

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.

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Wiltshire Council

Health and Wellbeing Board

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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
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