

**Subject: Wiltshire Better Care Fund - Delivery Plan and Commissioning Intentions 2017/18**

**Executive Summary**

- We now have a very clear position for the Better Care Plan locally and nationally with a clear statement of intent for 2017/18 and beyond. There is also an opportunity to align the additional investment from the Government into Adult Social Care (circa £5.8 million in 2017/18) which will further aim to improve flow through the system. (details of which are outlined in the main plan)
- There has always been a strong commitment to integration in Wiltshire with the prevailing view being that the Better Care Plan neatly complimented an existing strong commitment to integrated service delivery.
- The Better Care Plan is well established across Wiltshire, leading schemes, managing the system in terms of flow and increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The BCP plays a key role in managing pressure across the system and its impact continues to be monitored by the whole system with established system wide governance processes in place.
- Several key schemes are being continued into 2017/18 and we would expect to see further improved performance in the next 12 months and a key commitment of all partners to maximise outcomes from existing schemes, priorities and expenditure. Enhancing the relative return on investment is of key importance during 2017/18 considering the challenging financial picture across health and social care and the requirements for improved performance and efficiency across the system.
- Underpinning the continuation of key schemes must be the commitment to deliver integrated care at the point of need and at as a local a level as possible. In addition, there is a need to maximise the opportunities that will be presented because of the integrated community services contract.
- Given the challenging timescales associated with the national approval process, the Health and Wellbeing Board is asked to approve the direction of the Better Care Plan for 17/18 and its supporting Commissioning Intentions and approve submission to NHS England. Further policy guidance on the future of the Better Care Plan nationally is expected after the June General Election and it may be that a further iteration of the Better Care Plan is required to meet new planning requirements, but it is not possible to determine those planning requirements at this stage.

***This document therefore provides***

- An overview of the Better Care Plan (BCP) approach in Wiltshire during 2017/18, it should be noted that this builds on the approach we have taken since 2014 and is underpinned by a more detailed strategy and plan (previously published and now updated)
- A breakdown of the BCP budget for 2017/18 (appendix 1) updated to reflect the additional monies provided by the Government for Adult Social Care
- A detailed overview of the key commissioning intentions for 2017/18(appendix 2)

**Proposals**

The Health and Well Being Board are asked to :

1. Approve the proposed Better Care Plan approach for 2017/18
2. Approve the Budget for 2017/18 and associated commissioning intentions for 2017/18 at appendix 1 and appendix 2 respectively.
3. Agree continuation of the Section 75 agreement that guides the delivery of the Better Care Plan into 2017/18

**Reason for Proposal**

The Better Care Fund is one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. The local BCP budget is outlined at appendix 1 and outlines the mandated expenditure for 2017/18 and includes the additional £5.8 million allocated for adult social care in 2017/18. This will continue to be managed as a pooled budget across the Council and CCG through s75 and s256 agreements. Following approval by the Health and Wellbeing Board the plan for 2017/18 with supporting documents will be submitted to NHS England for final sign off and approval. The plan will then be monitored by NHS England through the quarterly review process and regular bi – monthly updates presented to the Wiltshire Health and Well Being Board.

**Tracey Cox (Wiltshire CCG)**  
**Carolyn Godfrey (Wiltshire Council)**

**Wiltshire Council**

**Health and Wellbeing Board**

**18 May 2017**

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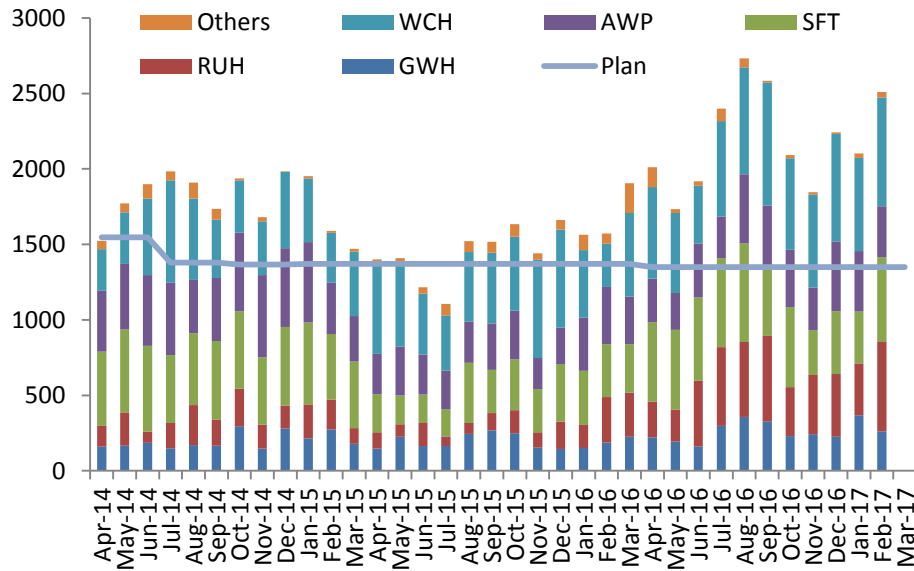
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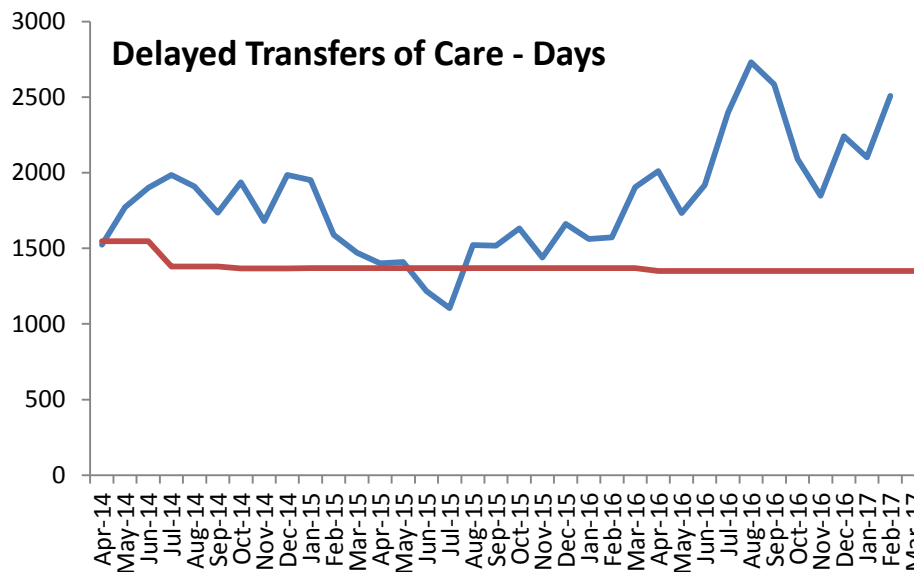
**Section 1- Purpose of the report**

- To outline the approach to the Better Care Plan and commissioning intentions for 2017/18
- We now have a very clear position for the Better Care Plan nationally with a clear policy statement on 17/18 and beyond.
- There has always been a strong commitment to integration in Wiltshire with the prevailing view being that the Better Care Plan neatly complimented an existing strong commitment to integrated service delivery. The wider system has played a key part in driving this change forward.
- The Better Care Plan is well established across Wiltshire, leading schemes, managing the system in terms of flow and pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The BCP plays a key role in managing pressure across the system and its impact is evidenced, supported by system wide governance processes in place.
- Several key schemes are being continued into 2017/18 and we would expect to see further improved performance in the next 12 months and a key commitment of all partners to maximise outcomes from existing schemes, priorities and expenditure.
- Reducing delayed transfers of care across the system is a key priority for 2017/18 given the increase in 2016/17 and the delays experienced across our system.

**Delayed Transfers of Care in Wiltshire 2014-2017**  
**Delayed Transfers of Care by Provider**



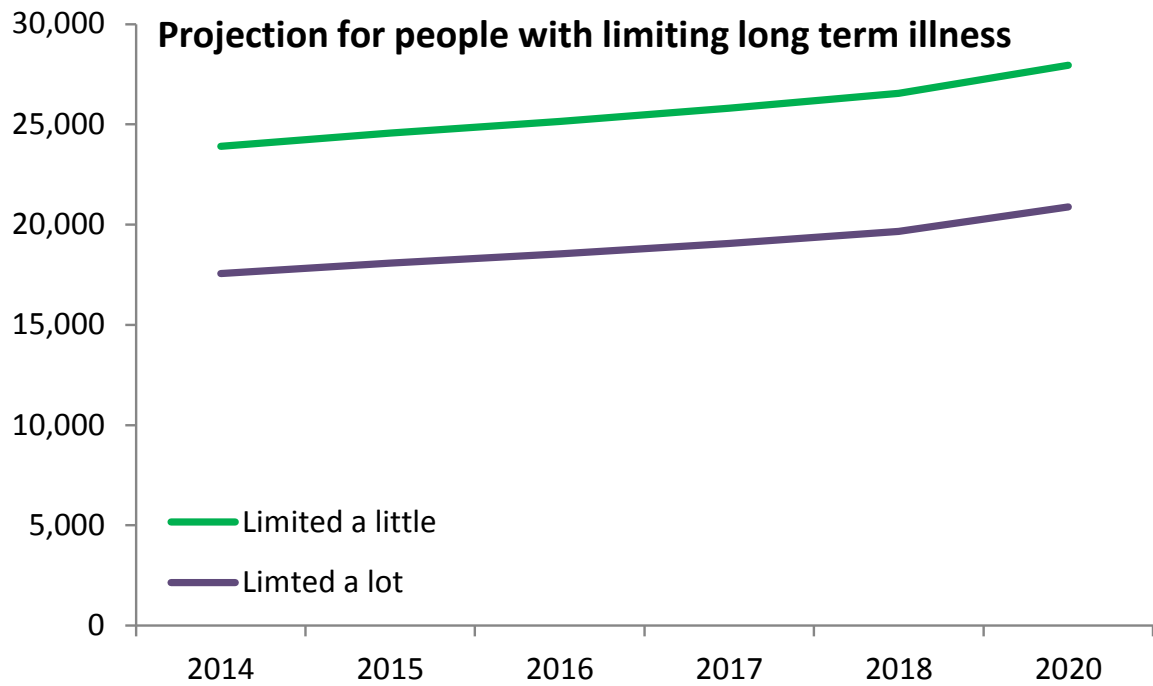
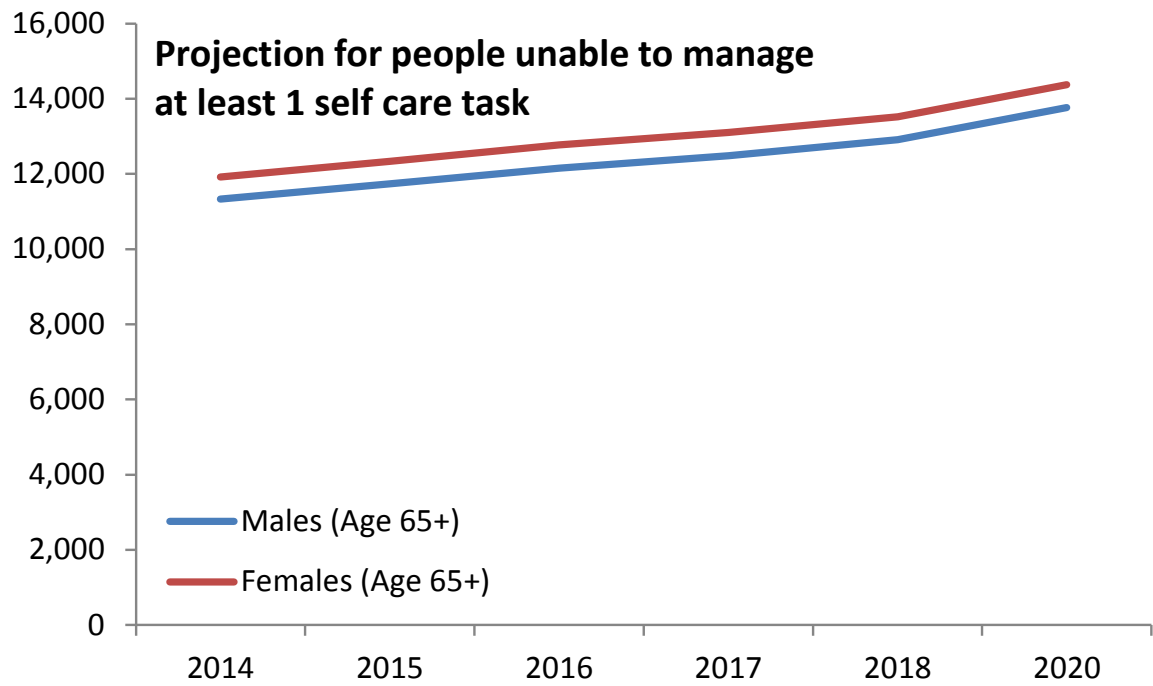
**Delayed Transfer of care – Delayed Days**

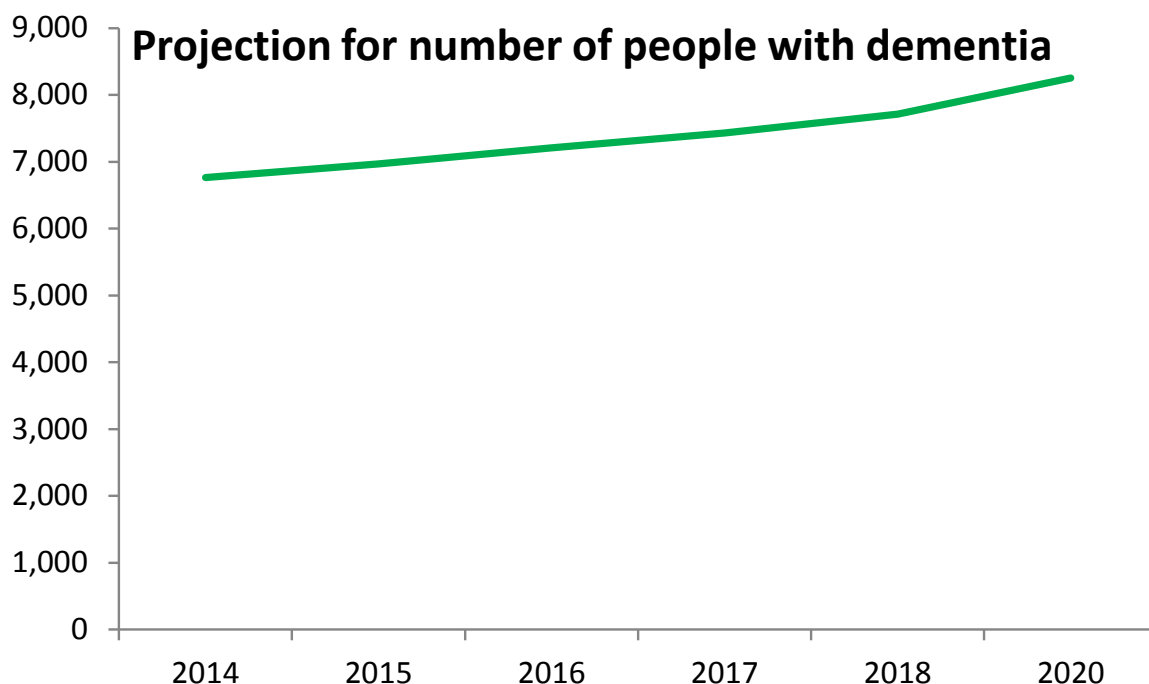


As graphs and data highlight that whilst there was a relative reduction in delayed transfers of care in 2015/16, there was a marked increase in delays during 2016/17 due to a series of service restrictions, significant increase in demand and reduced capacity. The key service priority for 2017/18 is to reduce the level of delays across the system. There also remains a strong ambition to transition more patients to full independence as quickly as possible to reduce reliance on statutory services. This remains a significant challenge when you consider the increase in the volume of patients over the age of 65 (as highlighted in the graph in Section x) and the associated levels of frailty.

The graphs below highlight the scale of the challenge associated with an ageing population increasing levels of frailty and complex comorbidities. As the projections below suggested we are likely to see an increase in our dependent population and highlights the need to ensure we mobilise and transition our

elderly population to early independence ideally in a home setting in the community.

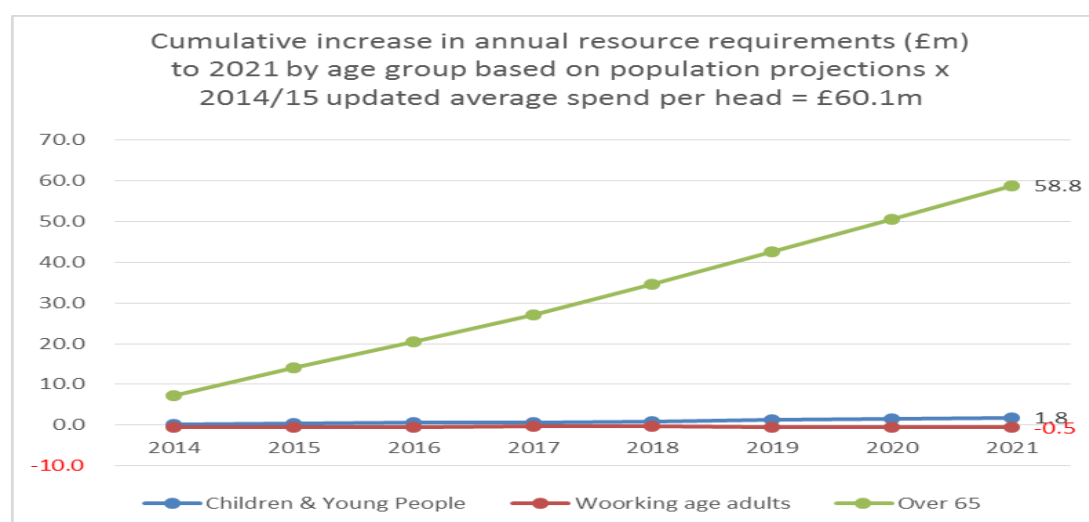




The Better Care Plan for Wiltshire will continue to have associated admission avoidance and length of stay reduction targets and these are summarised in the main document. Underpinning the continuation of key schemes must be the commitment to deliver integrated care at the point of need at as a local a level as possible as well as maximise the opportunities that will be presented because of the integrated community services contract.

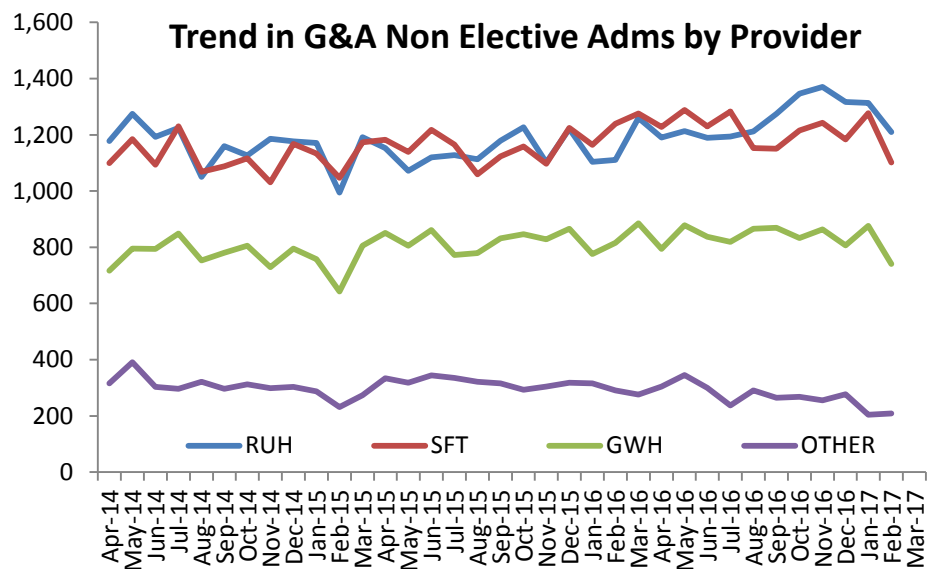
There is an emerging linkage between the Better Care Plan and the STP process across Wiltshire and the key schemes within this programme are crucial in ensuring the long-term sustainability of the health and care system during this challenging period of austerity. As a result, we would expect to see a clear return for all investment made and develop a system wide process which reviews all schemes and areas of investment.

**Section 2 – The Demographic challenge and the impact of population growth on resource requirements (older people) – Cumulative**



| Wiltshire Population aged 65 and over, projected to 2030 |               |               |                |                |                |
|--|---------------|---------------|----------------|----------------|----------------|
|  | 2014          | 2015          | 2020           | 2025           | 2030           |
| People aged 65-69  | 30,300        | 30,600        | 28,500         | 31,800         | 36,700         |
| People aged 70-74  | 22,200        | 23,300        | 29,600         | 27,600         | 30,800         |
| People aged 75-79  | 17,700        | 18,100        | 21,600         | 27,600         | 25,900         |
| People aged 80-84  | 13,000        | 13,400        | 15,500         | 18,800         | 24,300         |
| People aged 85-89  | 8,300         | 8,600         | 10,000         | 12,000         | 14,900         |
| People aged 90 and over                                  | 5,100         | 5,300         | 6,700          | 8,700          | 11,300         |
| <b>Total population 65 and over</b>                      | <b>96,600</b> | <b>99,300</b> | <b>111,900</b> | <b>126,500</b> | <b>143,900</b> |

There is set to be a marked increase in the volume of residents over the age of 65 which will generate increased pressures on a range of statutory services



As the information above sets out, given the levels of population growth for the over 65s there would be a significant cost associated with doing nothing, and as the evidence demonstrates the Better Care Plan in Wiltshire has been successful in reducing the hospital admission impact of such growth. Any future investment through the Better Care Plan needs to ensure it is targeted at the high risk, high cost cohorts and reduces ongoing demand on statutory services and demonstrate a clear return on investment.

### **Section 3 - The legacy of the Better Care Plan in Wiltshire**

The Better Care Plan in Wiltshire retains a strong reputation nationally and as the data demonstrates we are making strong progress across number of performance indicators. Expectations remain high and it is crucial that the system continues to embrace integration through the Better Care Plan and take it forward with even greater pace during 2017/18

The Better Care Plan programme of schemes alongside others in the system have played a key part in reducing the impact of such demand across the system, a high number of complex patients are being managed through our alternative schemes in the community. Increased acuity and complexity in the

community has been managed by a wider range of specialist services being commissioned and provided in the community (such as the care home liaison programme for patients with dementia and the 72-hour end of life pathway). The key local platform for the Better Care Plan in Wiltshire remains the 22 integrated teams in place across the county and the key aim during 2017/18 is to support the implementation of these at a greater pace and ensure that functional integration and co-location of services at the point of need becomes a reality in Wiltshire across adult community services and adult social care.

#### ***The Adult Community Service contract***

This is now mobilised and fully operational in its first full year of delivery in 2017/18, the Wiltshire Health and Care Model plays a critical role in delivering operationally the aims and ambitions of the Wiltshire Better Care plan and programmes led by Wiltshire Health and Care such as the High Intensity Care Programme and the Home First will play a key role in managing crisis reducing demand across the system and improving flow

#### ***Maintaining a focus on prevention***

The Prevention Board has been refocused and has a very ambitious work plan to deliver in line with the key recommendations from the Wiltshire Older Persons Review. This approach will ensure that we reduce dependency as we transition patients through various pathway stages and ensure more residents will be maintained in their own home for longer. We will deliver this with targeted prevention programmes, signposting and navigation services, education programmes for patients and carers and bespoke training and support for staff across Wiltshire.

### **Section 4-Response to the National Key Lines of Enquiry**

#### **Responding to the National Key lines of Enquiry (KLOE)**

##### ***Plans for use of the Better Care Fund***

##### ***How we work together***

- Commissioning, service delivery and transformation have been jointly developed by the council the CCG and provider partners and there is a strong commitment to delivering the key schemes, with all plans jointly agreed and signed off by the Wiltshire Health and Wellbeing Board.
- The Wiltshire Health and Wellbeing Board have all provider organisations as members and this ensures a strong ongoing public commitment to the programme.
- Our key aim remains to continue to reduce DTOCs across the system and to reduce NEL admissions, as well reducing LOS by circa 2 days.

##### ***BCF achievements***

- Since 2014 the Better Care Plan in Wiltshire has played a key part in integrating services at the point of need and delivering a range of effective out of hospital services.
- The BCF in Wiltshire was one of only five national FastTrack sites and has had a demonstrable impact on service provision,
- We have historically managed the impact of demographic growth for the over 65s in relation to non-elective admissions over the 3 years of the Better Care plan and perform well against the NHS England average for non-elective admissions for the over 65s. However, it should be noted we have seen an increase in the volume of emergency admissions for the over 65s in 2016/17 compared with previous years.
- We have increased the number of patients who remain independent 91



days' post discharge and reduced the number of long term placements in nursing and residential care.

- The key message here is not only are our schemes managing crisis they are also reducing dependency throughout the pathway

### ***Reducing DTOCs***

- Whilst excellent progress was made in 2015/16 in reducing the volume of delayed transfers of care and delayed days across Wiltshire, we have seen an increase in the number of delays during 2016/17 over the assumed plan. Therefore, a key focus in 2016/17 is to reduce delayed transfers of care back to the levels of 2015/16 in the first instance and then progress towards further improvements
- Our key scheme relevant to DTOCs very much focuses on early mobilisation, transfer and ensuring longer term independence of the service user. As such the key scheme is the Wiltshire Rehab Support Worker programme which focuses on moving patients home as soon as they are "medically stable" with enhanced domiciliary and health care in the patient's own home. This scheme commenced in Q4 2016/17 and there is a system wide commitment to ensure its success. Additional funding of circa £1.2 million per annum from the Better Care Plan has been provided.
- We have redesigned intermediate care provision in Wiltshire with a movement towards 70 contracted ICT beds in 9 identified homes across the county.
- Where possible we will be looking to discharge patients earlier in the acute pathway whether that is in A&E and AMU assessment areas or as soon as the patient reaches medical fitness on an acute ward. through programmes such as acute trust liaison, urgent care at home or the recently launched rehab support workers programme.  
We have also commissioned an enhanced urgent care at home service to provide additional bridging support across a 7-day period to support further discharges from the acute hospitals
- We have also launched a new approach to managing patient Choice Across Wiltshire which has overseen a reduction in choice related delays and has been adopted as an area of good practice by our neighbouring CCGs

### **Section 5 - The Better Care Plan Approach in Wiltshire**

Our Better Care Plan is built upon our overriding vision of care as close to home as possible, with home always as the first option.

This vision is delivered by a 2-stage transition;

**Stage 1** – focus was very much on discharging people from hospital to home as soon as they are medically stable usually through an integrated package of care. This will enable the long-term independence of the service user.

**Stage 2** retains the focus on long term independence with the aim being able to transition patients off package of care towards long term independence in their own home. Our performance during 2014/15 and 2015/16 demonstrated we are achieving this for the clear majority of the frail elderly population in Wiltshire and whilst we made further progress during 2016/17 we did due to a range of factors see a general increase in delayed transfers of care across our system. This is a key area of improvement during 2017/18

We are clear about the challenges facing us and know that without a change in the health and care system there is a significant risk that service quality will decline. The Better Care Plan has been the key driver for out of hospital care in Wiltshire and has provided a very strong case for change which is evidence based and recognised and understood by the whole system. The Better Care plan has been running for the last 3 years and has provided a strong framework for integration, transformation and system wide delivery across Wiltshire

### ***Personalisation and the “this is me “agenda “***

Our vision for better care is based upon the outcomes which are set out in our Joint Health and Wellbeing Strategy and these are based on what our population tell us they want. These draw on the overarching definition of good integrated care, developed by National Voices, which looks at the delivery of care from an individual’s perspective:

**Care Planning and coordination** *“My care is planned by people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes”*

**My goals/outcomes:** *“All my needs as a person are assessed. Care planning: I work with my team to agree a care and support plan “*

**Communication:** *“I tell my story once. I am listened to about what works for me, in my life. Decision making including budgets: I am as involved in discussions and decisions about my care, support and treatment as I want to be.”*

**Transitions:** *“When I use a new service, my care plan is known in advance and respected.”*

### ***What difference will this make to patient and service user outcomes?***

Within the next 5 years, we expect that the plan will have the following impact, as seen from a patient and service user perspective:

- ✓ My care is planned with people who are working together to understand my needs and those of my carers
- ✓ I will receive the highest standards of care in my own home
- ✓ I will not have to unnecessarily admit to hospital or stay there longer than I need to
- ✓ I am involved in all decisions about me and my care
- ✓ I am always kept informed and I always know who to contact if the need arises
- ✓ I am looked after in a place of my choosing
- ✓ I don’t have to keep repeating myself to lots of different professionals
- ✓ I have a named person to go to when I need them
- ✓ I understand my condition and how it will affect me
- ✓ If things get worse I have a plan to help me cope
- ✓ I can have my care needs met in my place of residence
- ✓ I have good advice and sufficient information so I know how to look after myself and stay well
- ✓ I have a local support network around me that meets my wider (holistic) needs

## **Section 6 - Our performance baseline moving forward**

The following provides a summary of the progress made by the Better Care Plan during 2016-17, this is the foundation on which our priorities are based for 2017/18.

### **Activity and Outcomes**

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

also does better on DEM05 achieving 86.3% compared to an England average of 84.6%.

### **Section 7- The Key Challenges for the Wiltshire Better Care Plan 2017/18**

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

### **Section 8 - Laying the foundation for service integration**

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

|  |  |   |
|--|--|---|
| <b>Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the opportunities and outcomes for integration.</b> | <b>Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support.</b> | <b>Increase the capacity, capability and sustainability of integrated services, so that professionals and the public have confidence that more can be delivered in the community in the future.</b> |
| <b>Seeking to Support the reconfiguration of</b>   | <b>Manage an effective and efficient pooled budget</b>   | <b>Develop Wiltshire's "medium term</b>   |

|   |  |  |
|---|--|--|
| <p>services from acute to community settings in line with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BSW STP</li> <li><input type="checkbox"/> New models of care.</li> </ul> | <p>which is widened across the partnership to deliver the integration programme.</p> | <p>integration plan” including our approach to organisational forms and alignments</p> |
|---|--|--|

## Section 9 - Mission Vision and Values moving forward

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

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

- **Simplified access** to core services through one number for the whole system.
- Effective **Triage** which increase use of **alternatives** rather than generate additional pressure
- **Integrated service** provision based on localities with appropriate clinical, community service, mental health and social care input to make them effective
- Services **must make a difference** in terms of **intervention** and be **more responsive** at point of need.
- **Risk stratification** and **anticipatory** care which deliver and make a difference.
- Ongoing development of **credible alternatives** which make a difference to acute hospital provision, there is a need to manage a higher level of acuity in community settings.
- **Specialist provision** and support in **out of hospital** settings underpinning the system ambition.
- Focus on discharging patient **home first**.
- **Enhanced discharge** arrangements with integrated community teams (which will aim to include both health and social care teams) being able to **pull patients out of hospital** once the patient is medically fit.
- **Reliable** intermediate care **and care at home** which gets patients to their **normal place of residence** more quickly.
- **Reacting** to what the data tells us and **targets our interventions** in the right area (care homes, multi morbidities, high referring practise, and wards with a high Length of Stay (LoS)).
- A greater emphasis on **upstream prevention** and focus on **self-management** and **signposting**.
- **Senior expert clinical opinion** as **early** as possible in the pathway wherever the patient presents across the system.
- Building from the **bottom up**, ensuring that providers play a key part in the development of the integrated model of care.
- **Increased responsibility for system change** rests with providers.
- **Forecasting** financial commitments moving forward and establishing the **social and economic return on investment**.

These principles are inherent to the transformation approach in place across Wiltshire.

## Section 10- The Proposed Better Care Plan Budget for 2017/18

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

## ***Budget Proposals 2017-18***

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

## ***Further Developments 2017-18 – Integrated Community Equipment Budgets***

3. The community equipment budget is currently operated as an aligned budget outside of the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. In 2016-17 the total community equipment budget is £4.477 million.
4. It is proposed that from 1 April 2017 the community equipment budget is incorporated within the BCF pooled budget. This would be on a non-risk transfer basis, i.e., each partner would continue to have responsibility for their own element of the budget in respect of year end variances.
5. In making this change it is anticipated that efficiencies can be achieved through improved joint management of the spend. There is some work to do to clarify the elements of the budget spent on Children's Services and whether that can be incorporated in to the BCF.
6. Due to the capacity to amend the current legal agreements it is proposed that the management of the community equipment budget will be moved in to the BCF from 1<sup>st</sup> April 2017 and that the Joint Business Agreement and Section 75 Agreement will be amended at the earliest opportunity to formalise this position.
7. What will also be managed as part of the Better Care Plan for 2017/18 is the additional £5.8 million investment into adult social care (detailed provided below)

## **Section 11- Use of additional Adult Social Care Funding in 2017/18**

Additional funding for adult social care provides an opportunity to develop and implement a transformation plan for the adult social care service; invest in development of reablement services in the county and further develop the domiciliary care market to ensure adequate capacity in the market to enable people to maximise their independence and remain at home. This work will help to improve the flow from the acute providers and throughout the whole system. The government has been under heavy pressure to assist both the NHS and social care services, as the pressures of budget cuts and growing demand have had a significant impact upon services.

In Wiltshire, the additional funding represents £5.8m for 2017/18, £5.1m for 2018/19 and £2.4m for 2019/20. This money is non-recurring.

## ***Main considerations***

- The importance of a strategic approach to the commissioning of services and for the extra resources for adult social care to be deployed as part of a whole systems economy is widely recognised.
- As such, Wiltshire Council and Wiltshire CCG are working with strategic partners in health and in the third sector to create and develop a market economy that is sustainable and has its focus on community resilience and market capacity to meet the demographic demands placed upon it
- The Council has further recognised that it needs to transform its Adult Social Care services to ensure a more responsive service that maximises independence. The integration agenda will impact on how all services are delivered in the future and there is a need to ensure that Adult Social Care is fit for purpose and able to respond to the opportunities for integration.

There are challenges in respect of domiciliary care which impact on safe and timely discharges from hospital. There is limited capacity in the market, impacting on DTOC rates. There is currently no framework for spot purchases and given the state of the market, other contracting arrangements should be considered. It should also be noted that

- HTLAH provides a very limited reablement service. There is scope to make more use of this vital element of a modern care service to manage demand and promote independence.
- The development of Home First is dependent on capacity within the domiciliary care market to provide ongoing support to people post their period of Home First, without this flow Home First will be unable to deliver the agreed outcomes.
- The Council and health partners recognise that there may be a need for short-term pragmatic spend to respond to crisis but that this should be avoided where ever possible to ensure the development of a sustainable model.

As part of the aim to support the development of a sustainable whole system, ensuring people are discharged from hospital in a safe and timely manner it is proposed that the focus of the additional, non-recurring, resources is on:

- Redesigning the hospital discharge process
- Developing a reablement service that supports Home First
- Increasing capacity in the domiciliary care market
- Wider transformation of Adult Social Care (including front door)
- Responding to demand pressures within SEND/LD
- Home First operational pathway lead
- National Living Wage pressures

## ***Financial implications***

- In Wiltshire, the additional funding represents £5.8m for 2017/18, £5.1m for 2018/19, £2.4m for 2019/20. This money is non-recurring.
- the funding forms part of the Better Care Plan, which operates as a pooled budget and is
- subject to the requirements of the Section 75 agreement (currently being

- updated).
- Initial Better Care Plan commissioning intentions for Wiltshire for 2017/18 have already been drafted, recognising that the full policy guidance is still awaited (in addition to the policy framework) and that the BCP budget statement and position for 2017/18 will still need some updating for inflation and will need to reflect the additional funding for adult social care.
- As such, the additional funding brings the total Better Care Plan funding to:

| <b>Funding</b>                                   | <b>Budget allocation</b> |
|--|--------------------------|
| CCG BCF Contribution (transfer to WC)            | 22,672                   |
| CCG BCF Contribution (cost paid directly by CCG) | 8,559                    |
| WC BCF Contribution                              | 4,250                    |
| Additional Adult Social Care Funding             | 5,810                    |
| Disabled Facilities Grant                        | 2,551                    |
| <b>Total Funding</b>                             | <b>43,842</b>            |

## **Section 12 – QIPP and efficiency targets associated with the Wiltshire Better Care Plan 2017/18**

### **Background:**

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

### **Our ambition for 2017-18 and 2018-19:**

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



### Scaling up to deliver change at pace

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

| <b>Scheme</b>                                | <b>Planned activity levels 2017/18</b>   |
|--|--|
| Step Up Intermediate Care Community Hospital | Improve flow to 25 patients a month = 300 admission per annum to be avoided  |
| Step Up Intermediate care Sarum              | 12 patients per month = 144 admissions to be avoided per year  |
| Urgent Care at Home                          | 80 per month =960 cases per annum  |
| Palliative Care -72-hour pathway             | Include SFT and upscale to 16 a month = 192 palliative care admissions managed in a different setting  |
| <b>Discharge flow</b>                        | <b>2017/18 numbers</b>   |
| ICT beds (70 beds)                           | Reduce LOS further to achieve 60 cases managed by month = 720 discharges facilitated per annum   |
| Community Hospitals Beds                     | Reduce LOS and delays in community hospital beds to achieve an additional 15 discharges month = 180 additional discharges per annum  |
| Rehab Support Workers scheme                 | If the additional 30 carers are appointed in line with plan then the aim in stage one from April 1 <sup>st</sup> will be to deliver additional discharges across the system. The assumed impact is currently being quantified by each of the A&E Delivery Boards |
| Spot purchase and specialist beds            | Maintain 120 per month   |
| HTLAH activity                               | Maintain 900 a month   |

### **Section 13 - Outline commissioning intentions Better Care Plan 2017/18**

The information presented at appendix 2 below provides a summary of the outline commissioning intentions of the Better Care Plan in Wiltshire for 2017/18.

### **Section 14- Governance arrangements for the Better Care Plan**

We see strong joint governance as a key step towards integration. The Wiltshire Health and Wellbeing Board will continue to oversee the delivery of Better Care. Health providers all sit on our Health and Wellbeing Board and have been fully involved in the development of the Better Care Plan and the scoping and

implementation of the key schemes within the Better Care Plan for Wiltshire. The Health and Wellbeing Board has driven the implementation of the Better Care Plan across Wiltshire and developed a culture of collective responsibility and vision for change. Progress against the Better Care Plan is reviewed at the meeting and it is the forum where all key decisions in relation to the Better Care Plan are made. The effectiveness of the Wiltshire Health and Wellbeing Board is well recognised nationally - named as the Health and Wellbeing Board of the Year at the recent LGA awards.

Elements of our plan that require key decisions will, as required, be reported to the CCG Governing Body and to the Council's Cabinet. We have a Joint Commissioning Board for Adults' Services and many of the emerging service changes have been developed and overseen by this Board.

We have several existing joint arrangements between the Council and the CCG, including pooled budgets for carers' services. These agreements all sit within a single overarching Joint Business Agreement which is overseen by the Joint Commissioning Board. We have a joint integration programme team, led by a jointly-appointed programme director and including specialist capacity from the Council's System's Thinking Team and information management team.

The Integration Director chairs the BCP Finance and Governance Group which meets monthly and oversees the performance of the key work stream and the BCP budget. The Group will also prioritise areas for decision by the Joint Commissioning Board, providing effective oversight and coordination. Monthly update reports on the delivery of Better Care and the use of the pooled funds go to our Joint Commissioning Board. The Joint Commissioning Board has developed a dashboard of performance outcomes which it monitors at every meeting. This dashboard will be expanded to include the key performance outcomes for the Better Care Fund.

There will be bi-monthly public reports on the delivery of Better Care. These reports will be circulated to the Council's Cabinet, the CCG's Governing Body and the Health and Wellbeing Board. In this way, we will ensure that the leadership of the CCG and the Council have clear and shared visibility and accountability in relation to all aspects of the joint fund.

There is effective engagement at the political interface with a BCP Task and Finish Group being set up, this is a local authority member chaired scrutiny group and evaluates the performance of the plan on behalf of the Health Select Committee. This further enhances the accountability of the better care plan and ensures a stronger connection with the local community it serves through their elected representatives

We also ensure that the public are informed of progress; we publish a monthly BCP Newsletter.

We also work with our Older People's Reference Group and with Health watch Wiltshire to ensure that we develop our patient and customer feedback and can respond to people's views. The work we have taken forward with Healthwatch Wiltshire has been recognised nationally as a good example of proactive patient engagement on the Better Care Plan.

We also continue to engage with each of the 18 Area Boards in Wiltshire ensuring the key messages and priorities of our better care plan are heard as widely as possible.

There is a commitment to action and ongoing evaluation across each of the key schemes and we will be moving the system to a daily review of core activity and performance indicators

There are also strong linkages between the Better Care Plan Governance Group and the Wiltshire Health and Wellbeing Board. Following approval at Health and Well Being Board the plan for 2016/17 with supporting documents (such as the DTOC action plan) will then be submitted to NHS England at the end of April 2016 for final sign off and approval.

The plan will then be monitored by NHS England through the quarterly review process. An established risk management framework is in place and the plan is also subject to review via the Board Assurance Framework.

The main target population impacted on by the Better Care Plan is the over 65 years' age group with the aim to ensure that there is accessible care in place for all who need it at the point they need it regardless of age, sex and religious denomination

### ***Recommendations from the Better Care Plan Task Group***

Over the last 18 months, the Wiltshire Better Care Plan has been subject to regular scrutiny from the Better Care Plan Task Group (operating on behalf of the Wiltshire Health Select Committee). The Task Group finished its work in November 2016 and reported its findings to the Health Select Committee and these are summarised below for the attention of the Health and Well Being Board

#### **The Task Group recommend that the Health Select Committee:**

- 1) Supports the Better Care Plan's commitment to delivering integrated care at the point of need at as local a level as possible and the approach of integrated working as the right direction to achieve this.
- 2) Recognises that the integration and innovation driven by the Better Care Plan has made Wiltshire's health and care system more resilient than those in many other areas despite the considerable demographic and financial challenges being faced.
- 3) Notes that, despite Better Care Plan successes, problems occurring in non-Better Care funded services can quickly cause 'blockages' across the health and care system.
- 4) Supports the principles of Integrated Discharge as improving the patient experience and reducing delays in discharge, but acknowledges that a lack of domiciliary care can create a "bottleneck" in the system, making delayed discharges unavoidable.
- 5) Notes that overall the Choice Policy has created greater simplicity and clarity for staff and improved the discharge process for most patients when followed properly.
- 6) Supports the principles of intermediate care in supporting patients' journey to reablement.
- 7) Recommends monitoring of the Better Care Plan against its five national performance areas (below) as a topic for scrutiny under the 2017-21 Council:
  - a) Admissions to residential and nursing care
  - b) Success of reablement and rehabilitation

- c) Delayed transfers of care (DTC)
  - d) Avoidable emergency admissions
  - e) Patient and service user experience
- 8) Recommends the integration of services across Wiltshire’s health care sector as a priority topic for scrutiny under the 2017-21 Council.
- 9) Supports the Single View project to integrate information across the health and care system and recommends this as a topic for scrutiny under the 2017-21 Council.

The Task Group recommends that Wiltshire’s Health and Wellbeing Board partners:

- 10) Considering the significant workforce challenges faced in Wiltshire, commit to
- Implementing a clear and attractive career structure for the care sector
  - Expanding and utilising the skills of staff across the health care system
  - Promoting the principles of integrated working within all partners’ recruitment and induction strategies
  - Protecting public confidence in the workforce’s skills.
- 11) Demonstrate the ambitious commitment to integration required to address the demographic and financial challenges faced by:
- Taking a genuinely integrated approach to commissioning health care services
  - Ensuring that the principles of integrated working are in place at an operational level across the system
  - Adopting a shared approach to risk across health and care services

The Task Group recommends that Wiltshire Council and Wiltshire Healthwatch:

- 12) Consider re-launching the “Your Care, Your Support” online portal to raise its profile as a resource amongst professionals, volunteers, patients and carers in the health and care system in Wiltshire. The re-launch to include more links to the portal from local websites and more prominent guidance for self-funders.

**Responding to the recommendations of the BCP Task Group – Action Plan 2017/18**

| Recommendation /Theme Area  | 2017/18 actions   | Timescale  |
|---|---|--|
| <b>Supports the principles of Integrated Discharge as improving the patient experience and reducing delays in discharge, but acknowledges that a lack of domiciliary care can</b> | <ul style="list-style-type: none"> <li>• Integrated discharge programmes now in place at GWH, RUH and SFT with</li> </ul> | <p>Live</p> <p>Go live from April 1<sup>st</sup></p> |

| Recommendation /Theme Area   | 2017/18 actions   | Timescale  |
|--|---|--|
| <p><b>create a “bottleneck” in the system, making delayed discharges unavoidable.</b></p>  | <p>consistent leadership, processes and pathways</p> <ul style="list-style-type: none"> <li>• Rehab support workers (additional 30 WTE carer resource) to be rolled out across Wiltshire</li> <li>• Formal alignment of dom care support within the integrated discharge programmes at each hospital and providing “in reach” support to ICT beds and community hospital beds</li> <li>• Regular joint reviews between HTLAH and community teams</li> </ul> | <p>Go Live from April 1<sup>st</sup></p> <p>Live</p>   |
| <p><b>Notes that overall the Choice Policy has created greater simplicity and clarity for staff and improved the discharge process for most patients when followed properly.</b></p> | <p>There will be an ongoing focus on choice delays during 2017/18 in the following ways</p> <ul style="list-style-type: none"> <li>• Moving to one consistent choice policy for the RUH economy (BANES, Wiltshire and Somerset)</li> <li>• Supporting staff in having applied the policy with focus on having the “difficult conversation “</li> <li>• Formal review to take place in May 2017 with outcomes to be shared with the HSC.</li> </ul>          | <p>Go Live from April 1<sup>st</sup></p> <p>Completed across the system, apart from GWH who will undertake training in May</p> |
| <p><b>Recommends monitoring of the Better Care Plan against its five national performance areas (below) as a topic for scrutiny</b></p>  | <p>There is a detailed monthly performance dashboard in place across the BCP and this will be</p>   | <p>Go live from April 1<sup>st</sup></p>   |

| Recommendation /Theme Area  | 2017/18 actions  | Timescale |
|---|--|-----------|
| <p><b>under the 2017-21 Council:</b></p> <ul style="list-style-type: none"> <li><b>f) Admissions to residential and nursing care</b></li> <li><b>g) Success of reablement and rehabilitation</b></li> <li><b>h) Delayed transfers of care (DTC)</b></li> <li><b>i) Avoidable emergency admissions</b></li> <li><b>j) Patient and service user experience</b></li> </ul> | <p>maintained during 2017/18 and enhanced in the following ways</p> <ul style="list-style-type: none"> <li>• Alignment with relevant public health data</li> <li>• Link to the ASC performance management framework</li> <li>• Ensure patient views and experience continue to underpin all we do with ongoing engagement of health watch to review identified services</li> <li>• Bi annual update on performance to HSC</li> </ul> |           |
| <p><b>Supports the Single View project to integrate information across the health and care system and recommends this as a topic for scrutiny under the 2017-21 Council.</b></p>  | <p>February Health and Wellbeing pre-meet focused on single view and endorsed on a system basis the need to roll this system out across the Wiltshire Health and Social Care Economy.</p> <p>There are currently 2 pilots underway and the way will be to standardise this approach across Wiltshire in 2017/18 in partnership with all public-sector partners</p>   | Ongoing   |
| <p><b>Considering the significant workforce challenges faced in Wiltshire, commit to</b></p> <ul style="list-style-type: none"> <li><b>• Implementing a clear and attractive career structure for the care sector</b></li> <li><b>• Expanding and utilising the skills of staff across the health care system</b></li> </ul>  | <p>All the recommended actions are inherent within the Better Care Plan workforce plan and commissioning intentions for 2017/18 and will be scrutinised by the Joint Commissioning Board.</p> <p>These actions will also be addressed across the</p>   | Ongoing   |

| Recommendation /Theme Area   | 2017/18 actions   | Timescale |
|--|---|-----------|
| <ul style="list-style-type: none"> <li>• <b>Promoting the principles of integrated working within all partners' recruitment and induction strategies</b></li> <li>• <b>Protecting public confidence in the workforce's skills.</b></li> </ul>  | <p>wider STP footprint as this is recognised by all parties as a key system risk</p>  |           |
| <p><b>Demonstrate the ambitious commitment to integration required to address the demographic and financial challenges faced by:</b></p> <ul style="list-style-type: none"> <li>• <b>Taking a genuinely integrated approach to commissioning health care services</b></li> <li>• <b>Ensuring that the principles of integrated working are in place at an operational level across the system</b></li> <li>• <b>Adopting a shared approach to risk across health and care partners.</b></li> </ul> | <p>It is recognised by all that the Better Care Plan played a key role in shaping the foundations for integrating services at the point of need in Wiltshire. The next stage is to progress towards more formal integration in several key areas. Some identified key priorities for 2017/18 include</p> <ul style="list-style-type: none"> <li>-further development of the integrated team's platform with co-location of health and social care teams</li> <li>-development of a system wide transformation board</li> <li>-functional co location of teams (integrated discharge an important step)</li> <li>-looking at how organisations can align more formally from an operational and strategic perspective</li> <li>-considering the wider implications of the STP and what the best fit is for Wiltshire</li> </ul> | Ongoing   |
| <p><b>Consider how the "Your Care, Your Support" online portal is developed as a resource amongst professionals, volunteers, patients and carers in the health and care system in Wiltshire. The re-launch to include more links to the portal</b></p>   | <p>A great deal of work has been carried out in this area with the aim of accelerating delivery over the next year, this includes</p> <ul style="list-style-type: none"> <li>-System tutorials led by Healthwatch Wiltshire for</li> </ul>  | Ongoing   |

| Recommendation /Theme Area  | 2017/18 actions   | Timescale |
|---|---|-----------|
| <p><b>from local websites and more prominent guidance for self-funders.</b></p> | <p>social care staff<br/>           -aim to roll out tutorials to staff working across the integrated teams<br/>           - development of a more effective and integrated communications plan to increase awareness and traffic through the site<br/>           - focused engagement and training programmes in areas such as End of Life and Long Term Conditions.</p> |           |

The above recommendations and actions will form a key part of the Better Care Plan approach during 2017/18

**Section 15 Conclusion**

- The Health and Well Being Board are asked to review the Better Care Plan Delivery Plan for 2017/18 and approve the outline commissioning intentions at Appendix 2 and Better Care Plan budget for 2017/18 as outlined at appendix 1
- In line with the Better Care Plan Budget for 2017/18, the Health and Well Being Board are asked to approve the suggested approach for the management and allocation of the additional £5.8 million investment into Adult Social Care
- The Board are asked to note and give strategic approval to the necessary legal agreements between the Local Authority and CCG (through s75) which will provide the framework for the Better Care Fund and underpin the Better Care Plan.
- The Board are asked to agree that any further amendments to the Better Care Plan of final submission and following feedback from moderation and NHS England can be signed off if necessary by the Chair and Vice Chair.

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Appendices:

Appendix 1: The proposed BCP Budget for 2016/17

Appendix 2: Outline Commissioning Actions