APPENDIX

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: CANCER

Workforce Plan needs to:

Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020:

- Joined up approach to cancer care.
- Campaign to encourage early diagnosis.
- Fast-track training of 200 non-medical endoscopists by the end of 2018.
- More new cancer drugs.
- Focus on 62-day cancer waiting time target
- New quality of life metric.

Cancer Taskforce ambitions are:Prevention; Increase rates of early diagnosis; Improve treatment and experience of cancer; Support people to live with and beyond cancer

19 Cancer Alliances have been set up to test models of care and establish tools to measure cancer outcomes consistently.

The workforce plan needs to support the delivery of Cancer Workforce Plan Phase 1 (to 2021) published by NHSE and HEE requiring an expansion in numbers and ongoing investment in staff. Key parts of the workforce are under pressure and action is being taken at a national level to ensure that we have enough staff to deliver the Cancer Taskforce.

System needs to:

Establish current workforce baseline and look at how many staff we need to deliver the service models; identify new skills required; new roles that might need to be created to deliver new service models. Innovation (genomics, AI, IT, immunotherapy) will disrupt serivce models and change workforce requirements.

The whole system, including employers, commissioners, regulators and professiona bodies need to work together to make better use of existing supply, net expansion of skilled staff to support growth and transformation,

Progress to date

Increase in capacity and skills of key areas:

Expansion of Clinical Radiology and international recruitment scheme (30 clinical radiologists recruited)

Accelerated Clinical Endoscopist training (200 by 2018)

Two-year return to practice programme for up to 300 former AHPs and HCS

NHSE working with Cancer Alliance's to determine workforce issues

HEE is responsible for developing the Cancer Workforce Plan for England

HEE M&E funding made available for a number of cancer related ACP programmes – information circulated

Demand Summary	Supply Summary	Actions Summary
Shortages: Oncologists (clinical and medical) H&N surgeons (critical) Dermatologists Chemotherapy Nurse Specialists (hard to recruit to) Clinical Nurse Specialists – ageing workforce and diffiult to succession plan due to lack of funded development posts Histopathology – under increasing workload and ageing workforce Diagnostic radiography – increase in diagnostics Therapeutic radiography – advancements in technology Sonographers – increasing demand, no reliable specific workforce data, no direct entry routes HCS – advances in genomics	Oncologists – an increase in workforce forecast but will not meet growing demand as cancer rates increase Forecast supply for Histopathologists remains low CNS – no defined route and no nationally agreed competency and skills framework Diagnostic radiography is largest professional group in cancer workforce – supply unlikely to meet demand Therapeutic radiography – flows out of and back into NHS from similar settings is ineffecient and disruptive, 23% join the profession from overseas, reduction in applicants to programmes (7% of places unfilled) No direct entry routes into sonography and takes from other professions such as nursing, midwifery, physiotherapy, radiography etc.	Retention strategies crucial for all staff groups Use of Apprenticeship routes and Advanced Clinical Practitioner roles Overseas recruitment Return to practice Develop clear pathways to CNS roles which are currently heavily dependent on cancer charity funding – learning from Macmillan AHPs - Bring in step-change from traditional medical model to more rehabilitative way of delivering care Advances in AI and genomics require a responsive and skilled workforce

Risks and Mitigations

Cancer care nursing and AHP posts still reliant on pump priming by Macmillan and Prostate cancer charities.

Medical workforce – need to make better use of existing supply as well as investment in additional consultants working in cancer.

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Benefits to be Realised	Next Steps
Ensure that we have the right skills to deliver the funded activity set out in the Cancer Taskforce Strategy by 2021.	To work with local cancer alliance to produce a robust workforce plan.

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: COMMUNITY SERVICES REDESIGN **APPENDIX**

Workforce Plan needs to:
Develop and support the implementation of a workforce plan to deliver the new models of care and working arrangements as they emerge. New model based on Neighbourhood Community Nursing (Integrated ILTs); Home First Services (accessed via Locality Decision Units); Community bed based care (community hospitals for medical rehab and 24/7 care; Pathway 3 reablement beds with lower medical need and less 24/7 care).
Overarching workforce and OD implications have been identified but the plan will need to flex and adapt as new models of care emerge
Identify ways to prepare the whole workforce to deliver care at the appropriate level for the service spec so that other parts of the system have confidence and supports single assessment/trusted assessment

System needs to:
Articulate models of care at a service delivery level
Support integration and working across boundaries
Work as One team

Progress to date
Integration of Home First and Integrated Locality Teams into one programme (Out of Hospital).
Submission of an Outline Business Case to CCB to seek approval in principle of the approved model.
Preliminary workforce data and intelligence submitted to form part of the OBC.
Scoping meeting with Pippa Hodgson Ltd to scope level of work required to support workforce transformation.

Demand Summary	Supply Summary	Actions Summary
Community nursing (including district nursing) offer is limited and does not have the ability to increase capacity to meet demand. Intensive community support (ICS) requires increased therapy input and more integration. Clarity of offer to be well defined to increase confidence in service. 6.8WTE additional GP resource to cover Home First. Need to retrain and/or redeploy staff from bed-based provision to community (nursing and therapy). Increasing demand for ACP roles. Development of 7 new Clinical Care Coordinator roles. Reduced community hospital usage by up to 53%. Practice nurse vacancies plus ageing workforce. Primary care mental health worker gaps in provision. Demand for imaging and diagnostics in community.	General Practice already under increasing pressure from demand – investment in 19/20 for additional medical cover for Home First. Overseas recruitment programme. Huge demand for ACP/ANPs across multiple providers – danger of fishing from the same pool. Development of GPSI in frail, older person to fill gaps in senior medical workforce Insufficient supply of Practice Nurses and District Nurses. System wide requirement for ACP roles. Do we have sufficient numbers of occupational therapists across health and social care to grow the workforce? Shortage of radiographers so recruiting from overseas.	OD strategic programme to be developed by March 2019 OD support at operational level to be delivered in Home First Functional Mapping to be undertaken in Home First and ILTs. Pre-Consultation Business Case to be developed and taken to CCB. Ensure that interdepencies with other workstreams are dealt with at a senior level to avoid 'fishing in the same pond'.

Risks and Mitigations
GP workforce struggling with current demand – may not be able to meet additional requirement for medical cover despite financial investment – overseas recruitment and option to use Physician Associates/ACPs.
Requirement for community imaging and diagnostics – some estates not fit for purpose and costly to staff community diagnostics – reliant on overseas recruitment.

Benefits to be Realised	Next Steps
Joint working across boundaries including integrated services and reduced duplication. Improved clinical pathways, increased community care, reduction in need for hospital services, economies of scale A strengthened, integrated community nursing offer Increase the number of patients that can be cared for appropriately at home rather than in a hospital bed. Faciltate faster discharge.	Full involvement with stakeholders on new models of care – hearts and minds Development of OD strategy OD support at operational level to help develop proposed models of care and appropriate staffing/skills mix – commencing with HF Access and Therapy Input Work through workforce and OD implications as new service models emerge

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: FRAILTY **APPENDIX**

Workforce Plan needs to:
Ensure we have the right knowledge skills and education in place to address the specific needs of a frail elderly population including an understanding of appropriate approaches and care plans for those with a high clinical frailty score.
Identify new roles which can address specific increased needs such as volunteers for patient advocacy (to support frail elderly patients who may not be supported by carer/family), meaningful activity coordinators for those with dementia.
Increase capacity for more generalist roles which can address more multimorbidity issues and treat the whole patient and not just address medical need.
Identify opportunities for more integration with volunteers and social care.
Recognise the impact that a more mobile and flexible workforce can have on the frail elderly population and develop strategies to educate and develop this workforce and value the contribution of the temporary workforce
Identify how health and social care professionals will work in a more integrated way to share critical information on patients eg District Nursing to be automatically notified of acute admissions in order to enable sharing of critical knowledge

System needs to:
Have clarity about how frail elderly patients will be identified and clarify a clinical checklist for health and social care workers to implement
Clarify models of care and care functions for the frail elderly population and build appropriate workforces such as increased therapy services in UHL's Hampton Suite, Frailty Emergency Teams to rapidly assess frail elderly patients and give appropriate and rapid interventions on presentation in hospital.

Progress to date
Hampton Suite currently has in place new workforce model which is being evaluated for impact on range of identified benefits
Emergency Frailty Team in place in Emergency Department

Demand Summary	Supply Summary	Actions Summary
Increased therapists in emergency and Hampton Suite environments	Therapists and Pharmacists in place	Recruitment to therapy and senior pharmacy roles successful
Increased advanced pharmacists specialising in care of elderly patients in ED		
Increased Geriatrician cover in ED including junior doctors	Limited supply of geriatricians and middle grade doctors	Increase development programmes for ACPs specialising in frail elderly

Risks and Mitigations
Medical Generalist training programmes will be relatively slow to deliver more generalist workforce: Devise strategy for increasing numbers of internal medicince trainees, devise strategy for increasing generalist skills to more specialist workforce

Benefits to be Realised	Next Steps
Improved patient experience for frail elderly population	Development of understanding of frail elderly workforce requirements in range of care settings including surgical wards

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: LEARNING DISABILITY

Workforce Plan needs to:
A Workforce Plan for Learning Disability has yet to be developed, however there remains an urgent need to produce a LD workforce plan for NHSE as an output from the TCP based on Building the Right Support for those with a learning disability or autism.
The workforce plan needs to set out a whole system response to deliver models of care that meet the needs of the local population, with care based around the individual using the principles of co-production. Need to have clarity about people's roles and responsiblities including the role of the MDT. Maintain the key specialist posts that are making a difference and enhancing the MDT. Need to gather baseline data to establish current workforce.

System needs to:
The purpose of the LLR TCP/ Learning Disabilities work stream is to drive system-wide change and enable more people with a learning disability and/or autism to live in the community, with the right support and close to home aligned to the Building the Right Support model ensuring that people are not admitted to hospital unnecessarily and people are receiving the right care in the right place a the right time.

Progress to date

- New LD outreach team and service embedded
- NHSE funding secured for crisis provision, autism and C&YP, and developed of an enhanced forensic service
- Culture of least restrictive interventionss including STOMP implemented at the Agnes Unit
- Accommodation strategy

Demand Summary	Supply Summary	Actions Summary
Learning disability population living for longer and with health complexities. Equality of access to physical and mental health services still impacting on health outcomes. Transition from CYP to adult services still not seamless. Enhance community team to include forensic expertise and skills.	Fewer people entering Learning Disability nursing programmes which is resulting in a loss of pre-registration education provision as programmes become unviable. LD nurses work for both health and social care, as well as private providers and can be difficult to track. Delivery of forensic skills required. OD programme to support strengthening of MDT	Need to establish baseline workforce data across health & care provision.

Risks and Mitigations

- Achieving Building the Right Support Trajectory requirements due to complex cases
- Co-production of services, communication and support with families and people with lived experiences
- Communications and wider engagement
- Transition-aged young people and working relationsips between education, health and social care need strengthening
- Silo strategy development between partner organisations but keen to finds ways to join-up
- Significant risk are the complex patients that have challenging behaviours and have MoJ restrictions (impact on the number of beds commissioned)
- Resource requirements to manage and deliver transformation
- LPT's All Age Transformation, timeframe and alignment to national/ local priorities and commissioning intensions
- Limited provider market needing to develop capacity and capability to support complex individuals

Benefits to be Realised

- Clear process and procedure to prevent admission
- Reduce the current inpatient length of stay and flow
- Development and pilot of new approaches
- People to have choice and control over their own health and care – shift the balance of power
- Development of TCP specific

Next Steps

- Development of workforce plan
- Continue to review and support individuals to enable safe transitions into the community
- Work closely with providers to ensure that they have the skills and expereince to support complex individuals
- Develop an enhanced learning disability forensic service
- Plan for longer term focus and vision of learning disabilities beyond Transforming Care
- Embed all programme developments into business usual
- Developing bespoke accommodation to meet individual needs
- TCP is developing a Rights-Based Approach to service delivery – how do we enable the LD population to live an 'ordinary' life. Must be All age/lifelong with co-production (all age).
- Expand use of Personal Health Budgets – bespoke needs.

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accommodation	

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: MATERNITY SERVICES

Workforce Plan needs to:
Clearly articulate how the workforce will be developed to meet the key drivers which are two fold, the clinical drive to deliver sustainable maternity and neonatal services whilst developing a robust and costed workforce development plan that meets the needs laid out in the response to the NHSE commissioned National Maternity Review in 2016 and the Better Births report:
Better Births is a five national five year NHS plan to promote:

- Safer and more personalised care
- Continuity of care (working with the Local Maternity System – LMS)
- A limited number of different healthcare specialists
- Better postnatal and perinatal mental health care
- Multi-professional working
- Working across boundaries

Impact of plans to reduce number of acute sites as the current split site model exacerbates workforce issues and continuity models of care. Increasing population in women of childbearing age and increased complexities, high rates of infant mortality and teenage pregnancy and high proportion of population from BME groups whose first language is not English. Increase in establishment of midwives and midwifery support workers recommended by Birth Rate Plus.

System needs to:
The Local Maternity System is designed to improve services through joint working between the NHS, Local Authorities and Providers and include women and partners in making decisions about their care. Be cognisant of the Neonatal Critical Care Review as maternity services cannot be considered in isolation. Three to two site will enable co-location with services such as ED, HDU/ITU and specialist anaesthetic cover and the centralisation of ICU away from LGH and transfer of surgical spcialities including gynaecology will impact on maternity and neonatal services. A single site acute maternity centre at the LRI would be the model of choice with a potential stand alone maternity led unit at LGH. Future consultation on all womens and maternity services is part of the wider Better Care Together transformation programme which underpins the STP in LLR and includes the viability of St Mary's Birthing Centre in Melton.

Progress to date

- PCBC submitted with detailed plans, including workforce, for the new models of care, including a single site maternity unit
- Baseline data on posts and staff in post has been established and work on-going to translate new models of care into sustainable workforce solutions for Medical staff (all levels), Midwifes, Nurses, support workers and multi professional teams

Demand Summary	Supply Summary	Actions Summary
Birth Rate Plus is refreshing the report for LLR based on lower birth rate numbers epxerience locally in the last 2 to 3 years. All reports and benchmarking exercises, including desk top run recently by NHSE and HEE, indicate we need more midwifes and more midwifery support workers	Newly Qualified midwifery supply meeting needs. New single site with enhanced facilities should attract staff to work in LLR. Single site should improve efficiencies across maternity and neonatel care	Awaiting final report from Birth Rate Plus refresh for LLR. Medical modelling which looks at numbers of Consultant and Training grades across Obs, Gynae and Neonates are dependent on the model agreed after consultation. LMS requirements to meet continuity targets required by March 2019

Risks and Mitigations
Single site dependent on outcome of PCBC. Birth Rate Plus report provides robust methodology for midwifery staffing.

Benefits to be Realised

- A flexible, skilled and competent workforce that's able to meet the needs of service
- Provide personalised care with named midwife
- Development of a safe environment and sustainable maternity and neonatal services
- Provide a range of choice options and improved continuity
- Develop integrated pathways across neonatal services and community paediatrics

Next Steps

- Birth Rate Plus report for LLR refresh due late 2018
- Progress against LMS targets is being monitored on-going basis for targets in March 2019 (20%) and March 2020 (50%)

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• Single site should improve efficiencies	

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: MENTAL HEALTH **APPENDIX**

Workforce Plan needs to:

The **All Age Mental Health Transformation Programme** is a five year programme to redesign care pathways across the system to reduce the demand for specialist inpatient care and Out of Area placements. This includes a focus on improving patient flow to enhance use of available capacity and capability in services, development of new models of care working with non-traditional providers e.g. resilience building and early identification in Childrens and Young People and strengthening liaison between urgent/emergency care and criminal justice to identify and divert patients into appropriate care pathways.

In addition **Stepping forward to 2020/21: The mental health workforce plan for England** sets out a range of actions to increase the number of people working in mental health services between 2016 and 2021 in order to support over a million more patients accessing treatment with improved quality of care. Leicestershire, Leicester and Rutland's part in this is to increase the number of staff in post within "expansion areas" by 328 by 2021. The focus is on staff in post in the 7 "expansion areas":

- Children and Young People
- Adult IAPT
- Perinatal mental health
- Early Intervention Psychosis
- Emergency Mental Health Liaison
- Liaison and Diversion (with Criminal Justice)
- Crisis & Home Treatment.

System needs to:

- Baseline the number of posts and staff in post across the system
- Develop a workforce plan that enables the system to meet the Stepping Forward deliverables
- Support the development of workforce plans as part of the All Age Mental Health Transformation Programme
- Develop recruitment and retention plans to maintain and grow the mental health workforce
- Consider the future education and training requirements of mental health workforce and the wider workforce (drug and alocohol awareness, brief interventions, suicide awareness and early identification) when deciding investment priorities

Support and enable the interface between the mental health workstream and other workstreams

Progress to date:

- The baseline number of posts and staff in post has been established
- Workforce plan developed including the numbers required to fully deliver Stepping Forward deliverables by 2020/21, acknowledging that there is a financial gap
- Reported achievement at March 2018 was an additional 93.9wte staff in post with a further growth of 31.3 between March and September 2018.
- All Age Mental Health Transformation Programme - work has begun to develop a workforce planning methodology that will be used consistently across the programme.
- Business case for workforce investment in perinatal mental health was successful and recruitment is ongoing
- Business cases yet to be considered for workforce investment in CRISIS and Core 24 (Liaison Mental Health)
- Functional mapping work has been commissioned in MHSOP inpatient services to identify best use of new and emerging roles
- LLR Workshop was held on 28th September with key stakeholders to develop a shared understanding of the LLR workforce position, trajectory and financial implications.

Demand Summary	Supply Summary	Actions Summary
The All Age Mental Health Transformation Programme will redesign all care pathways and the workforce that wraps around those pathways. The workforce demand from this work is as yet unknown. The mental health workforce plan for England requires an increase of 328 staff in post within mental health "expansion areas" by 2021.	Supply hotspots are Registered Mental Health Nurses, Consultant Psychiatrists and IAPT PWP workers. This reflects the national position. Development and embedding of new roles within mental health required.	Continue to support workforce plan development as part of the All Age Mental Health Transformation Programme

Risks and Mitigations

The trajectory and growth plan remains highly challenging in the context of local financial plans and workforce supply. All reports will reflect this as a caveat on the plan. Lack of whole-system understanding of the mental health workforce (commissioners and providers; health, social and voluntary sectors).

Benefits to be Realised	Next Steps
Improved access to services at an earlier stage with a greater focus on prevention and mental wellbeing Services accessible at the right time: 7 days a week, 24 hours a day when needed Services delivered in a more integrated way: specialist services, primary care and	A deep dive meeting with HEE will require senior CCG and LPT representation. New date to be agreed. A second stakeholder workshop will be held in March 2019. Developing a workforce planning approach to support the All Age

APPENDIX

physical healthcare settings Embedding mental health services into the NHS	Mental Health Transformation Programme

DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: PRIMARY CARE **APPENDIX**

Workforce Plan needs to:
Deliver the direction for the future of primary care in line with the LLR General Practice 5 Year Forward View Strategy:

- Support recruitment across staff groups where historically the system has struggled
- Manage the existing workforce flexibly across the system
- Develop staff to fit into new accredited roles based on a competency and skills framework

System needs to:
Work together to develop and co-design a resilient and sustainablemodel in which general practicecan thrive.
Manage the existing workforce flexibly across the system and support the recuitement across staff groups where historically the system has struggled.
Address the under-investment that has happened across general practice on a national scale

Progress to date:
Introduction of new roles across LLR such as Clinical Pharmacists, Emergency Care Practitioners, Nursing Associates, Physician Associates and Medical Assistants.
Development of Physician Associate programme offered at De Montfort University.
Introduction of workstream lead for International GP Recruitment Project Manager

Demand Summary	Supply Summary	Actions Summary
Gap in GP training numbers Requirement to meet NHSE target of 639 WTE GPs by 2020 (currently 541) Shortage of Practice Nurses and ageing workforce Fewer GPs taking on Partnerships and current senior workforce 35% over 55years High cost of locum workforce GP workforce reducing number of clinical sessions or leaving prior to retirement age High demand for ANPs in primary care and other parts of the system	Being addressed nationally by increasing GP training places International recruitment Use of other health professionals for role substitution (clinical pharmacists, advanced nurse practioners) Development of nurse associate roles Local Physician Associate programme commenced September 2017 Training academy for Practice Managers Need for ANP roles and Nurse Associates Projected increase of 10% in primary care workforce by 2021	Continue with implementation of LLR GPFYFV workforce plan including international recruitment, role substitution, re-skilling, skill mix, new ways of working.

Risks and Mitigations
Focusing on leavers and joiners alone will not resolve the issues with workforce so look at increasing retention of NQ GPs and encourage delayed retirement
High use of locums can destabilise practices – look for ways to encourage locums to take on salaried posts
Assumption of using more ANPs for role substitution – ANPs have three year lead in time and are costly to train and support – look at system-wide approach to training adequate numbers

Benefits to be Realised
Workforce in place that can deliver:
Care streamed according to need with improved outcomes, appropriate access, reduced inequalities, care closer to home, wider service offer, right care first time.
Joint working across boundaries including integrated services and reduced duplication.
GP staff with manageable workload, portfolio career, opportunities to diversify and time to care.
Improved clinical pathways, increased community care, reduction in need for hospital services, economies of scale
Improved clinical pathways, increased community care, reduction in need for hospital services, economies of scale

Next Steps

- A concerted and continued focus on delievring the Interational GP recruitment programme in LLR
  - 1st cohort of 15 GP's arriving in practice July 2019
  - 2nd cohort of 15 GP's arriving in practice Dec 2019
- An enhance Retention Programme (supported by NHSE) will be launched by April 2019
  - Included is a Coaching & Mentoring programme to build GP resilience
  - Also included is an Appreciative Enquiry Survey

Create a Single Point of Access for all Primary Care support options to all Primary Care professionals

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DEMAND	SUPPLY	ACTION PLAN

TRANSFORMATIONAL PLAN: URGENT & EMERGENCY CARE **APPENDIX**

Workforce Plan needs to:
We need to shift the focus of care from acute to care closer to home, adopting the principles of Home First.
We need to:

- Secure the future of the emergency department through reducing attrition, improve retention and build a multiprofessional workforce
- Deliver the Blueprint for the Integrated Urgent Care Service vision for a multi-disciplinary, highly professional clinical and non-clinical workforce
- Continue with workforce plans to deliver a resiliant, sustainable general practice mulitprofessional workforce

System needs to:
Integration of services across the system. Those services include:

- A&E
- GP Out Of Hours
- Urgent Care centres
- NHS111
- Ambulance services

Reliant on All Age Transformation programme for mental health to improve access to services and reduce unecessary/inappropriate admission to A&E. Digitilsation and the resultant impact on patients and staff in order to manage more self care, digital monitoring of conditions to release staff, share patient records and the patient journey for seamless transition and care.

Progress to date
ED 'Hot Floor' implemented to improve flow
Frailty Emergency Squad and frailty pathway to enable rapid flow out of ED
Functional Mapping commenced in Community Services Redesign
Development of Band 6 paramedics for see and treat progressing
Direct booking from CNH to GP practices rolling out
Increased support for care homes including telemedicine

Demand Summary	Supply Summary	Actions Summary
General Practice demand for Advanced Clinical Practitioners/ more GPs and Physician Associates Increase in Paramedics to meet target of one on every crew Good analytical staff to deal with increase in data gathering, sharing and analysis New roles and skill mix	Nursing supply our biggest risk Increase in training posts in Emergency Medicine Alternative sources of recruitment including overseas Recruitment and retention of ASC staff an issue Right number of staff to deliver current and future demand for diagnostics GPFYFV strategy to increase GP numbers Difficult to recruit sufficient paramedic numbers – overseas recruitment strategy	Need to continue to attract trainees and EM consultants to LLR GPFYFV to deliver workforce development across the rest of general practice/primary care Implementation of Analytics Tool to establish workforce baseline Systems leadership, improved leadership capacity and capability

Risks and Mitigations
Urgent and Emergency Care is dependent upon many interdependencies. This is a system wide issue which requires each part to be enabled to develop, removing boundaries and in a way that impacts least on patient care.

Benefits to be Realised	Next Steps
More people treated closer to home/in the right place Seamless care pathways Reduction in conveyance – more see & treat People navigated appropriately to the right part of the service for their need Reduce DToC	Community Services Redesign programme underway PCN programme within primary care Development of LLR Digital Roadmap Await outcome of Functional Mapping exercise to establish skill mix

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Trusted Assessment will stop people receiving multiple assessments and having to keep repeating their story	

APPENDIX

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