suggested to act as an advisory body at a facilitated workshop of Council and CCG representatives in February 2013. Following this, the Terms of Reference for the Joint Commissioning Board were endorsed by the shadow Health and Wellbeing Board at its meeting in April and are included at **Appendix 1**. The JCB held its first meeting in July 2013. Now the Health and Wellbeing Board is formally constituted it is again invited to reiterate its support for the arrangements.
16. To mirror the arrangements for Children's Trust Commissioning Executive

Agenda Item 13

there is currently a proposal to include a councillor representative on the JCB.

Children and Young People's Trust Commissioning Executive

17. Although it is no longer a requirement to have a Children's Trust Board, recent Government guidance on the Department for Education website notes that: "All evidence and experience suggests stronger partnerships, greater integration of services and a shared purpose for all those working with and for children and families lead to better services for children, young people and families –especially the most vulnerable. The core principle of a shared commitment to improve the lives of children, young people and families – enshrined in the 'duty to cooperate' on local strategic bodies – remains as important as it ever was."
18. The aim of the revised Children's Trust governance arrangements is to lead to more involvement of agencies working with children and young people and to a stronger focus on commissioning. This will be underpinned by the participation and involvement of children, young people, parents and carers. A diagram setting out the arrangements as January 2012 is included as Appendix 2.
19. The Children and Young People's Trust Commissioning Executive has been established for some time and 8 subgroups focusing on elements of joint commissioning have been established. Current membership is as follows:
 - Cllr Laura Mayes, Cabinet Member for Children's Services
 - Carolyn Godfrey, Corporate Director (Statutory Children's officer)
 - Julia Cramp, Associate Director, Quality Assurance, Commissioning, Performance, Schools and early years
 - Susan Tanner
 - Terence Herbert, Associate Director, Children, Youth, 0-25 SEN/ Disability, Children & Families Social Care
 - Deborah Fielding, CCG
 - Amy Bird, Public Health
 - Neil Baker, Head Teachers
 - Simon Jeffery, Probation
 - John Mullender, Army Welfare
 - Mark Sellers, Police
 - David Bonner-Smith, Voluntary Sector Forum
 - Clifford Turner, Wiltshire Safeguarding Children's Board (Observer)

Safeguarding Boards

20. Wiltshire's Safeguarding Children Board is a statutory board with its terms of reference available [online](#). Some of its core duties include raising safeguarding awareness and contributing to planning and commissioning. It also participates in the Early Intervention Sub Group of the Children's Trust. As such, it is important that the Health and Wellbeing Board and the Safeguarding Children Board inform each other's activities.

21. Wiltshire also supports a Safeguarding Adults Board ([SAB](#)). The Care Bill proposes to place this on a statutory basis equivalent to Children's Safeguarding Boards, for the first time. Amongst other things, the Bill says that the SAB must:
 - Include representatives of the council, CCG and police;
 - develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations (including consulting Local Healthwatch);
 - publish this safeguarding plan and report to the public annually on its progress (including to the Health and Wellbeing Board), so that different organisations can make sure they are working together in the best way.
22. Clearly, it is important that the Health and Wellbeing Board and the Safeguarding Adults Board continue to inform each other's activities. This includes taking the SAB Annual Report to the Health and Wellbeing Board again this year. This will be an important future relationship with the two bodies needing a strong relationship to account for their activities in safeguarding adults at risk. All SAB member agencies will be asked to present the Annual Report to their own Board or equivalent body as well.

Robin Townsend
Associate Director for Corporate Services (interim)
Wiltshire Council

Report Author:

David Bowater, Senior Corporate Support Officer, 01225 713978
8 November 2013

Background Papers

Published documents:

Paper on the appointment of the Health and Wellbeing Board, Annual Council, May 2013.

No unpublished documents have been relied on in the preparation of this report.

Appendices

Appendix 1 – Terms of Reference for the Joint Commissioning Board for Adults Services

Appendix 2 – Children's Trust Governance and the role of the Commissioning Executive

Agenda Item 13

Appendix 1

Joint Commissioning Board Terms of Reference

1. Duration

The terms of reference apply to Year 1 arrangements for the Joint Commissioning Board (JCB) and will be reviewed prior to the commencement of Year 2.

2. Purpose of the JCB

2.1. In year 1, the JCB will act as an advisory body to the two commissioning organisations, making jointly agreed recommendations for change.

2.2. The JCB will build on a shared vision for the commissioning and development of services, taking into account:

- Local needs and local priorities, as set by the Wiltshire Health and Wellbeing Board through the JSA and the Joint Health and Wellbeing Strategy
- An evidence-base of what works to deliver the best outcomes for local people
- A focus on early, creative preventive approaches, based in local communities.
- A shared understanding of risk
- A need for improved information, advice and signposting about services available to people, including services available from the voluntary and community sector
- National direction and national outcomes and frameworks for the NHS and social care.

2.3. The JCB will provide collective governance in relation to the commissioning of health and social care for adults in Wiltshire and to be accountable to the Health and Wellbeing Board for the delivery of joint commissioning arrangements.

2.4. The JCB will oversee the management of existing joint investments and initiatives

2.5. The JCB will oversee a targeted programme of activities that exploits opportunities where greater coordination, alignment and/or integration of resources can lead to improved outcomes and efficiency. This could include the recommendation for pooled funds.

2.6. The JCB will ensure that joint commissioning plans are effective and are monitored against the agreed performance measures for each service

2.7. The JCB will make recommendations to the Wiltshire Council Cabinet and CCG Governing Body on priorities for service redesign, investment and disinvestment – this will include agreeing changes to premises, support services, and facilities management.

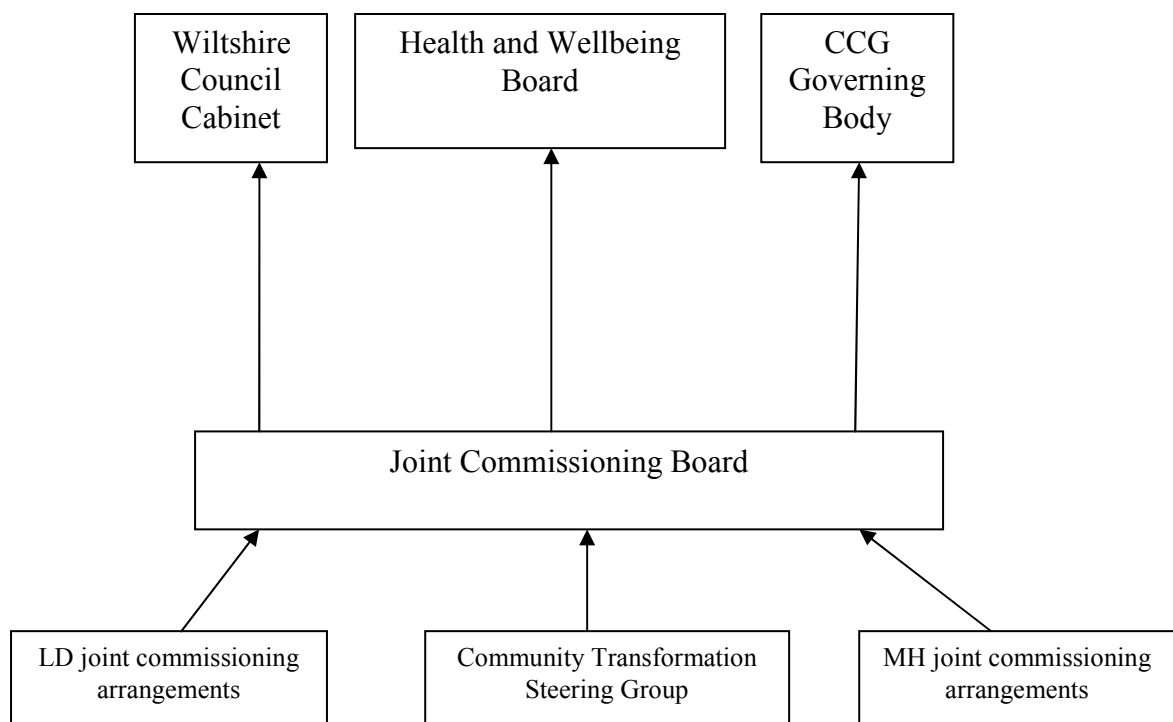
2.8. The JCB will review risks raised by constituent organisations to the delivery of the agreed Health and Wellbeing Strategy and other significant service issues

3. Structure and reporting

3.1 In Year 1 the JCB will work within the schemes of delegation and the accountability arrangements of the Council and the CCG. Decisions of the JCB will need to be ratified by the Wiltshire Council Cabinet and the CCG Governing Body. Individual members will be responsible for reporting progress through their organisations' appropriate internal governance arrangements.

3.3. The JCB will report on progress (as a minimum) twice each year to the Health and Wellbeing Board

3.3 Executive groups will sit beneath the JCB and run the day to day business of each of 3 priority areas for joint commissioning: learning disabilities; mental health; community transformation programme. The diagram below sets out reporting arrangements



Agenda Item 13

3.4 Frequency of meetings

The JCB will meet 6 times per year. Meetings will be held in private and take place in alternate months to the HWB meetings. Meetings will be on Tuesdays or Thursdays.

3.5 JCB Membership

Membership from CCG

- Accountable Officer - Deborah Fielding
- Chief Finance Officer - Simon Truelove
- Director of Quality and Patient Safety – Jacqui Chidgey-Clark
- Director of Planning, Performance and Corporate Services – David Noyes
- Group Director WWYKD – Mike Relph
- Group Director Sarum – Mark Harris
- Group Director NEW – Ted Wilson
- GP – to be advised

Membership from Wiltshire Council

- Corporate Director – Maggie Rae
- Service Director Strategy & Commissioning – James Cawley
- Head of Finance – Janet Ditte
- Head of Commissioning, Older People – Nicola Gregson
- Head of Commissioning, Specialist Services – George O'Neill
- Head of Performance, Health & Workforce – Sue Geary
- Head of New Housing – Janet O'Brien
- Head of Business Change – Iain Kirby
- Public Health Consultant – to be advised

Other attendees in an advisory/supporting role as required

3.6 Executive Group

A small executive group will be established, to meet informally every 2 months, in alternate months to JCB meetings. The executive group will determine the agenda for JCB meetings and maintain an overview of the joint work programme.

3.7 Year 1 Chair

The CCG Accountable Officer will chair the JCB in Year 1, with Wiltshire Council Corporate Director acting in the role of vice chair. The allocation of responsibilities for Year 1 reflects the fact that the Health and Wellbeing Board is chaired by the Council and the Vice Chair is a member of the CCG Governing Body.

3.8 Conflicts of interest

The Chair will ensure that conflicts of interest are formally disclosed and managed in adherence with the Nolan Principles for Standards in Public Life and in favour of the commissioning of high quality, safe and cost effective services

3.9 Year 1 Joint Commissioning Board Support

In the first year, the Board will be supported by officers from Wiltshire Council.

4. Year 1 Priorities

- Community Services Transformation – including the immediate priorities of improving patient flow through the system to relieve pressures on acute healthcare and reduce the number of long-term care placements.
- Community Mental Health and Dementia – review of options for joint commissioning and improved delivery
- Learning Disabilities – review of options for joint commissioning and improved delivery, including the delivery of a shared action plan resulting from Winterbourne View inquiries.

Version 4.0

08 05 2013

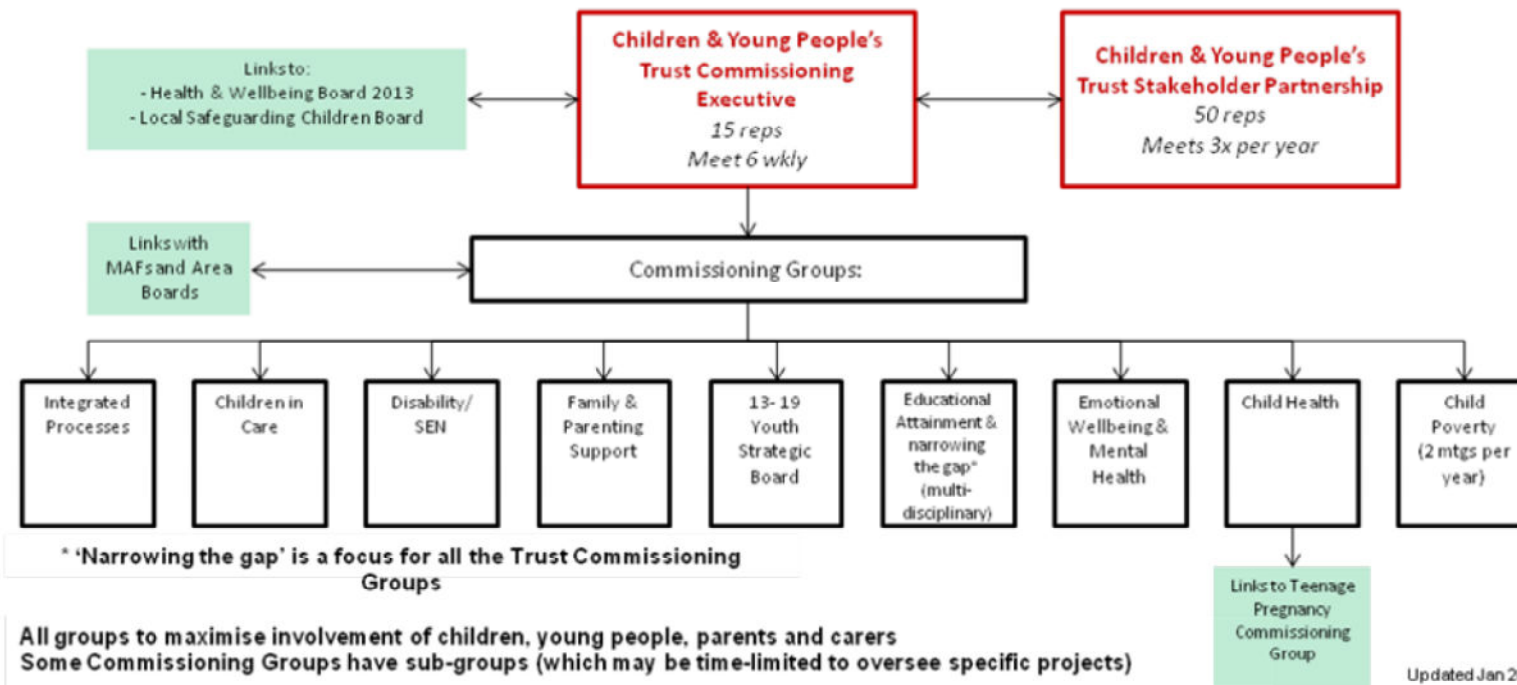
Wiltshire Children & Young People's Trust

*To improve outcomes for children & young people in Wiltshire
and to promote and support resilient individuals, families and communities.*



Wiltshire Children & Young People's Trust Arrangements

The revised Children's Trust governance arrangements will lead to more involvement of agencies working with children and young people and to a stronger focus on commissioning. This will be underpinned by the participation and involvement of children, young people, parents and carers.



Wiltshire Council

Health and Wellbeing Board

21 November 2013

Wiltshire's Autism Self Assessment

Executive Summary

The Department of Health (DoH) is currently leading a formal review of progress against the Adult Autism Strategy. Local authorities were contacted and asked to take forward a second self assessment exercise and submit this to the DoH as part of the review.

The report outlines the findings of that assessment.

Proposal(s)

The Health and Wellbeing Board is asked to confirm a commitment to the direction that the Wiltshire Autism Partnership is taking.

Reason for Proposal

As part of the DoH review process Health and Wellbeing Boards are expected to discuss the second self assessment submitted by the end of January 2014.

James Cawley

**Associate Director, Adult Care Commissioning, Safeguarding and Housing
Wiltshire Council**

Agenda Item 14

Wiltshire Council

Health and Wellbeing Board

21 November 2013

Wiltshire's Autism Self Assessment

Purpose of Report

- 1.1 The Department of Health is currently leading on a formal review of progress against the 2010 Adult Autism Strategy "Fulfilling and Rewarding Lives" to assure itself that Local Authorities and the NHS are making progress and to assess whether the objectives of the Strategy remain fundamentally the right ones.
- 1.2 Wiltshire Autism Partnership has submitted a self assessment which will be published in full on line (see Appendix 1). The Department of Health will review the returns and the strategy will be revised as necessary by April 2014.
- 1.3 As part of the process, there is an expectation that the self assessment is discussed by the local Health and Well Being Board by the end of January 2014 to provide evidence for local planning and health needs assessment strategy development and to support local implementation work.

Background

- 2.1 The Adult Autism Strategy 'Fulfilling and Rewarding Lives' was published in 2010. It is an essential step towards realising the Government's long term vision for transforming the lives of and outcomes for adults with autism. The Department of Health is the lead policy department for the Strategy but with delivery shared across a range of government departments and agencies, and local health and social service providers.
- 2.2 The Autism Strategy has five areas for action aimed at improving the lives of people with autism:
 - increasing awareness and understanding of autism
 - developing clear, consistent pathways for diagnosis of autism;
 - improving access for adults with autism to services and support
 - helping adults with autism into work; and
 - enabling local partners to develop relevant services
- 2.3 The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

- 2.4 Wiltshire has in place a 'Joint Commissioning Strategy for Adults with Autism in Wiltshire' and a 'Joint Implementation Plan'. (<http://www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/disabilities.htm>).
- 2.5 Wiltshire's Strategy and Implementation Plan are overseen by the Wiltshire Autism Partnership, and the Board meets every 10 weeks. Within Children's Services there is a Wiltshire Multi-Agency Autism Strategy Group. There are two common members of both Boards to ensure close working, sharing of ideas and issues and to avoid duplication.

Relevance to the Council's Business Plan

- 3.1 The work to ensure that the Autism Strategy is delivered in Wiltshire fits within one of Wiltshire Council's key priorities and one the top 12 key actions to meet those priorities, namely, "to protect those who are most vulnerable".

Main Considerations for the Council

- 4.1 There is some good progress in Wiltshire that has been highlighted by the self assessment:
- 4.2 **Autism Awareness campaign.** This campaign has been highlighted by the National Autistic Society as an example of good practice. (<http://www.autism.org.uk/working-with/autism-strategy/south-west-autism-strategy/examples-of-good-practice.aspx>). The purpose of this campaign has been to raise awareness of autism and show how autism affects people in different ways so a person's actions and behaviours are understood in Wiltshire communities. It has been a yearlong campaign to raise awareness of autism and has included a poster campaign, road shows, talks at Area Board meetings, radio interviews, twitter and a local press interview. As the campaign comes to a close the Autism Partnership will be considering how to maintain the momentum for autism awareness.
- 4.3 **Autism Diagnostic Service.** Since September 2012 Wiltshire adult residents now have access to local diagnostic services (funded through the CCG). The average wait for diagnosis is 4 weeks, and no longer than 6 weeks. In the last year 113 people have been diagnosed – this activity is higher than was expected.
- 4.4 **Training.** A training programme (for 900 professionals) and an Elearning package have been specifically commissioned for training (funded by Wiltshire Council). Although this training programme has come to an end, further training is being planned. Autism awareness training is also included in the adult social care induction programme.
- 4.5 **Employment.** Wiltshire Council has funded two autism specific job coaches who support and job coach individuals but also work with employers to promote the value of employing someone with autism.
- 4.6 There continues to be some areas that need further development:

Agenda Item 14

- 4.6.1 **Low level social support.** There is a lack of autism specific information, advice, befriending and social support available to people with autism who are not eligible for services but who find themselves isolated and lacking direction and advice. Wiltshire Council is currently offering a grant to an organisation to facilitate a social support group in Salisbury and then to look together at how this provision could be funded to extend across Wiltshire. The provision of low level support has been identified as a need by people with autism and needs to be further developed.
- 4.6.2 **Post diagnostic support.** Post diagnostic support is currently limited and there is a lack of more extended formal post diagnostic support, particularly for people with complex needs who do not have a learning disability, and also support for carers/families. This support needs to link in to mental health services. As diagnostic activity has been higher than expected in the first half of 2013/2014, it has not yet been possible to extend this support, however as soon as budgets allow the CCG hopes to improve this.
- 4.6.3 **Consultation/engagement.** Wiltshire Council has recently awarded a grant to the National Autistic Society to run 5 Autism Forums a year, for 2 years, to enable people with autism to raise issues and concerns with the Autism Partnership and work together in finding solutions and in decision making. This Forum needs to develop to engage with as many people as possible, and also to consider how the Partnership can work with families and carers too.

Safeguarding Implications

5. Progress made towards fulfilling the aims of the Autism Strategy, particularly in raising awareness of autism and training of professionals, will improve how people with autism are safeguarded from harm.

Public Health Implications

6. With full integration into the Council, the Public Health team is now well placed to work with the Wiltshire Autism partnership to ensure that the correct data is captured for on-going monitoring of implementation of the strategy. There are a number of areas where Public Health can be working more closely with the Partnership to ensure that best practice and up-to-date evidence is used to underpin delivery, and we look forward to a closer working relationship in future.

Environmental and Climate Change Considerations

7. N/A

Equalities Impact of the Proposal

8. Progress made towards fulfilling the aims of the Autism Strategy will:
- promote inclusion and cohesive communities
 - improve employment opportunities

- show a commitment to not discriminating against people with autism in the way services are provided

Risk Assessment

9. There is a risk of legal challenge to Wiltshire Council and Wiltshire CCG if there is not an Autism Strategy in place.

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

10. N/A

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

11. N/A

Financial Implications

12. There will be a financial impact on Wiltshire Council and Wiltshire CCG in delivering the Autism Strategy, particularly in the extension of post diagnostic services and low level preventative support. However, without timely support, some people with autism are eventually accessing very expensive acute services, whereas the right support earlier in their lives could have produced both better outcomes for the individuals and have less of a financial impact. At this time it isn't possible to clarify the full financial implications involved, however further detailed reports will be considered by Wiltshire Council and Wiltshire CCG.

Legal Implications

13. Section 47 of the NHS and Community Care 1990 imposes a duty to assess the needs of any person for whom the authority may provide or arrange the provision of community care service and who may be in needs of such services.

It is advised that consultation takes place with the providers of the diagnostic service and the CCG, as to what process will be followed, in the event that a person who has received a positive diagnosis not have the capacity, even with appropriate signposting, to make a self-referral for a community care assessment.

If the Government issues a revised Autism Strategy in Spring 2014 this can be considered for further legal implications.

Options Considered

- 14 One option is to not have a Wiltshire Autism Strategy; however that option has not been considered to be appropriate.

Agenda Item 14

Conclusions

15. The Health and Wellbeing Board are asked to consider the report and attached self assessment, and confirm a commitment to the direction that the Wiltshire Autism Partnership is taking.

James Cawley

**Associate Director, Adult Care Commissioning, Safeguarding and Housing
Wiltshire Council**

Report Author:

Emma Townsend

Contracts and Commissioning Lead, Specialist Commissioning Team, Adult Care and Housing

emma.townsend@witshire.gov.uk

6th November 2013

Appendices

Appendix 1 - Wiltshire's 2013 Autism Self Assessment

Appendix 2 - 2013 Autism self assessment questions with RAG rating definitions



Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

Comment

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
 No

If yes, how are you doing this?

We are a member of the South West Regional Autism Partnership Group. We attend meetings to share good practice and ideas and contribute to regional events. Earlier in 2013 we also completed a south west benchmarking exercise, led by the National Autistic Society, again to identify good practice models around the region, share challenges and how those challenges have been overcome.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

*George O'Neill - Head of Specialist Commissioning & Safeguarding Adults
george.o'neill@wiltshire.gov.uk*

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

There is comprehensive information in Wiltshire's JSA about autism, what autism is, national and local data, links to Wiltshire's Autism Strategy and information about services.

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

Data is being collected and shared although there are still gaps in methods of recording.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- Yes
 No

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

We collect data on those people with a diagnosis of autism meeting eligibility criteria and receiving services:

Total number = 361

Number who also have a learning disability = 317

Number who also have mental health problems = 0

Wiltshire's mental health social care staff have until recently been using a database that hasn't collected the information required above, however this will improve in the future as they now use a data base that does collect this information

7. Does your commissioning plan reflect local data and needs of people with autism?

- Yes
 No

If yes, how is this demonstrated?

Wiltshire has published a Joint Autism Commissioning Strategy and Implementation Plan that details local data (and prevalence data and needs) and a Consultation document that details what people with autism said was important to them:

www.wiltshire.gov.uk/healthandsocialcare/disabilities.htm

8. What data collection sources do you use?

- Red
 Red/Amber
 Amber
 Amber/Green
 Green

Comment

For young people, data is collected from paediatricians and CAMHS. School and social care data is less robust as autism may not be a child's primary need and may not be recorded (please note Children's services work with people from age 0-25 years).

Adult social care services use a database called Care First to collect data about people with autism. The information depends on primary and secondary 'classifications' being recorded.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red
 Amber
 Green

Comment

A CCG Service Improvement Manager is a member of the Autism Partnership Board.

10. How have you and your partners engaged people with autism and their carers in planning?

- Red
 Amber
 Green

Please give an example to demonstrate your score.

In 2011/2012 consultation meetings resulted in a Consultation document being published.

Wiltshire holds an Autism Forum before each Partnership Board meeting. This is open for any adult with autism to attend and discuss issues with each other and then present issues and ideas to the Board as there is an overlap of the two meetings. This structure has evolved over time to strengthen the involvement and level of representation in the strategic planning processes to ensure continuous involvement. People can also input to the forum via email etc if they can't attend in person. Wiltshire Council funds the facilitation of this forum by a grant.

Children's services (working with 0-25 age range) carried out a multi agency service review in 2012 which involved wide consultation with parent carers and children and young people with autism. A young adult with autism represents other service users on the Children's Multi Agency Strategy Group.

Wiltshire has a strong history of partnership working with parent carers who are represented on all boards.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red
 Amber
 Green

Please give an example.

There is a clear policy that where possible generic services will support people with autism rather than create autism specific services. Examples of how this is being achieved are through training programmes (e-learning and courses) for a wide range of professionals (social workers, police, support workers, GPs etc); a Professional Forum where Autism Leads in teams meet to share experience and support; and an extensive autism awareness campaign.

Wiltshire's education and health services have a strong track record of working to upskill mainstream settings to accommodate the needs of children and young people with language and communication difficulties. Training programmes are promoted and offered to staff in schools and other settings. Settings where training has taken place will be identified in Wiltshire's local offer of provision for SEND children and young people (0-25 age range)

12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes
 No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

Since April 2013 Wiltshire has extended its Children's Social Care Service to work with young people to the age of 25, or stability. Transitions into adult care will happen on an individual basis at the point of stability for each young person allowing for consistency of planning and support during young adulthood.

13. Does your planning consider the particular needs of older people with Autism?

- Red
 Amber
 Green

Comment

The particular needs of older people with autism has not been considered separately to the consultation programmes mentioned above (in Q10)

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

A training programme (for 900 professionals) and e-learning package have been specifically commissioned for awareness and intermediate levels (based on 'Skills for Care/Skills for Health/NAS guidance' and local information) and made available for social care, health and voluntary organisation staff etc. Self advocates with autism were involved in the design of the training programme via a planning day and via feedback from the Autism Forum.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

A training programme (for 900 professionals) and e-learning package have been specifically commissioned for awareness and intermediate levels (based on 'Skills for Care/Skills for Health/NAS guidance' and local information). All participants completed evaluation forms which are collated and are then contacted again to find out how the training has improved their practice. The training programme covered two levels; Awareness - by e-learning or 2 hour face to face session Intermediate - 1 day face to face course. Both levels include content on making adjustments in approach and communication. Re Specialist level of training - there is a Wiltshire Autism Professional Group to develop a hub of professionals with more specialist knowledge to underpin the other training tiers and explore the need for additional specialist training. New workers in adult social care attend a 12 day induction (over 12 weeks) with covers National Common Induction Standard (Skills for Care) and what new workers need to know in Wiltshire. The programme includes person centred approaches, communication, and autism is included specifically.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

Yes but training in the CCG is in the early stages.

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

There is a representative from the Community Safety Partnership on the Autism Partnership Board.
 All Criminal Justice services have had access to the commissioned training programme and e-learning mentioned above, including police custody staff. This includes awareness and intermediate level training.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

9

Year (Four figures, e.g. 2013)

2012

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

4

Comment

4 weeks is the average wait over three providers. Waiting lists do not exceed 6 weeks.

22. How many people have completed the pathway in the last year?

113

Comment

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- Yes
 No

Comment

With support from Wiltshire Council

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
 b. Specialist autism specific service

Please comment further

There is a choice for people of 3 providers. 2 are integrated with mainstream statutory services and the third is an independent specialist autism specific service

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- Yes
 No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

*No - the individual's GP is notified of the diagnosis.
The diagnostic service would provide advice, information and signposting. This would include how to self refer for a community care assessment.*

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

*Within the diagnostic pathway, 2 sessions of post diagnostic support are offered.
There is one established group offering social support. The Autism Partnership Board is looking at how to fund and extend this provision across Wiltshire.*

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

2723

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

6

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

70

Comment

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes

No

If yes, please give details

There is one phone number to access Adult Social Care in Wiltshire, answered by Customer Advisors. They have had access to the training programme and are able to offer information and signpost people with autism to appropriate services and organisations. This is a generic service, not an autism specific service.

A central information point has been created via the Wiltshire Council website to provide key information specifically around autism.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

Yes

No

If yes, please give details

The route for accessing social care is clear. Wiltshire Council's Adult Care Locality Teams have had access to the training programme and would undertake community care assessments for people with autism but without a learning disability. Within each of those teams is an Autism Lead that links to the Autism Professionals Forum if specialist support/advice is needed.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

Red

Amber

Green

Comment

Advocates have been offered training as part of the training programme.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
 Amber
 Green

Comment

Local advocacy services are accessing training but not developing their own training.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

*There are some existing services in place which are not exclusively for people with autism but do support and include people with autism well (eg travel training, community connecting, carers support).
 There is a social support group for people with autism in Salisbury. The Autism Partnership Board is looking at how to fund and extend this provision across Wiltshire.*

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

A central information point has been created via the Wiltshire Council website to provide key information. Newsletters are widely disseminated which publish key information and website links.

Some generic services support people with autism well (e.g. travel training, community connecting).

There are specialist supported living and residential care home services.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

It is no longer a statutory requirement to have a Housing Strategy. Wiltshire therefore hasn't got a formally adopted housing strategy covering all adults.

However there is a Housing Strategy for 16-25 years olds which specifically includes young adults with autism.

We have limited information in this area on current and future demand and on confirmation of what is needed in the future when it comes to specific accommodation needs but we are adapting our customer database to enable this information to start being collected.

We have providers on our Supported Living Framework working with adults with autism in different supported living arrangements.

There is residential care provision for people with autism in Wiltshire.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

Wiltshire has 2 autism specific job coaches within the Wiltshire Supported Employment Team (WEST). WEST works with local employers to promote the value of recruiting people with autism. They also support and job coach on an individual basis. Representatives of the Wiltshire Autism Partnership have attended 'business breakfasts' to promote the employment of people with autism.

A wider awareness campaign of the benefits of employing people with disabilities is planned for 2014 using leaflets, posters and a locally made DVD.

There is a representative from Job Centre Plus on the Autism Partnership Board.

The Rotary is working on an Employer Autism Awareness Accreditation Scheme, as a result of an Autism Awareness Workshop this year in March, where the Wiltshire Autism Partnership was involved.

36. Do transition processes to adult services have an employment focus?

- Red
 Amber
 Green

Comment

Wiltshire is a pathfinder authority for the Government's Green Paper 'Support and Aspiration' and as such has been using an education, health and care plan (in Wiltshire known as 'My Plan') with SEND young people as they prepare for adulthood. From age 14 onwards planners are focusing on long term life outcomes of employment, community inclusion and independent living.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
 Amber
 Green

Comment

A member of the Community Safety Board sits on the Autism Partnership Board as a representative of the CJS.

The Autism Alert card is promoted and used across Wiltshire.

A number of partners, including the Police, Victim Support, Wiltshire Council, Pub Watch, have set up Safe Places in Salisbury and Devizes as pilots, for eventual roll out across Wiltshire.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

Self-advocate story one

Question number

111629

Comment

This story relates to questions 11, 16 and 29. Over the past 18 months A, who lives in a care home, has been using the services provided by Wiltshire Council to enable him to progress forward in a number of areas, and provide a stepping stone to enable him to enhance his life. This is both in a practical sense, and as a positive emotional tool to aid A to gain greater confidence.

There have been a number of factors which have been important in A's life, and the main core of this has been the pro-active stance of A's allocated social worker. It is through them that A has been able to establish a voice, not only within the environment where A resides, but also within the wider community. At the time when A's social worker was allocated he was at a vulnerable point in his life, and it is through the support provided that A was able to feel safe and secure in his environment, and then able to achieve beyond the boundaries of where he lives. This has been through attending a conference for Autism, and being given the opportunity to provide a video documentary for the invited audience. Also through the social worker's work there has been the opportunity to establish a relationship with the local college, with the view to assisting in various projects in future.

There has also been significant input from the transition to employment team (WEST), who although as yet have not been able to move A into employment, have been able to provide support in the creation of CV's and information on what is needed to find meaningful employment.

During the period where Wiltshire Council has been working alongside A, they have also been through a safeguarding process. Whilst this process was being conducted, A was made to feel that he was meaningful within the process, and that his views were an important component in the conclusions and action points raised. This further empowered A, and it has been noticeable that he has used this, along with all the other support, to enable him to find his own voice.

Self-advocate story two

Question number

3536

Comment

This story relates to questions 35 and 36. In April 2013 Wiltshire Gazette and Herald interviewed a young man with autism about his experience with work - it was a 2 page spread in the local paper. The young man described some of the challenges he faces with managing change and anxiety and also explained that he works full-time. He was supported to get his job by the Wiltshire Supported Employment Team, WEST. WEST provided a job coach and his employer provided a buddy. In the article he described the difference that gaining a job had made to his life - he had felt bored and useless but now feels focussed and 'pretty good about his life'. In the article his dad gives some top tips for parents of autistic children. The article formed part of the Board's Autism Awareness campaign.

Self-advocate story three

Question number

32

Comment

- * Service user who was assessed aged 23 with Asperger syndrome about five years ago.
- * He had attended university but due to problems had not managed to complete his computer course. Problems were to do with social interaction.
- * Following assessment and diagnosis he joined support group. Had been living in parents' house in total isolation so group was his first social contact in years.
- * Group gave him purpose and he would save money each week to allow himself to pay for activity with group
- * His confidence grew and with support from group members and facilitator he applied to the company he had done his school work experience with and gained a job 3 days a week
- * This job was partly done at home and part in the office to suit his needs
- * He started cycling again to access job
- * He increased to four days a week but eventually after nearly a year decided that working in this form of team was too stressful due to having to communicate with customers
- * He did however discover what he was able to do which also included being able to go to a staff canteen
- * He has now decided he would be better working for himself from home.
- * The attending of the group has allowed him to contribute to the Wiltshire strategy (by email) and to be included in the delivery of the awareness training and have this as an additional paid job.
- * He has now taken on the role in the group of encouraging shy quiet people like himself and is currently helping a young man who would talk to nobody to come out of himself by teaching him an old board game called "GO". This chap has then gone on to learn more about it online and they now have this interest in common and play each time they meet and have started to email each other.
- * He is still socially isolated but his confidence has grown and he even had a few dates with a girl he met online having found the skill to meet others and to succeed

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.**Can you confirm that the two requirements for the process to be complete have been met?****a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?** Yes**b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?** Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.**What was the date of the meeting of the Health and Well Being Board that this was discussed?**

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

This page is intentionally left blank

DRAFT

The 2010 Adult Autism Strategy : Evaluating Progress in Local Authority areas

Note comments may be positive or negative

The second national self assessment exercise

Initial questions on features of the local authority area								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
1	How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?	Number	Yes					
2	Are you working with other local authorities to implement part or all of the priorities of the strategy?	Yes/No	If yes, how are you doing this?					

Planning								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
3	Do you have a named joint commissioner/senior manager responsible for services for adults with autism?	Yes/No	If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.					
4	Is Autism included in the local JSNA?	RAG	Comment	No.		Steps are in place to include in the next JSNA.		Yes.
5	Have you started to collect data on people with a diagnosis of autism?	RAG	Comment	Data recorded on adults with autism is sparse and collected in an ad hoc way.		Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services.		Have you an established data collection sharing policy inclusive of primary care, health provision and adult social care.
6	Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any) If so, what is 1. the total number of these people? 2. the number who are also identified as having a learning disability, and 3. the number who are identified as also having mental health problems?	Yes/No 3 Numbers	Comment					
7	Does your commissioning plan reflect local data and needs of people with autism?	Yes/No	If yes, how is this demonstrated?					

8	What data collection sources do you use?	RAG	Comment	No work underway.	Collection of limited data sources.	Have made a start in collecting data and plan to progress.	Have started to collect data and while not comprehensive, feel that it is an accurate reflection.	Information from GPs, Schools or Local Education Authority, voluntary sector, providers, assessments and diagnosis are all collected and compared against the local population prevalence rate.
---	--	-----	---------	-------------------	-------------------------------------	--	---	---

Planning (cont)								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
9	Is your local CCG or CCGs (including the Support Service) engaged in the planning and implementation of the strategy in your local area?	RAG	Comment	None or Minimal engagement with the LA in planning and implementation.		Representative from CCG and / or the Support Service sits on autism partnership board or alternative and are in regular liaison with the LA about planning and implementation.		CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level.
10	How have you and your partners engaged people with autism and their carers in planning?	RAG	Please give an example to demonstrate your score.	Minimal autism engagement work has taken place.		Some autism specific consultation work has taken place. Autism Partnership Group is regularly attended by one person with autism and one parent/carer who are meaningfully involved.		A variety of mechanisms are being used so a cross section of people on the autistic spectrum are meaningfully engaged in the planning and implementation of the Adult Autism Strategy. People with autism are thoroughly involved in the Autism Partnership Group.
11	Have reasonable adjustments been made to everyday services to improve access and support for people with autism?	RAG	Please give an example.	Only anecdotal examples.		Clear council policy covering statutory and other wider public services.		Clear council policy and evidence of widespread implementation.
12	Do you have a Transition process in place from Children's social services to Adult social services?	Yes/No	If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.					

Planning (cont)								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
13	Does your planning consider the particular needs of older people with Autism?	RAG	Comment	No consideration of the needs of older people with autism: no data collection; no analysis of need; no training in older people's services.		Training in some but not all services designed for use by older people, and data collection on people over-65 with autism.		Training inclusive of older people's services. Analysis of the needs of population of older people inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made.

Training								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
14	Have you got a multi-agency autism training plan?	Yes/No	No Comment option					
15	Is autism awareness training being/been made available to all staff working in health and social care?	RAG	Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.	Historical workforce training data available from statutory organisations on request. Not yet devised an autism training plan/strategy.		Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.		Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address. Autism training plan/strategy published.
16	Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?	RAG	Comment	No specific training is being offered		At least 50% of assessors have attended specialist autism training.		More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, ie applying FACs, NHS Community Care Act.
17	Have CCGs been involved in the development of workforce planning and are GPs and primary care practitioners engaged included in the training agenda?	Yes/No	Please comment further on any developments and challenges.					

Training (cont)								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
18	Have local Criminal Justice services engaged in the training agenda?	Yes/No	Please comment further on any developments and challenges.					

Diagnosis led by the local NHS Commissioner								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
19	Have you got an established local diagnostic pathway?	RAG	Please provide further comment.	No local diagnosis service planned or established. No clear transparent pathway to obtaining a diagnosis for Adults identified and only ad-hoc spot purchasing of out of area services. NICE guidelines are not being followed.		Local diagnosis pathway established or in process of implementation / sign off but unclear referral route. A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied.		A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within 6 months. NICE guidelines are considered within the model
20	When was the pathway put in place?	Year Month	Comment					
21	How long is the average wait for referral to diagnostic services?	Number (Weeks)	Comment					
22	How many people have completed the pathway in the last year?	Number	Comment					
23	Has the local CCG/support services taken the lead in developing the pathway?	Yes/No	Comment					

Diagnosis led by the local NHS Commissioner (cont)								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
24	How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?	Radio button: 1. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis 2. Specialist autism specific service?	Please comment further.					
25	In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?	Yes/No	Please comment, ie if not who receives notification from diagnosticians when someone has received a diagnosis?					
26	What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?	Comment question						

Care and support								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
27	Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?	Question requires three numbers: 1. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget 2. Number of those reported in 1 who have a diagnosis of Autism but not learning disability 3. Number of those reported in 1 who have both a diagnosis of Autism AND Learning Disability	Comment					
28	Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?	Yes/No	Comment: if yes, please give details					

29	Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?	Yes/No	Comment: if yes, please give details					
30	Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?	RAG	Comment	No programme in place.		Programme in place, not all advocates are covered.		Programme in place, all advocates are covered.
31	Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?	RAG		No.		Yes. Local advocacy services are also developing training in autism.		Yes. There are mechanisms in place to ensure that all advocates working with adults with autism have received specialist autism training.
32	Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?	Yes/No	Provide an example of the type of support that is available in your area.					

Care and support								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
33	How would you assess the level of information about local support in your area being accessible to people with autism?	RAG	Comment	Minimal choice of appropriate local provision and where required local care and support services. Database of universal and autism specific services is out of date.		Some existence of low level, preventative services such as befriending/mentoring, advocacy, social groups, outreach, activity groups, and access to therapies and counselling (ie IAPT primary care mental health services). Database of universal and autism specific services has known gaps.		Accessible information available on the range of autism accessible support services such as befriending/mentoring, advocacy, social groups, outreach, activity groups, and carer's support. There is a progressive level of support dependant of the needs of the individual who happens to have autism. More specialist services accessible to meet their needs with autism for those who needs it from advocacy to high level services Housing & Accommodation

Housing & Accommodation								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
34	Does your local housing strategy specifically identify Autism?	RAG	Comment	No mention of Autism within the local housing strategy. No range of options available to meet the broad needs of someone with a diagnosis of Autism. No data available on individual housing needs and usage of different housing services.		Universal housing strategy details needs of people with disabilities, autism not specifically referenced. Minimal current and historic data availability on individual housing needs and usage of different housing services.		Autism accessible housing detailed in universal housing strategy. A range of housing and accommodation options available to meet the broad needs of people with autism including universal housing supported living, residential care, etc. Using data to inform future planning, of accommodation and housing needs.

Employment								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
35	How have you promoted in your area the employment of people on the Autistic Spectrum?	RAG	Comment	No work in this area has been provided or minimal information not applied to the local area specific to Autism. Local employment support services are not trained in autism or consider the support needs of the individual taking into account their autism. Local job centres are not engaged.		Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres.		Autism is included within the Employment or wordlessness Strategy for the Council / or included In a disability employment strategy. Focused Autism trained Employment support. Proactive engagement with local employers specifically about employment people with autism including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to work.
36	Do transition processes to adult services have an employment focus?	RAG	Comment	Transition plans do not include specific reference to employment or continued learning.		Transition plans include reference to employment/activity opportunities.		Transition plans include detailed reference to employment, accesses to further development in relation to individual's future aspirations, choice and opportunities available.

Criminal Justice System (CJS)								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
37	Are the CJS engaging with you as a key partner in your planning for adults with autism?	RAG	Comment	Minimal or no engagement with the CJS.		Discussions with the CJS are underway, including training of the police and wider CJS and inclusive of the use of alert cards. Representative from CJS sits on autism partnership board or alternative.		People with Autism are included in the local work of local diversion team's from CJS. Representative from CJS regularly attends meetings of autism partnership board or alternative. Alert card or similar scheme in operation. Police training in place.

Optional Self-advocate story								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
38	Self-advocate stories. Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.	Questions relevant to: (list of numbers)	Story					
39	Self-advocate stories. Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.	Questions relevant to: (list of numbers)	Story					

Optional Self-advocate story								
Qnum	Areas of Questioning	Qtype	Comment option (Yes/No or prompt text)	Red	Red/Amber	Amber	Amber/Green	Green
40	Self-advocate stories. Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.	Questions relevant to: (list of numbers)	Story					
41	Self-advocate stories. Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.	Questions relevant to: (list of numbers)	Story					
42	Self-advocate stories. Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.	Questions relevant to: (list of numbers)	Story					

This page is intentionally left blank