Wiltshire Council

Health Select Committee

10 January 2017

Final Report of the Better Care Plan (BCP) Task Group

Purpose

1. To present the conclusions and recommendations of the Better Care Plan Task Group for endorsement and referral to the relevant parties.

Background

2. Approximately £800m is spent in Wiltshire on health and social care. The £32m of Better Care funding is a driver for stimulating the integration of health and social care services. The Wiltshire Better Care Plan is built upon the overriding vision of care as close to home as possible, with home always as the first option.

3. The Better Care Fund aims to help deliver on the national conditions and local priority; such as:
    - Protecting social care services – through increased investment in social care services to meet the requirements of demography and of the Care Bill
    - 7-day services to support discharge from hospital – through increased investment across the whole system
    - Data Sharing – through working together on new systems and developing our ability to share information not just between health and social care, but more widely with other public sector services
    - Joint assessments and accountable lead professional – through local joint working and the development of patient/service user-held records
    - Ensuring services support people to remain at home or in their community.

4. The success of the plan is measured against five national performance areas:
    - Admissions to residential and nursing care
    - Success of reablement and rehabilitation
    - Delayed transfers of care
    - Avoidable emergency admissions
    - Patient and service user experience

5. The impact of demography on adult social care has been highlighted by the Local Government Association, who say that on average, Councils are facing a demographic pressure of 3%, with the majority of that relating to services for

people with learning disabilities and services to older people. Overall health and life expectancy in Wiltshire are well above the national average and the number of older people is rising much faster than the overall population of the county.

6. The growing demand for urgent care continues nationally and it is no different in Wiltshire, and, prior to the implementation of the Better Care Plan, resulted in:
    - Increased volume of non-elective admissions;
    - Higher than planned number of “avoidable admissions continuing to admit to acute settings;
    - Increased pressure on care services which result in delays in accessing packages, a longer length of stay and at times readmissions to acute settings;
    - Continued shortage of intermediate care beds;
    - High volumes of delayed transfers of care;
    - Few alternatives to hospital admission in acute setting.

7. Wiltshire was one of only five early implementers of the Better Care Plan nationally.

Membership

8. The task group comprised the following membership:

Cllr John Walsh	Chair of the Task Group, Wiltshire Councillor
Cllr Anna Cuthbert	Wiltshire Councillor (Sep 2015 to May 2016)
Diane Gooch	Chair of Wiltshire & Swindon Users' Network (WSUN)
Cllr Gordon King	Wiltshire Councillor
Cllr Pip Ridout	Wiltshire Councillor

Mr Steve Wheeler, Board Member of Healthwatch Wiltshire and stakeholder on Health Select Committee, was appointed as Special Advisor to the task group.

Terms of Reference

9. Following consideration at the Health Select Committee on 22 September 2015 the following terms of reference were approved:

The Better Care Plan Task Group was set up to support and monitor the implementation of the Better Care Plan (BCP) and to do so will focus on:

i. The learning points identified by the 100 Day Challenge and how these are used to improve and sustain performance.

ii. Key areas of risk as identified below and how they are being managed:
    a. Engagement of the patient (to include choice policy);
    b. Organisation (to include Single View);
    c. Culture;
    d. Quality.

The entire risk register will be monitored regularly new key area of risk may be identified.

iii. The following key priorities of the BCP will be the topics for "deep dive" meetings:
    a. Intermediate Care;
    b. Single View;
    c. Workforce and Organisational Development;
    d. Engagement.

    The other priorities will be monitored and the task group may change the key priorities it focuses on depending on progress.

iv. The effectiveness of integration of the working of all partners, including the integration of information.

v. The task group will also strive to learn from best practice in other areas, including the other four early implementers (Nb. The task group did not address this final term of reference).

Evidence gathering

10. Since its commencement the task group has met regularly and received written and/or verbal evidence from the following witnesses:

James Roach, Joint Director of Integration	Wiltshire Council / Wiltshire CCG
Sharon Bensi, Better Care Plan Business Manager	Wiltshire Council
Jenny Hair, Workforce and Organisational Development Lead	Wiltshire CCG
Andrew Osborn, Specialist Lead – Care Act & Personalisation and Carers Support	Wiltshire Council
Jeremy Hooper, Public Health Scientist	Wiltshire Council
Ian Baker, Head of Programme Office	Wiltshire Council
Paul Mills, Programme Manager – Single View	Wiltshire Council
David Ashdown, Project Officer	Wiltshire Council
Olly Spence, Community Commissioner for Adult Social Care	Wiltshire Council
Emma Cooper, Chief Executive	Healthwatch Wiltshire
Lucie Woodruff, Volunteer and Engagement Manager	Healthwatch Wiltshire
Dr Celia Grummit	Camelot Care Homes
Violet Gwaze	Camelot Care Homes
Katie Bastick	Camelot Care Homes
Amanda Brookes,	Manager of Bradford on Avon Health Centre
Dr James Heffer, Locality Lead	Bradford on Avon GP

Kate Payne	
Saskia Barowsky	Melksham Care Centre
Ruth Randall, Project Support Officer	Bradford on Avon and Melksham Health Partnership
Janet Evans	Mears Care Ltd
Kelly Keane	Mears Care Ltd
Andy Hyett , Chief Operating Officer	Salisbury Foundation Trust

11. The task group is very grateful for all those who contributed to this scrutiny review.

Findings

Integrated working

12. Underpinning the Better Care Plan is a commitment to delivering integrated care at the point of need at as a local a level as possible. The task group received good examples of effective integrated working between different teams across the health care system, such as:

- Improved networks through hub-based working
- Different teams spending a day "in each other's shoes" to understand the challenges, pressures, priorities and culture of the different organisations
- Regular multi-disciplinary meetings that enable an "all angle" approach to cases and, when working well, a much quicker response time
- Nurses supporting staff in residential homes by providing a few sessions a week advising on education, training, assessment, empowering care staff and reducing the increased number of calls to GPs at weekends
- Meetings between GPs and care home managers to understand each other's expectations
- Integrated Discharge, including integrated care assessments.

13. The ultimate aim of integrated discharge is to produce a single pathway for people discharged from hospital and for people in the community who may need social care or therapy input to avoid a hospital admission. The pathway includes the following principles:
    - Home is the first option
    - Services are based on cluster working
    - Discharge to assess from hospital once medically stable (rather than medically fit)
    - The pathway supports health 'rehab' and social care 'reablement' needs.

14. The task group are pleased to report that integrated discharge is now embedded in the three acute hospitals (Salisbury District Hospital, Great Western Hospital and Bath Royal United Hospital).

15. As well as successes, task group also received evidence that there are barriers to integrated working, such as,

    - Workforce issues
    - Clashes between different working cultures
    - Limited ICT interconnectivity between different teams and organisations
    - Differing data recording and sharing protocols
    - A lack of shared approach to risk
    - Short term financial planning and a lack of long-term financial security

16. These challenges are addressed throughout the report below.

Workforce

17. The challenges faced nationally in attracting workers to the care sector are well publicised and, due to its low unemployment, Wiltshire faces particular difficulties. Especially lacking are staff to provide:
    - Domiciliary care, where annual staff turnover is around 40%
    - Intermediate care (see paragraph 23)
    - Physiotherapy
    - Occupational therapy
    - Significant nursing vacancies also exist across the system with a 25% vacancy rate for Registered Nurses in A&E.

18. Consequently a lack of appropriate care or therapeutic provision can delay patient discharge, causing blockages in the system, even when other areas such as integrated care assessments are working well.

19. Workforce is a long-term challenge is in respect of a shortage of carers and a lack of an established career structure. The task group received some good examples of work to address these challenges. The Wiltshire Workforce Action Group (Wilts WAG) leads on this area, taking forward initiatives such as:
    - Leadership Development – collaboration across providers on a common topic
    - Shared coaching register
    - Pan-Wiltshire 'passport' for common learning and development
    - Care staff taking on health tasks such as wound dressings and blood glucose monitoring
    - Recruitment literature to be used at careers fairs identifying all health and care providers, roles they offer and career pathways for support staff across the system

20. The task group welcomes the introduction of some alternative role profiles in order to help address the gaps, such as Rehab Support Assistants who support people in the first few days after discharge.

21. The task group also supports the upskilling of care staff to undertake tasks, such as blood glucose checks, urine dipping and replacing like-for-like dressings. The partners of patients who require regular, minor medical support

are often shown how to do this and the same approach can be taken across different professions.

22. Although it has seen evidence of good work, the task group is not assured that the skills of the health and care workforce are being utilised and developed to their fullest extent. Making progress in this area will be essential to address the significant and growing pressure on primary and acute health care services, and needs to include:
    - Implementing a clear and attractive career structure for the care sector where staff who are willing and able are supported to grow their skillset beyond caring duties, adding to the vibrancy of the role
    - Expanding and utilising the skills of staff across the health care system so that duties are delegated to the lowest appropriate level of seniority, with appropriate training and support measures in place
    - Making the principles of integrated working prominent within all partners' recruitment and induction strategies so new staff are aware of this expectation
    - Communicating the move away from traditional roles effectively to the public so they retain confidence in their treatment.

Intermediate care

23. Intermediate care means short-term care for people who either no longer need to be in hospital, but need extra support to help them recover ("step down"), or who need support in order to avoid a hospital admission ("step up"). There is a strong focus on enablement and reablement to support patients back to independence as quickly as possible.

24. There are currently 73 intermediate care beds in Wiltshire. This was reduced from 100 with the rationale that fewer beds encourages managers to maintain patient flow by supporting their reablement. Having the beds in a smaller number of care homes also gives the specialised teams supporting intermediate care fewer locations to attend.

25. The task group supports the ongoing work in this area to improve the process and systemise the assessment of people ready to go home to be more effective. During the task group work it observed a significant improvement in the quality of the recording, collating and analysing of data with regards to intermediate care and further improvements were planned.

26. The task group conclude that intermediate care,
    - Is a good option to help an overloaded system and to prevent hospital admissions, enable "smoother" discharge and support patients' recovery to maximum independence
    - Increase staff's ability to innovate by enabling multi-agency discussions regarding care and assessments
    - Create opportunities for teams to learn about each other's work and establish stronger working relationships

27. However, there are also the following challenges:

- A lack of domiciliary care provision means that patients cannot always move on from intermediate care even when successfully ‘re-abled’
- Recruiting appropriate staff can be difficult because the skills required for intermediate care are different to those needed in a ‘normal’ care home
- Any shortage of intermediate care staff affects the wider system.

ICT interconnectivity

28. The task group received several briefings on the council-led Single View project to integrate information across health and social care. Information Governance is a complex area involving the issue of consent from the service user as well as different partner approaches to sharing information and their respective duty to comply with the Data Protection Act. The task group supports the goals of the Single View project and, given the scale of the task, believes that the digital integration of health and care partners may benefit from further scrutiny input to in the future.

Choice Policy

29. The Choice Policy was adopted in Wiltshire in 2015 and defines how acute, community hospitals and intermediate care settings should manage choice throughout a patient's stay with regards to discharge planning. Its aim is to enable choice in the context of reducing delays in the appropriate transfer of care or discharge of patients through early engagement and support, and the implementation of a fair and transparent escalation process that all parties understand and can contribute to.

30. The task group recognise the quality of the work undertaken to make the Choice Policy and supporting documents user-friendly. It was pleased to note that training on the Choice Policy was undertaken in all three community hospitals (Chippenham, Savernake and Warminster) and that some in-house mediation training had taken place within the acute hospitals, which have all adopted the Choice Policy.

31. There was some initial concern that the addition of a ‘choice’ could create an extra bureaucratic step and confusion for some patients, such as those with dementia, delaying their discharge. This particularly applied to those funding their own care (‘self-funders’) for two main reasons: a) Potential unwillingness to accept their status as self-funder, and b) Their desire to wait until their preferred care setting could accommodate them before being discharged.

32. Overall, however, the task group concludes that the Choice Policy has created greater simplicity and clarity for staff and improved the discharge process for most patients when followed properly. Delays to discharge do not hinge primarily on management of the Choice Policy, but on a) discharging hospitals giving realistic indications of the care provision available, and b) the availability of the appropriate care provision.

Information, Guidance and Advice

33. The “Your Care, Your Support Wiltshire” portal is the outcome of partnership work between Wiltshire Council and Healthwatch Wiltshire to create a single web portal to make available all the information required for both the council and Healthwatch to deliver their statutory duties.

34. The task group considered the portal and made a number of suggestions to ensure that the portal was as “user-friendly” as possible, which were positively received by the officers involved with the re-design.

35. The task group recognises the importance and value of the portal in providing relevant and easily accessible information to members of the public. However, there is also a need for professionals across the health care system to use it so everyone is looking at one resource and advising clients accordingly. A re-launch of the Portal may be beneficial in increasing its profile. Given its potential audience of everyone involved in the care system (whether professional, volunteer, carer or patient), the task group would welcome seeing links to the Portal being clearly displayed on all appropriate websites, including all of the council’s health and wellbeing partners, town and parish councils and voluntary and community sector (VCS) organisations.

36. Wiltshire Council’s website would also benefit from improving its use of clear language, “searchability” and its linkage to the Portal.

37. Self-funders are not entitled to council-provided care, but they are entitled to support, guidance and information. At present the council’s communications on where self-funders can find these could be improved. Easily accessible support is particularly important because carers tend to be busy meeting the day-to-day challenges of caring.

Overall delivery

38. Since the implementation of the Better Care Plan positive changes have been achieved, though in some cases outside factors have reduced or cancelled out their positive impact. In 2016-17 the system achieved:
    - Reduction in social care Delayed Transfers of Care (DToCs)
    - Reduction in non-elective admissions for patients over the age of 65
    - 86% of residents remaining independent post-discharge – the highest ever achieved in Wiltshire
    - Targeted reduction in long term residential care placements achieved
    - High volume of complex patients being managed in alternative schemes
    - Intermediate Care Length of Stay reduced from 62 days to 32.5 days

39. In 2016-17,
    - DToCs have increased back to 2014-15 levels, in part due to CQC restrictions on one of the Better Care Fund schemes limiting the workforce to support admission avoidance and discharge. Prior to this Urgent Care at Home was helping to avoid around 50 admissions per month.

- Non-elective admissions have grown by around 5.7%, but this represents around 1,000 fewer than might have been expected when considered against demographic growth.
- Avoidable emergency admissions are down by 4.8% in the Age 65+ population. The Wiltshire rate of emergency admissions is lower than the average for England.
- Help to Live at Home providers are delivering more hours of care, supporting the same number of clients
- Reablement remains around the 86% target and Permanent Placements are again on track to be below the 550 target.

40. Given the positive impacts demonstrated, the task group supports the Better Care Plan principle of 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 in order to achieve this. It also recognises that innovations driven by the Better Care Plan have made Wiltshire's health and care system more resilient than those in many other areas, despite the considerable demographic and financial challenges being faced. This is in itself a significant achievement.

41. However, the task group remains concerned that the health care system can quickly come under significant pressure when blockages occur in one area, for example, limited resource in a certain type of care provision. This precariousness must be addressed.

42. Although the task group is aware of good examples of integrated working, there needs to be a demonstrable commitment to integration at the strategic level. The financial and demographic pressures on health and care are such that a genuinely integrated approach to commissioning and delivering services cannot be taken forward piecemeal. This now includes integration across the Sustainability and Transformation Plan (STP) footprint area.

43. Integrated working includes taking a shared approach to risk. The task group received evidence that in some cases acute hospital clinicians continue to discharge patients when medically fit, rather than medically stable, causing unnecessary delays in the system. Patients' care is then sometimes overprescribed, also due to risk averseness, causing further delays and an inefficient use of resources.

44. At an operational level, good examples of integrated working are evident, but the task group also heard instances of staff in different organisations not taking a joint approach to care and retaining traditionally delineated responsibilities. Strong leadership will be required to engender the integrated approach across services and address clashes between different working cultures.

45. Despite the challenges, there was a general consensus amongst the organisations interviewed that integrated working was the right direction in order to meet the needs of the community. The task group supports this and Scrutiny may have an important role to play in driving this integration further forward in the coming years.

Recommendations

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 in order 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 (DTOC)**
    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) **In light of 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 partners.**

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.**