

WILTSHIRE HEALTH AND WELLBEING BOARD

MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 16 JANUARY 2014 AT LECTURE HALL 1, ACADEMY ENTRANCE, GREAT WESTERN HOSPITAL, MARLBOROUGH ROAD, SWINDON, WILTSHIRE SN3 6BB.

Present:

Cllr Jane Scott (Chairman and Leader of the Council), Dr Stephen Rowlands (Vice Chairman and CCG Chairman), Dr Toby Davies (CCG Chair of SARUM Group), Christine Graves (Healthwatch Wiltshire), 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), Dr Helen Osborn (CCG Chair of WWYKD Group), Dr Gareth Bryant (Wessex Local Medical Committee), Chief Executive Salisbury Hospital FT (Peter Hill), Maggie Rae (Wiltshire Council Corporate Director), Deborah Fielding (CCG Chief Officer), Simon Truelove (CCG Chief Accountable Officer), Julie Hankin (Avon and Wiltshire Mental Health Partnership (AWP)), Chief Executive Great Western Hospital (Nerissa Vaughan).

Also Present:

Mike Veale (Deputy Chief Constable), Geoff Shone (NHS England), Laurie Bell (Wiltshire Council Associate Director), David Bowater (Wiltshire Council Senior Corporate Support Officer), James Cawley (Wiltshire Council Associate Director), Julia Cramp (Wiltshire Council Associate Director), Robin Townsend (Wiltshire Council Associate Director).

1 Chairman's Welcome, Introduction and Announcements

The Chairman welcomed all to the meeting and drew the Board's attention to Item 5 on the agenda (Whole System Approach to Better Care). This item would be the main focus of discussion at the meeting, noting the guidance published by ministers on the Better Care Fund (formerly known as the Integration Transformation Fund) and taking into consideration the requirement for HWBs to submit a first cut of a completed Better Care Plan template by 14 February 2014.

Noting that the next meeting of the Board was not scheduled to take place until March, Board members would be asked at the end of the presentations being made under Item 5 to consider the most appropriate approach to approving the draft Better Care Plan.

2 Apologies for Absence

Apologies for absence were received from:

Patrick Geenty (Wiltshire Police)
Debra Elliott (NHS England)
Carolyn Godfrey (Wiltshire Council)

3 **Minutes**

The minutes of the previous meeting held on 21 November 2013 where approved and signed as a correct record.

4 **Declarations of Interest**

There were no declarations of Interest received.

5 **Whole System Approach to Better Care**

In June 2013 the Department of Health announced £3.8billion worth of pooled budgets between health and social care for councils and local NHS organisations to jointly plan and deliver better integrated care and support services. This is known as the Better Care Fund (formerly Integration Transformation Fund)..

To further encourage this change in service delivery the Department of Health announced in December 2013 that a further £200m would be added to the pool for the transfer from health to social care in 2014/15, which is in addition to the transfer of £900m already planned from NHS to adult social care. The Department of Health has called on all areas to start planning now, with a view to having draft plans in place by February 2014.

Guidance on the preparation of these plans included that Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template (an integral part of the CCG's Strategic and Operational Plan) by 14 February 2014, with a revised version to be submitted to NHS England by 4 April 2014.

To ensure a coordinated approach to the preparation of the Plan, the Board requested that presentations be made from key partners to start the Board thinking about how the draft Plan could be progressed.

The presentations relating to a whole system approach to Better Care can be found attached to these minutes and included the following.

An introduction to Better Care by the Leader of the Council and Chairman of the Board, Cllr Jane Scott. This covered:

- The need for an integrated care and support structure to be in place within the next 5 years.
- That future care provision should be person centred co-ordinated care delivered locally where possible.

- Challenges to be addressed included changing demographics within the local area (20% of the population were aged 65 and over and this was expected to increase to 22.5% by 2021); disjointed information sharing with health and social care professionals and a focus on intervention and treatment, rather than prevention.
- The outcome of the Care Bill proceeding through parliament at present was awaited.
- Changes that would be required to the current service, involved:
 - Services designed for the people who use them;
 - Joined up and streamlined services
 - Encouragement for people to take responsibility for their own health and wellbeing;
 - Local health services led by local GPs.
- Next steps included a joint Plan agreed and signed by the Board.
- 25% of the Better Care fund would be subject to achieving performance outcomes, i.e. addressing delayed transfer of care, emergency admissions and admissions to residential and nursing homes. It was likely that at least one local indicator would be provided by central government but further details on this were still awaited.

It was the desire of the Chairman that the resulting draft Plan include all the key requirements of partners with an aim for it to be one of the best Plans in the country.

Michael Hudson (Wiltshire Council) and Simon Truelove (CCG) provided a presentation relating to finances, this included:

- The average cost of an acute bed was £240 per day, with an average length of stay of 11 days.
- The average cost of a care home placement equated to approx £30,000 per annum with an average length of stay estimated to be just under 3 years.
- The Better Care Fund for Wiltshire was expected to be approx £27m. Details of the make up of this fund was provided in the presentation and included a 3% top slice from CCG budgets.
- As indicated earlier in the presentation 25% was expected to be held back and paid based on performance. This equated to approx £6m.
- Details of the areas that current resources funded were provided.

Maggie Rae (Wiltshire Council) provided a brief presentation on the Care Bill. This included:

- The Bill was expected to proceed through parliament in the Spring and required the Council to promote individual wellbeing, providing information and advice to help reduce the care and support needs of adults and carers, promote integration and develop the local care workforce.
- The Dilnot Commission, the findings of which were incorporated within the Bill, requires all stakeholders to think about the function of social care in the

future noting that more individuals were likely to be eligible for financial support.

- The Bill proposes major changes to assessment, eligibility and support planning. Once through parliament the safeguarding of adults would be on the same statutory footing as children's safeguarding. The Council would therefore have a statutory duty to carry out certain functions. A 'duty of candour' rested with the Council which required the authority to step in where serious failings were identified. This extended to all providers, not just those funded by the authority.
- The Better Care Fund was understood to incorporate funds to deal with any changes made in the Care Bill but there were concerns that the sum allocated may be significantly lower than what was required.

Deborah Fielding (CCG) gave a presentation on the CCG 5 year plan which included the following:

- The CCG, Wiltshire Council and NHS England were already working together to develop a strong strategic approach to future care provision.
- To continue with engagement several workshops were taking place, the first of which had a commission focus.
- A further workshop to help define a clearer model including consideration of the Better Care Plan would be taking place on 6 February.
- Key design principles included:
 - Individuals taking responsibility for their own healthcare;
 - A high quality affordable system; and
 - Care delivered in the most appropriate setting close to home wherever possible.
- The key components of the 5 year Plan had already been identified with 7 priorities for 2014/15 agreed as:
 - Planned Care Pathways
 - Optimising the existing community teams
 - Long Term Conditions
 - Urgent Care
 - End of Life
 - Rapid Response
 - Early Supported Discharge
- The 5 year plan was segmented into 3 parts; namely children, adults of working age and the elderly. This was in line with the lifetime approach identified within the Health and Wellbeing Strategy.

Julia Cramp (Wiltshire Council) gave a presentation on childrens' services which included:

- A continued aspiration for integrated services allowing for the best outcome for children.

- The diagram provided (which could be found in the attached presentation) showed the 'triangle' of population against need and demonstrated how those with more specific care needs incurred the greater cost.
- The Joint Children's Trust/WSCB Early Help Strategy, which it was hoped would soon be signed, included the following priorities:
 - Ensuring the best start in life
 - Gaining the right skills to begin school
 - Being ready for adult life
 - Develop a family based approach to early help
 - Develop effective processes to access early help
- Details of legislative requirements arising in relation to SEN and disability reforms contained within the Children and Families Bill (expected to be implemented by September 2014) were highlighted. These included:
 - Better choice (including implementation of personal budgets)
 - Introduction of an agreed assessment process
 - Mandatory joint commissioning
 - Requirement for local authorities to publish a 'local offer' covering education, health and social care
 - CCG to appoint Designated Health Officer to meet statutory responsibilities.
- The Pathfinder project in Wiltshire ensured that work was already underway in this area. Discussions would now take place with CCG Directors.
- The Pathfinder project has helped local partners in reaching better integration ahead of its neighbours.

Feedback from the Stakeholder event which took place on 14 January was provided, further details of which are included within the attached presentation and included:

The Key principles identified:

- Responsive care in the community
- Not just person centred but people empowered care
- Integration
- Effective co-ordination.

The resulting Better Care Plan would be fully operational from 2015/16. However, the CCG had already made a commitment to address integration in the forthcoming year. It was hoped that a focused approach to bringing integration plans together would come via dedicated officer support in the short term.

There was an understanding on the difficulties faced by all partners in delivering existing services with a decreasing budget.

It would be inevitable that some services would be affected but the emphasis should remain on choosing the right pathway to deliver the right outcome.

The vision for future provision included an emphasis on preventative rather than reactive healthcare. The £27m allocation would help drive that change.

On further discussion relating to the performance related portion of the funding, clarification was made that this would not be withheld should the target not be met but there was no guaranteed of this beyond 2015/16.

Noting the key priorities identified at the stakeholder event on 14 January, the Board were asked to divide into smaller groups to discuss the Plan further and to consider what they felt the priorities should include.

Feedback included:

- Prevention was key in tackling drug and alcohol misuse
- Working with offenders in custody i.e. for those drink related arrests the response needed to be treating the cause (e.g. mental illness and homelessness)
- Mental health wasn't just about mental illness - people with other illnesses e.g. diabetes and heart disease could also have mental health issues.
- Ensure Health Visitors service picked up issues re Child Protection early and made referrals.
- A contract of engagement and consultation with the public and stakeholders needs to be included in the Better Care and the 5 year strategy that covers at least the 2 years of development.

The Board were made aware of the Kent County Council Vision which was highlighted as a good example of how the Plan could be developed.

Noting the limited timeframes by which the draft Plan was to be submitted, the Chairman requested the Board to consider whether an extraordinary meeting should be arranged to review the draft before its submission. The Board were supportive of this approach.

A draft Plan and vision would now be developed and provided to members for comment at an extraordinary meeting to be arranged by the Senior Democratic Services Officer of the Board. Further details of the date and time would follow.

Resolved:

That an Extraordinary meeting would be arranged in early February to allow Board members an opportunity to provide final comment on the draft Better Care Plan prior to its submission to the Department of Health by 14 February 2014.

6 **Joint Health & Wellbeing Strategy**

The Associate Director for Communities and Communications, Laurie Bell, was in attendance to provide an update on the promotion of the Strategy, copies of which were available to Board members for final comment.

The strategy would be launched at the forthcoming Health Fayre to be held in the atrium of County Hall on 12 February.

In noting the importance of the strategy the Chairman requested that it be disseminated to as wide an audience as possible to include through hospitals and surgeries and requested that Board members do what could be done to assist with highlighted the publication and availability of the document.

7 Joint Business Agreement

The Board were asked to endorse the Joint Business Agreement (JBA), agreed by the Joint Commissioning Board (JCB) and CCG Governing body, and the use of the S256 agreement with NHS England.

In presenting the joint report clarification was made that the arrangements set an excellent framework based on existing arrangements. Deborah Fielding (CCG) gave thanks to all those involved in its preparation and acknowledged that the joint working arrangements were a good demonstration of the integration already taking place.

The Chairman asked the Board to confirm their endorsement of the agreement and all were in agreement.

Resolved:

That the Board endorses:

- 1) the Joint Business Agreement and asks relevant CCG and Council officers to implement the arrangements; and**
- 2) the use of the S256 agreement between the Council and NHS England to enable the Health Gains transfer to take place.**

8 Dates of Future Meetings

As indicated earlier in the agenda, the Board agreed to hold an extraordinary meeting at the beginning of February to consider the draft Better Care Plan.

[Post meeting note: This meeting has now been agreed to take place at 5:30pm on Thursday 6 February 2014.]

Future meeting dates thereafter were:

20 March 2014

22 May 2014

31 July 2014

25 September 2014

20 November 2014

9 **Urgent Items**

There were no urgent items for consideration.

(Duration of meeting: 3:10pm to 5:30pm)

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

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Health and Well Being Board

Better Care

16 January 2014



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Better Care

Jane Scott
Chairman

Wiltshire Health and Wellbeing Board

Better Care - background

- May 2013 – “Integrated Care and Support – our shared commitment” national document published
- Our shared vision is for integrated care and support to become the norm in the next five years





National Voices
People shaping health
and social care

**My
goals/outcomes**

Communication

**Person centred co-ordinated
care**

*“My care is planned with people
who work together to
understand me and my carer(s),
put me in control, co-ordinate
and deliver services to achieve
my best outcomes.”*

Information

Emergencies

Decision making

Care planning

Transitions



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Better Care - our challenge

- The demographic pressures mean services are under more pressure than ever before
- Care and support is fragmented so people experience gaps in care
- People are treated as conditions and problems with multiple visits and assessments
- Information does not flow through the system so people are not always kept informed
- A higher priority is given to treatment and intervention rather than prevention



Better Care - what would we like to see?

- Services designed with and for people who use them
- Services that are joined up and streamlined
- Services based in the community, bringing care closer to home
- Health services led by local GPs
- Preventative measures and encouragement - people to take more responsibility for their own health
- Services available when people need them
- A capable and motivated health and care workforce



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Better Care – the Better Care Fund

- Announced in June 2013
 - £3.8bn nationally - £27.1m for Wiltshire
- Not ‘new’ investment
 - shifts 3% of direct CCG spend to a pooled budget
- “A catalyst to improve services and deliver value for money” ...
- Play an integral role in developing community-based care and reduce unnecessary admissions to hospital
- An element of the fund is for additional demand created by the new Care Bill



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Better Care – next steps in delivery

- A plan that is jointly agreed and signed off by Health and Wellbeing Board and sets out;
 - Protection of social care services (not spending)
 - 7 day services
 - Better data sharing between health and social care, based on the NHS number
 - A joint approach to assessments and care planning
 - Agreement on the consequential impact on the acute sector



Better Care – how will we measure success?

- 25% (£6.8m) will be subject to achievement of performance outcomes;
 - Delayed transfers of care
 - Emergency admissions
 - Effectiveness of re-ablement
 - Admissions to residential and nursing care
 - Patient and service user experience
 - One Local Indicator – to be defined



Better Care – The Better Care Plan

- Draft plan required by 14 February 2014
- It will set out;
 - The vision for integration
 - How we will protect social care services
 - How we will deliver 7 day services
 - How we will deliver joint assessments and data sharing
 - Baseline performance data
 - Finance for schemes funded
 - And, the risks



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Better Care Finances

Simon Truelove – Wiltshire CCG

Michael Hudson – Wiltshire Council



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The Cost of Care

- What is the average cost of an Acute bed?
- £1785pw
- What is the average length of stay in an Acute setting?
- 11 days (=£2800)
- What is the average cost of a care home placement?
- £30,420 pa / £585 pw.
- What is the average length of stay in a care home setting?
- 2 years 9 months (=£83,700)



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Better Care Fund

- 2015/16 sets out the intention to create pooled fund for health and social care. The fund will be called the BETTER CARE FUND
- The concept of the Fund is to create an explicit intention of integrating health and social care at a local level.
- This is set against a backdrop of Local Authority (LA) funding loss and an ageing population that is increasing demand on the health and social care system
- Supports LA to respond to the Care Bill



What Does this Mean for Wiltshire

- c£800m health and social care funding in the county.
- £100m and growing is locked into Nursing home costs and difficult to end (How much per week?)
- The Better Care Fund for Wiltshire will total approximately £27m (NOT ALL OF THIS IS NEW MONEY).
- The fund is to be used as a catalyst for stimulating integration of health and social care services
- This will be made up of current Health Funds passed to the Council +
- Additional Central Funding +
- 3% Topslice of CCG Budgets

THE MINIMUM NHS FUNDING

	2014/15 £m	2015/16 £m
Health gain monies	-6.53	-8.36
Health gain monies growth	-1.83	
CCG set aside resources		
CCG core funding topslice		-15.52
Carers funding	-0.89	-0.89
Reablement funding	-2.33	-2.33
Total BCF	-11.58	-27.10

LA funding to be pooled will include the Disable Facilities Grant and other Grants. Final figures still to be confirmed



WHAT DO CURRENT RESOURCES ALREADY FUND

Support and Response for Telecare
Step Up and Step Down Services
(STARR)

Enhanced Discharge Services and
Additional Social Services

Simple Point of Access

Ongoing Placement capacity

Carers Expenditure

Neighbourhood Team referrals to
Help to Live at Home



What can be done to finance initiatives now

- CCG is required to use some of its Strategic Investment Fund in 2014/15 in advance of the 2015/16 topslice
- Look at current services to see whether they are delivering the right outcome
- Continue with the transformation of community services to maximise the productivity and effectiveness of NHS community services



The Care Bill

Maggie Rae – Wiltshire Council



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Care Bill

General Duties on the Council

- Promote **individual wellbeing**
- **Prevent** or reduce the care and support needs of adults and carers in the local area. Identify and provide information and advice
- Promote **integration** and **cooperation** between health, care and related services (mirroring an existing duty on CCG and the HWB)
- Promote the diversity and quality of local care market (**market shaping**) & good local workforce development



Response to Dilnot Commission

- Single national minimum threshold for eligibility to care and support (which is if a person has 'one or more' care needs from a national list)
- Right to assessments for carers.
- Whole family and joint assessments with Children's and Health services to be required
- Extended means test so more people will be eligible for financial support
- £72k cap on eligible social care costs (not Daily Living Costs or top up fees) from April 2016
- Right to Personal Budgets and Direct Payments (based on what it would cost the council to meet eligible needs), including for residential care and mental health.



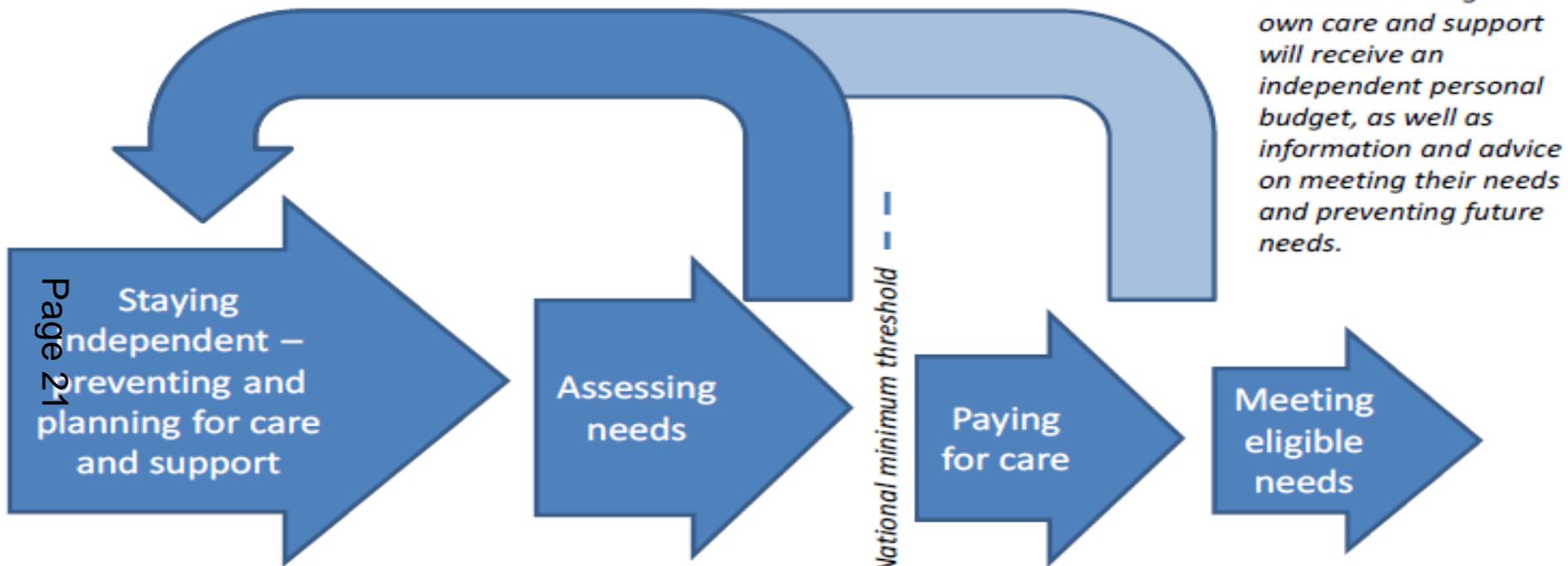
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Major changes to assessment, eligibility and support planning



People who do not have eligible needs will receive information and advice on how to access support locally, and how to prevent or reduce their needs.

People who have eligible needs but who choose to arrange their own care and support will receive an independent personal budget, as well as information and advice on meeting their needs and preventing future needs.



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Staying independent – preventing and planning for care and support

Assessing needs

National minimum threshold

Paying for care

Meeting eligible needs

People should be supported to live independently for as long as they wish, with a focus on delaying and reducing needs, and building different types of support in the community. Local authorities will make available universal support, including information, advice and preventive services.

Any adult with any needs for care and support, including carers, has a right to an assessment of their needs and the outcomes they want to achieve.

If the local authority charges for a type of support, an adult will have a financial assessment to determine what financial support they may receive.

If an adult with eligible needs asks the local authority to do so, it must meet their needs. The local authority will involve the adult in a care and support plan to decide how to meet their needs.

Care Bill

Safeguarding

- Safeguarding Adults Board will be put on statutory footing. Police and CCG membership is required . Will have ability to pool budgets and require information.
- Council will be responsible for investigating **any** suspected abuse or neglect in the area

Regulation – Response to Francis (Mid Staffs) report & failure of Southern Cross

- Independent Care Quality Commission and star ratings system
- Duty of Candour when there are serious failings
- Council to step in when providers fail



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Wiltshire Health and Wellbeing Board

Five Year Plan Development

Deborah Fielding – Wiltshire CCG



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Context

Work already underway to address the system challenges:

- Consensus that CCG, Wiltshire Council and NHS England are committed to partnership working to develop a strong strategic vision and plan for the County
- Governing Body session in October 2013 began to consider potential direction of travel.

Agreed approach:

Series of workshops, with attendees from the Wiltshire Health and Social Care community. This builds on the engagement already underway through:

- JCB and Health and Well-being Board briefings
- Recent CCG stakeholder day (with Wiltshire Council representation)
- CCG Governing Body updates (with Wiltshire Council representation)
- Structured stakeholder engagement with the CCG Groups, Public Health, Mental Health and Children's Commissioning and the Community Transformation Team.



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Progress Update

First of the workshop series held in December 2013. Attendees from Wiltshire Council, Wiltshire CCG and NHS England. The work done to date has:

- Agreed a set of key design principles
- Proposed a new model of care
- Identified initial strategic population group priorities

Phase 2 – January 2014

In partnership with Wiltshire Council and NHS England:

- Develop model of care options
- Consider the units of service provision
- Capture the high-level implications for providers.



NHS Wiltshire CCG will work with partners to commission high quality, integrated services for the people of Wiltshire

Key Design Principles

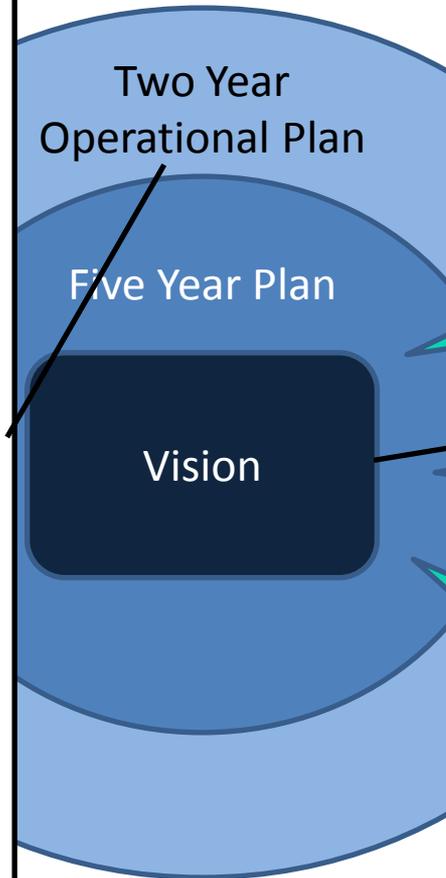
- People encouraged and supported to take responsibility for and to maintain /enhance their well-being
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to, home
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions), the default setting of care should be primary care



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The Two Year Operational Plan needs to:

- Take into account the rising demand and the mandated pooled budget with local authorities, commissioners will face a **9% efficiency requirement** over 14/15 and 15/16
- Reflect a spend of **2.5% of the CCG allocations non-recurrently** in 14/15, of which 1% should be for 'transformation of local services ... to prepare for the introduction of the Better Care Fund (15/16 pooled budget)
- Include the actions that will be taken in 14/15 to **mitigate against the impact of the Better Care Fund**
- Confirm that **hospital emergency activity will have to reduce by around 15% by 2015-16**



NHS Wiltshire CCG will work with partners to commission high quality, integrated services for the people of Wiltshire

Key Design Principles

- People encouraged and supported to take responsibility for and to maintain / enhance their wellbeing
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to home
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions), the default setting of care should be Primary Care

Business As Usual & Quality / Service Gaps e.g. Stroke

Delivery Plan
14/15 Priorities

- Planned Care Pathways - Musculoskeletal
- Optimising the existing community teams
- Long Term Conditions – Diabetes
- Urgent Care – review, pathway design and alignment of system wide provision
- End of Life
- Rapid Response
- Early Supported Discharge

15/16 Priorities TBC

Existing Projects

- **Two Year Operational Plan**
- Better Value Fund
- Requirement to reduce pressure on A&E over the winter

Two Year Operational Plan

Five Year Plan

Vision

- **Five Year Plan**

Children and Young People

Working Age Adults

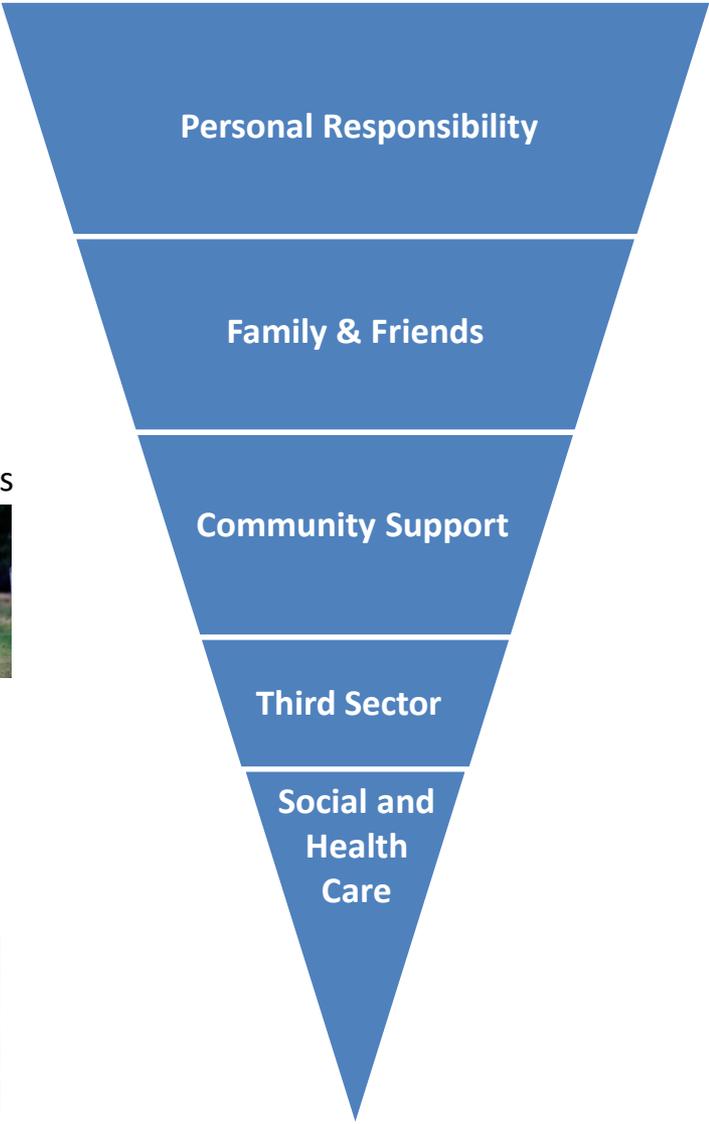
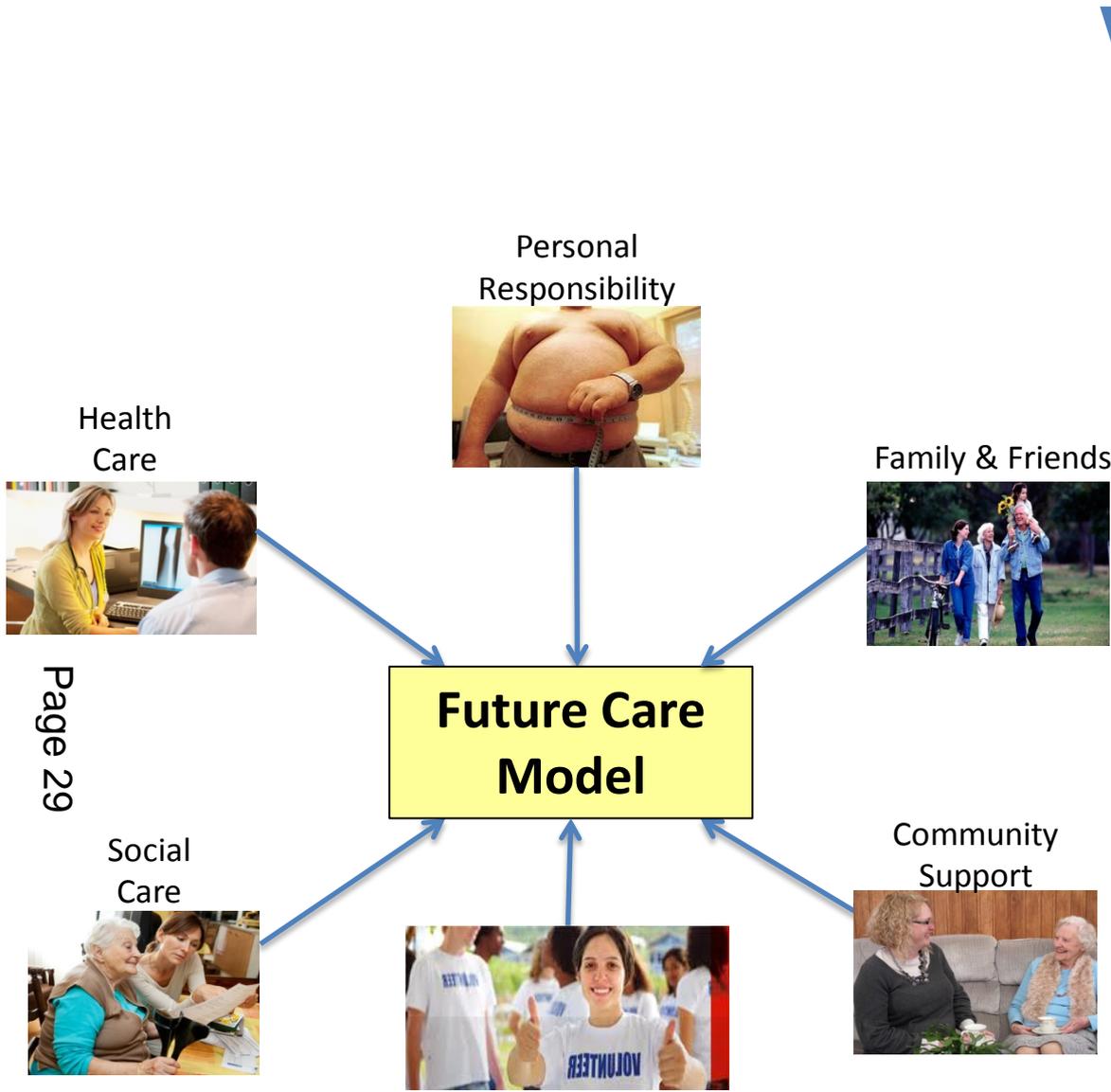
Elderly



Wiltshire

Clinical Commissioning Group

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



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Key Components of the Plan

Two Year Operational Plan

Five Year Strategic Plan

Business As Usual

Contract and Performance Management including
Quality, Safeguarding, Activity & Finance e.g.

Stroke and DTOC

Medicines Management

Individual Placement Commissioning

Quality / Service Gaps

E.g. Stroke Pathway

14/15 Delivery Plan Priorities

- Planned Care Pathways - Musculoskeletal
- Optimising the existing community teams
- Long Term Conditions – Diabetes
- Urgent Care – review, pathway design and alignment of system wide provision
- End of Life
- Rapid Response
- Early Supported Discharge

Existing Projects

15/16 Delivery Plan Priorities

Early thoughts on Population Group Priorities

Children

- Health Promotion and Prevention (including Obesity, Drugs and Alcohol)
- Access to Urgent Response Services (including A&E and Primary Care)
- Parenting

Working Age Adults

- Prevention
- A&E
- Outpatients
- Primary Care
- Mental Health

Elderly

- Complex Elderly

Next Steps – use Population Group Priorities to develop Model of Care options and test / tailor these for priority cohorts referenced in ‘Everyone Counts, NHS Outcomes Framework and Quality Premium planning Guidance

The future for Children's Services: Integrated working to improve outcomes for children and families

Carolyn Godfrey – Wiltshire Council



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C411 with a child protection plan, C422 in the care of the council

C8,000 (7%) with complex needs

C 23,000 (20%) who need support for additional needs of some kind

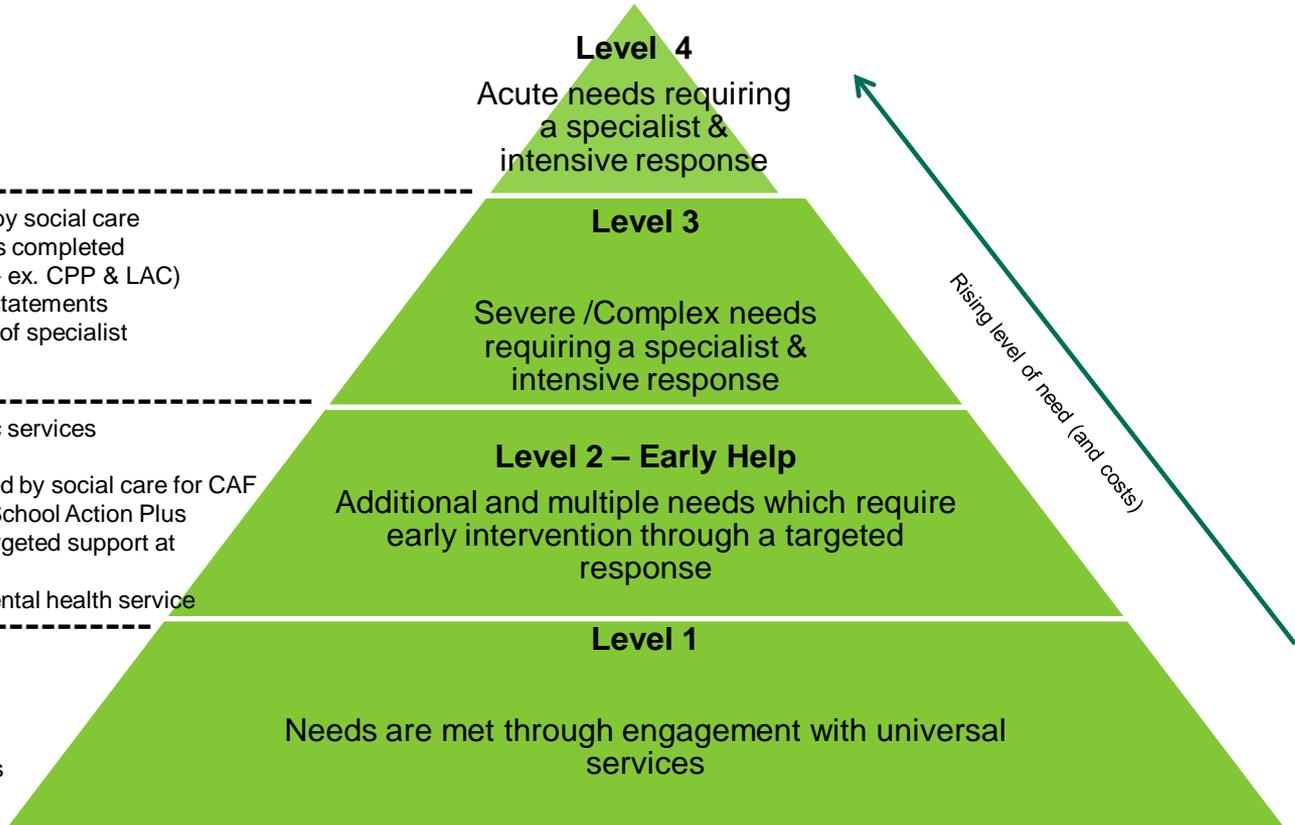
C114,000 children and young people aged 0-19 (2013 mid-year estimate)

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-4,691 referrals accepted by social care
- 4,153 Initial Assessments completed
- 1,390 CIN (end May 13 – ex. CPP & LAC)
-1,875 children with SEN statements
-700 children on caseload of specialist CAMHS

- 2,000 referrals for specific services
- 1,532 open CAFS
- 352 referrals recommended by social care for CAF
- 10,000 on School Action/School Action Plus
- 1,951 children received targeted support at Children's Centres
- 400 children in primary mental health service

-Total school population is 65,197
- 7.9% of school children come from military families



Early Help

The joint Children's Trust/WSCB Early Help Strategy includes the following priorities:

- Ensure the best start in life (conception to age 2 – increased national, cross-party focus on early years)
- Gaining the skills required to begin school
- Being ready for adult life
- Develop a family-based approach to early help (incorporates Troubled Families work)
- Develop effective processes to access early help (for example, a single point of access)



SEN & Disability Reforms

- Giving children with SEND and their families more choice and control through personal budgets (including health budgets);
- Improving co-operation between all services that support children with SEND and their families, and particularly requiring local authorities and health commissioners and providers to work together (makes joint commissioning mandatory);
- Requirement for local authorities to publish a 'local offer' of support covering education, health and social care;
- Introduction of an agreed assessment across agencies and an Education, Health and Care Plan (covering age 0 – 25);
- CCG responsibility to appoint a Designated Health Officer to meet its statutory responsibilities to ensure health services set out in EHC Plans are provided.



Feedback and Workshop

Laurie Bell – Wiltshire Council



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Feedback from 14 January:

Key Principles

Responsive care in the community

- Keeping people in their own home safely – home should always be first option
- Develop wider community resources – local solutions that are of quality and are safe

Not only person centred services, but person empowering

- Person having power/responsibility for their health and well being
- designing services around the person
- Understanding what is the public perception of 'integrated care'

Integration

- no barriers, agencies respecting each other's assessments
- Using integrated approach to address 'conditions' that don't neatly sit in an organisational box (e.g. aspergers/children)
- bringing inter generational issues/themes together – young and old working together

Effective co ordination

- positive and appropriate/timely care co ordination to meet people's needs
- reduce hand offs between services
- A knowledgeable, competent and compassionate workforce



Paq 335

Feedback from 14 January: Key Priorities

- Community capacity and skills
 - Reablement in the community
 - Integrated approach for rapid support in a crisis
 - Building communities with supportive services
- Information sharing e.g. single electronic assessment record
- Focus on outcomes and investment across the whole pathway
- Prevention and early intervention
- Invest in health and social care community services
- Setting realistic expectations for community services
- 24/7 services where needed
- Build on evidence of what is working or not working now



Workshop /Discussion

- What are the key issues the Health and Wellbeing Board think need to be considered for Better Care for Wiltshire across Children and Adults?
- What should be the role of the Health and Wellbeing Board in taking forward this agenda?
- How do we engage wider stakeholders and our communities on this agenda?



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