NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group

Governing Body
Paper Summary Sheet

For: PUBLIC session ☒ PRIVATE session ☐

Date of Meeting: 28 March 2017

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	GOV/17/03/10 Better Care Plan Commissioning Intentions 2017/18
Author:	James Roach, Joint Director of Integration
Lead Director/GP from CCG:	James Roach, Joint Director of Integration
Executive summary:	The aim of this item is to provide the CCG Governing Body with an overview of - Outline commissioning Intentions for 2017/18 - QIPP assumptions for 2017/18 - Associated workforce strategy - Better Care Plan Budget for 2017/18 The CCG Board will be asked to approve the Commissioning intentions for the Better Care Plan for 2017/18 and the associated Better Care Plan budget for 2017/18
Evidence in support of arguments:	The BCP plan has been in place in Wiltshire since March 2014 and provides a strong platform for integration and service innovation. This aligns with NHS England and DCLG guidance and delivers fully on the key priorities outlined within these national policies. The Better Care Plan fully aligns with the CCG 5-year plan, its operational plan, the JSNA, JSA and the joint health and wellbeing strategies
Who has been involved/contributed:	Better Care Plan System Steering Group members Joint Commissioning Board members Health Select Committee members

	Service leads (operational and Clinical) from across the system
Cross Reference to Strategic Objectives:	CCG strategy CCG QIPP plan STP Health and Well-being strategy
Engagement and Involvement:	There has been considerable public engagement on the Better Care Plan across Wiltshire and this will continue an annual basis led by Healthwatch Wiltshire
Communications Issues:	None identified at this stage
Financial Implications:	The BCP operates as a pooled budget and is subject to the requirements of the Section 75 agreement
Review arrangements:	
Risk Management:	All key risks have been identified and there is a risk management framework in place for the Better Care Plan
National Policy/ Legislation:	In line with NHS England guidance
Public Health Implications:	Links to the JSNA for Wiltshire
Equality & Diversity:	No issues
Other External Assessment:	Will be subject to NHS England assessment during April 2017
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The CCG Governing Body are asked to: • Review and approve the commissioning intentions for the Wiltshire Better Care Plan for 2017/18 and associated priorities • Review and approve the Better Care Plan budget for 2017/18 which is attached at Appendix 1 • Agree that pending the circulation of national guidance these commissioning intentions can form the basis of the national submission of the Wiltshire Better Care Plan to NHS England for 2017/18 and the final version of the Wiltshire Better Care Plan can be brought back to the CCG board in May for noting and final sign off.

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Better Care Plan 2017/18
Commissioning intentions

Section 1- Introduction

These commissioning intentions have been developed in advance of the final national Better Care Fund guidance for 2017/18 being made available these are unlikely to be circulated until the end of March 2017. This will create a delay in both the local, regional and national sign off processes.

At this stage the CCG Governing Body are asked to

- Review and approve the commissioning intentions for the Wiltshire Better Care Plan for 2017/18 and associated priorities
- Review and approve the Better Care Plan budget for 2017/18 which is attached at appendix 1
- Agree that pending the circulation of national guidance these commissioning intentions can form the basis of the national submission of the Wiltshire Better Care Plan to NHS England for 2017/18 and the final version of the Wiltshire Better Care Plan can be brought back to the CCG board in May for noting and final sign off.

Section 2 – Performance to date

The following provides a summary of the progress made by the Better Care Plan during 2016-17 which reflects the analysis reported in the mid-year review and the latest data from the Better Care Plan Performance dashboard.

Activity and Outcomes

- Non-elective admissions have grown by around 5.7% (1,371 admissions), but this is still less than might have been expected given demographic growth.
    - The population aged 65 and over has grown by 11,000 people since 2013-14, if admission rates had stayed as they were this would have resulted in an extra 2,000 admissions in 2015-16 and there was an increase of around 1,000 admissions.
    - In 2016-17 to M8, we would have seen a further increase of around 1,200 admissions for the full year and our YTD projection shows an increase of around 1,000 admissions.
    - This represents a reduction in potential admissions of around 1,200.
    - The Wiltshire rate of emergency admissions in the population aged 65 and over remains lower than the average for England.
- Avoidable Emergency admissions are showing a reduction of 4.8% on the levels seen in 2015-16. This suggests admission avoidance activity in the community is supporting patients for if they can before admissions becomes necessary and causing increased acuity of admissions in hospital. This resonates with messages from the 3 acute hospitals in Wiltshire who have all experienced an increase in complexity and acuity of admissions through A&E.
- Delayed Transfers of Care have increased back to the levels seen in 2014-15, in part due to issues with CQC restrictions on one of the BCF schemes which limited our workforce for admission avoidance and discharge support as well as demand exceeding supply, increased complexity and inappropriate referrals. This has in effect negated the significant progress we made in reducing delayed transfers of care in 2015/16 and led to more beds being used than planned.
    - Delays peaked at 124 in June while delayed days peaked at 2,732 in July. Since then we have seen month on month decreases to November which is the latest available data.
    - Average delayed days per admissions has reduced from around 2.3 in 2015-16 to 1.7 in 2016-17
    - Average number of monthly delays in 2015-16 was 63 and is 103 in 2016-17 (to December).
- The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) remains around the 86% target.
- Permanent Placements to care homes for those aged 65 and over are again on track to be below the 550 target.
- Dementia Diagnosis rate is now less than 0.5% below target and the CCG is working with GP practices to hopefully achieve the national target by year end.
    - Wiltshire achieves good outcomes when patients are diagnosed with dementia with 88.3% having a care plan reviewed face to face in the last 12 months compared to an England average of 83.8%. It also does better on DEM05 achieving 86.3% compared to an England average of 84.6%.

Scheme Activity & Outcomes:

- Urgent Care at Home provides short term support at home mainly to avoid admission but where possible to support hospital discharge.
    - In 2015-16 there was an average of around 79 referrals per month of which around 58 admissions (77.3%) to hospital were avoided. In addition, on average around a further 13 discharges were facilitated per month.
    - In 2016-17 a restriction was places on the provider, consequently the monthly average number of referrals has reduced to 44, and the admission avoided percentage has been maintained and is 75% as on average around 33 admissions are avoided. This is a reduction of 25 admissions per month avoided.
    - The provider is recruiting to increase capacity and investment in this service will help reduce admissions which will have a further impact on reducing delays.
- Intermediate Care Beds in Care Homes predominantly provide a step-down facility allowing people who no longer need acute care to be cared for in the community. In the South of Wiltshire where there are no community hospitals there are several beds available for step up care.
    - Step down activity in 2016-17 is broadly consistent that seen in 2015-16 following the implementation of the 70 block beds. On average, there are around 45 discharges per month; average length of stay for all clients has increased slightly to 41 days. The length of stay for patients in an IC bed for reablement is currently just over 30 days and it demonstrates the outcomes that can be achieved if the right patients are placed in the right capacity
- Help to live at Home providers are experiencing increased acuity and are delivering more hours of care, supporting the same number of clients. The data shows in last half of 2015-16 the HTLAH providers were supporting an average of around 1,065 clients per month, and with additional domiciliary care this was closer to 1,386 clients per month. In 2016-17 the HTLAH average has reduced 7.4% to around 986 while the overall number of clients supported has increased by 9.7% to around 1,521. This activity does not include HTLAH support provided to the Neighbourhood teams which anecdotally has increased.
- It has been noted that Carer Breakdown is starting to have an impact on the number of admissions. Encouraging carers to have an assessment with Carer Support Wiltshire might help Carers access support available to them such as respite care. In the 2011 Census, nearly 47,000 people identified themselves as unpaid Carers, and around 11,000 of these are known to Carer Support Wiltshire.

Section 3 - The Key Challenges for the Wiltshire Better Care Plan 2017/18

- Demand on the acute care system is the health and social care economies biggest risk to sustainability as emergency admissions continue to be over plan with growth being experienced at a higher level in the 0-18 and 18-64 age groups.
- The Wiltshire Better care plan can demonstrate impact in terms of reducing the volume of avoiding admissions and managing the significant growth in the frail elderly cohort, however further progress is required to reduce demand and to reduce the increased levels of delayed transfers of care
- A key focus for 2017/18 is to increase care capacity across the system and the rehab support workers will be a key scheme in this regard alongside any additional actions that can be prioritised locally from the eight high impact changes self-assessment. However, this is not in itself going to address or resolve the significant workforce challenges we have at every stage of the pathway.
- Financial allocations and the scale of financial pressures and savings required across the partnership will impact on the ability of partners to commit to new initiatives beyond the BCP, therefore it is critical that partners maintain delivery across the BCF plan metrics and national conditions as well as deliver a medium view of transformation for the next 2 years. To achieve this even more rigour needs to be applied to benefits realisation with more sophisticated, integrated and co-produced methodologies for risk modelling and reducing impact
- There will need to be a further focus on developing a commissioning framework for integrated commissioning across LA and NHS partners which will need to involve identifying further joint savings and value for money in joint commissioning as well as ensuring quality and driving further innovation in integrated service delivery models

Section 4 – Laying the foundation for true service integration

High level aims and ambitions for the Wiltshire Better Care Plan are outined below

Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the opportunities and outcomes for integration.	**Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support.**	**Increase the capacity, capability and sustainability of integrated services, so that professionals and the public have confidence that more can be delivered in the community in the future.**
Support the reconfiguration of services from acute to community settings in line with: **☐BSW STP** **☐New models of care.**	**Manage an effective and efficient pooled budget which is widened across the partnership to deliver the integration programme.**	**Develop Wiltshire's "medium term integration plan" including our approach to organisational forms and alignments**

Section 5- Mission /Vision and Values

The Better Care Plan Approach in Wiltshire

The Better Care plan has provided a strong framework for integration, transformation and system wide delivery across Wiltshire.

The model of care for Wiltshire which has been put in place and needs to be supported and maintained needs to include the following;

- **Simplified access** to core services through one number for the whole system.
- Effective **Triage** which increase use of **alternatives** rather than generate additional pressure
- **Integrated service** provision based on localities with appropriate clinical, community service, mental health and social care input to make them effective
- Services **must make a difference** in terms of **intervention** and be **more responsive** at point of need.

- **Risk stratification** and **anticipatory** care which deliver and make a difference.
- Ongoing development of **credible alternatives** which make a difference to acute hospital provision, there is a need to manage a higher level of acuity in community settings.
- **Specialist provision** and support in **out of hospital** settings underpinning the system ambition.
- Focus on discharging patient **home first.**
- **Enhanced discharge** arrangements with integrated community teams being able to **pull patients out of hospital** once the patient is medically fit.
- **Reliable** intermediate care **and care at home** which gets patients to their **normal place of residence** more quickly.
- **Reacting** to what the data tells us and **targets our interventions** in the right area (care homes, multi morbidities, high referring practise, and wards with a high Length of Stay (LoS).
- A greater emphasis on **upstream prevention** and focus on **self-management** and **signposting.**
- **Senior expert clinical opinion** as **early** as possible in the pathway wherever the patient presents across the system.
- Building from the **bottom up**, ensuring that providers play a key part in the development of the integrated model of care.
- **Increased responsibility for system change** rests with providers.
- **Forecasting** financial commitments moving forward and establishing the **social and economic return on investment.**

These would be the key principles that underpin any approach to integrated service delivery during 2016/17 and beyond. These principles are inherent to the transformation approach in place across Wiltshire.

Section 6- Finances

A detailed breakdown of the proposed 2017/18 BCP budget is provided at Appendix 1

Budget Proposals 2017-18

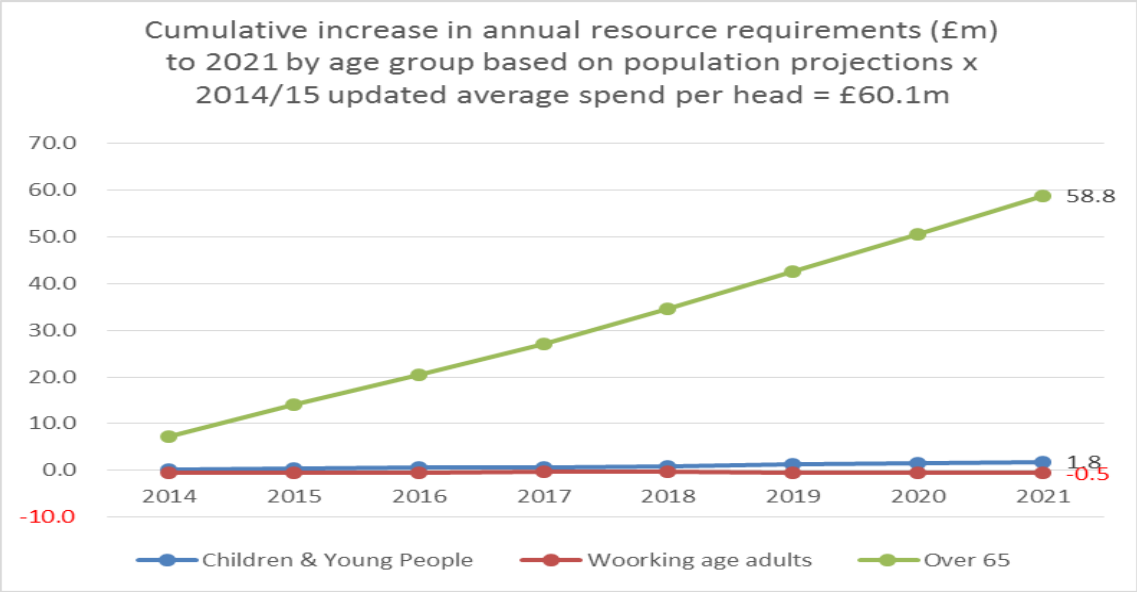
1. Appendix 1 to this report shows the proposed budget for 2017-18 against each scheme. The key development for 2017-18 is the development of the Rehab Support Worker scheme previously agreed by this Board. Work has commenced to recruit workers and the maximum allocation for 2017-18 has been proposed at £1.2 million. It is proposed that expenditure and activity be reviewed during the financial year 20171-8 to establish whether the scheme is delivering the required outcomes in support of the overall better care plan.
2. It should be noted that this budget statement and position for 2017/18 will still need some updating for inflation, it will also need to reflect any additional funding for adult social care announced in the March budget, this will be clearer once we have the conditions of the grant etc.

Further Developments 2017-18 – Integrated Community Equipment Budgets

3. The community equipment budget is currently operated as an aligned budget outside of the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. In 2016-17 the total community equipment budget is £4.477 million.
4. It is proposed that from 1 April 2017 the community equipment budget is incorporated within the BCF pooled budget. This would be on a non-risk transfer basis, i.e., each partner would continue to have responsibility for their own element of the budget in respect of year end variances.
5. In making this change it is anticipated that efficiencies can be achieved through improved joint management of the spend. There is some work to do to clarify the elements of the budget spent on Children's Services and whether that can be incorporated in to the BCF.
6. Due to the capacity to amend the current legal agreements it is proposed that the management of the community equipment budget will be moved in to the BCF from 1st April 2017 and that the Joint Business Agreement and Section 75 Agreement will be amended at the earliest opportunity to formalise this position.

Increasing demand on our system

As the graph below demonstrates there is a significant cost associated with doing nothing given the level of demographic growth for the > 65 years in Wiltshire, and as the evidence demonstrates the Better Care Plan in Wiltshire has been successful in reducing the hospital admission impact of such growth. Any future investment through the Better Care Plan needs to ensure it is targeted at the high risk, high cost cohorts and reduces ongoing demand on statutory services and demonstrate a clear return on investment.



Section 7 – QIPP

Background:

- Demographic trends show that population growth is only really seen in those aged 65+.
- Over the four years between 2013-14 and 2016-17 we saw growth of approximately 11,000 people in this age band (split almost 50:50 male female) or around 11.6% (12% males and 10% females).
- Given that the average rate of emergency admissions in this age group is around 200 per 1,000 this would suggest an increase of around 2,200 admissions in a “do nothing” scenario.
- However, we have been successful in restricting growth of admissions. Through several schemes, including those covered by the BCF, we have been decreasing the rate of admissions among this age group by 3.6% or 7 per 1,000. This has kept admission growth to 1% per year for this age band, versus the 3.9% average admission growth per year that we would expect based on demographic growth. In a “do nothing” scenario, average admission growth per year would have suggested 700 more admissions in 2015-16 and 200 more admissions in 2016-17. As at 2015-16, Wiltshire’s emergency admission rate for the 65+ population is significantly below the England average.

Our ambition for 2017-18 and 2018-19:

Our ambition is to continue to restrict emergency admission growth to 0% per year for the 65+ population in 2017-18 and 2018-19 (as compared to a "do nothing" scenario which would see emergency admission growth of 3.9% per year). An overview of the key QIPP schemes relevant to the BCP have been finalised and shared with each acute trust. A detailed delivery schedule is in place for 2017/18 to support delivery

Section 8 – Summary of Commissioning Intentions

Scaling up to deliver change at pace

Below is a summary of the activity level projections associated with relevant schemes in the Better Care Plan, it is on this basis that the QIPP and associated efficiency assumptions are made

Scheme	**Planned activity levels 2017/18**
Step Up Intermediate Care Community Hospital	Improve flow to 25 patients a month = 300 admission per annum to be avoided
Step Up Intermediate care Sarum	12 patients per month = 144 admissions to be avoided per year
Urgent Care at Home	80 per month =960 cases per annum
Palliative Care -72-hour pathway	Include SFT and upscale to 16 a month = 192 palliative care admissions managed in a different setting
Discharge flow	**2017/18 numbers**
ICT beds (70 beds)	Reduce LOS further to achieve 60 cases managed by month = 720 discharges facilitated per annum
Community Hospitals Beds	Reduce LOS and delays in community hospital beds to achieve an additional 15 discharges month = 180 additional discharges per annum
Rehab Support Workers scheme	If the additional 30 carers are appointed in line with plan then the aim in stage one from April 1st will be to deliver an additional 21 discharges from our 3 acute hospitals per week, which in full year effect terms will equate to 1091 discharges per annum
Spot purchase and specialist beds	Maintain 120 per month
HTLAH activity	Maintain 900 a month

Section 9 - Outline commissioning intentions Better Care Plan 2017/18

The information below provides a summary of the outline commissioning intentions of the Better Care Plan in Wiltshire for 2017/18. These will be reviewed and discussed in detail at the JCB on the 6th February and we will also focus on the key dependencies and assumptions underpinning each area, therefore it is likely that these commissioning intentions will be updated and amended following the JCB review.

For purposes of reference schemes are colour coded as follows

- **Green** for schemes under the direct commissioning and delivery responsibility for the Better Care Plan
- **Amber** for schemes led by other contracts and programmes but act as key enabler for the Better Care Plan Programme

Intermediate Care Services (bed based and non-bed based) ***Strategic Intention – Maintaining independence and Integrated teams***			
Description	**Provider Impact**	**Baseline**	**Target 2017/18**
Deliver county wide intermediate care services enabling proactive discharge from our 3 acute hospitals and integrated case management (70 Beds) – this includes both step up and step down services	WCC/WHC	50 admissions per month 600 admissions per annum	60 admissions a month 720 admissions per annum
Expanding the role and impact of integrated teams in relation to -Systematic, targeted case-finding. -management of high risk patients -supporting discharge from acute hospitals -working with intermediate care homes to deliver trusted assessment models - joint training and development programmes with each intermediate care	WHC/GPs	N/A	N/A

An identified keyworker who acts as a case manager and coordinator of care across the system All GP practices have care co-ordinators although roles vary across the County- need to ensure this is aligned with the discharge management strategy in Wiltshire being taken forward under the Better Care Plan.	GP, s	N/A	N/A
Adequate and flexible provision of step up and step-down home-based and bed based rehabilitation and re-ablement services with enough capacity and responsiveness to meet the needs of everyone who might benefit. (continued approach), this will be delivered by 70 ICT beds Community integrated teams (incorporating HTLAH) Rehab support workers	WHC	See below	See below

Good discharge planning and post-discharge support			
Description	**Provider Impact**	**Baseline**	**Target 2017/18**
Full roll out of the Wiltshire wide rehab support workers programme (30 additional rehab support workers across the system) from 1st April	WHC /Acute Trusts	Full scheme roll out from 1st April 2017	21 discharges a week 1091 discharges per annum
Continued delivery of integrated discharge teams and processes at each of the 3 acute hospitals in Wiltshire	System wide	TBC	Core business levels at circa 1200 discharges per annum from the acute trusts
Building on the existing urgent care model (referenced below in the admission avoidance section) provide additional bridging support across the system	Medvivo and acute trusts	The aim is to provide 6 additional care shifts across a 24/7 period	See numbers below
Continued commissioning of 70 intermediate care beds across the system to support discharge planning and rapid access to reablement and rehabilitation in the community	WHC /WCC	As above	See numbers above
Ensure active involvement of the 2 contracted domiciliary care agencies across Wiltshire in relation to discharge planning to include - Alignment with integrated discharge at each acute trust - Commitment tom regular capacity reviews with WHC - Proactive “in reach support to Community hospital beds and ICT beds	All dom care providers / 3 acute trusts and WHC	N/A – support other initiatives	N/A – support other initiatives

Improve flow and reduce length of stay in community bedded capacity (Community hospital beds and ICT). Key areas of focus include - Review of staffing models - Alignment of HTLAH support - Relaunched service action plans - Twice weekly escalation and performance management calls	WHC	Currently in scoping stage	The aim is to achieve an additional 15 discharges a month from CH beds. This will provide an additional 180 discharges per month over and above current levels

Crisis management and admission avoidance			
Description	**Provider Impact**	**Baseline**	**Target 2017/18**
Urgent care at home Continued commissioning of Urgent care at home available through Access to Care. This will need to be underpinned by the provision of additional domiciliary care bridging resource to support demand from all parts of the system and increase the volume of discharges. There will be an explicit target for UCAH to move back to performance levels delivered in 15/16 which was circa 80 cases per month management	Medvivo /WHC /Acute Trusts	65 cases per month 780 cases per annum	80 cases per month 960 cases per annum
Step Up Intermediate care (Community Hospitals) **Phase 1** Continue to commission existing community hospital step up pathway in Warminster and Savernake but this needs to be underpinned by a clear system strategy and commitment to step up. (15 beds) **Phase 2** Wiltshire Health and Care have committed in their contract to convert 50% of community hospital bed capacity to step up, transition to this level will commence during 2017/18	WHC	15 patients per month 180 patients per annum	25 patients Per month 300 patients per annum

Step up intermediate care in South Wiltshire (Care Home based) Given the lack of community hospital beds in the south, 10 step up beds are commissioned through a care home provider, this will continue in 2017/18 with a new provider and GP led delivery model	WHC /GPS	8 patients a month 104 patients a year	12 patients a month 144 patients a year
Enhancing Care at the interface We have developed and should continue to resource pathways for admission avoidance and discharge planning at each acute hospital. This will build on the existing Access to Care Model with hospital clinical leadership. AWP in reach for dementia has been reviewed and will be strengthened in 2017/18 in relation to the care home liaison programme. There is also a need to ensure greater linkage to and platforming of the frailty hub programme being progressed by Wiltshire Health and Care	AWP/ WHC /3 acute trusts	N/A	This will need to be scoped with AWP and Wiltshire Health and Care

Community geriatrics and the Wiltshire High Intensity Care programme Community geriatrician coverage across Wiltshire, need to link in more formally with established community teams. It is also recognised that our admission avoidance approach needs to be consistent across a 7-day period. Developing robust "interface" care with each acute hospital, enhancing the ATL model and diverting appropriate patients to established models of care in the community (for discharge and admission avoidance). The role of community nurses, matrons and therapists in the high intensity care programme also need to be clarified and defined Roll out of the High Intensity care programme, this will be led by Wiltshire Health and Care and will focus on - Step up care in the patient's home - Acute geriatric pathways in the community - Frailty hub approach at community hospitals - Integrated team approach	WHC /3 acute trusts	Need to be agreed with WHC	Need to be agreed with WHC

Equitable access to specialist palliative care services for frail older people. Need to recognise that 30 % of all hospital non- elective admissions are for patients with a life limiting diagnosis. Need to; 1. Improve identification of patients who have <12 months to live. 2. Progress implementation of treatment escalation plans across system. 3. Reshape role of the community end of life team (GWH Community services) ensure they take a more proactive case management approach to patients on an end of life pathway. 4. Continue commissioning of the 72 hour EOL pathway. 5. Review and agree future role of hospices in the EOL agenda.	Dorothy House Hospice and Salisbury Hospice	10 cases per month 120 cases per annum	16 cases per month 192 cases per annum
Single point of access available to facilitate access to community services to manage crisis at home with specialist opinion and diagnostics. (continuation)	Medvivo /3 acute trusts and WHC	As part of UCAH	As part of UCAH

Prevention and early intervention			
Description	**Provider**	**Baseline**	**Status**
Ensure a preventative based approach is taken at all stages of an older person's pathway of care The key priorities in 2017/18 are to • Implement key recommendations from the Older Persons Review • Implementation of falls strategy and action plan (led by the Wiltshire wide Bones Health Group) • Signposting, navigation and roll out of the Information Portal in partnership with voluntary sector and Health watch. • Working with health watch explore ways to educate and inform patients of service developments • Continue with the fracture liaison service at SFT and following Pilot end in November 2017 consider whether this should be rolled out across Wiltshire	WCC	n/a	n/a
Workforce development strategy Adequate clinical training for care home staff; both registered and non-registered workers learning together on-site as part of an overall quality improvement programme. (continued approach), this is being delivered by the underpinning Wiltshire Workforce Strategy which is detailed below	Whole system	n/a	n/a

Supporting core social services and integration			
Description	**Provider**	**Baseline**	**Status**
Shared assessments Shared assessment frameworks across health and social care should lead to a Personalised care plan for everyone, where the individual and their careers are key participants in any decision made,	WCC	n/a	n/a
Integration of information Continued development of the Single View of the Customer approach across Wiltshire in 2017/18 to further ensure that adequate and timely information is shared between services whenever there is a transfer of care between individuals and services	WCC	n/a	n/a

Carers support Carers are offered an independent assessment of their needs and signposted to interventions to support them in their caring role. (Will be accelerated as part of the care act work). Offer assessments and support to carers and by commissioning an information portal that has within it a self-assessment tool for carers that enable them to access the care they need, when they need it. Work with Practices through integrated teams to hold registers of carers and ensure linkage in terms of case management and follow up care. More formal involvement of the voluntary sector in the provision of care. There is a need to ensure we derive maximum benefit from commissioned voluntary and 3rd sector services	WCC	n/a	n/a
Personalised commissioning The presence of personal budgets in Wiltshire and the revised national direction on personalisation requires us to look at how we can expand our approach to personal budgets and the personalisation agenda. There is an opportunity to link this in with the work of identified voluntary sector organisations. Roll out of personal health budgets to be accelerated during 2017/18	WCC	n/a	n/a

Dementia services A comprehensive service for those with dementia must be available and accessible this will include Dementia strategy and action plan has been developed, but we need to target the gaps in care and need to ensure a more community focused /crisis intervention based model of care. Through the Better Care Plan, we are already looking at; • Care Home Liaison services. • Focused support to AWP in relation to discharge planning. • Acute "in reach" and ESD programmes for dementia. Dementia diagnosis rates have increased across the county – need to ensure that once patients are diagnosed they are moved to appropriate service for ongoing care and management. The registers must serve a purpose and provide a platform for future case management.	AWP		

Section 10 – Workforce Strategy and Solutions

Setting the Scene – the context

Political	Economic
• Brexit and impact of immigration rules • STP's • Competitive provider environment historically • National skills agenda – including the Apprentice Levy • Implications of Care Act, direct payments etc.	• Reducing number of people within Wiltshire of working age • Severe financial constraints • Changing landscape for health education and role of HEE • Ever changing landscape of providers • Introduction of the living wage • 7-day working • Huge number and range of health and care providers • Increasing contribution of voluntary sector
Social	Technical
• Growing number of people needing health and social care support • National drivers – prevention agenda • New models of care • Rurality • Strategic direction is to provide as much care at home or as near to home as possible • Impact of expectations of generation X, Y and millennials	• Integration of health and social care services • Changes in the way health care professionals are trained – removal of bursaries, nursing associate role, "broadening foundation", skill stretching • Impact of new technologies • Pathway and process development has been historical • High staff turnover in many providers • Safer staffing and other national drivers

Workforce Challenges and Solutions – a vision?

Our Vision	What do we know?	What should we do?
N **Do we have the right capacity/the right numbers?**	No. Workforce capacity is limiting factor in operational delivery across most of the system Providers are trying their best to recruit and retain	1. Increase workforce capacity 2. Prioritise those staff groups where there are common challenges – support staff/carers, nurses, doctors and therapists 3. Support and work with providers that are particularly struggling 4. Develop a guide to workforce metrics it would be reasonable to expect of providers 5. Develop collaborative solutions to reduce duplication of effort and enhance efficiency 6. Look at other initiatives (see below) that will encourage staff to be retained or recruited 7. Focus on retention as well as recruitment 8. Develop integrated pathways and systems that maximises the effectiveness of staff, reduced duplication and develop collaborative, patient centred working 9. Investigate new roles that may attract new people into the jobs market
S **Do we have the right competencies and skills?**	No, development of their workforce is one of the first things providers cut when finances are tight. More care to be delivered out of hospital and the increasing complexity of care required results in more need for higher level training for staff working in the community, care homes, primary care Encourage core mental health and physical health skills in all staff	1. Invest in training and development 2. Develop training offers that give consistency of approach across the county 3. Prioritise training in prevention and long term conditions 4. Prioritise advanced practice in community, primary and care home/domiciliary care settings 5. Maximise the opportunity to use the Apprentice Levy to achieve these aims and develop career pathways across different settings to aid recruitment and retention 6. Endeavour to integrate mental health care skills into physical health training and vice versa 7. Skills in leadership and behaviour change also important
C **Do we have the right culture and behaviours?**	We need to continue to work on developing the culture to be one of: • Integration • Collaboration • Person centred care Encourage working in different settings to increase flexibility of the workforce to adapt to change	1. Use every opportunity to get staff together to work and learn collaboratively and move the culture to one of integration being the norm 2. Continue with and build on WWAG 3. Evaluate training on person centred coaching training initiative and if successful roll out wider 4. Use the Better Care Plan initiatives to develop integrated working that maximises the effectiveness of staff and encourages the required culture 5. Use opportunities to encourage staff to work in different settings

The Wiltshire Better Care Plan and STP Workforce Action Plan

Action	Targets	Supporting	Milestones	Dates
Continue to lead the Wiltshire Workforce Action Group (WWAG) on practical collaborative workforce solutions. 5 themes: • Develop Wiltshire recruitment literature and resources • Care certificate and portability in Wiltshire • A toolkit of good practice for work experience/placements • A collaborative leadership development offer • Mentoring courses for all	**Will ask members to develop targets and milestones at next meeting on Feb 23rd** **Firm Targets/milestones to be provided by 28.2.17** Promote free learning resources across the system Portability agreement in place	N1, N2, N4, C2, C4 S2, N6, N7 N1, S2, N4	Toolkit available	Recruitment resources available by Sept 17 Sept 17
Lead delivery of Person Centred Coaching training (BCP Prevention) Evaluate impact of training Dependent on evaluation bid and initiate delivery of second tranche of training Lead existing TTT's to deliver more courses in Wiltshire	• 6 train the trainers (TTT) • Deliver training for 180 staff Use this Wiltshire resource to provide more training at minimal cost – seek additional 120 places made available	S1, S2, S3, S7, N7, C1, C3	TTT trained Training for 180 delivered Evaluation complete Submit Bid 120 additional training places	31.3.17 31.7.17 30.9.17 31.10.17 31.12.17

Community Education Provider Network (CEPN)	Lead the development of the network Promote the network within primary care Ensure current workforce mapped Develop plan for Physicians Associates Link to STP Apprenticeship work stream to develop some apprenticeships hubs in primary care	N1, N3, N2, N6, S3, S4, S5, S7, C1	Recruit project manager Promote network and develop communication plan Mapping complete Physician Associate plan 2 local Apprenticeship hubs developed	31.3.17 31.5.17 31.4.17 31.4.17 31.3.17
STP education lead	• Gain agreement between 3 CCG's & providers on use of HEE funded allocation with UWE and ensure allocation is used • Develop and oversee a STP priority skills requirement in liaison with clinical work streams • Communicate education and training opportunities across STP • Respond to requests for bids for training/education when opportunity presents itself	S1, S2, S3, S4, S6	Agreement with 3 CCG leads on allocation and priorities for 17/18 Link with clinical work streams for education priorities	28.2.17 31.3.17 and then quarterly 31.3.18 31.3.18
Wiltshire education	• Deliver 2 'Rehabilitation Skills' conference style training events for care staff • Evaluate and develop bid to extend training across the county if successful • Propose a county wide dementia training plan • Commence implementation with care homes and dom care agencies	S1, S2, S3, S4, S6 C4	Events take place Evaluation If successful bid for additional funds to deliver additional training Present proposal to dementia delivery board	28.11.16 24.2.17 31.4.17 31.6.17 31.3.17

STP apprentice lead -	Lead the collaborative apprenticeship network across the STP, maximising the opportunities to work together, developing a consistent educational and career framework across health and care. Deliver on the 'Principles for Apprenticeships' developed by the STP	N1, N2, N3, N4, N5, N7, S1, S2, S5, S7, C1	Share good practice Maximise the use of the Levy payments Develop a joint procurement framework Develop a STP Apprenticeship employment offer Link primary and care staff into apprenticeships	31.3.17 31.3.18 31.6.17 31.8.17 ongoing
Provide support and advice for providers and commissioners on good practice in workforce issues	Provide advice to commissioners on provider contract monitoring and action plans re Workforce Link with the commissioning training plan to give support on workforce issues			ongoing

Section 11- Other Key Issues to take into consideration

Aligning the commissioning message

The changes associated with the national planning guidance clearly encourage a movement towards regional level planning and delivery. Within this context there is a need for a strong united commissioning message by which all organisations
Should direct service provision in line with strategic plans. The management of the unplanned care agenda and the new community contract are 2 examples where a joint commissioning message will benefit the system and is a key foundation for integrated commissioning moving forward.

"Ability to staff our ambition"

The key number one risk remains workforce and shortages of key staff, this drives under performance and increased cost across the system. There is an established workforce strategy within the Better Care Plan. Addressing these workforce challenges sustainably and efficiently must remain a key priority for 17/18.

The cost of doing nothing

As highlighted at previous JCB s, as much as we monitor the impact of the scheme in line with the level of investment, we also need to track, recognise and quantify the cost of "doing nothing ". There is significant patient flow and activity associated with the Better Care Plan schemes and cross system coordination and management, there is a strong view that had these schemes not been in place then commissioners would see increased costs in a range of key areas.

System support is critical

The Better Care Plan has successfully engaged all stakeholders across the system, this support and buy in had ensured that schemes have had the support of all key partners and have been successfully implemented and delivered in time and to plan. We have a system plan in place and it is crucial we engage directly all key partners on the approach we plan to take before commissioning intentions are finalised.

Financial challenges and return on investment (ROI)

As outlined above, financial pressures across the system will ultimately dictate the presence, platform and detail within the Better Care Plan It is also important we maintain the suggested approach for ROI monitoring so that all schemes are evaluated in year and joint decisions can be made on continuation.

Section 12- Next steps

- Wiltshire Joint Commissioning Board to review and agree direction of travel- this was achieved at the February meeting
- CCG Governing Body to receive and approve /sign off in March
- HWB to review and sign off via Chairs action by the end of March
- NHS England to receive Wiltshire BCP for 2017/18 and associated commissioning intentions in April
- CCG Governing Body to receive final version for noting at the May meeting
- HWB to formally receive and approve BCP for 2017/18 and commissioning intentions at it first meeting in 2017/18

James Roach
Joint Director of Integration
21 March 2017

APPENDIX 1

BETTER CARE PROGRAMME BUDGET FOR 2017/18

Funding	Budget allocation 2017/18 £'000s
CCG BCF Contribution (transfer to WC)	22,672
CCG BCF Contribution (cost paid directly by CCG)	8,559
WC BCF Contribution	4,250
Disabled Facilities Grant	2,551
Total Funding	**38,032**

Work Stream	Budget allocation 2017/18 £'000s
Intermediate Care	12,330
Protecting social care	9,183
Integrated Community Equipment Services - ICES	5,102
Access, Rapid Response, 7-day working	3,829
Other Council Schemes	2,551
Care Act	2,500
Self care, self support (prevention)	1,753
Management & Administration	350
System reserve	334
Invest in Engagement	100
Grand Total	**38,032**