Wiltshire Council
Where everybody matters

AGENDA SUPPLEMENT (1)

Meeting: **Health Select Committee**

Place: **Kennet Room - Wiltshire Council Offices, County Hall, Trowbridge**

Date: **Tuesday 11 September 2018**

Time: **10.30 am**

The Agenda for the above meeting was published on 3 September 2018. Additional documents are now available and are attached to this Agenda Supplement.

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

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Wiltshire Council

Health Select Committee

11 September 2018

Adults Social Care Transformation Programme – Update Report

Executive summary

1. The population of Wiltshire is set to increase from 492,200 in 2016 to 515,300k in 2022 representing a 4.69% increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over, projected to increase by 14k, category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years.

2. However, healthy life expectancy is below or very close to state pension age for both males and females meaning that for the last decade or more of their lives, older people in Wiltshire have greater health and wellbeing support needs than during their working-aged lives. Healthy life expectancy is lower for those in the most deprived areas in Wiltshire: a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

3. At the same time, the working age population will proportionally decrease whilst needing to support the larger older population and similar numbers of children.

4. By 2020, funding from Central Government will have reduced and the Social Care Levy for adults' social care service is set to cease, whilst the Council's medium term financial plan estimates that demand for Adult Social Care (ASC) services will increase over the same period.

5. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, receiving the right service, in the right place, at the right time, at the right cost across health and social care.

6. To date, Phase 1 has delivered:
   a. A new Adult Social Care operating model, which went live on time on 21st May 2018
   b. To date, this new service has achieved avoided costs of c. £930k
   c. Within this model, a new prevention model is being set up (initially with three Local Area Coordinators (LACs) in Melksham, Trowbridge and Westbury, expanding in 2018/19 into by a further six LACs and areas)
   d. A new Advice and Contacts Team has been established to better manage calls into the service. The team is not yet fully recruited to

(75%) and recruitment will continue into the autumn. Some ICT issues were experienced and a remedial action plan is being implemented.

    e. A new Multi-Agency Safeguarding Hub with Police and social care practitioners has been collocated alongside the new Advice and Contacts Team in County Hall. A health practitioner is being recruited by the Wiltshire NHS Clinical Commissioning Group (CCG).

    f. A new, registered Reablement service has been registered with the Care Quality Commission and teams have been established in Chippenham and Trowbridge. Salisbury will follow when Bourne Hill is refurbished.

    g. Staff recruitment into the new operating model will continue into the autumn

    h. A co-produced re-procurement of the Help To Live at Home (HTLAH) contract (co-commissioning with the CCG) is underway. This will be a framework arrangement allowing the council to work with a much wider provider market. This should increase the amount of choice available, be more financially competitive and enable us to develop the Wiltshire social care workforce.

7. Future phases of the programme are now being developed and will focus on the remaining ASC services (especially Learning Disabilities and Mental Health), greater integration with healthcare, innovation (especially through technology) and efficiencies.

Proposal

That the committee notes the progress update.

Reason for proposal

Progress update for information only.

Author: Tracy Daszkiewicz, Director of Public Health and Protection (SRO)

        Emma Legg, Director of Access and Reablement

        Debbie Medlock, Interim Director Learning Disabilities and Mental health

        Helen Jones, Director of Commissioning

# Adults Social Care Transformation Programme – Update Report

Purpose of report

1. To update the Health Select Committee on progress of the Adults Social Care Transformation Programme.

Background

2. Wiltshire faces major demographic changes affecting employment and service delivery at a time of increasing financial austerity. An increase nationally and locally in the number of older people with their associated health and social care needs will not only increase the demand for services but also impact on the labour market required to support delivery. There is a critical need to transform the way in which we manage our services to continue to be able to meet the future demand effectively.

3. Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services effectively and efficiently.

Figure 1. Wiltshire's Population Projection by Age Band
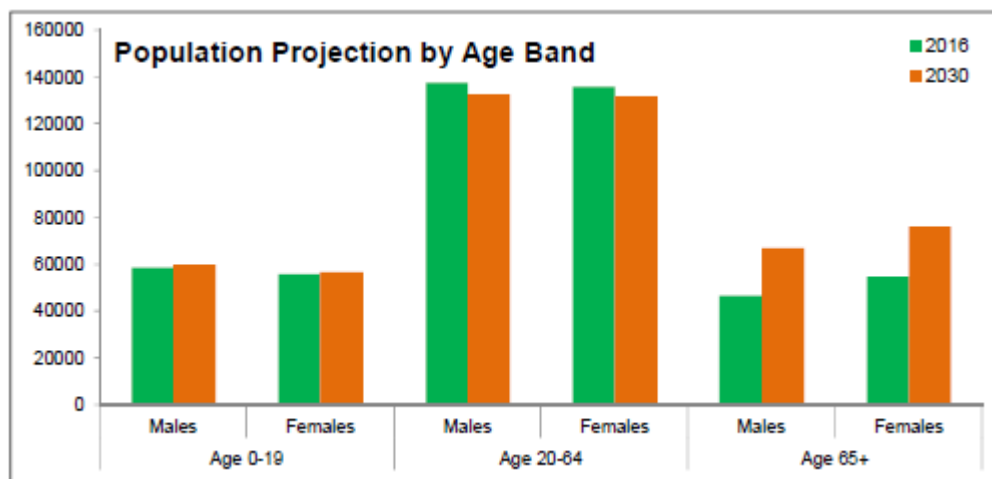
4. Figure 1 illustrates that the population of Wiltshire is set to increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years. (Graph taken from the Wiltshire Joint Strategic Needs Assessment 2017.)

5. The increase in the older population is greater than the increase in the total population. The number of young people will remain broadly similar in the same time period, while the numbers in the working age population actually falls. This is going to increase the level of dependency within Wiltshire as a smaller working age population will need to support the larger older population and similar numbers of children.

6. According to Census data from the ONS Wiltshire had 86,434 people aged 65 or over in 2011. The latest ONS mid-year estimates of population for 2016 show an increase

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of 17.5% to 101,588 and projects a further increase of 64.4% to 167,100 by 2039. (Statistics from the Wiltshire Joint Strategic Needs Assessment 2017.)

Figure 2 shows the percentage of people aged 65 and over in each lower super output area (LSOA) in Wiltshire.

Source: ONS 2016 Population MYE
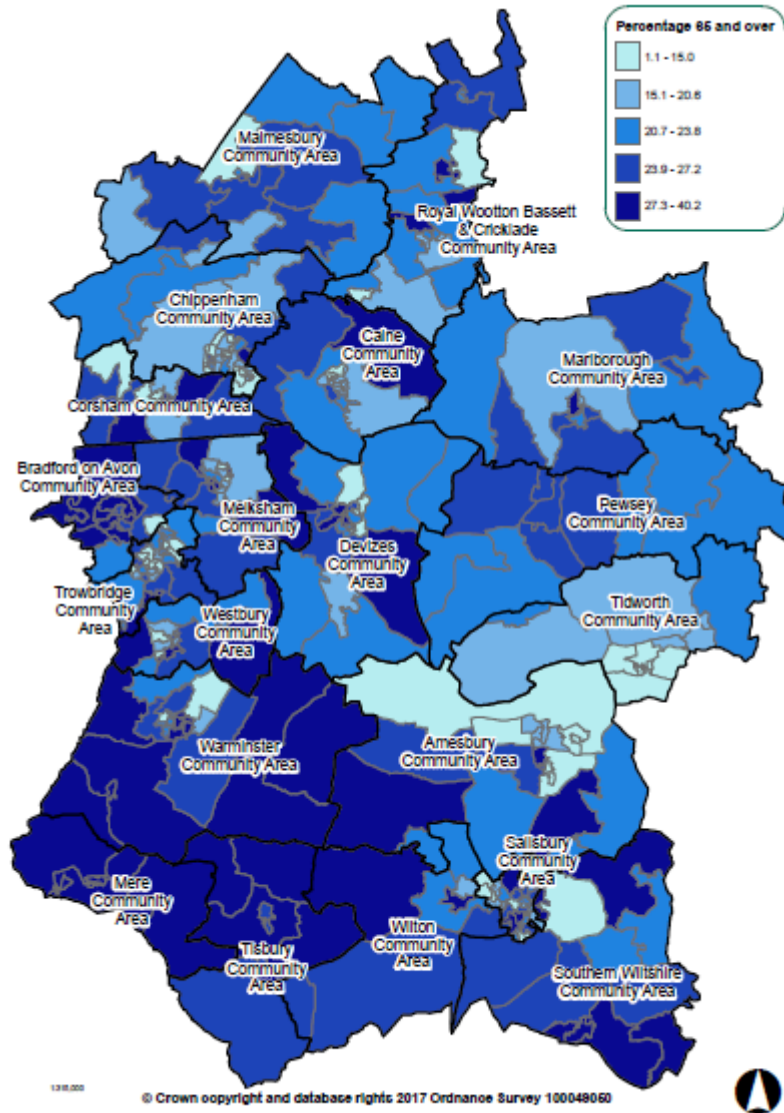
7. For ages 65 and over the highest proportion of the population generally live within rural parts of the south and west of Wiltshire. However, for those aged 85 and over the picture changes slightly with higher percentages more likely in the towns of Wiltshire.

8. Whilst many older people will live in good health there is an inequality in the length of time a person can expect to live in good health related to deprivation. Figure 3 shows the inequality in health life expectancy (HLE) across the five quintiles of deprivation for the population of Wiltshire.

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Figure 3. Healthy Life Expectancy by Deprivation Quintile

2013-15 HLE: Inequalities Analysis

Legend: Males, Females, Wiltshire - Males (64.8), Wiltshire - Females (66.8)

	Q1 - Most deprived	Q2	Q3 - Avg	Q4	Q5 - Least deprived
Males	56.0	62.1	65.3	67.9	70.1
Females	56.9	62.6	66.3	68.4	71.0
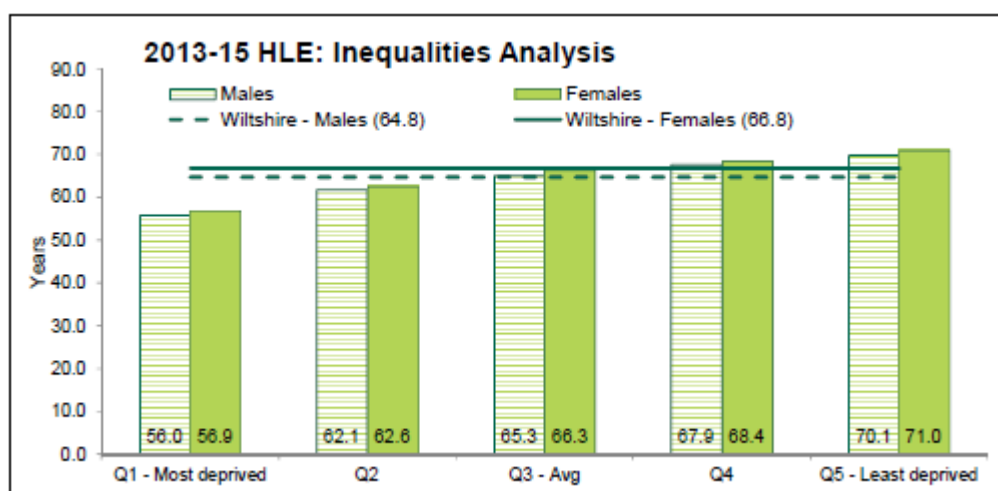
9. Healthy life expectancy is higher in Wiltshire than the South West and England. However, even in Wiltshire, healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy.

10. In addition, healthy life expectancy is much lower for those in the most deprived areas in Wiltshire, for example a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

11. The totality of these population changes for Wiltshire must be considered and planned for in the way we aim to delivery adult social care services, now and into the future.

12. The Council's net budget for Adult Social Care Services and supporting functions in 2017-18 was £136.7m. This includes approximately £10.4m contribution from the Better Care Fund and in 2017-18 £5.8m was raised through the social care levy. Central government funding for the Council as a whole is expected to reduce by a further £18m by April 2020 and the ability to raise the social care levy will also cease at that time. The Council's medium term financial plan estimates that demand for Adult Social Care services will increase over the same period.

13. The Council's Business Plan and strategic objectives promotes self-help, wellbeing, choice and independence, supporting its customers where possible to stay within their home environment with the necessary support in place.

14. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, in the right place, at the right time, at the right cost across health and social care.

15. The next step will need to focus on the need for greater integration of our services with our partners in health to ensure the health and social care system in Wiltshire delivers more effectively and is sustainable.

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Phase 1 Objectives

16. The ASC Transformation Programme is designed to deliver against five key objectives:
    1) To manage demand more effectively including prevention and be financially sustainable
    2) To ensure all services are structured efficiently and effectively across the whole system.
    3) To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
    4) To work more efficiently and effectively with our partners utilising integrated systems and technology
    5) Target cost efficiencies of 10% off the base of the spend on Adult Social Care services to enable service to be maintained at the predicated increase in demand for services rate of 5% per annum

Main considerations for the committee: Progress to date

17. Certain key services in Adults Social Care have been redesigned to deliver a new operating model based on the customer pathway in figure 4 below. Following an extensive HR process involving 180 staff, the new structure for adult social care was implemented on 21st May 2018 and the transition to the new operating model was launched which marks a significant change in our approach that focuses on supporting individuals to regain skills and confidence and avoid long term care.

Figure 4: New Customer Pathway
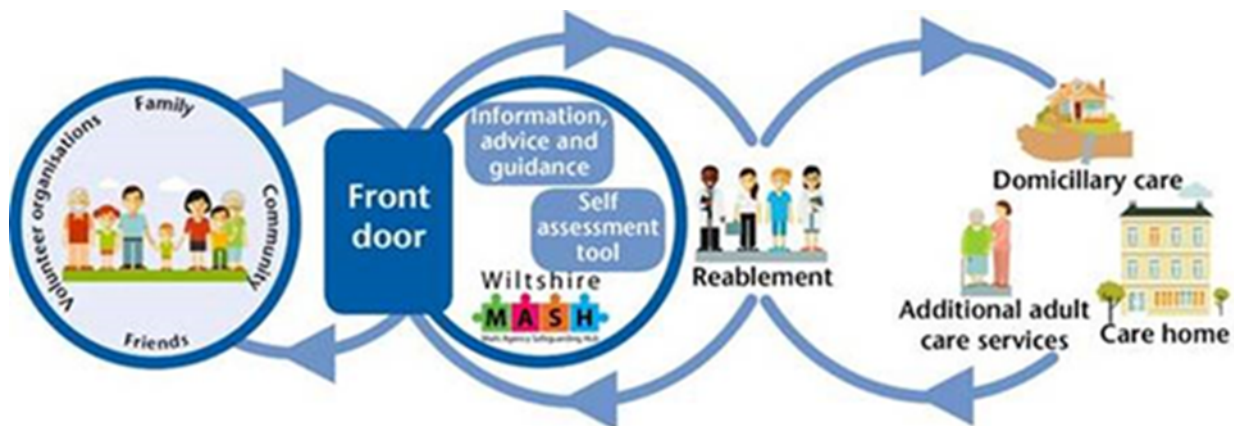
18. The following are currently being implemented:
    18.1 **Local area coordination (LAC)** – with a focus on prevention.

    Progress update: Three early-adopter areas are currently being established in Melksham, Trowbridge and Westbury. Whilst these three areas were selected based on multiple indices of deprivation (i.e. not just linked to

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finances but also transport deficit or service deficit), the intention is that the LAC service will be expanded to be available county-wide and not just based on deprivation. Members of the community were involved in the recruitment panel to ensure local support and engagement. The first three Local Area Coordinators will take up their posts in September 2018. The Joint Commissioning Board has approved budget to extend this to a further six areas, which will be selected based on mapped areas of need and recruitment will begin in the autumn.

18.2 **Advice and Contacts centre** – the new service provides a new way of dealing with demand at the 'front door', with an emphasis on self-service, prevention and sign-posting to community support. A comprehensive induction and training programme has been developed to support the new roles within the teams.

Progress update: In the first full quarter since the launch of the transition to the new operating model, performance data on call handling shows an overall trend of increased performance. In this period, the percentage of calls handled ranged from a low of 17.8% (week 1) to a high of 79%, with a weekly average of 60% as shown in Table 1 below. In addition, the average time taken to respond to calls dropped from 48 to 14 minutes.

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Table 1*: Advice and contact call management statistics 21st May – 10th August 2018*

Week Beginning	Total Calls	Calls handled	Calls abandoned	Average time to abandon	Average speed of answer	% handled
Monday 21st May	1678	299	1281	10 mins	48 mins	17.8%
Monday 28th May	1420	235	1104	14 mins	46 mins	16.5%
Monday 4th June	1224	576	589	5 mins	14 mins	47%
Monday 11th June	1010	799	211	3 mins	5 mins	79%
Monday 18th June	1060	819	241	4 mins	4 mins	77%
Monday 25th June	1103	782	321	3 mins	6 mins	71%
Monday 2nd July	1124	769	355	4 mins	7 mins	68%
Monday 9th July	1110	624	486	5 mins	12 mins	56%
Monday 16th July	1063	771	292	4 mins	6 mins	73%
Monday 23rd July	1043	705	338	4 mins	8 mins	68%
Monday 30th July	1095	797	298	3 mins	7 mins	73%
Monday 6th August	823	628	195	3 mins	5 mins	76%

This improved performance is despite the new service commencing with a significant number of vacancies that has required temporary support from both the Reablement Team and Ongoing Support Team to staff the service during the transition to the new operating model. Recruitment to 75% of the posts is expected to be achieved in September and the remaining 25% are subject to continued recruitment over the coming months.

Although variance in call handling performance over the summer period has been experienced, once the recruitment to the team is in a stable position it is anticipated that call handling statistics will stabilise and then improve in line with targets and as the team experience grows. Service targets are to achieve handling of 90% of calls when a fully effective team is in place assuming and abandonment rate of approx. 5-10% in line with recognised call centre bench marking standards.

These figures reflect the challenges faced by the team in the weeks following implementation. Significant staffing and IT issues impacted on the team's ability to manage incoming demand. The overall position has now improved. However, there are some ongoing IT issues e.g. MITEL upgrade delays; which, once completed, will reduce A&C team demand by redirecting unnecessary demand appropriately prior to a call centre operative taking the call. These issues have limited our ability to achieve channel shift and increase contacts made via email and the 'YourCareYourSupport' website. There is now a date for the MITEL upgrade of mid-September. Online referrals for professionals including GP's and safeguarding referrals are now live.

18.3 **MASH** – a new adults' Multi-Agency Safeguarding Hub collocating health, social care and police to provide a rapid, efficient and effective response to referrals of vulnerable adults in need of protection from harm, abuse or neglect.

Progress update: Police and social care colleagues are now collocated alongside the new Advice and Contacts centre in County Hall and are implementing a new referral process. The CCG are currently recruiting a health practitioner to join the MASH team.

18.4 **Reablement** – a new in-house social care service. The aim of the service is to work with clients to maintain their independence for as long as possible, thus increasing their well-being and reducing the dependence on longer-term care packages.

Progress update: a soft launch of the service commenced in May 2018 which focused on recruitment and training of staff in readiness for successful registration as a provider which has successfully registered with the Care Quality Commission in July 2018.

From 1st June to 31.07.18 the service had a positive impact and resulted in the following:
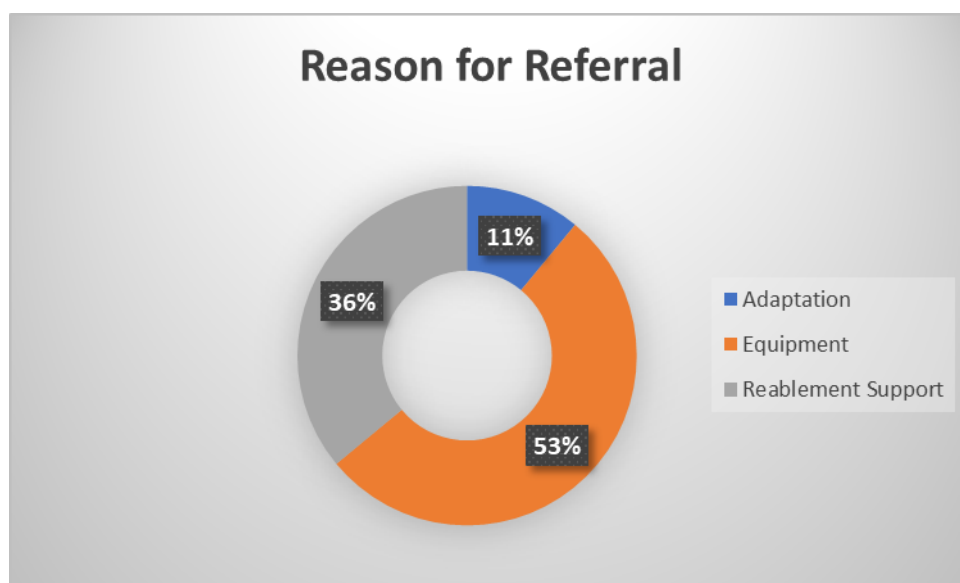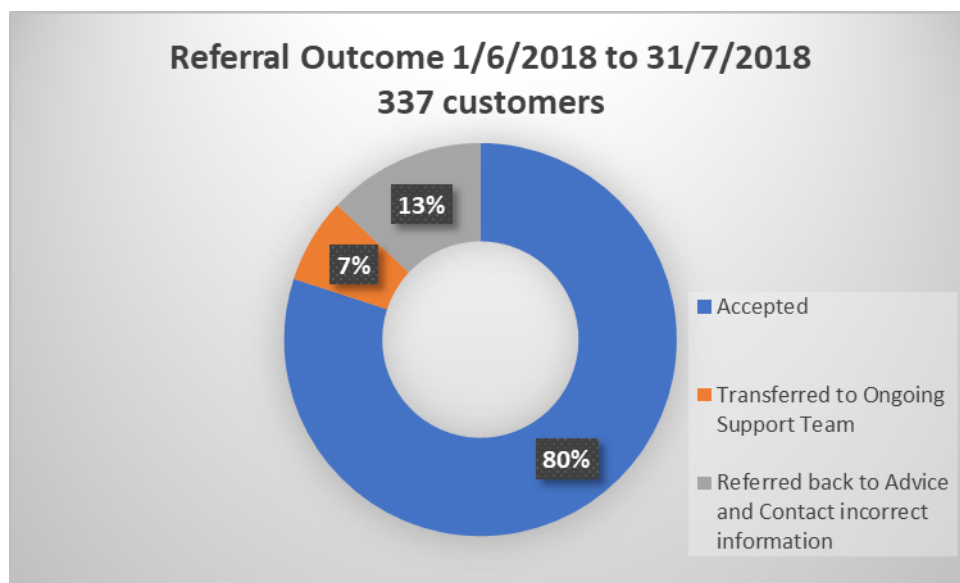
Recruitment has begun and is ongoing and the service started working with clients on 20/08/18 providing service from 7 am to 10 pm. 7 days per weeks.

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This is not currently operating at full capacity due to holidays and planned training however this will continue to expand over the coming months as recruitment and training commitments stabilise.

Wiltshire Council Reablement Case Study

Mrs C lives in a bungalow that she owns in the west of the county. Her granddaughter stays with her every weekend, but she is normally alone in the week.

Mrs C said she used to be a very independent person and could do most things for herself. She used to enjoy going into to town to go shopping but now doesn't feel like she can do much for herself any more. She added that the hospital staff said: "I'm not allowed to do much now". Mrs C had a fall a few weeks ago which really shook her up. She said she has accepted more support visits now mainly to stop her family worrying about her. Mrs C is happy with the support workers but would like to be able to do a bit more for herself if possible.

Mrs C has Chronic Obstructive Pulmonary Disease (COPD) and Diabetes and experiences breathlessness and fatigue. Small things can exhaust her, and she finds this frustrating which makes her feel low in mood.

Package at the start of her Reablement programme

Morning	Lunch time	Tea time	Bed time
45 mins	30 mins	30 mins	30 mins

Mrs C's Reablement Goals
To regain strength and confidence walking short distances after her fall.
To be independent in making a small meal and hot drink at lunch and tea time.
To be independent in having a shower and changing from her day clothes to her night clothes.
To be independent in getting in and out of bed

Summary of Reablement Provision

At the outset of the reablement service, Mrs C assessed her Quality of Life (QOL) at 13 out of a possible 30. At the end of the Reablement period, she considered it had risen to 25/30.

Hours at the beginning of Reablement provision	15.75	Visits per week	28
Hours in Final Week	8.75	Visits per week	14

Performance statistics against KPI's are promising and evidence a cost avoidance total of c£900k. 80% of customers being referred to the team are accepted with 13% being redirected back to A&C Team and 7% redirected to

Ongoing Support. Statistics confirm that 53% of referrals are for equipment only 36% are for support and 11% are for adaptation.

See case study for an illustration of reablement in practice.

18.5 **Help to Live at Home (HTLAH) Alliance** – a new 4-year procurement platform (equivalent to a framework agreement) which providers can join at any time.

Progress update: The specification has been co-produced with home care providers and with input from other stakeholders, including the NHS Clinical Commissioning Group (CCG) and representatives from the voluntary sector. The CCG have input into the specification to include personal care for continuing health care. The procurement will be launched in early September. One of the Alliance aims is to encourage as many providers onto the Alliance as possible, so that we trade only with Alliance members. Through the Alliance, commissioners will build trust and confidence in the market, which will allow the Council to gain more influence the market and develop commissioning arrangements over time. Relationship-building is going well: c. 50 providers attended the last engagement event, including providers currently working on the borders of Wiltshire who are keen to develop their businesses within the county. Another objective is to use the Alliance to promote and develop the social care workforce and we plan to create career pathways, offer joint training and joint recruitment opportunities.

We are aiming for a smooth transition between the old contracts and the new ones. Assuming providers are on the Alliance, they will retain existing customers. If providers choose not to join the Alliance at the first opportunity, they will be encouraged and supported by Commissioners to join at a later date. For any that do not join, we would look to move customers to an Alliance provider at the time of the customer's next scheduled review.

Benefits

19. Once the programme has been fully implemented and transitioned to Business As Usual, the service will start to realise the following benefits:
   - Our customers will have more independence and personal choice with access to excellent advice, guidance and support to meet their individual needs on options available to them.
   - We will understand what our residents' needs are and in turn our demand and be able to manage this more effectively through prevention
   - Simplified and streamlined in house processes with the use of integrated systems
   - Working with our partners more effectively and efficiently to provide a seamless transition through service provision, removing duplication and bureaucracy.

20. The restructuring of the operational service, together with the establishment of the new Reablement team, has been cost neutral and the new operating model is expected to release a £1.5m saving in 2018/19.

Next steps

21. Phase 1 is in a transition towards business as usual. The focus in future phases is:
    - Developing integrated pathways across health and social care
    - Formalising joint working arrangements
    - Continuing Health Care (CHC)
        - Current performance is 50% of the England average (referrals and conversion rates)
        - Performance stabilisation underway
        - Overarching goal is for an integrated team with health incl. budgets
        - Common training around legislation for LA staff and NHS staff (starting Oct 18)
        - New agreed service design, process, supporting policies and procedures (common LA/NHS)
        - Greater focus on direct payments
        - A dispute resolution process
    - Exploiting opportunities for joint commissioning across the health and social care arena.
    - Hospital discharge & intermediate care pathway – building on the new reablement service to improve pathways across health and social care services
    - Learning Disability Transformation- service has in year budget pressures of c£3m
    - Mental Health
    - Digital solutions – including a new Case Management System and mobile working
    - Target to reduce the ASC spend by c£20m over the next 3 years.

Report authors

Tracy Daszkiewicz, Director of Public Health and Protection (SRO)

Emma Legg, Director of Access and Reablement

Debbie Medlock, Interim Director Learning Disabilities and Mental health

Helen Jones, Director of Commissioning

Wiltshire Council

Health Select Committee

11 September 2018

Subject: CQC Action plan update

Executive Summary

The CQC Local Acton plan was submitted to CQC in July 2018. The local action plan at that time was a direct response to the sixteen areas of concern raised in relation to the interface between health and social care services. Agreement was reached at the 11 July Health Select committee to bring back the action plan to the September 11 meeting, along with a summary of the progress being made.

Proposal(s)

It is recommended that the Board:
  i)   Note the development of the programme delivery plan and governance arrangements
  ii)   To note and comment on the content of the programme delivery plan at appendix 1

Reason for Proposal

Update on the Health and Social Care programme delivery plan following the CQC review process. The report provides an overview of activity undertaken to date, and includes the updated programme delivery plan at appendix 1.

Presenter name: Carlton Brand
Title: Corporate Director
Organisation: Wiltshire Council

Wiltshire Council

Health Select Committee 11 September 2018

Subject: CQC Action plan update

Purpose of Report

1.   Health Select Committee members are asked to consider this report along with the attached programme delivery plan, and to note the development of the plan. The plan remains a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Background

2.   At the July meeting of the Health Select Committee the committee members were briefed on the CQC local review process, which resulted in the submission of a local action plan on 13 July 2018. The plan was a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Main Considerations

3.   Since the last meeting the action plan structure has been further developed to incorporate related and interdependent work areas, such as the high impact model for delayed transfers of care, and initiatives surrounding Length of stay (over 21 day stays in Acute settings). The plan now also includes a benefits realisation workstream to enable the tracking and impact of the overall programme.

The final CQC report published on 14 June 2018 recognised the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, and sixteen areas of improvement were noted. In the attached revised plan at appendix 1 each area of improvement has been preserved to enable linkage back to the original CQC report where required.

4. The delivery plan at appendix 1 provides the full summary of work ongoing, and completed across the nine workstreams. In summary:

- **New Wiltshire Health and Social Care framework- to help people in Wiltshire to live as well as possible** – This works is now mobilising and agreements are in place to implement a new provider delivery group to oversee the development of new models.
- **Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care -** This work is underway and is linked to the refresh of the Health and Wellbeing strategy which expires in 2019
- **Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it** – New Wiltshire Commissioning Group now agreed to be co-chaired by the CCG and Council Commissioning Directors.
- **Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table** – Changes to report format has been implemented to include more of a timescale and deliverable focus.
- **Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways** – Significant progress made with a full overhaul of the whole Health and Social Care governance arrangements nearing completion.
- **Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population** – Work to scope the work in detail and align with the Workforce programme at STP level is ongoing.
- **Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us** – The programme of work for this area is being developed, and is complex given the nature of system interoperability and information governance
- **Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice** – Work has now commenced on the communications strategy and plan for this area.

Next Steps

5. We would like to ask the Health Select Committee to note the development of the programme delivery plan.

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Overall responsibility for delivery of the Local Action Plan therefore remains with Health and Wellbeing Board whilst the Wiltshire Integration Board will be accountable for successful delivery.

6.   Timescales

In the next period, we will be putting in place a series of clear milestones for each work stream along with benefits realisation measures to ensure that we are clear about the impact each of the workstreams will be expected to make.

Report Authors: Roshan Robati, Wiltshire CCG; Tony Marvell, Wiltshire Council

Appendix 1 – Wiltshire Local Action Plan

Wiltshire Integration Programme Plan (September 2018)

Authors:	Roshan Robati /Tony Marvell		
Report Owner:	Wiltshire Integration Board		
Date:	06 September 2018		
Version:	Version 2.0		

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Wiltshire Integration Programme Plan

1. This integration programme plan has been created from the CQC Local Action Plan to define the programme of change now in place to further improve health and social care services for Wiltshire Residents. The plan is organised into nine key themes as summarised below:

   - New Wiltshire Health and Social Care framework model - to help people in Wiltshire to live as well as possible
   - Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
   - Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
   - Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
   - Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
   - Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
   - Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
   - Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice
   - Benefits realisation – we will be clear about the improvements for residents and we will monitor and report our progress throughout the programme lifecycle.
   -

2. This Integration Programme plan will be owned by the Wiltshire Integration Board, who in turn will report to the Health and Well-being board and other committees as required.
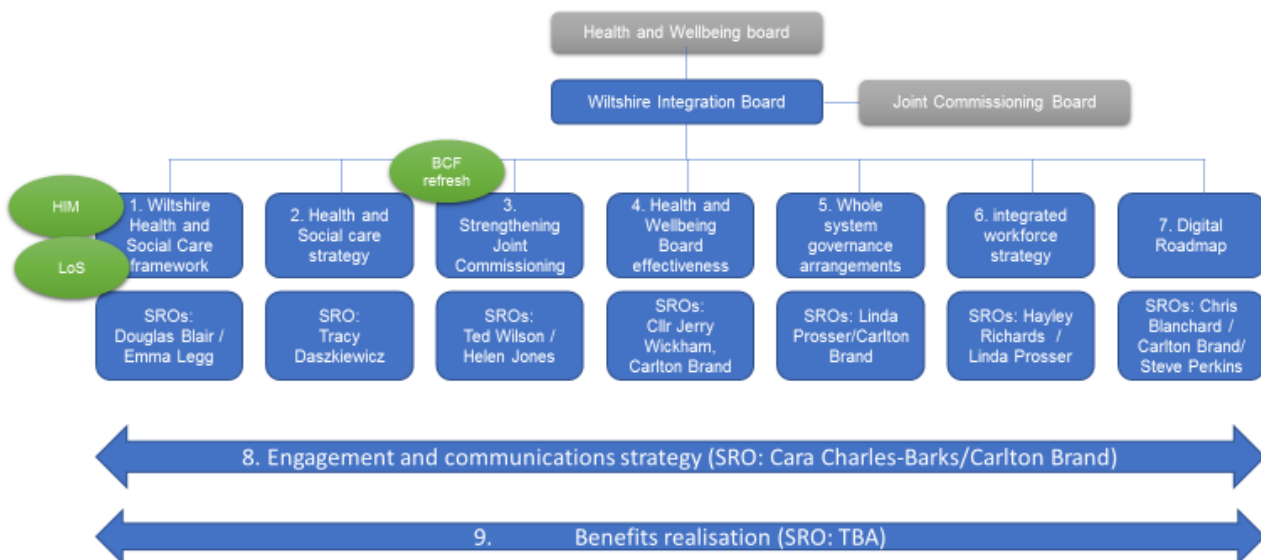
3. In parallel with the delivery of the Integration plan, there are "in year" programmes that must also be delivered, this plan incorporates these other important programmes such as reducing length of stay, the production of the high impact model and the refresh of the BCF plan

4. To provide routine board level reporting the plan has adopted a simple traffic light reporting system as follows:

🟥	Plans not yet in place
🟫	Business case/planning stage
🟩	Work underway – on track
🟦	Work completed and signed off
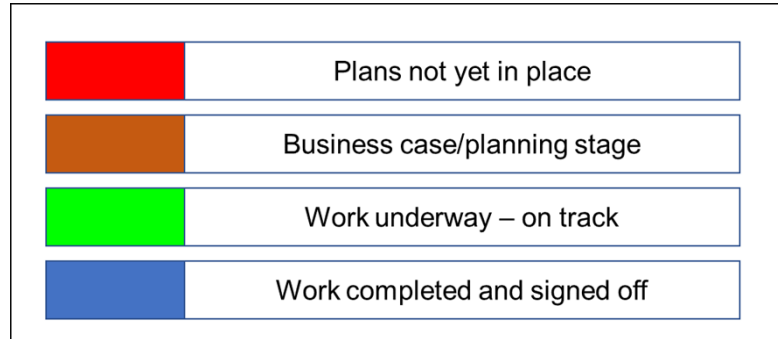
This will enable board members to manage the programme plan by exception.

5. To maintain linkage to the CQC local Action plan the areas of improvement identified during the review have been preserved.

6. SRO's will provide reports to the Wiltshire Integration Board on each of the key themes at each board meeting.

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Wiltshire Integration Programme Plan

1. Wiltshire Health and Social Care Model

In the new Integrated Health and Social Care Model Primary Care, Community Services, Social Care, Mental Health, private providers, Secondary Care and voluntary services work together to deliver a placed-based care for the Wiltshire population. Depending on the needs of an individual as well as risk profile based on risk stratification tools, different level of interventions will be available.

Principles of Place-based Integrated Care:

- Develop/maintain services to promote prevention, self-help, self-care and access to the appropriate care

- To provide improved person-centered proactive services at home or closer to home where possible

- Use Secondary care only when clinically appropriate and treatment/care is not possible in community

- Facilitate timely and speedy discharges once the patients are medically fit to leave hospital

- Minimize the use of long term care

- To agree on an evidence-based and consistent approach to EOL

<table>
<tr><td rowspan="2">Page 22</td><td>Ref</td><td>Project milestone</td><td>Lead</td><td>Start Date</td><td>End Date</td><td>Status (G/A/R)</td><td>Governance</td><td>CQC Cross reference key</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td></td><td>1</td><td colspan="5">New Wiltshire Health and Social Care Framework (SRO: Douglas Blair/Emma Legg)</td><td>JCB</td><td></td></tr>
<tr><td></td><td colspan="8">Design of New framework for the whole Health and Social Care System – The following principles are to be embedded into the design and production of the new framework</td></tr>
<tr><td></td><td>1.1</td><td>To ensure more direct involvement of service users in the design and delivery of the new model using tools such as Evidenced-Based Design</td><td>SG/ Sara McClellan</td><td>Aug 2018</td><td>March 2019</td><td></td><td>WDG</td><td>AOI10</td></tr>
<tr><td></td><td>1.2</td><td>Health and Social Care professionals to promote self-care and self-management dealing with individuals wherever possible</td><td>All</td><td>June 2018</td><td>Dec 2018</td><td></td><td>WDG</td><td>AOI14</td></tr>
</table>

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Wiltshire Integration Programme Plan

Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.3	To ensure consistent use of Social Prescribing to supports individuals to self-care and connect to community based support	Public Health	July 2018	March 2019		WDG	AOI8, AOI9
1.4	To agree the use of integrated single assessment tool across health and social care to improve service user experience	EL	July 2018	June 2019		WDG	AOI8, AOI9
1.5	Review and improve access to support and sign-posting for people who fund their own care	DM/EL	Aug 2018	March 2019		WDG	AOI13
Delivery actions – (not dependant on the new Health and Social Care framework)							
1.6	EOL Board to ensure there is a consistent approach in EOL care including care planning and access to the care plans by all professionals involved with the individual's care	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.7	To jointly identify and prioritise individuals at EOL to prioritise POC for them	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.8	Local Authority and CCG to jointly work on the process map of the current CHC Pathways	DM/WC	June 2018	Dec 2018	delivery	JCB	AOI11
1.8	To develop an updated jointly agreed CHC Operational Policy and Dispute Resolution Policy	DM/WC	June 2018	Dec 2018	delivery	JCB	AOI 2
1.9	Production of a training strategy for all staff involved in the identification and assessment of CHC	DM/WC nominee	June 2018	Dec 2018	delivery	JCB	AOI 2 AOI 11
1.10	To develop a policy agreement across the STP to define the respective responsibilities regarding health and social care interventions to ensure that those individuals who may not meet the criteria for CHC but who may require a joint package of care are appropriately identified	DM/WC nominee	June 2018	Dec 2018	delivery	JCB	AOI 2 AOI 8, AOI 9

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Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.11	To have mechanisms in place to identify vulnerable people who might lack a support network at an earlier stage (preventative approaches through LAC pilot)	Public Health	June 2018	Dec 2018	delivery	WDG	AOI8, AOI9
1.12	To identify carers at risk to support them to cope	SG	July 2018	March 2019		WDG	AOI8, AOI9
1.13	To refresh the Better Care Fund plan for 2017/19 ("Autumn" delivery agreed)	TM	Sept 2018	Dec 2018		WDG	AOI9
High Impact Model – transfers of Care							
Change 1 Early Discharge Planning							
1.14	To increase social worker input to A&E. To review the outcome of the trial at the Great Western Hospital NHS Foundation Trust to have a dedicated social worker in A&E to understand whether this can be continued.	EL	July 2018	March 2019		WDG	AOI8, AOI09
1.15	To ensure multidisciplinary early discharge planning including EDD expected date of discharge setting is a standard approach in all acute hospitals	TW	July 2018	March 2019		WDG	AOI8, AOI9
Change 2 Systems to Mange Patient flow							
1.16	To use electronic patient flow data to guide discussion at WICC to identify and manage problems throughout the system	TW	July 2018	March 2019		WDG	AOI8, AOI9
Change 3 Multi-Disciplinary / Multi agency discharge teams							

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Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.17	Align Reablement and Home First services, including the provision of contingency plan.	EL/ DB	July 2018	March 2019	delivery	WDG	A015
Change 4 Home First / Discharge to assess							
1.18	Integrated Discharge Pathway re-design to accelerate discharges (Pathway 1)	Helen Mullinger	July 2018	November 2018	delivery	WDG	AOI8, AOI9
1.19	Integrated Discharge Pathway re-design to accelerate discharges (Pathway 2)	Helen Mullinger	November 2018	March 2019		WDG	AOI8, AOI9
1.20	To implement the already agreed 4 discharge Pathways across all hospitals	EL/DB	July 2018	March 2019		WDG	AOI8, AOI9
Length of Stay – Over 21 day stays in hospital (25% Target reduction by December 31, 2018) – SRO Paul Goodwin							
1.21	Confirmation of scope and boundary, and dashboard reporting requirement across the whole STP area for the LoS programme	TM	Sept 2018	Sept 2018		LDB	
1.22	Trajectory, metrics and ownership of the reduction plan.	TM	Sept 2018	Sept 2018		LDB	
1.23	Performance management and reporting	TM/JD	Oct 2018	March 2019		LDB	
Change 5 Seven day services							
1.24	There is a need to review provider contractual arrangements to ensure 7 day discharges to care homes are achievable	TW/HJ	July 2018	Dec 2018		WDG	AOI8, AOI9
Change 6 Trusted Assessors							

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Ref	Project milestone	Lead	Start Date	End Date	Status (G/A/R)	Governance	CQC Cross reference key
1.25	Implement Trusted Assessment model across the whole system.	HJ/TW/ provider	Sept 2018	March 2019		WDG	AOI8, AOI9
	• Meeting with Senior decision makers to determine Trusted Assessors model	TM	Sept	Sept		WIB	AO18, AO19
	• Business and mobilisation plan to WIB for approval	TM	Sept	Oct		WIB	AO18, AO19
	• Mobilisation of Trusted Assessment model	TM	Oct	Dec		WIB	AO18, AO19
Change 7 Focus on choice							
1.26	Scope and establish a project to develop an integrated patient/family/carers Choice Policy (link to 8 high impact actions)	TM	Sept 2018	Nov 2018		WDG	AOI8, AOI9
Change 8: Enhancing health in care homes							
1.27	To ensure there is a joined-up approach in supporting care homes to minimise hospital admissions	DM/EL	July 2018	March 2019		WDG	AOI8, AOI09
1.28	To establish Red Bag scheme for Wiltshire Care Homes	DM/EL	July 2018	March 2019		WDG	AOI8, AOI09

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2.	A single overarching Health and Social care strategy, improving outcomes with a focus on prevention and early intervention (SRO: Tracey Daszkiewicz)						
2.1	To create a shared vision statement by engaging with Wiltshire residents and final sign off by H&WBB	SB	July 2018	March 2019	delivery	HWB	AOI 1
2.2	Utilise Health and Wellbeing Board to develop an integrated overarching strategy (for the whole population) considering the current climate and challenges to promote prevention, self-care, proactive care closer to home, minimising requirement for long term care and bring best outcome for the population (the current H&WBB Strategy expires in 2019)	SB	Sept 2018	April 2019	delivery	HWB	AOI 1
2.3	To agree a methodology to develop an evidence based approach for development of strategies, using public health statistics and population intelligence	SB	Aug 2018	April 2019	delivery	HWB	AOI 1
2.4	To ensure the strategy promotes the culture of quality improvement and empowers staff to try new ways of working and feel supported in doing so	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.5	To design a process to ensure service strategies, amongst all partners, exist and that a golden thread aligns these strategies to the Integrated Overarching Strategy	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.6	Building the continuous improvement methodologies into the development of the strategies to measure outcomes and impact of the new strategies	SB	Aug 2018	Dec 2019		HWB	AOI 1

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Wiltshire Integration Programme Plan

3	**Strengthening Joint Commissioning across the whole system with increasing leadership from providers. (SRO: Ted Wilson and Helen Jones)**						
3.1	A programme of work developing trust and confidence and to promote integration and joint working across all organisations	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.3	To further develop joint working arrangements at all levels and work together to commission and monitor the delivery of services	TW/HJ	July 2018	March 2019		JCB	AOI 3 AOI 4
3.4	LA and CCG commissioners to align their commissioning strategies so there is one clear ask of providers	HJ/TW	July 2018	March 2019		JCB	AOI16
3.5	To Develop a sustainable financing model to describe how budgets are defined i.e. pool budget etc	SP/IB	July 2018	March 2019		JCB	AOI 3
3.6	To utilise JCB and Wiltshire Commissioning Group to jointly deliver outcome based-commissioning intentions and specification for the new integrated model of care	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.7	All system leaders and in specific commissioning leaders to put in place the environment for change to happen by working with others to develop working relationships, systems for collaborative working and development of the infrastructure for community based care.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4
3.8	Commissioners to ensure appropriate processes and mechanisms are in place to jointly monitor and ensure that standards are met and improvements are made.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4
3.9	In line with STP strategy and direction providers will increasingly take the leadership role across the system through a new provider led Wiltshire delivery group to be chaired by providers.	DB/Acute CEO's	July 2018	March 2019		JCB	AOI 3 AOI 4

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4	**Improve Wiltshire's Health and Wellbeing Board effectiveness (SRO Cllr Jerry Wickham, Carlton Brand)**						
4.1	To refresh the arrangements and the functionality of the board	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.2	To hold to account all partners to deliver the agreed whole system vision and strategy	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.3	All schemes to have objectives and metrics to demonstrate impact. Ongoing performance assessment by the board of all work stream activity scheduled for review by the board	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.4	Improved focus on the topics that are reported to the board linked to population need, our JSNA and shared system objectives	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.5	Option appraisal exercise for future use of independent chair	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.6	Joint chair with CCG and the Council	JW/CB	July 2018	Dec 2019		HWB	AOI3
4.7	To plan for a longer view for HWB strategy potentially 15 Years to start considering increasing frail/elderly population amongst other population level health issues.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.8	On 03 July 2018, a decision was taken by the Council to appoint a permanent DASS. New working arrangements are now under discussion between the DASS and Councillors to better define the roles of elected councillors and Senior officers. New governance arrangements are now being mobilised to enable clear forums for Senior officers across the system to support and challenge each other.	JW/CB	July 2018	Dec 2019		HWB	AO13, AOI6
4.9	All projects and initiatives that are part of the HWBB to report to the board outcomes and milestones progress. Officers would then be held to account for delivery.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.10	To focus on prevention, and to look at detailed population level metrics.	JW/CB	July 2018	Dec 2019		HWB	AO13
4.11	To develop a quarterly reporting pack on the whole system.	JW/CB	Oct 2018	March 2019		HWB	AO13

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5	**Unifying and developing whole system governance arrangements (SRO: Linda Prosser/Carlton Brand)**						
5.1	To ensure in developing any programme of work that joint planning as an integrated system takes place and that continuous quality improvement is embedded.	All	July 2018	Aug 2018		HWB	AOI3
5.2	To ensure patient/service user representation in appropriate meetings to facilitate co-design of changes to pathways/services	RR/TM	July 2018	Aug 2018		HWB	AOI10
5.3	To review the planning process for JCB along with Terms of reference to ensure timely production of Commissioning Intentions and their delivery	RR/TM	July 2018	Aug 2018	delivery	HWB	AOI3
5.5	Any individual organisational transformation programmes to provide updates to the WIB	TM	July 2018	Aug 2018		HWB	AOI3, AOI8
5.6	Review TOR for the planned Wiltshire Delivery Group in the context of the wider governance review to ensure full participation from front-line staff	LP/CB/DB/EL	July 2018	Aug 2018		HWB	AOI3, AOI8
5.8	To ensure appropriate representation from voluntary and community sector(VCS) in all key board meetings	RR/TM	July 2018	Aug 2018		HWB	AOI10
5.9	To put in place a clear plan across VCS to ensure all engagement is aligned (Voluntary Sector Alliance)	HJ/TW	July 2018	Aug 2018		HWB	AOI10
5.10	To ensure there are regular updates from STP work to WIB/JCB	LP	July 2018	Aug 2018		HWB	AOI8

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6	Developing a sustainable integrated workforce strategy (SRO: Hayley Richards (AWP)/Linda Prosser)			Indicative dates			
6.1	To work with colleges, Health Education England and Social Care Institute for Excellence and NHS Education to develop Integrated Education and Career Pathways	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.2	To understand the workforce demand s across Wiltshire and identify apprenticeship models to encourage people into the health and Social Care profession	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.3	To design a multidisciplinary balanced workforce that considers the needs and requirements of the >50s cohort. Demand should inform capacity planning for registered and unregistered professionals. This work stream will take account of the demand and capacity planning within the STP footprint as informed by local A&E delivery boards.	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.4	Target existing Wiltshire professionals with opportunities across the whole of Wiltshire to create the Wiltshire knowledge base	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.5	To explore options to collocate health and social care (providers and commissioners) workforce where it will add value for residents	LP/HR	Aug 2018	March 2019		HWB	AOI7
6.6	To establish an Integration Framework to provide guidance to front line staff in joint working	LP/HR	Aug 2018	March 2019		ATB	AOI7
6.7	Establish the vital role that "key workers" have regarding the twenty-year housing strategy currently being produced for Wiltshire.	LP/HR	Aug 2018	March 2019		HWB	A017
6.8	The joint integrated workforce strategy needs to accommodate the requirement for 7 day services	LP/HR	Aug 2018	March 2019		ATB	A017
6.9	We need to consider the work of the Local Enterprise Partnership ("LEP"), along with the role of colleges in the design and preparation of the workforce for the future.	LP/HR	Aug 2018	Sept 2019		HWB	A017
6.10	To ensure flexibility of employment opportunities and career progression is available to across the wider care system from entry level through apprenticeships and professional training	LP/HR	Aug 2018	March 2019		ATB	A017
6.11	Link to local FE colleges, and Higher Education via the Local Enterprise Partnership (LEP) skills agenda	LP/HR	Aug 2018	March 2019		HWB	A017

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7	**Digital Roadmap (SRO: Chris Blanchard/Carlton Brand/Steve Perkins)**						
7.1	Working with the STP level to ensure all available digital technologies are implemented, and different IT systems are linked, enabling the patient or service user to tell their story once	CB/CB/SP	Aug 2018	To be defined		JCB	AO3, AO13
7.2	To review accessibility and availability of Access to Service Information (knowledge portal) for both public and professionals in times of crisis. (need to include Police)	CB/CB/SP	Aug 2018	To be defined		JCB	AO3, AO13
7.3	To share and access real time live information from providers' business intelligence systems to plan for demand to speed up the flow in the system.	CB/CB/SP	Aug 2018	To be defined		JCB	AO3, AO13
7.4	To extend the Wiltshire Single View digital solution to all GPs and enable social work teams to access patient health data	CB/CB/SP	Aug 2018	To be defined		JCB	AO3, AO13
7.5	A review of Wiltshire information sharing arrangements to have protocols and agreements in place to ensure that our aspirations are in line with national best practice. The roll out plan needs to be sufficiently aggressive to deliver required infrastructure to improve outcomes for population	RR/TM	June 2018	Dec 2018		JCB	AO3, AO13

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8	**Single integrated engagement and communications strategy** (SRO: Cara Charles-Barks/Carlton Brand)						
8.2	To Recruit a joint communications post to work across the whole system	TM	Sept 2018	Nov 2018	 	WIB	AOI3, AOI9, AOI14
8.3	Working together across all partners and agencies to develop the communications strategy and plan	New Comms manager	Nov 2018	Jan 2019	 	WIB	AOI3, AOI9, AOI14
8.4	Workshops with patients and service users to co-produce the shared vision and strategy	New Comms manager	Nov 2018	Jan 2019	 	WIB	AOI3, AOI9, AOI14
8.5	Engaging with staff and residents on potential transformational changes and enabling them to shape and own this change	New Comms manager	Nov 2018	Jan 2019	 	WIB	AOI3, AOI9, AOI14
8.6	Strengthening our approach to co-production with service users and patients by creating a network of people to engage with using our service user engagement provider	TD	Nov 2018	March 2019	 	WIB	AOI8, AOI9
8.7	Review Wiltshire Web pages relating to Integration	New Comms manager/CC	Nov 2018	Dec 2018	 	WIB	AOI3, AOI9, AOI14
8.8	Construct new content and produce proposal for board approval	New Comms manager/CC	Dec 2018	Jan 2019	 	WIB	AOI3, AOI9, AOI14

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9	**Benefits realisation (SRO: TBA)**						
9.1	To review and develop a revised approach to have a single programme dashboard and tracker	RR/TM	July 2018	Nov 2018		JCB	AOI3
9.2	To develop a robust risk management structure to ensure ownership of risks by the whole system. This should be developed and supported by intelligence from the tracker and dashboard and made available to the whole system	RR/TM	July 2018	Nov 2018		HWB	AOI12

Actions now completed

3.2	Learn from Trust and confidence model in BANES	TM	July 2018	July 2018		JCB	AOI 3
5.4	To re title the Integration and Better Care Board to Wiltshire Integration Board (WIB)	RR/ DB	May 2018	May 2018		HWB	AOI3
5.7	To design and plan time for informal discussions between providers and commissioners (Strategic workshops planned every 3 Months)	TM	July 2018	Aug 2018		HWB	AOI5
8.1	To nominate a communication lead for this work to coordinate internal and external communications messages with all communications leads in partner organisations (Interim responsibility assigned to Tim Edmonds/Sarah MacLennan)	New Comms Manager	June 2018	Sept 2018		WIB	AOI3, AOI9, AOI14

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