

AGENDA SUPPLEMENT (1)

Meeting: Health and Wellbeing Board
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Thursday 9 February 2017
Time: 10.00 am

The Agenda for the above meeting was published on 31 January 2017 . Additional documents are now available and are attached to this Agenda Supplement.

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This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

5 **Chairman's Announcements (Pages 3 - 8)**

Announcement - Shingles

11 **Better Care Plan (Pages 9 - 16)**

Report – Update on the Better Care Plan

DATE OF PUBLICATION: 8 February 2017

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NHS Shingles Immunisation Programme - Wiltshire Update

**BGSW Public Health Commissioning Team
February 2017**

About Public Health England

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www.england.nhs.uk

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NHS Shingles Immunisation Programme Update

I. Purpose

This update is provided to brief the Wiltshire Health and Wellbeing Board on the current position of the NHS Shingles Immunisation Programme in Wiltshire.

II. Background

Shingles is caused when latent varicella zoster virus infection reactivates in an individual, this often follows a decrease in immunity and incidence of the disease is known to increase with age.

The NHS Shingles Immunisation Programme commenced in September 2013 and was initially delivered through the routine programme to 70 year olds and through the catch-up programme to 79 year olds.

September 2016 was the start of the fourth year of this immunisation programme, with the delivery of the routine programme to 70 years and the catch-up programme to 78 year olds as of the 1 September 2016.

Persons aged 71, 72 and 73 as of this date and had not previously received the vaccine (*this cohort would have had the opportunity to be vaccinated in the previous 3 years of the programme running as aged 70 then*) were still eligible under the routine program, likewise those aged 79 as of this date and not previously received the vaccine were still eligible under the catch-up programme.

The aim of the immunisation programme is to reduce the incidence and severity of shingles in those targeted by the programme, by boosting individual's pre-existing immunity. As such it is expected that the programme will have a significant impact on reducing the demand on health services (GP, outpatients appointments, pain clinics and hospital admissions). Although there is no national target for Immunisation uptake, GPs in Wiltshire have signed up to the Enhanced Service to continue to offer and promote this vaccination to improve protection in these age groups.

III. Update on uptake of Shingles Immunisation Programme

National and Local Uptake Levels

The published Public Health England 2015/16 national annual shingles immunisation report confirms that in the third year of the Programme in England we saw a continued decline in uptake.

Table 1: Cumulative uptake figures for Wiltshire, BGSW and England - 2013/14, 2014/15 & 2015/16

Shingles Vaccine Uptake	2013/14			2014/15			2015/16		
	Wiltshire (%)	BGSW (%)	England (%)	Wiltshire (%)	BGSW (%)	England (%)	Wiltshire (%)	BGSW (%)	England (%)
Routine 70 year olds	63.5	63.2	61.8	57.4	60.6	59.0	56.6	56.7	54.9
Catch-up 79 year olds	59.9	60.1	59.6	57.6	58.8	58.5	-	-	-
Catch- up 78 year olds	-	-	-	57.5	60.4	57.8	57.0	57.6	55.5

Source: PHE verified data

Table 2: Cumulative uptake figures for Wiltshire, BGSW and England – 2016/17 First quarter (September – November 2016)

Shingles Vaccine Uptake	Wiltshire (%)	BGSW (%)	England (%)
Routine 70 year olds	37.4	36.1	33.2
Catch- up 78 year olds	39.7	38.5	33.6

Source: PHE verified data/ImmForm

The uptake of the NHS Shingles Immunisation Programme in Wiltshire has followed the same pattern seen across England and BGSW as average with a falling trend year on year. For 2015/16 the uptake in Wiltshire was similar to the BGSW average and around 1.5% higher than the national figure.

For the first three months of the 2016/17 programme the uptake for Wiltshire practices is higher than the BGSW and England comparators and is similar to the equivalent period for the 2015/16 programme.

Uptake by General Practices

Uptake varied by general practice in Wiltshire, and in 2015/16 it ranged from 24.5% - 93.5% for the routine programme (70 year olds) and 22% to 88.2% for the catch-up programme (78 year olds).

The Screening and Immunisation Team are working with general practices with low uptake to improve. PHE resources developed to support practices in identifying their eligible population and deliver this programme have been disseminated to all Wiltshire practices. We are in the process of developing Webex training for practice nurses and updating a 'best practice guide' to be shared to all practices across Wiltshire. A 'Share the good practice' between practices with better and those with lower uptake is in planning.

IV. Hospital admissions

Table 3: Number of Hospital Admissions for Shingles (Herpes Zoster) as Primary Diagnosis in Patients aged 60 and above

CCG	Number of admissions				
	2011/12*	2012/13*	2013/14	2014/15	2015/16
Wiltshire	51	49	55	19	29
Gloucestershire	75	63	74	30	25
BaNES	22	17	19	7	8
Swindon	20	17	21	7	7

**The years before the Immunisation programme commenced*

Source: PHE SW Centre

The above table shows that all BGSW CCGs experienced a decrease since 2013/14, in the number of hospital admissions for shingles as the primary diagnosis in patients aged over 60 years.

V. Recommendation

It is recommended that the Wiltshire Health and Wellbeing Board notes the content of this report and support the promotion of the vaccination programme, particularly amongst GP surgeries, care home and other relevant settings in Wiltshire.

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Wiltshire Council

Health and Well Being Board

9th February 2017

Paper (for information only)

James Roach

Joint Integration Director Wiltshire Council and Wiltshire CCG

Better Care Plan Update

1.Purpose

1. To provide the Health and Well Being Board with an update on current performance against the key Better Care Plan indicators
2. Provide an overview of the key conclusions and recommendations of the Better Care Plan Task Group and actions being taken
3. Provide a summary update on the proposed BCF budget for 2017/18 and the key commissioning intentions. These will be finalised in more detail by the end of February and will be presented to the next HWB meeting.

2 .Background

4. 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.
5. 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.
6. 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

7. 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 most 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.
8. 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;
 - Increased pressure on care services which result in delays in accessing packages,
 - Demand outstripping supply for ICT beds
 - High volumes of delayed transfers of care;
 - Few alternatives to hospital admission in acute setting.
9. Wiltshire was one of only five early implementers of the Better Care Plan nationally.

3.Current Performance and key challenges

Summary update of performance against the key BCP indicators is outlined below

3.1 Current performance

Reducing Non-Elective Admissions

- 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

Reducing delayed transfers of care

- 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.
- There has been a marked increase in the level of delays in Quarter 3.

Enhancing Long term independence post discharge

- The percentage of patients at home 91 days' post discharge from hospital (reablement indicator) remains around the 86% target.

Reducing volume of permanent placements

- Permanent Placements to care homes for those aged 65 and over are again on track to be below the 550 target.

Dementia diagnosis rates

- 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. o 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%.

3.2 Key challenges being faced across the system

- 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 must be to increase care capacity across the system and new schemes like the rehab support workers will provide key additional resource 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 key stages of the pathway.
- Financial pressures across the whole system may well limit our flexibility to invest further in innovation and service delivery therefore making it even more critical that existing services deliver in the way intended and planned for 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.
- There will need to be a further focus on developing a commissioning framework for integrated commissioning across our system 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
- The challenges faced nationally in attracting workers to the care sector are well publicised and, due to its low unemployment, Wiltshire faces difficulties especially in the care sector where annual staff turnover can be high.
- There is a need to look at innovative and new ways to address these workforce challenges and approaches like the Rehab Support Worker model are clearly a step in the right direction
- Throughout 2016/17 there has been significant demand for timely access to ICT beds and care packages to enable faster discharge from hospital and reduce delays.
- Demand has consistently outstripped supply and this has increased the level of delays across the system, focused work continues to be taken forward in the following areas
 - Providing additional care resource (the rehab support workers programme goes live on the 1st April)
 - Providing additional bridging resource through our urgent care at home model

- Aligning our care providers within each integrated discharge team across the 3 acute hospitals, this will ensure more effective use of resource, planning and tackling the risk averseness that results in over prescription of care
- Regular joint reviews being undertaken by Wiltshire Health and Care and the care providers with the aim of transitioning patients off package sooner.
- Maximising efficiency though our 70 ICT beds and considering the longer-term capacity requirements for ICT across the county

4. 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 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.

The response to recommendations 10 and 11 will be developed over the next few weeks and will be shared with the Chair for approval.

5. Summary of Commissioning intentions 2017/18

Commissioning intentions for the Better Care Plan and its associated budget for 2017/18 are currently being finalised and will be presented at the next Health and Well Being Board meeting (although will require Chairs action and approval before the end of March). The key elements of the 2017/18 approach are summarised below

5.1 High level aims and ambitions of the Better Care Plan for 2017/18

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 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.
- 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.

These would be the key principles that underpin any approach to integrated service delivery during 2017/18 and beyond. These principles are inherent to the transformation approach in place across Wiltshire.

<p>Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the outcome and opportunities for integration</p>	<p>Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support</p>	<p>increase the capacity, capability and sustainability of integrated services so professionals and public have increased confidence in them</p>
<p>Support the reconfiguration of services from acute to community settings in line with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BSW STP <input type="checkbox"/> New models of care. 	<p>Manage an effective and efficient pooled budget which is widened across the partnership to deliver the integration programme.</p>	<p>Develop Wiltshire's "medium term integration plan" including our approach to organisational forms and alignment</p>

5.2 Proposed Budget 2017/18

The proposed BCP budget will circa £32.930 Million in 2017/18 and will incorporate the following key areas (as in previous years)

1. Intermediate Care
2. Access, rapid response and 7-day working
3. Care Act
4. Self-care and support
5. Protecting social care

This will continue to be managed in the form of a pooled budget and will be subject to the updated Section 75 agreement and further discussions between the relevant finance teams.

5.3 QIPP ambition 2017/18

More detailed QIPP assumptions have been developed for 2017/18 with the current high level ambition being to reduce growth to 0% in relation to non-elective admissions for the over 65s. Whilst Wiltshire has a strong track record in reducing non-elective activity for this cohort this remains high risk given the significant demands on the system and the level of delivery ambition is currently being risk assessed in line with previous year's performance. The key requirement remains further additionality and impact in 2017/18

5.4 Overview of key commissioning intentions

More detailed commissioning intentions will be presented at the next Health and Well Board, but the overall aim is to build on the strong foundations already in place and maximise delivery from the existing schemes, ensure new programmes like rehab support workers deliver early benefit in 2017/18 and key enablers such as Integrated Teams, the Wiltshire Health and Care contract and single view are accelerated further.

Key areas of focus for 2017/18 are summarised below in terms of key areas of focus

Intermediate Care

- Continued commissioning of the 70 ICT beds across the county
- Expanding the role of integrated teams
- Commissioning of step up intermediate care beds in community hospitals (North and West) and in nursing homes (South)

Admission avoidance

- Step up intermediate care in community hospitals and in the patient's own home
- Continued commissioning of the urgent care at home model with additional bridging support
- Links to the high intensity care programme being led by Wiltshire Health and Care
- Community geriatrics
- End of life 72-hour pathway
- Enhanced front door admission avoidance and navigation

Discharge planning

- Maintaining ICT bed capacity across the system
- Improving flow through community hospital beds
- Integrated discharge arrangements in place at each acute hospital
- Launch of the rehab support workers programme (the home first approach)
- Care home liaison services

Prevention

- Implement key recommendations from the Older Persons Review • Implementation of falls strategy and action plan (led by the Wiltshire wide Bones Health Group)
- Signposting, navigation and roll out of the Information Portal in partnership with voluntary sector and Health watch.

- Working with health watch explore ways to educate and inform patients of service developments
- Continue with the fracture liaison service at SFT and following Pilot end in November 2017 consider whether this should be rolled out across Wiltshire

Other areas of focus

- Roll out of the Single View of the Customer approach
- Shared assessment frameworks and personalised health plans
- Carers support

All key scheme areas will be prioritised by the Joint Commissioning Board and then signed off by the relevant organisational Boards and Committees.

In relation to the BCP commissioning intentions for 2017/18 the following will be taken forward in terms of next steps

- Wiltshire Joint Commissioning Board to review and agree direction of travel
- BCP draft commissioning intentions for 2017/18 to be finalised by the end of February
- CCG Governing Body and Cabinet to receive and approve /sign off in March
- HWB to review and sign off via Chairs action by the end of March
- NHS England to receive Wiltshire BCP for 2017/18 and associated commissioning intentions
- HWB to formally receive and approve BCP for 2017/18 and commissioning intentions at it first meeting in 2017/18

6.Conclusion and recommendations

The Health and Well Being Board are asked to

- Note the current performance of the Better Care Plan in Wiltshire and the key operational risks
- Support and endorse the key recommendations from the Better Care Plan Task Group
- Approve the next steps in relation to finalising the Better Care Plan Commissioning priorities for 2017/18

James Roach
Joint Director of Integration
February 2017