

**WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC**

**INTERIM CHIEF OFFICERS REPORT**

<b>Agenda Item and Title:</b>	GOV/17/07/08 Interim Chief Officers Report				
<b>Date of Meeting:</b>	25 July 2017				
<b>Author:</b>	Linda Prosser, Interim Chief Officer				
<b>Appendices:</b>	None				
<b>Purpose:</b>	Decision		Discussion		Information X

This report provides the CCG Board with an update on major developments in the local health system and with the commissioning portfolio.

**1. Wiltshire CCG Update**

I took up post on the 26 June 2017 and would like to thank everyone who has contributed to a warm welcome and swift and effective induction phase. There have already been some important developments:

- Confirmation has been received from NHS England that the overall rating for the CCG on the Integrated Assessment framework for 2016/17 is **GOOD**. This is an excellent validation and recognition of the work of the CCG during the last year and one that the executive team is keen to build on during this year. There are some important areas of performance that require improvement and others where Wiltshire has the capacity to go further and achieve 'outstanding' ratings.
- To this end I have been working with the team and reviewing our priorities. We will be presenting more details of this in due course as well as proposed changes to the executive structure, necessary in the light of the departure of David Noyes and to better ensure that we can achieve our goals.
- The commitment to a joint CCG Chief Officer and Director of Adult Social Services has been strengthened through a joint statement of intent (Appendix A) presented at the Health and Wellbeing Board. Work is underway to further strengthen this direction of travel with plans to create a body to agree a Memorandum of understanding, to include clarity on the role, responsibilities, governance and corporate arrangements to be put in place.
- The CCG Chair; Dr Peter Jenkins has opted to step down, having exceeded the two years term that he committed to on his appointment. We extend our thanks to Peter under whose leadership the above achievements have been reached. Peter stands down at the end of September and we will have further opportunities to recognise his service to the CCG. In the meantime we are working with the Local Medical Committee to secure the election of a new Chair. We hope for a few weeks of overlap between the incoming and outgoing Chairs for a thorough handover.

## **1.1 Sustainability and Transformation Partnership Update**

The Governing Body will be aware of the fact that the STP is seeking a new Senior Responsible Officer (SRO) following the resignation of James Scott, the previous role holder. A recruitment agency has been engaged to seek a suitable individual on a part time basis.

In addition an interim Programme Director has been appointed for 6 months to oversee the delivery of key programmes of work and ensure their progression. Brigid Musselwhite is welcomed in to this role.

Priority work at present includes workforce planning and development with a particular focus on Mental Health, further describing actions to mitigate the financial gap and progressing the digital work stream through bidding opportunities.

## **1.2 Better Care Plan / Better Care Fund**

Sue Shelbourn-Barrow, Transformation and Better Care Fund Lead starts on the 19 August 2017. This post has joint accountability to the CCG and Wiltshire Council. Reporting to Wiltshire CCG's Accountable Officer and Carolyn Godfrey. Objectives will include:

- Executive Oversight of Wiltshire Delayed Transfer of Care (DTC) plan
- Lead a refresh of Better Care Fund reporting and delivery arrangements to Wiltshire's Health and Wellbeing Board and Joint Commissioning Board (JCB)
- Urgent Care Quality, Innovation, Productivity and Prevention (QIPP) Delivery

## **2. National Update**

### **2.1 Accountable Care Systems**

Eight accountable care systems were announced at the NHS Confederation Conference in June. These systems have been set the challenge to moderate growth, achieve quality targets and deliver a single financial control total by April 2018. It is anticipated that they will also share learning to the next waves of Accountable Care Systems.

### **2.2 Ambulance Response Time Targets**

Measurement of national targets for ambulance responses have been changed so that call handlers have 3 minutes to assess the call before the "clock starts" on the response time. This is a change that is intended to address the issue of multiple vehicles being dispatched which reduces the ability to respond to other patients in a timely way. Trials of this new method have improved response times to the most serious cases by 6%.

**Linda Prosser**  
**Interim Chief Officer**

## **APPENDIX 1**

**Wiltshire Council**

**Health and Wellbeing Board**

**13 July 2017**

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**Subject: Statement of Intent on Health and Social Care Integration**

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### **Executive Summary**

The Statement of Intent sets out the ambitions of partners for developing health and social care integration in the next few years.

### **Proposal(s)**

It is recommended that the Board formally endorses the Statement of Intent.

### **Reason for Proposal**

The Statement of Intent will enable the public and our partners to understand our ambitions for the development of health and social care in Wiltshire.

**Baroness Scott of Bybrook OBE**

**Chair and Vice Chair of Wiltshire Health and Wellbeing Board**

**Leader, Wiltshire Council**

**Dr Peter Jenkins**

**Chair, Wiltshire CCG**

**Chair, Wiltshire CCG**

**13 July 2017**

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**Subject: Statement of Intent on Health and Social Care Integration**

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**Purpose of Report**

1. To outline a statement of intent on health and social care integration in Wiltshire.

**Background**

2. NHS England's Five Year Forward View states:

*"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.*

*Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. There is consensus that:*

- *Increasingly we need to manage systems – networks of care – not just organisations.*
- *Out-of-hospital care needs to become a much larger part of what the NHS does.*
- *Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time."*

3. NHS England recently published "Delivering the Forward View", which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), and covers the period October 2016 to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

4. An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.
5. Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term 'Accountable Care System' (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.
6. The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.
7. There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

### **Wiltshire Context**

8. Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.
9. Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the over-arching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

10. In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.
11. Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group, and our partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

### **Our Collective Intent**

12. Wiltshire Council, Wiltshire CCG and our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care) have agreed to combine leadership to:
  - Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
  - Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes rather than a system which rewards increased contact;
  - Have a shared and transparent governance structure;
  - Establish joint outcomes and evidence based provision;
  - Provide a multi-skilled and joined up workforce.
13. These objectives for transforming the way in which business is done will help to deliver the triple aim of improved population health, improved quality and experience and reduced cost per capita.
14. The next steps to deliver this intent will be to:
  - **Appoint a joint Chief Accountable Officer / Corporate Director (DASS)**

The current situation whereby both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

- **Develop a Memorandum of Understanding which sets out the commitments of partners to the Accountable Care System.**  
The memorandum would clearly set out shared objectives and outcomes and test and develop arrangements for capitated budgets & outcomes based commissioning. Partners within the accountable care system will develop the ability to move finances around the system with the agreement of those involved. This will be taken to the Boards of the various organisations from autumn this year.
- **Align budgets and commissioning intentions to develop whole place commissioning**  
A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. This would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.
- **Develop the contractual vehicle for an accountable care system**  
This framework is likely to be based on the existing and evolving suite of contracts produced by NHS England for new care models. They will be long term contracts which incorporate new payment models, such as whole population budgets, improvement schemes and gain/loss share agreements.

15. The Board is invited to endorse the high level aims and proposed next steps for the development of an accountable care system in Wiltshire.

<b>Baroness Scott of Bybrook OBE</b>	<b>Dr Peter Jenkins</b>
<b>Chair and Vice Chair of Wiltshire Health and Wellbeing Board</b>	<b>Chair, Wiltshire CCG</b>
<b>Leader, Wiltshire Council</b>	

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