

AGENDA

Meeting: WILTSHIRE HEALTH AND WELLBEING BOARD
Place: Kennet Room, Wiltshire Council, County Hall, Bythesea Road,
Trowbridge, BA14 8JN
Date: Thursday 20 March 2014
Time: 3.00 pm

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

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

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Voting:

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

Non-Voting:

Gareth Bryant (Wessex Local Medical Committee)

Patrick Geenty (Wiltshire Police Chief Constable)

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

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

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

Chief Executive or Chairman representative Bath RUH (James Scott)

Cllr Ian Thorn (Opposition Group representative)

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

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

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

Ken Wenman (South West Ambulance Service Trust)

AGENDA

1 **Chairman's Welcome, Introduction and Announcements**

2 **Apologies for Absence**

Apologies have been received from Peter Hill (Salisbury Hospital). Tracey Nutter will be in attendance.

3 **Minutes** (Pages 1 - 12)

To approve and sign the minutes of the meeting held on 16 January and Extraordinary meeting held on 6 February 2014.

4 **Declarations of Interest**

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

5 **Better Care Plan** (Pages 13 - 28)

Maggie Rae (Wiltshire Council) and Deborah Fielding (CCG) will present a report providing details on the proposed management of the Better Care Plan for the Board's consideration. This arises following the submission of the draft Plan to NHS England on 14 February.

Noting that feedback is still awaited from NHS England on the draft submitted and that the final Plan is required by 4 April, the Board may be asked to delegate authority to the Chair and Vice Chair to make any required changes. These would be reported to the next meeting of the Board on 22 May 2014.

Debra Elliott, representing NHS England, will be in a position to provide verbal feedback on the Plan at the meeting.

6 **CCG 5 Year Strategic and 2 Year Operational Plan** (Pages 29 - 32)

Deborah Fielding, CCG, will present the draft CCG 5 Year Strategic and 2 Year Operational Plans, noting that both are expected to be approved by the Board in draft form no later than 4 April 2014 before their submission to NHS England.

7 **5 Year Commissioning Plan for Specialised Services** (Pages 33 - 36)

Debra Elliott (NHS England) will provide an update on the development of the 5 Year Strategy for Specialised Services noting that it is expected to be published in draft form in the next few months.

8 **Children's Health**(Pages 37 - 46)

A report on children's community health services in Wiltshire was presented to the CCG Executive Body at its meeting on 28 January 2014 where it was asked to consider the re-commissioning of services.

The Board will receive:

- An update report from Julia Cramp, Joint Associate Director Commissioning, Performance and School, on the outcome of the meeting held on 28 January 2014.
- An update from Amy Bird, Consultant in Public Health, on the transition of 0-5 year children's public health commissioning to Wiltshire Council.

9 **Safeguarding Children's Board - Annual Report**(Pages 47 - 48)

Cliff Turner, Independent Chair of the Childrens' Safeguarding Board, will present the 2012/13 Annual Report and provide the current Business Plan together with a verbal update on plans for updating this for 2014/15.

10 **Transfer of Police Custody Healthcare and Sexual Assault Referral Centre (SARC) Provision**(Pages 49 - 50)

Angus Macpherson, Police and Crime Commissioner, will present a report on the transfer of some health commissioning responsibilities to NHS England. The Board will be asked to provide comment as appropriate.

11 **Urgent Items**

To consider any urgent items that the Chairman feels appropriate.

12 **Date of Next Meeting**

The next meeting of the Board will take place at 3pm on Thursday 22 May 2014 at AWP, Jenner House, Langley Park, Chippenham, Wiltshire.

WILTSHIRE HEALTH AND WELLBEING BOARD

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

Present:

Cllr Jane Scott (Chairman and Leader of the Council), Dr Stephen Rowlands (Vice Chairman and CCG Chairman), Dr Toby Davies (CCG Chair of SARUM Group), Christine Graves (Healthwatch Wiltshire), Cllr Keith Humphries (Cabinet Member Public Health, Protection Services, Adult Care and Housing), Angus Macpherson (Police & Crime Commissioner), Cllr Laura Mayes (Cabinet Member for Childrens Services), Dr Helen Osborn (CCG Chair of WWYKD Group), Dr Gareth Bryant (Wessex Local Medical Committee), Chief Executive Salisbury Hospital FT (Peter Hill), Maggie Rae (Wiltshire Council Corporate Director), Deborah Fielding (CCG Chief Officer), Simon Truelove (CCG Chief Accountable Officer), Julie Hankin (Avon and Wiltshire Mental Health Partnership (AWP)), Chief Executive Great Western Hospital (Nerissa Vaughan).

Also Present:

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

1 Chairman's Welcome, Introduction and Announcements

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

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

2 Apologies for Absence

Apologies for absence were received from:

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

3 **Minutes**

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

4 **Declarations of Interest**

There were no declarations of Interest received.

5 **Whole System Approach to Better Care**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Key principles identified:

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

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

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

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

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

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

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

Feedback included:

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

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

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

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

Resolved:

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

6 **Joint Health & Wellbeing Strategy**

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

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

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

7 Joint Business Agreement

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

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

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

Resolved:

That the Board endorses:

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

8 Dates of Future Meetings

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

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

Future meeting dates thereafter were:

20 March 2014
22 May 2014
31 July 2014
25 September 2014

20 November 2014

9 **Urgent Items**

There were no urgent items for consideration.

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

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

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WILTSHIRE HEALTH AND WELLBEING BOARD

MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 6 FEBRUARY 2014 AT KENNET ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Jane Scott OBE (Chairman and Leader of the Council), Dr Stephen Rowlands (Vice Chairman and CCG Chairman), Carolyn Godfrey (Wiltshire Council Corporate Director), Christine Graves (Healthwatch Wiltshire), Julie Hankin (Avon & Wiltshire Mental Health Partnership (AWP)), Cllr Laura Mayes (Cabinet member for Childrens Services), Maggie Rae (Wiltshire Council Corporate Director), Deborah Fielding (Chief Officer CCG), Simon Truelove (Chief Finance Officer CCG)

Also Present:

Deborah Beale (CCG), Laurie Bell (Wiltshire Council Associate Director), David Bowater (Senior Corporate Support Officer Wiltshire Council), James Cawley (Associate Director Wiltshire Council), Julia Cramp (Associate Director Wiltshire Council), Jocelyn Foster (Bath RUH), Sue Geary (Head of Performance Wiltshire Council), Maggie McDonald (Senior Scrutiny Officer Wiltshire Council), Cllr Jemima Milton (on behalf of Great Western Hospital), Geoff Shone (NHS England) and Douglas Blair (NHS England).

10 Chairman's Welcome, Introduction and Announcements

The Chairman welcomed all and clarified the purpose of the meeting which was to consider the draft Better Care Plan.

The Board had requested at the last meeting held in January to arrange an extraordinary meeting for the purpose of reviewing the draft Better Care Plan before its submission to NHS England on 14 February.

Once agreed, Laurie Bell, Head of Communities and Communications, would ensure the draft Plan was of an appropriate design to be presented.

11 Apologies for Absence

Apologies for absence were received as follows:

Cllr Keith Humphries (Cabinet member Public Health, Protection Services, Adult Care and Housing)

Debra Elliott - (NHS England)

Dr Helen Osborn - (CCG Chair WWYKD Group)

James Scott - (Bath RUH)
Nerissa Vaughan - (Great Western Hospital)
Ken Wenman - (South West Ambulance Service Trust – SWAST)
Angus Macpherson - (Police and Crime Commissioner)
Gareth Bryant (Wessex Local Medical Committee)
Cllr Ian Thorn (Opposition Group Representative)

12 **Declarations of Interest**

No declarations of interest were received.

13 **Better Care Plan**

The Chairman introduced the draft Plan as circulated, hard copies of which were available at the meeting.

In introducing the item the Chairman clarified that the purpose of the Plan was to demonstrate to ministers how the Health and Wellbeing Board intended to take forward the vision of health integration in the future.

Sue Geary, author of the report, was welcomed to the meeting to run through the report itself and in receiving thanks for her hard work in preparing the report, also gave thanks to fellow colleagues both in the authority and at the CCG whose assistance allowed for the report to be presented.

Sue Geary went through the Plan section by section to allow the Board to make contributions as appropriate, where the following points were made:

Further engagement with the public would be required which it was hoped would commence from March. This would include awareness through the Council Area Boards and the Disabilities Partnership Board.

The person centred approach to future provision should be better highlighted throughout the plan as well as within the Introduction.

Further information should be included on Dementia, to include the campaign being launched regarding the development of dementia friendly communities, the missing people scheme run by the police authority and the joint care coordinator positions.

The 'onion' diagram highlighting the support around the person centred approach should be titled and provided with further explanatory text.

The principles of joint commissioning as agreed by the Joint Community Board for Adults Services and through the Health and Wellbeing Board should be highlighted, including the Health and Wellbeing Strategy.

Details of the Wiltshire Council Business Plan should also be included as a demonstration of the understanding of joint future working.

The implications of the change in future care provision should be highlighted, noting that if integration was to succeed changes would be required to achieve a future care provision suitable for the needs of future generations.

Appropriate 'non jargon' wording understandable to the public should be used.

The Plan should be clear on demonstrating how integration is working, how risks will be monitored and what plans surrounded it in terms of contingency planning.

The Plan should acknowledge the strong position of Wiltshire noting the additional funding contributions by both Wiltshire Council and the CCG for integrated working and the already established and ongoing partnership working.

The Chairman thanked all for their contributions and asked that any further comments should be provided to Sue Geary no later than midday on Friday 7 February, noting that the final draft would need to be signed and sent to NHS England on Wednesday 12 February.

The Board were reminded that this was the initial draft to which NHS England would perhaps comment and request change and therefore the final plan submitted was subject to ministerial approval.

The draft Plan would now be amended to reflect the comments of the Board, a copy of which would be signed by the Chairman and Vice Chairman at the Health and Wellbeing Board lunch taking place on Wednesday 12 February. The Chairman looked forward to seeing members at the lunch.

14 **Date of Next Meeting**

The next scheduled meeting of the Board would take place at 3pm on 20 March 2014 and would be held in Jenner House, AWP Headquarters, Langley Park, Chippenham.

(Duration of meeting: 5:30pm - 6:55pm)

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

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

Wiltshire Council

Health and Wellbeing Board

20 March 2014

**Better Care Plan – governance, programme management arrangements
and initial scoping**

Executive Summary

The draft Better Care Plan was submitted to NHS England on 14 February and included a number of aims and objectives for integration and details of the changes planned to achieve this.

The report sets out proposals for how the changes described within the Better Care Plan will be managed as an integrated programme of work.

Proposal(s)

The Health and Wellbeing Board is requested to

- i. Consider and approve the proposed governance arrangements set out in paragraphs 4 – 7 in this report
- ii. Consider and approve the proposed programme management and support arrangements set out in paragraphs 8-15 of this report
- iii. Consider and approve the outline scope of each work programme, as set out in paragraph 16 of this report
- iv. Note the other ongoing work which is contributing to the delivery of the Better Care Plan, as set out in paragraphs 17-25 of this report
- v. Delegate authority to the Chairman and Vice Chairman of the Health and Wellbeing Board to agree any changes to the plan as a result of feedback received from NHS England and/or the Local Government Association.

Reason for Proposal

The Health and Wellbeing Board is accountable for the delivery of the Better Care Plan.

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

20 March 2014

**Better Care Plan – governance, programme management arrangements
and initial scoping**

Purpose of Report

1. The Better Care Plan sets out the Health and Wellbeing Board's vision for better care and provides details on the use of the Better Care fund - £22m in 2014-15 and £29m in 2015-16 to act as a catalyst for change in the integration of health and social care services. The Plan's main focus is on frail older people.
2. The Better Care Plan has been submitted in draft form to NHS England and the Local Government Association. The plan will be taken through a quality assurance process and we will receive feedback in the next few weeks. The Plan will need to be finalised for final submission by 4 April. Plans will be signed off by Ministers week commencing 21 April.
3. The Better Care Plan describes a number of aims and objectives for integration and describes planned changes. This document sets out proposals for how the changes described within the Better Care Plan will be managed as an integrated programme of work comprising 6 separate but inter-connected work streams informed by cross-cutting activities such as change management, joint commissioning and patient and service user engagement. The diagram in Appendix 1 gives an overview of the proposals.

Proposed Governance Arrangements

4. Ultimately, the **Health and Wellbeing Board** is accountable for the delivery of the Better Care Plan, and the Board should expect to receive a formal report on delivery at least twice each year.
5. Some key decisions may also require approval from the Council's Cabinet and/or the CCG's Governing Body. Reporting on outcomes metrics will also be required to take place through the CCG's Governing Body and from there through to the Local Area Team of NHS England.

6. At a more detailed level, the **Joint Commissioning Board (JCB)** for Adult Services will be involved in taking key commissioning decisions relating to delivery. The JCB meets every two months, and would expect a major part of each agenda to focus on Better Care. The JCB should expect to see
 - a highlight report on each of the Better Care work streams
 - a budget monitoring report on the use of the Better Care Fund
 - a performance dashboard showing the latest position on each of the 5 outcomes metrics set out in the Better Care Plan

7. In order to bring each of the Better Care work streams together into a single programme, it is proposed that a **Better Care Programme Governance Group** is established. This group would be chaired by the Health and Care Integration Lead and would include James Cawley, Michael Hudson and Sue Geary from the Council and David Noyes, Simon Truelove and Julie Taggart (programme office support) from the CCG, with other Directors and/or Heads of Service reporting to that Group as required. The Group would be responsible for ensuring that
 - each work stream takes account of its impact on the rest of the health and care system
 - each work stream considers the drive towards 7-day working
 - change management (including culture and behaviour change) is handled effectively
 - patients and customers are engaged in every work stream
 - joint commissioning options and mechanisms are considered.

A suggested Terms of Reference for the Better Care Programme Governance Group is attached as Appendix 2.

Proposed programme management, support and financial monitoring arrangements

8. Each of the work streams will require a team of people working together to deliver on objectives. Each of these teams will be, of necessity, joint between health and social care. Teams will be led by commissioners from the Council and the CCG, and will engage with existing service providers (e.g. acute hospital trusts, social care Help to Live at Home providers, out-of-hours services etc) to ensure that new arrangements can be co-produced to get the best results.

9. Each work stream will also be required to engage with patients and service users. Some may choose to have patients/service users involve within their project team, whilst others might want to organise specific user-led research, events or feedback.

10. Each work stream will be notionally allocated to one organisation (either Wiltshire CCG or Wiltshire Council) to lead. Work streams have been allocated on the basis of which organisation is likely to have the most professional/clinical expertise in the area in question. Leadership of each work stream is indicated in the table below.
11. It is expected that each work stream team will comprise of a lead CCG Director and Council Associate Director, with meetings chaired by the relevant Director/Associate Director depending upon which organisation is leading. It is also expected that each work stream will include one nominated GP, representing the CCG's Clinical Executive. The role of the GP will be to ensure clinical input where appropriate and to provide clinical leadership.
12. Both the CCG and the Council have well-established programme and project management methodologies in place. Programme office support arrangements will come from whichever organisation has been allocated the lead role – for example, Wiltshire Council's Programme Office will support the information sharing work stream, whilst Wiltshire CCG's Programme Management Office will support the community team work stream.
13. Programme management teams will track progress against deliverables in each work stream, bringing these together and reporting to the Better Care Programme Governance Group.
14. A common format for highlight reporting on the status of each work stream will be designed (a suggestion is attached as Appendix 3), which will be adopted by both the CCG's programme management office and the Council's programme office. This highlight report format will report to the JCB every two months and will provide the basis for a six-monthly update report to the Health and Wellbeing Board.
15. Financial monitoring of the pooled budget arrangements will be incorporated into the Joint Business Agreement between the Council and the CCG. Monitoring and reporting on committed funds will be undertaken through the Joint Commissioning Board.

Proposed scope of Better Care Work Programme

16. The table below, which can be read in conjunction with the overview in Appendix 1, describes the 6 suggested work streams, the proposed work stream leads and the initial deliverables from each work stream

	Work stream and objectives	Better Care Fund investment	Deliverables
1	Self care and self support		
	Supporting individuals and communities to take more responsibility for their own health and wellbeing	£1.47m in 2014-15 £2.47m in 2015-16 (This includes current investment in carers pooled budget)	a. A Early Intervention / Prevention strategy based on a review of existing investment in VCS b. An information and Advice portal c. A self-assessment function to enable people to identify what support they may require and where to access it d. An on-line directory of community resources
	Leadership		
	Led by: Wiltshire Council Council Head of Service: Nicola Gregson CCG Director: David Noyes		
2	Intermediate care		
	Concentrating on objectives within the plan that relate to supporting care closer to home, specifically covering the arrangements that support people instead of going into an acute hospital or help get people home after a hospital stay. The major outcomes of this work stream will be to reduce avoidable admissions and reduce delayed transfers of care.	£6.8m 2014-15 £8.3m in 2015-16 (This include £4.3m currently committed to the STARR scheme and £0.5m currently committed to Help to Live at Hme services used by Community Health services)	a. A commissioning plan for intermediate care incorporating: <ul style="list-style-type: none"> • Review of hospital discharge processes to ensure fewer decisions about long-term care in an acute hospital environment • A review of the STARR step-up and step-down bedded scheme and re-commissioning of beds • telehealth services • A plan of workforce skills and competencies for providing reablement at home • Flexible additional capacity to deal with periods when the whole system is under pressure. • A review of Help to Live at Home processes to improve outcomes for intermediate care b. Pooled budget for equipment provision c. A single assessment for equipment provision
	Leadership		
	Led by: Joint Lead CCG Director: Ted Wilson Council Head of Service: Sue Geary		

	Work stream and objectives	Better Care Fund investment	Deliverables
3	Access, rapid response and 7-day working		
	Concentrating on getting the right support to people when they need it	£3.39m in 2014-15 £6.89m in 2015-16 (this includes existing investment in single point of access, rapid response and telecare response).	<ul style="list-style-type: none"> a. A review of investment in current 24/7 access and rapid response services b. A commissioning plan for a single point of access and rapid response service c. A commissioning plan for implementing a mental health crisis response service d. A commissioning plan for implementing 24/7 and weekend working to get the biggest benefit for people who use services and for the whole health and care system
	Leadership		
	Led by: Wiltshire CCG CCG Director: Jo Cullen Council Head of Service: Andrew Osborn		
4	Community Teams		
	Concentrating on care closer to home, specifically covering arrangements that support people in their communities, complementing the work of the Intermediate Care work stream	No specific funds. This work relates more to re-configuring existing community based health and care services to provide local services	<ul style="list-style-type: none"> a. Moving existing services into a model of local, multi-disciplinary team, working over the next 13 months, to optimise the delivery of 'wrap around' care in the community, moving staff and services into local clusters and a review of care coordination b. A commissioning plan setting out a sustainable model for community teams for the future. c. Working with NHS England, a plan to develop the capacity of general practice
	Leadership		
	Led by: Wiltshire CCG CCG Director: Ted Wilson Council Head of Service: Nicola Gregson		
5	Information systems and shared record		
	Provides the basis of a shared view of the patient/ service user and the infrastructure for shared assessments and support plans	£1.2m non recurrent funding in 2014-15	<ul style="list-style-type: none"> a. An information portal and systems to support a shared record (assessments and support plans) for use by front-line teams and by patients and service users b. An information system to share information about service need, demand, provision, capacity and outcomes and mapping pathways of service use in order to support commissioners in re-shaping services
	Leadership		
	Led by: Wiltshire Council Wiltshire Council Director: Maggie Rae/Mark Stone CCG Director: Simon Truelove		
6	Care Bill		
	Ensuring that the demands of the new Care and Support Act can be met	£0.13m in 2014-15 £2.5m in 2015-16	<ul style="list-style-type: none"> a. An impact assessment on the additional demands for assessment and services b. A summary of required policy and process changes c. Information systems changes d. A report on the current use of the carers pooled budget in supporting carers
	Leadership		
	Led by: Wiltshire Council Council Head of Service Lead: Andrew Osborn CCG Director: Jacqui Chidgey-Clark		

Other projects and cross-cutting work affecting the delivery of the Better Care Plan work streams

Protecting social care services

17. From the Better Care Fund, £9.18m is set aside in 2014-15 and 2015-16 to maintain services for vulnerable people based on current eligibility criteria, including funding to cover demographic growth. This will fund a range of services, including:

- Care home admissions
- Help to Live at Home Services
- Telecare response services
- Hospital social work services

18. This investment in social care services will not be managed as a separate work stream, but will be managed as 'business as usual' for the Council.

Systems Review of the Care Pathway

19. The Council's Systems Thinking Team is undertaking a review of the care pathway for frail older people, with a particular focus on hospital discharge and intermediate care. It will include a patient/service user view of the care pathway. The initial output of that review is expected in the next few weeks and will include a systems diagram showing interdependencies between each aspect of the health and care system and quantifying demand across the system. The systems review will inform all the work streams of the Better Care Plan highlighting how each work stream must work together to improve the experience of the patient/service user.

20. The next stages of the systems review are still to be determined, but the work will inform the Better Care Programme about demands on each part of the system and whether investments in one part of the system (e.g. in intermediate care) will result in savings in another part of the system (e.g. in acute hospital admissions).

Change Management

21. For the objectives of the Better Care Plan to be achieved, joint effort must be placed in managing culture and behaviour change, for patient/service users and for people who work in the system. It will be the role of the Better Care Programme Governance Group to ensure that change is managed effectively.

22. The Systems Leadership Local Vision Programme (work undertaken by Paul Tarplett for the Local Government Association) will also support the

challenges of implementing the Better Care Plan by working effectively as a system, and understanding roles and responsibilities across different organisation.

Patient/service user engagement and communications

23. From the Better Care Fund, £100,000 will be invested for Healthwatch to ensure patients and service users are engaged and can feed their views into the Better Care Plan programme. This will include user-led events on Better Care, user representatives on project teams, and user feedback on our commissioning plans.
24. The Communications Teams from the Council and the CCG will work together to support the programme to ensure that all communications and engagement on the programme happens in a coordinated way.

Joint Commissioning

25. The Joint Commissioning Board will be responsible for considering the joint commissioning opportunities and options to support the Better Care Plan. Such options will be presented to the Health and Wellbeing Board for approval. Work will be undertaken to scope options for the joint commissioning of community health and care services, as well as the scope for further pooling of budgets. The Joint Commissioning Board will oversee the implementation of a joint workforce strategy, which has been developed across acute, community and social care providers.

Conclusion and recommendations

26. The programme of work to deliver the Better Care Plan is an opportunity to view the changes to community-based health and social care services in their entirety. Delivery on the changes set out in this paper will be managed by the soon-to-be-appointed Health and Care Integration Lead.
27. The Health and Wellbeing Board is requested to
 - vi. Consider and approve the proposed governance arrangements set out in paragraphs 4 – 7 in this report
 - vii. Consider and approve the proposed programme management and support arrangements set out in paragraphs 8-15 of this report
 - viii. Consider and approve the outline scope of each work programme, as set out in paragraph 16 of this report
 - ix. Note the other ongoing work which is contributing to the delivery of the Better Care Plan, as set out in paragraphs 17-25 of this report
 - x. Delegate authority to the Chairman and Vice Chairman of the Health and Wellbeing Board to agree any changes to the plan as a result of feedback received from NHS England and/or the Local Government Association.

Maggie Rae
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

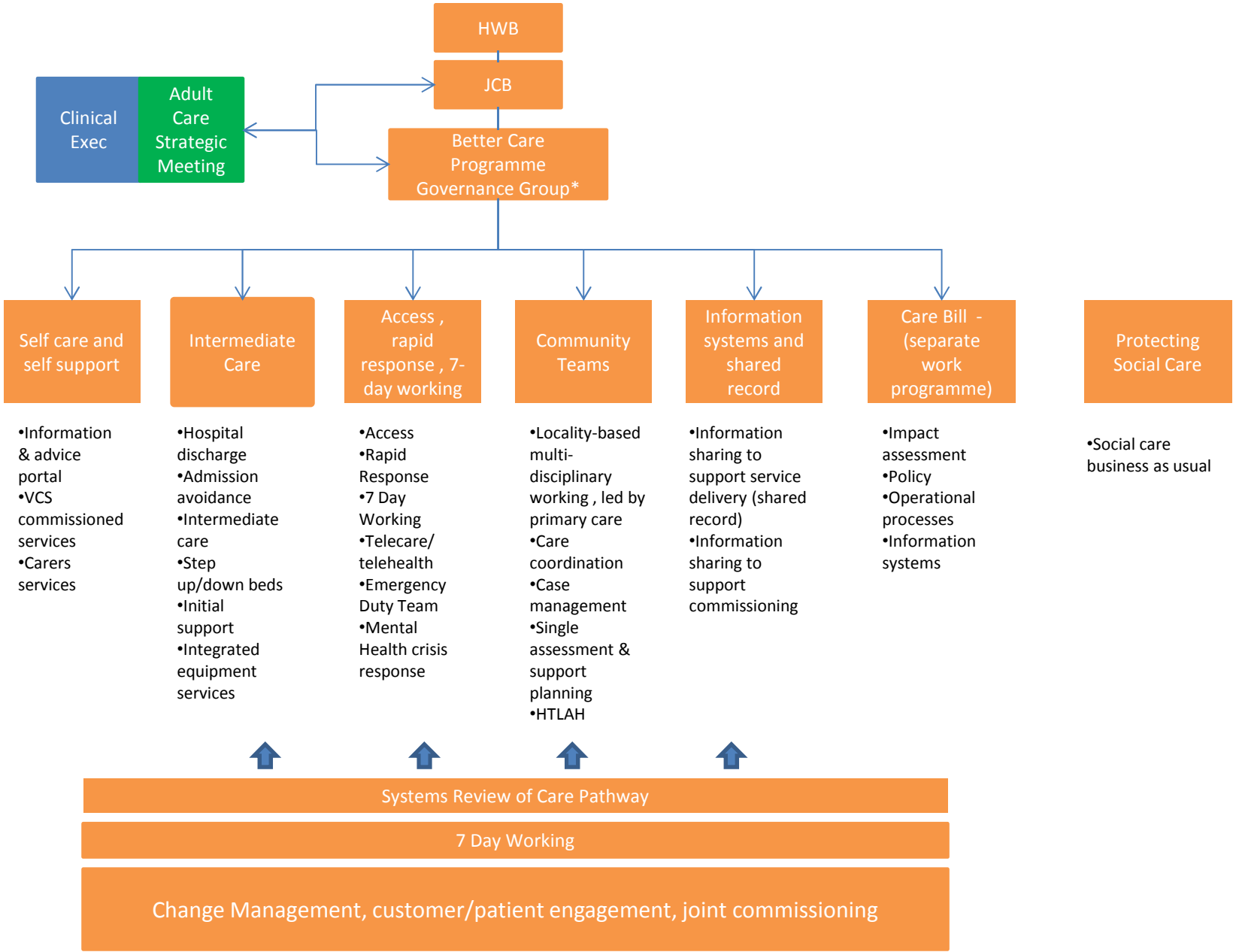
Report Authors:

Sue Geary, Head of Performance, Health and Workforce, Wiltshire Council

David Noyes, Director of Planning, Performance and Corporate Services, CCG

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Better Care Plan – Work streams



Better Care Programme Governance Group

Terms of Reference

1. Context

The Better Care Programme is accountable, via the Joint Commissioning Board for Adults' Services, to the Wiltshire Health and Wellbeing Board and is in place to deliver on the objectives set out in Wiltshire's Better Care Plan 2014-16.

The Better Care Programme Governance Group reports to the Joint Commissioning Board. It also informs the Council's Transformation Programme, the Council's strategic meeting for adult social care, the CCG's Executive and Clinical Executive meetings.

2. Purpose

The Better Care Programme Governance Group provides a forum for:

- Monitoring delivery of existing projects within the Better Care programme with discussion required for projects by exception and with time allocated proportionately according to significance of the projects
- Monitor financial spend against the Better Care Plan and report variances in order for actions to be taken (including reporting to the JCB, Council, CCG and NHS England as required)
- Unblocking barriers to project delivery with commitment of resources as required.
- Making recommendations about cessation of projects in order that resources can be diverted and reprioritised.
- Signing off of new projects with approval of Milestones, Quality Impact including Equality, Deliverables including Financial
- Process control of new projects so that resources are allocated appropriately to enable delivery of objectives.
- Sharing learning and good practice from across the organisation.
- Assisting in managing the agenda of the Joint Commissioning Board by identifying issues that need further joint discussion or decision.

3. Frequency and arrangements of meetings

Meetings will take place bi-monthly, in alternate months to the Joint Commissioning Board, ensuring that reports produced are as up to date as possible.

Standard reporting templates will be used. Where the work stream is led by the Council, the Council's project management tools and templates will be used for the entire work stream. Where the work stream is led by the CCG,

the CCG's project management tools and templates will be used for the entire work stream.

Arrangements for the meeting will be made by the Council's Programme Office. Meetings will be supported jointly by the Council's Programme Office and the CCG's Programme Management Office. A single action tracker will be produced and circulated to members of the group.

4. Attendance at meetings

The following will be regular attendees at the meetings:

- Joint Health and Care Integration Lead (Chair)
- CCG Director of Planning, Performance and Corporate Services
- CCG Chief Finance Officer
- Wiltshire Council Associate Director of Adult Social Care Commissioning, Safeguarding and Housing
- Wiltshire Council Associate Director of Finance
- Wiltshire Council Head of Performance, Health and Workforce
- Project Manager from CCG Programme Management Office and Project Manager from Wiltshire Council Programme Office

Others may be invited according to the agenda, and are likely to include CCG Directors and Council Heads of Service leading on specific work streams.

All attendees must be flexible in making themselves available but there is no quorum. In the event that named individuals cannot attend they should arrange for an empowered deputy to attend or pre-brief accordingly.

5. Inputs to the meeting

The meeting agenda will be agreed by the Chair in advance. It will be dependent on the status of projects, but will ensure that all of the Better Care work streams are covered.

Where papers are required to support agenda items these will be circulated in advance. These will regularly include:

- Project dashboard
- Financial reporting
- Risk Register compiled from individual risk registers and scoring 9 and above.
- Agenda, meeting notes and action tracker.

6. Outputs from the meeting

The following are outputs from the meeting:

- Action notes from the meeting will be circulated together with action tracker. This will include a summary of issues and/or agenda items for discussion at the next Joint Commissioning Board meeting
- Direction to project managers and project sponsors
- Actions required to address risks and barriers including commitment of resources from the Better Care Fund and from individual organisations' budgets, as required
- Projects approved for implementation and monitoring through Programme Management Offices of the Council and the CCG
- Preferred options identified in Business Cases for approval by Joint Commissioning Board and/or Health and Wellbeing Board
- Information will be used to support the Council and the CCG in reporting to NHS England, Department of Health, Local Government Association or other regional/national bodies
- Intelligence which can be shared across the Council and CCG to enhance delivery through the use of best practice.
- Areas of risk for entry on to the Council and/or CCG risk register.

7. Review Arrangements

These Terms of Reference will be reviewed as required by the Joint Commissioning Board.

Approved:

Date of review:

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Wiltshire Council

Health and Wellbeing Board

20 March 2014

NHS Wiltshire CCG 5 Yr Strategic Plan/2 Yr Operational Plan

Executive Summary

This report informs the Health and Wellbeing Board (HWB) of the draft CCG 5 year Strategic Plan/2 year Operational Plan. The Plan has been developed by Wiltshire Clinical Commissioning Group (CCG) with very close support from Wiltshire Council and an initial draft has been submitted to NHS England. The formulation of the plan has been guided by the Wiltshire Health and Wellbeing Strategy, and development has been fully coherent with the emergent Better Care Plan. Accordingly, the plan has improved integration of health and social care services as a key deliverable.

The CCG's work on the development of its 2014/15 Delivery Plan identified that it faces a major challenge in the future in meeting forecast demand for care within the anticipated level of resources. The CCG recognised that this meant that it would need to derive a new strategic plan focussed on a longer timeframe to drive transformation in the delivery of care. In particular, the CCG recognised the vital importance of the integration agenda and that a strong, open and collaborative relationship with Council colleagues would be key.

The nature of the challenge facing Wiltshire is typical of the whole country and on 10 Oct NHS England wrote to all CCGs asking commissioners "to develop ambitious plans that look forward to the next 5 years, with the first two years mapped out in the form of detailed operating plans." A subsequent letter was sent on 4 November from LGA, TDA, Monitor and NHSE emphasising that the 5 year planning process needed to address health and social care integration and that it is essential for CCGs to work closely with social care partners to "develop bold and ambitious plans". First drafts were required to be submitted on 14 February.

The CCG identified that it would be vital for this process to be both clinically led and conducted in an integrated manner with social care partners. Given the very tight timeframe imposed, in addition to activities such as analysis, research of best practice and modelling, the CCG arranged and hosted a programme of half day workshops, with attendance invited from across the Wiltshire Health and Social Care community (including some key providers and co-commissioners), to help develop the Plan. This approach has helped the CCG to:

- Develop key design principles for a new model of care;
- identify the key issues for Children, Adults and Elderly (aligned to

the Health & Wellbeing strategy);

- Develop approaches aligned to the design principles for addressing the key issues;
- Test that, taken together, our preferred approaches are likely to meet the needs of our population and result in a coherent new system of social and health care;
- Produce an ambitious and credible 5 year plan, including a detailed first two years operational plan.

The vision of the Plan is that Health and Social Care services in Wiltshire should support and sustain independent healthy living and the design of the future system is based on three key principles:

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

The CCG continues to refine the Plan. It is also turning its attention to defining the exact nature, scope and timing of programmes of work and specific projects which will deliver the changes envisaged. Delivery will be executed and governed using project methodology, and the well established project management capability.

Given the extremely taut timeline hitherto, it has not proved possible to conduct anything like the scale of public/patient engagement we would aspire to. Although the HWB is asked to endorse the plan prior to the next submission deadline of 4 Apr, thereafter we have time prior to final submission on 20 Jun to achieve an engagement campaign. Healthwatch are both extremely supportive of this approach, and have kindly offered to assist, and our intention is to conduct a full engagement campaign, with their assistance, and in partnership with Council colleagues to both ensure coherence of message across the Health & Social Care arena and between the emergent plans, as well as cementing the joint nature of this work.

It is noteworthy that this important work has been conducted against a very taut timescale. Accordingly, at the date of submission of the draft for HWB consideration (7 March), there remain a few areas under development which will need to be concluded prior to submission on 4 Apr.

Proposal(s)

The Health & Wellbeing Board are requested to endorse the CCG's draft 5 year Strategic Plan/2 year Operational Plan, due for submission to NHS England on 4th April 2014 and to delegate responsibility for any further changes to be signed off by the Chairman of the Health and Wellbeing Board. The Plan has been developed via close working with a number of key partners such as Wiltshire Council, Providers, neighbouring CCGs and NHS England. Further engagement work will be undertaken prior to final submission of the CCG's 5 Year Strategy Plan on 20th June 2014.

Reason for Proposal

To share the CCG's 5 year Strategic Plan/2 year Operational Plan with the Health & Wellbeing Board, in advance of submission to NHS England on 4th April 2014. Close working with the HWB is important in ensuring local plans reflect local needs and priorities, as indicated in the recent NHS England policy document "Everyone Counts: Planning for Patients", developed jointly with the Local Government Association.

Deborah Fielding
Chief Officer
Wiltshire CCG

Report author:
David Noyes
Director of Planning, Performance and Corporate Service
Wiltshire CCG

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Wiltshire Council

Health and Wellbeing Board

20 March 2014

NHS England Five Year Commissioning Plan for Specialised Services

Executive Summary

NHS England is currently producing a 5 Year Commissioning Plan for Specialised Services. This paper outlines its likely scope and timetable for production.

Proposal(s)

It is recommended that the Board receives an update from NHS England on progress producing the Strategy and asks individual Board members and the Health Select Committee to contribute towards its development during the forthcoming public consultation.

Reason for Proposal

The production of a 5 year Commissioning Plan for Specialised Services is highly desirable to ensure that locally commissioned services join seamlessly with Specialised Services commissioned by NHS England and there is strategic with the Wiltshire CCG Commissioning Plan and that of the Wiltshire Health & Wellbeing Strategy.

The timeframe for the production of the 5 year is by June 2015 after which there will be a period of consultation to ensure views of stakeholders including patients and the public are sought and reflected, where appropriate, into the final Commissioning plan.

Debra Elliott

Director of Commissioning

Bath & NE Somerset, Gloucestershire, Swindon and Wiltshire Area Team

NHS England

NHS England Five Year Strategy for Specialised Services

Purpose of Report

1. NHS England is currently producing a five year commissioning strategy for specialised services. This paper outlines its likely scope and timetable for production.

Background

2. NHS England is responsible for direct commissioning in a range of settings, which amount to £26bn nationally (or 20% of the NHS budget). The value of Wiltshire based contracts in each of these settings is shown in brackets below, where available:
 - **Primary Care** – GPs (£61.1m), optometry (£3.5m), pharmacists (£11.4m) and dentists in primary, community and hospital settings (£11.8m).
 - **Public Health** –national screening (£13.1m) and immunisation, family health and the Healthy Child (0-5 year olds) programme until Oct. 2015 (will transition to councils).
 - **Offender Health** - Prisons, secure accommodation, custody suites.
 - **Sexual Assault Referral Services** (to transition from the police)
 - **Armed Forces** – secondary healthcare for service personnel and families, prosthetics, mental health for veterans service (led by the local area team on behalf of the south of the country).
 - **Specialised Services** – where services need to be commissioned on the basis of larger populations e.g. children’s heart surgery.
3. The five-year strategy for specialised services is being developed following a period of significant change in the structures of specialised commissioning. Until 31st March 2013, specialised commissioning was fragmented across a range of NHS organisations, including regional Specialised Commissioning Groups, a National Specialised Commissioning Team and all local Primary Care Trusts, which remained ultimately responsible for the specialised healthcare of their populations. From 1st April 2013, under the terms of the Health and Social Care Act 2012, NHS England became the sole direct commissioner of specialised services.
4. Across England, NHS ‘specialised’ health services cost about £12 billion a year, which is approximately 10 per cent of the total NHS budget. However, they are not the ones that most people think of when they think about what happens in their local hospital. ‘Specialised’ services generally

involve complex procedures that only a few people have the skills and experience to perform or services that use specialised, expensive equipment that the NHS simply could not afford to put into every local hospital. Very often the people who need specialist services are relatively few in numbers, such as very premature babies or people with rare cancers or genetic conditions.

5. NHS England is now in a strong position to set a course for the future of specialised services. Within the overarching Call to Action, which opened a public debate about the future shape of the NHS (and which the Board discussed in November), the five-year strategy for specialised services provides a vital opportunity to engage with patients, the public, NHS organisations and others, to articulate a clear vision for the future.
6. Progress has been made in recent years on pooling budgets for specialised commissioning and ending a 'postcode lottery' on specialised services which had existed across the country - before April, NHS commissioning looked very different as commissioning policies and service specifications varied across England. However, significant challenges remain for the future direction of specialised services. These include greater integration of care, so that specialised and non-specialised care can be provided seamlessly to patients; closer alignment between the commissioning and payment systems to ensure incentives to providers pulled in the same direction; and stronger commissioner accountability and clearer service-level costing information.
7. The likelihood of flat funding for the health service in the next five years, set against increasing demand and cost inflation means that specialised services need to be transformed to deliver the greatest quality, value and outcomes possible. Specialised services, like other NHS services, face both a funding and a quality gap. In some areas outcomes lag behind international peers: in several types of cancer, for example, survival rates are not as good as those of other countries. The five-year strategy for specialised services provides the opportunity to articulate a vision to ensure that future development of specialised services is undertaken strategically and focused on the needs of patients.
8. The delivery of specialised services involves the whole health system. NHS England is the direct commissioner for the majority of the services, but Clinical Commissioning Groups and local authorities are also responsible for commissioning parts of the pathway, and delivering, elements of care. Many of the conditions treated in specialised services are highly debilitating, life-long and demand the advice of experts, as well as responsive access to care locally when needed.
9. Accordingly, NHS England want to hear from as many people as possible over the coming months about their views on the future direction of specialised services. A consultation event was held in Chippenham on 13 February and verbal feedback on this can be provided on request.. Tweekchats have also been held on the topic with a wide range of contributors. The draft strategy is due out in the new few months and there will be a three month full public consultation on it before producing the final version in the late summer.

10. Development of the strategy will be split into two parts: the overall mission and vision which sets out the direction of the strategy for 2014/15 – 2018/19, and service-level planning, which will set priorities for individual services. Service-specific engagement will be carried out separately to develop priorities for individual services, alongside the overarching strategy.
11. The strategy is likely to cover themes such as:
 - Accountability – how outcomes will be measured
 - Money – including tariff payments and understanding cost drivers
 - Integration – with CCG commissioned services and considering prevention
 - Quality and safety
 - Innovation

Main Considerations

12. Since it took over responsibility for commissioning specialised services in April, the ambition of NHS England is to bring equity and excellence to the provision of specialised care and treatment no matter where a person lives. To achieve this clinical experts, patients carers and members of the public have all worked together to develop a single set of national service specifications and commissioning policies for specialised services for the whole of England. NHS England's specialised commissioning teams are now working to ensure the services in their areas comply with these.
13. Currently there are around 130 specialised services (some commissioned by NHS England on a South West basis and other highly specialised services nationally), but the list is regularly reviewed against specific criteria to ensure they are still relevant. Some will be removed as the price of delivering a service reduces or the number of people needing a service rises enough to enable the service to be safely delivered from a larger number of hospitals. Similarly, as new innovations and techniques become available these may get added.
14. NHS England now know which specialised services are compliant with the service specifications, which are not and what they need to do to be compliant and will be publishing this information very soon, together with proposals on how the local impact of these developments will be assessed. An update on this will be provided at the meeting.
15. In the meantime, further information on specialised commissioning can be found [online](#).

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

Wiltshire Council

Health and Wellbeing Board

20 March 2014

Children's Community Health Services in Wiltshire

Executive Summary

Children's community health services in Wiltshire are delivered by five separate organisations. At the CCG Governing Body meeting on 28th January, it was agreed that the CCG and the Council should undertake a joint project to re-commission children's community health services and bring all services under a single contract/ provider.

Proposal(s)

It is recommended that the Board notes the paper.

Reason for Proposal

The proposal for re-commissioning children's community health services as a joint project between the CCG and the Council has been made to ensure that there is more equitable support across the County with the potential for more effective joint work between GPs, Wiltshire Council and health providers to improve the health and wellbeing of Wiltshire's children and young people.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

Children's Community Health Services in Wiltshire

Purpose of Report

1. To update the Health and Wellbeing Board on proposals for re-commissioning children's community health services in Wiltshire, alongside paper 9b which provides an update on information from government about the transfer of commissioning responsibilities for public health for under 5s (Health Visiting) to local authorities in 2015.

Background

2. Children's community health services in Wiltshire are delivered by five separate organisations. The biggest single contract is with Great Western Hospital – with an approximate value of £8M. Wiltshire PCT transferred its children's community health services to Great Western Hospitals NHS Foundation Trust in 2011 as part of the national Transforming Community Services initiative. This transfer took place on the basis that Great Western would 'host' the services whilst longer term plans were made. The contract has been extended and will now end on 31 March 2015.
3. There are some key drivers for bringing services together in a single organisation:
 - The NHS Mandate for 2014-15 which has a focus on improving support for children with disabilities and complex health needs;
 - The forthcoming Children and Families Bill which contains new statutory duties for CCGs around children with disabilities, complex health needs and special educational needs;
 - The national agenda to improve safeguarding which places increased focus on CCGs to quality assure safeguarding practice by its providers, including the requirement for a number of Designated Doctor roles, usually undertaken by Consultant Paediatricians;
 - The focus on improving early intervention which is part of the role of many professionals working in different parts of children's community health services.
4. Re-commissioning children's community health services so that there is a single contract/provider could lead to more equitable support across the county for children and families, easier access to services and the potential for improved joint work between GPs, Wiltshire Council and other partners to improve the health and wellbeing of Wiltshire's children and young people.

Procurement options

5. Four procurement options were considered by the CCG's Governing Body on 28 January. These were:
 - Option 1 – Tender only for children's community health services provided by Great Western Hospital.
 - Option 2 – Tender for children's community health services provided by both Sirona and Great Western Hospital.
 - Option 3 – Tender for services provided by Great Western, and for community paediatricians and children's community nursing provided by Sirona, and for children's community nursing provided by Salisbury Foundation Trust.
 - Option 4 – Tender for all children's community health services provided by Great Western, Sirona, Salisbury District Hospital, Royal United Bath and Swindon Borough Council.

The Governing Body also considered the level of risk related to each of the four options.

6. Following discussion at the CCG Governing Body, it was agreed that the CCG should look at Option 4. There are specific risks related to this option – including getting clarity about NHS Wiltshire CCG funding for some services (where these are part of block contracts with acute trusts) and the fact that some staff providing Occupational Therapy, Physiotherapy and Children's Community Nursing are shared with other CCGs. However, the CCG Governing Body considered that the advantages of having a single provider outweigh these risks.

Main Considerations

Joint commissioning with Wiltshire Council

7. The CCG and Wiltshire Council have agreed that the re-commissioning of children's community health services should be a joint commissioning project between the two organisations. There are a number of reasons for undertaking the re-commissioning of children's community health services as a joint project with Wiltshire Council:
 - Wiltshire's Children's Trust Commissioning Executive (effectively a Joint Commissioning Board) has an agreed Children and Young People's Plan 2012 – 2015 and a number of strategies, such as the Early Help Strategy, that could have an impact on how children's community health services are delivered. The Council and the CCG are key partners in delivering the Plan and associated strategies. The focus in the Children and Young People's Plan is on early intervention, narrowing inequality gaps and promoting healthy lifestyles.
 - The service specifications for children's community health services need to set out how each specific service will work alongside children's services that are either directly provided or commissioned by the Council. This will

avoid any duplication or lack of clarity in pathways to provide the right help and support for children and young people.

- Responsibility for commissioning of the School Nursing Service currently provided by Great Western already sits with Wiltshire Council.
 - Responsibility for commissioning the Health Visiting Service currently provided by Great Western will move to Wiltshire Council in October 2015.
 - NHS Wiltshire CCG and Wiltshire Council already have a joint contract for the Speech and Language Therapy Service currently provided by Great Western.
 - Wiltshire Council Children's Services also has a contract with the Occupational Therapy Service provided by the Royal United Hospital to support the Council at tribunals for children with special educational needs.
8. Public health staff from NHS England (who currently have responsibility for the Health Visiting Service) and from the council (who commission the School Nursing Service) will also be involved in the project.

Timetable and resources for re-commissioning of children's community health services

9. The re-commissioning of children's community health services is a separate project in its own right – there are no significant links with the Community Transformation Project which has a focus on meeting the needs of older people. The largest contract for children's community health services is with Great Western Hospitals NHS Foundation Trust. This contract is now due to end on 31 March 2015. To meet the requirement to have a new contract in place for the full range of children's community health services by 1 April 2015, a summary procurement timetable has been produced. It should be acknowledged that the timescale is very tight.
10. The re-commissioning of children's community health services is a large and complex project that will require a dedicated Project Manager for at least three days a week from March 2014 to the end of March 2015. The role of the Project Manager will be to set out a detailed plan for the work, ensure that all timescales are met and that key people are booked well in advance to attend briefings, events and undertake the evaluation of bids. The Project Manager will need to have extensive experience of commissioning within Children's Services (preferably across health and the local authority). There will continue to be a role for a Project Manager once the contract is awarded as it is likely there will be staffing, premises, finance and IT issues to resolve in bringing together services currently sitting with five separate providers.
11. The CCG and the Council have agreed that the NHS Commissioning Support Unit will provide procurement advice and support.
12. The Council's Commissioning Team, under the direction of the joint commissioning lead for Children's Services, will ensure that service specifications are updated (using expertise from a range of people). Input

will be needed from Executive Directors of the CCG and GPs and partners to ensure that the specifications are appropriately focused on improving health outcomes for children and young people.

Governance

13. A project Steering Group has been established to oversee the work, chaired by the Director of Children's Services but with senior representation from the CCG. The Steering Group will meet monthly throughout the project and will report regularly to the CCG Governing Body, the Health and Wellbeing Board, the Children's Trust Commissioning Executive and the joint Transformation Board.

Financial Implications

14. It is proposed that children's community health services are re-commissioned within the existing financial envelope. Funding for the interim Project Manager will be shared between the CCG and the Council.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire Clinical Commissioning Group

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Wiltshire Council

Health and Wellbeing Board

20 March 2014

Transfer of Commissioning Responsibility for Public Health for 0-5 year olds (Health Visiting)

Executive Summary

This paper sets out information about the transfer of commissioning responsibility for public health for under 5s (Health Visiting) from NHS England to Wiltshire Council in October 2015.

Proposal(s)

It is recommended that the Board notes the paper.

Reason for Proposal

The transfer of commissioning responsibility for the public health of 0-5 year olds will be an important new responsibility for Wiltshire Council.

**Maggie Rae
Corporate Director
Wiltshire Council**

20 March 2014

Transfer of Commissioning Responsibility for Public Health for 0-5 year olds (Health Visiting)

Purpose of Report

1. To provide information about the transfer of commissioning responsibility for public health for under 5s (Health Visiting) from NHS England to Wiltshire Council in October 2015; alongside paper 9a on the re-commissioning of children's community health services.

Background

2. In April 2013 local Public Health services formally transferred to Local Authorities. At this time responsibility for 5 -19 years children's public health commissioning (School Nursing services) transitioned with Public Health.
3. Responsibility for 0-5 years children's public health commissioning, which includes Health Visiting services and Family Nurse Partnership was passed to NHS England. It was always the Governments intention that responsibility for these services would transfer to Local Authorities during 2015/16, however we have been awaiting confirmation of when this would be.
4. The Government has now formally announced that the responsibility for children's public health commissioning for 0-5 year olds will transfer from NHS England to Local Authorities on 1 October 2015. This will mark the final part of the Public Health transfer.
5. Health Visitors are trained nurses with specialist training in helping families and young children. They deliver the Healthy Child Programme and are skilled at helping parents develop a strong bond with children, encouraging care that keeps children healthy and safe, protecting children from serious diseases through screening and immunisation and identifying and helping children with problems that might affect their chances later in life.
6. Family Nurse Partnership (FNP) is a home visiting programme for first time young mums, aged 19 or under. A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two. The programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations. FNP is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing cost benefits.

7. Wiltshire Council Public Health Team and NHS England Area Team are currently working together to launch an FNP programme in Wiltshire and formal responsibility for commissioning this service will also transfer to the Local Authority on 1st October 2015.
8. A national task and finish group, overseen by the Children's Health and Wellbeing Partnership and including representation from LGA, ADPH, ADCS, SOLACE, PHE and DH *, is taking forward discussions on mandation, funding and other key issues to prepare councils for the transfer of commissioning responsibilities.
9. You can view the announcement on the DH website here: [Giving all children a healthy start in life](#)
10. NHS England Area Team currently has responsibility for commissioning the Health Visiting Service so staff from the Area Team will be involved in the re-commissioning of Children's Community Health Services. The Council's Public Health Team also currently take the lead on commissioning the School Nursing Service and the Consultant in Public Health with this responsibility would also need to be involved in that work.
11. The work on the transfer and the re-commissioning will both be overseen through the Children's Trust Commissioning Executive.

Maggie Rae
Corporate Director
Wiltshire Council

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Wiltshire Council

Health and Wellbeing Board

20 March 2014

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

Executive Summary

Section 14 of the Children Act 2004 states that Local Safeguarding Children Boards have a statutory duty to:

- Co-ordinate, monitor and support what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children in the area of the authority.
- Ensure the effectiveness of what is done by each such person or body for that purpose.

In April 2012, Ofsted reported their findings of the inspection of safeguarding and looked after children services in Wiltshire. The inspectors found significant weaknesses in relation to leadership and management of Wiltshire's Local Safeguarding Children Board*, in particular noting that the Board had failed to identify key areas of risk and failure to comply with statutory guidance.

Following the Ofsted ruling a Governance Report was commissioned which reviewed the role and responsibilities of the WSCB and made recommendations for improvement. The WSCB took account of these recommendations and are reflected in developments and improvements that have been, and will continue to be made, in the functioning and work of the Board and its sub-groups.

This WSCB Annual Report provides detail on core activities undertaken by the Board in achieving its objectives from April 2012 until March 2013, namely:

- Overseeing and driving practice improvements and service development as defined and required within the Ofsted Improvement Notice.
- Safeguarding inspections and audits – including findings, identified actions and recommendations.
- Key learning from Peer Reviews, Child Death and Serious Case Reviews and their dissemination.
- Assessment of changes in safeguarding practice.
- Assessment and development of the WSCB safeguarding training offer.

A financial assessment is included detailing multi-agency contributions which allowed the WSCB to carry out its duties.

The accompanying WSCB Business Plan is comprised of those actions required following reflection on the achievements, issues and outcomes as identified within the Annual Report.

* In February 2013 the Wiltshire LSCB changed its name to Wiltshire Safeguarding Children Board to promote local ownership. In this report the acronyms LSCB and WSCB are interchangeable.

Proposal(s)

1. The Health and Wellbeing Board is invited to review the WSCB Annual Report and communicate any observations, concerns, queries or other comments to Clifford Turner, Independent Chair of the WSCB.
2. The Health & Wellbeing Board is invited to review the existing WSCB Business Plan and communicate any observations, concerns, queries or other comments for consideration in the revised 2014/15 Plan to Clifford Turner, Independent Chair of the WSCB.

Reason for Proposal

To provide the Health and Wellbeing Board with an opportunity to review and assess the operations of the WSCB.

Clifford Turner
Independent Chair of the Wiltshire Safeguarding Children Board

Documents:

Wiltshire Safeguarding Childrens Board (WSCB) Annual Report 2012/13
and
Wiltshire Safeguarding Childrens Board (WSCB) Business Plan 2013/14

<http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=1163&MId=7702&Ver=4>

WILTSHIRE POLICE



Transfer of Police Custody Healthcare and Sexual Assault Referral Centre (SARC) Provision - Briefing Paper

The purpose of this report is to brief members of the Health and Wellbeing Board on the current situation in relation to the transfer of commissioning of police custody healthcare and Sexual Assault Referral Centre (SARC) provision to NHS England.

For clarity the transfer is of commissioning responsibility and not service provision, albeit the service provision may alter as a result of any joint consideration by the partnership board.

In order to make the most cost effective use of resources, Avon and Somerset, Gloucester and Wiltshire Police have formed a collaborative Partnership Board with the South West NHS England Commissioner to work towards signing a statement of readiness, aiming to declare readiness to transfer commissioning by August 2014. Due to unforeseen circumstances this has been delayed until January 2015. The statement of readiness stipulates that both the police and NHS England commissioner understand and approve the nature and scope of the services, including the clinical governance arrangements, to ensure a quality service provision and sufficient funding to cover full costs.

This Board is chaired by Assistant Chief Constable (ACC) Tatam and has representatives from each Force, NHS England, Procurement teams and Office of the Police and Crime Commissioner (OPCC).

Each area was given two years funding by the Department of Health (DoH) to support the setting up of Partnership Boards and to enable the Health Commissioners to work with the police as follows:

Avon and Somerset	£75 k p.a.
Gloucester	£50k p.a.
Wiltshire	£50k p.a.

WILTSHIRE POLICE

The Board has agreed to pool a proportion of the funding to finance agreed joint work, leaving finances available to each Force to manage their identified local needs ahead of the transfer.

One early product of the preparation is the development of a Health Needs Analysis of detainees in police custody. This can be used by Police and Crime Commissioners (PCCs) to inform local authority Health and Wellbeing Boards of the unmet needs of detainees to inform future service provision.

For SARCs, both police and NHS partners have been asked to identify their current spend on provision. Primarily this was done to ensure that when PCTs ceased to exist in April 2013, NHS England could ensure that there was continuity of service provision. It has also been a useful benchmarking exercise that has identified the complexities of current SARC funding in force areas which are being addressed by each Force with PCCs and partners.

The Home Office and Department of Health are still working through the impact of a legal transfer of responsibilities from January 2015 on finances. It has been agreed that decisions regarding national financial transfer would be revisited in the next spending round.

Once a legal transfer has occurred, NHS England will be legally and financially responsible for police custody and SARC healthcare. From that point onwards they will have to absorb from their budgets any future increase in expenditure.

Marion Deegan
A/Head of Operational Support Services