



Health and Well Being Board

Better Care

16 January 2014



Better Care

Jane Scott
Chairman

Wiltshire Health and Wellbeing Board



Better Care - background

- May 2013 – “Integrated Care and Support – our shared commitment” national document published
- Our shared vision is for integrated care and support to become the norm in the next five years





National Voices
People shaping health
and social care

**My
goals/outcomes**

Communication

**Person centred co-ordinated
care**

*“My care is planned with people
who work together to
understand me and my carer(s),
put me in control, co-ordinate
and deliver services to achieve
my best outcomes.”*

Information

Emergencies

Decision making

Care planning

Transitions



Better Care - our challenge

- The demographic pressures mean services are under more pressure than ever before
- Care and support is fragmented so people experience gaps in care
- People are treated as conditions and problems with multiple visits and assessments
- Information does not flow through the system so people are not always kept informed
- A higher priority is given to treatment and intervention rather than prevention



Better Care - what would we like to see?

- Services designed with and for people who use them
- Services that are joined up and streamlined
- Services based in the community, bringing care closer to home
- Health services led by local GPs
- Preventative measures and encouragement - people to take more responsibility for their own health
- Services available when people need them
- A capable and motivated health and care workforce



Better Care – the Better Care Fund

- Announced in June 2013
 - £3.8bn nationally - £27.1m for Wiltshire
- Not ‘new’ investment
 - shifts 3% of direct CCG spend to a pooled budget
- “A catalyst to improve services and deliver value for money” ...
- Play an integral role in developing community-based care and reduce unnecessary admissions to hospital
- An element of the fund is for additional demand created by the new Care Bill



Better Care – next steps in delivery

- A plan that is jointly agreed and signed off by Health and Wellbeing Board and sets out;
 - Protection of social care services (not spending)
 - 7 day services
 - Better data sharing between health and social care, based on the NHS number
 - A joint approach to assessments and care planning
 - Agreement on the consequential impact on the acute sector



Better Care – how will we measure success?

- 25% (£6.8m) will be subject to achievement of performance outcomes;
 - Delayed transfers of care
 - Emergency admissions
 - Effectiveness of re-ablement
 - Admissions to residential and nursing care
 - Patient and service user experience
 - One Local Indicator – to be defined



Better Care – The Better Care Plan

- Draft plan required by 14 February 2014
- It will set out;
 - The vision for integration
 - How we will protect social care services
 - How we will deliver 7 day services
 - How we will deliver joint assessments and data sharing
 - Baseline performance data
 - Finance for schemes funded
 - And, the risks



Better Care Finances

Simon Truelove – Wiltshire CCG

Michael Hudson – Wiltshire Council



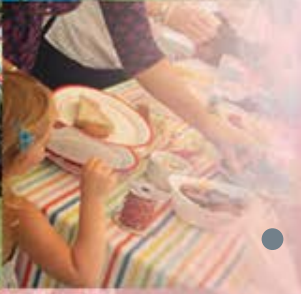
The Cost of Care

- What is the average cost of an Acute bed?
- £1785pw
- What is the average length of stay in an Acute setting?
- 11 days (=£2800)
- What is the average cost of a care home placement?
- £30,420 pa / £585 pw.
- What is the average length of stay in a care home setting?
- 2 years 9 months (=£83,700)



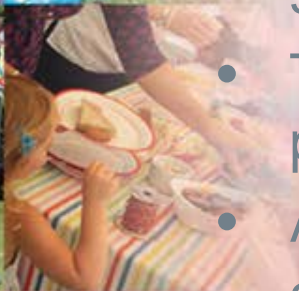
Better Care Fund

- 2015/16 sets out the intention to create pooled fund for health and social care. The fund will be called the BETTER CARE FUND
- The concept of the Fund is to create an explicit intention of integrating health and social care at a local level.
- This is set against a backdrop of Local Authority (LA) funding loss and an ageing population that is increasing demand on the health and social care system
- Supports LA to respond to the Care Bill



What Does this Mean for Wiltshire

- c£800m health and social care funding in the county.
- £100m and growing is locked into Nursing home costs and difficult to end (How much per week?)
- The Better Care Fund for Wiltshire will total approximately £27m (NOT ALL OF THIS IS NEW MONEY).
- The fund is to be used as a catalyst for stimulating integration of health and social care services
- This will be made up of current Health Funds passed to the Council +
- Additional Central Funding +
- 3% Topslice of CCG Budgets



THE MINIMUM NHS FUNDING



	2014/15 £m	2015/16 £m
Health gain monies	-6.53	-8.36
Health gain monies growth	-1.83	
CCG set aside resources		
CCG core funding topslice		-15.52
Carers funding	-0.89	-0.89
Reablement funding	-2.33	-2.33
Total BCF	-11.58	-27.10

LA funding to be pooled will include the Disable Facilities Grant and other Grants. Final figures still to be confirmed

WHAT DO CURRENT RESOURCES ALREADY FUND



Support and Response for Telecare
Step Up and Step Down Services
(STARR)

Enhanced Discharge Services and
Additional Social Services

Simple Point of Access

Ongoing Placement capacity

Carers Expenditure

Neighbourhood Team referrals to
Help to Live at Home

What can be done to finance initiatives now

- CCG is required to use some of its Strategic Investment Fund in 2014/15 in advance of the 2015/16 topslice
- Look at current services to see whether they are delivering the right outcome
- Continue with the transformation of community services to maximise the productivity and effectiveness of NHS community services



The Care Bill

Maggie Rae – Wiltshire Council



Care Bill

General Duties on the Council

- Promote **individual wellbeing**
- **Prevent** or reduce the care and support needs of adults and carers in the local area. Identify and provide information and advice
- Promote **integration** and **cooperation** between health, care and related services (mirroring an existing duty on CCG and the HWB)
- Promote the diversity and quality of local care market (**market shaping**) & good local workforce development



Response to Dilnot Commission

- Single national minimum threshold for eligibility to care and support (which is if a person has 'one or more' care needs from a national list)
- Right to assessments for carers.
- Whole family and joint assessments with Children's and Health services to be required
- Extended means test so more people will be eligible for financial support
- £72k cap on eligible social care costs (not Daily Living Costs or top up fees) from April 2016
- Right to Personal Budgets and Direct Payments (based on what it would cost the council to meet eligible needs), including for residential care and mental health.

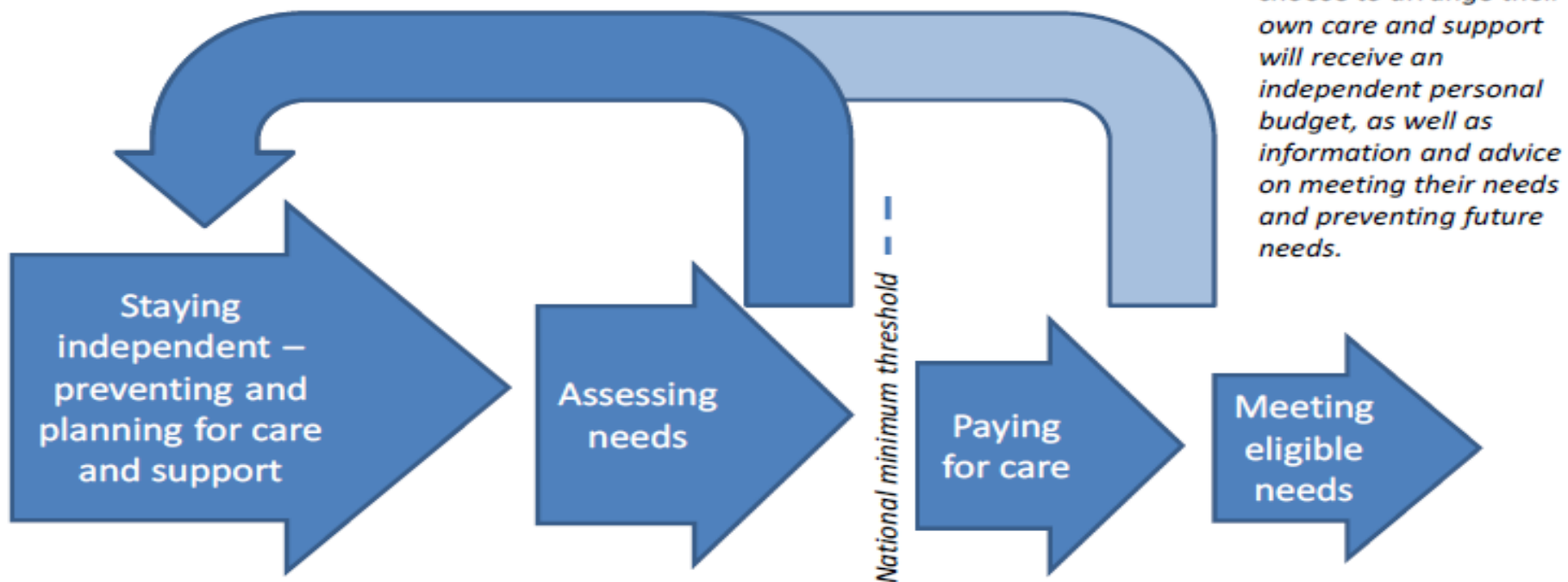


Major changes to assessment, eligibility and support planning



People who do not have eligible needs will receive information and advice on how to access support locally, and how to prevent or reduce their needs.

People who have eligible needs but who choose to arrange their own care and support will receive an independent personal budget, as well as information and advice on meeting their needs and preventing future needs.



People should be supported to live independently for as long as they wish, with a focus on delaying and reducing needs, and building different types of support in the community. Local authorities will make available universal support, including information, advice and preventive services.

Any adult with any needs for care and support, including carers, has a right to an assessment of their needs and the outcomes they want to achieve.

National minimum threshold

If the local authority charges for a type of support, an adult will have a financial assessment to determine what financial support they may receive.

If an adult with eligible needs asks the local authority to do so, it must meet their needs. The local authority will involve the adult in a care and support plan to decide how to meet their needs.

Care Bill

Safeguarding

- Safeguarding Adults Board will be put on statutory footing. Police and CCG membership is required . Will have ability to pool budgets and require information.
- Council will be responsible for investigating **any** suspected abuse or neglect in the area

Regulation – Response to Francis (Mid Staffs) report & failure of Southern Cross

- Independent Care Quality Commission and star ratings system
- Duty of Candour when there are serious failings
- Council to step in when providers fail



Wiltshire Health and Wellbeing Board

Five Year Plan Development

Deborah Fielding – Wiltshire CCG



Context

Work already underway to address the system challenges:

- Consensus that CCG, Wiltshire Council and NHS England are committed to partnership working to develop a strong strategic vision and plan for the County
- Governing Body session in October 2013 began to consider potential direction of travel.

Agreed approach:

Series of workshops, with attendees from the Wiltshire Health and Social Care community. This builds on the engagement already underway through:

- JCB and Health and Well-being Board briefings
- Recent CCG stakeholder day (with Wiltshire Council representation)
- CCG Governing Body updates (with Wiltshire Council representation)
- Structured stakeholder engagement with the CCG Groups, Public Health, Mental Health and Children's Commissioning and the Community Transformation Team.



Progress Update

First of the workshop series held in December 2013. Attendees from Wiltshire Council, Wiltshire CCG and NHS England. The work done to date has:

- Agreed a set of key design principles
- Proposed a new model of care
- Identified initial strategic population group priorities

Phase 2 – January 2014

In partnership with Wiltshire Council and NHS England:

- Develop model of care options
- Consider the units of service provision
- Capture the high-level implications for providers.



NHS Wiltshire CCG will work with partners to commission high quality, integrated services for the people of Wiltshire

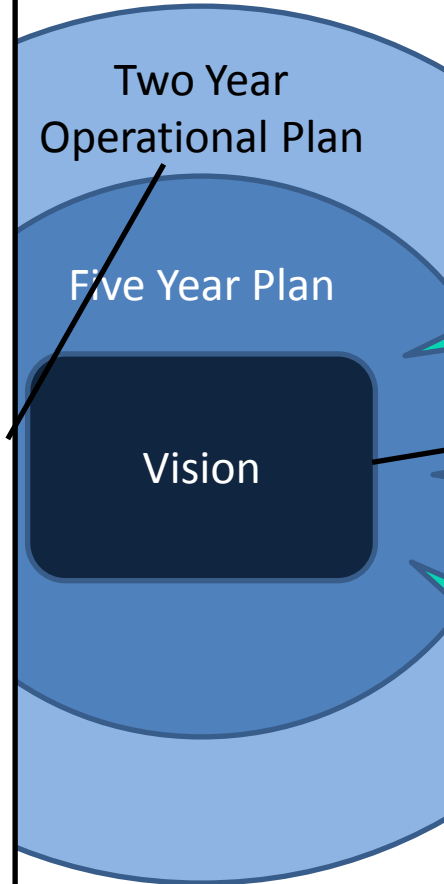
Key Design Principles

- People encouraged and supported to take responsibility for and to maintain /enhance their well-being
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to, home
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions), the default setting of care should be primary care



The Two Year Operational Plan needs to:

- Take into account the rising demand and the mandated pooled budget with local authorities, commissioners will face a **9% efficiency requirement** over 14/15 and 15/16
- Reflect a spend of **2.5% of the CCG allocations non-recurrently** in 14/15, of which 1% should be for 'transformation of local services ... to prepare for the introduction of the Better Care Fund (15/16 pooled budget)
- Include the actions that will be taken in 14/15 to **mitigate against the impact of the Better Care Fund**
- Confirm that **hospital emergency activity will have to reduce by around 15% by 2015-16**



NHS Wiltshire CCG will work with partners to commission high quality, integrated services for the people of Wiltshire

Key Design Principles

- People encouraged and supported to take responsibility for and to maintain / enhance their wellbeing
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to home
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions), the default setting of care should be Primary Care

**Business As Usual
& Quality / Service
Gaps e.g. Stroke**

- Delivery Plan**
14/15 Priorities
- Planned Care Pathways - Musculoskeletal
 - Optimising the existing community teams
 - Long Term Conditions – Diabetes
 - Urgent Care – review, pathway design and alignment of system wide provision
 - End of Life
 - Rapid Response
 - Early Supported Discharge
- 15/16 Priorities TBC**

**Two Year
Operational Plan**

Five Year Plan

Vision

**Children and
Young People**

**Working Age
Adults**

Elderly

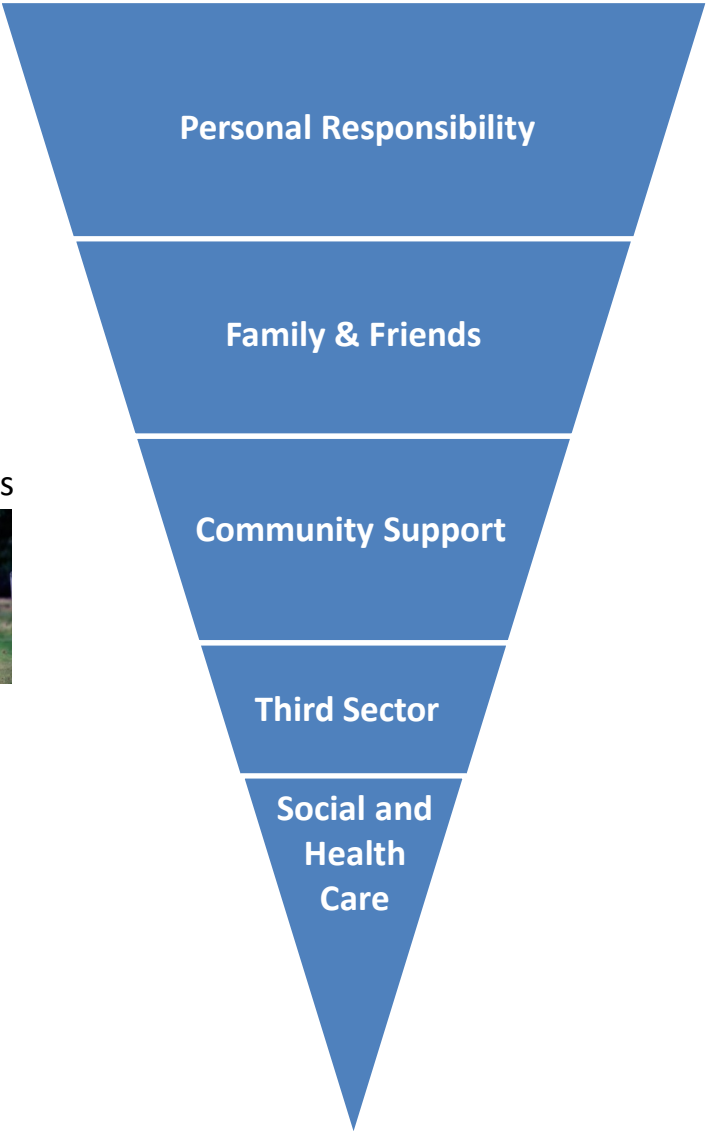
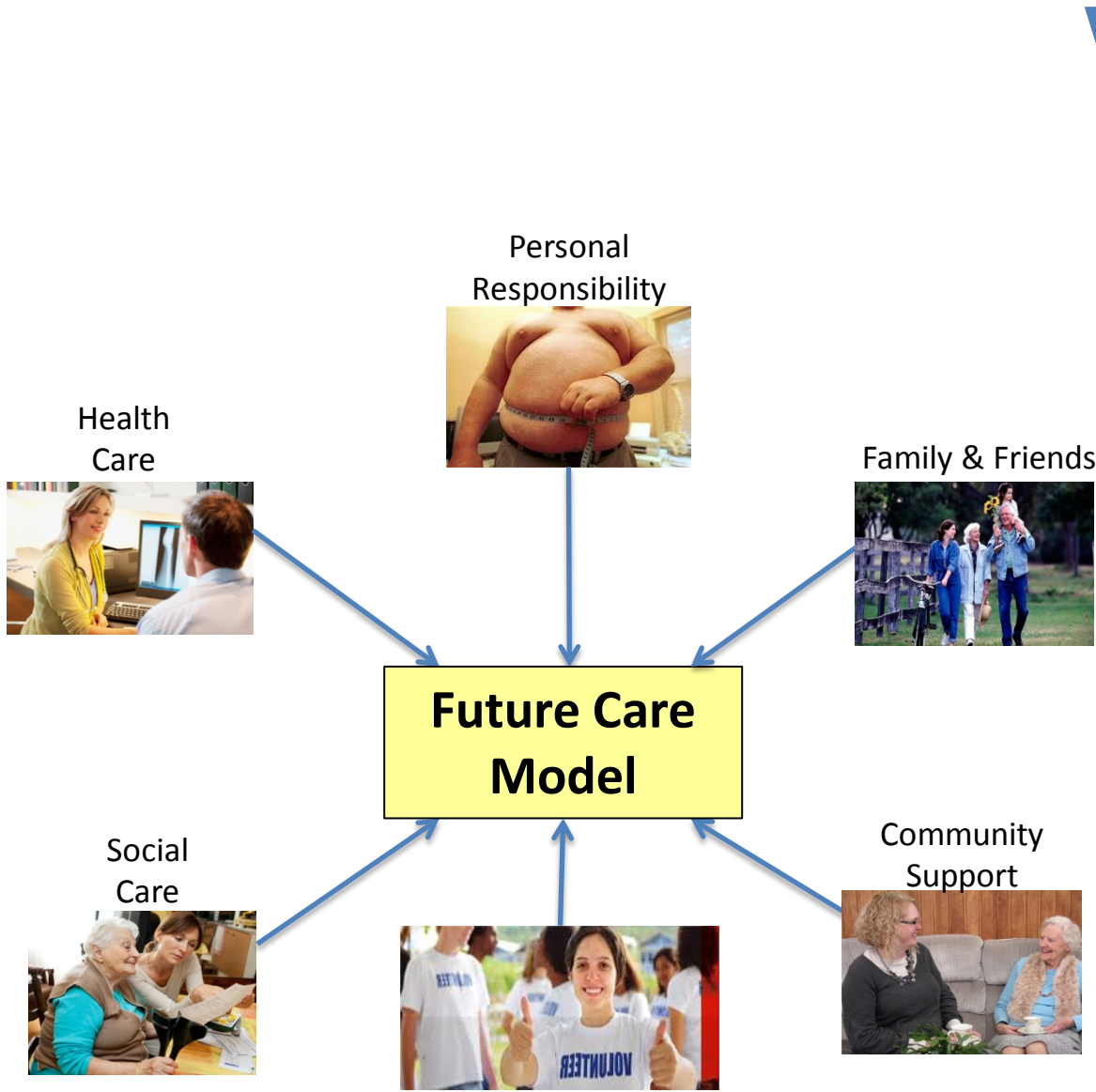
Existing Projects

- **Two Year Operational Plan**
- Better Value Fund
- Requirement to reduce pressure on A&E over the winter

- **Five Year Plan**

NHS
Wiltshire
Clinical Commissioning Group

'The right healthcare, for you, with you, near you'



Third Sector



Clinical Commissioning Group



Key Components of the Plan

Two Year Operational Plan

Business As Usual

Contract and Performance Management including
Quality, Safeguarding, Activity & Finance e.g.

Stroke and DTOC

Medicines Management

Individual Placement Commissioning

Quality / Service Gaps

E.g. Stroke Pathway

14/15 Delivery Plan Priorities

- Planned Care Pathways - Musculoskeletal
- Optimising the existing community teams
- Long Term Conditions – Diabetes
- Urgent Care – review, pathway design and alignment of system wide provision
- End of Life
- Rapid Response
- Early Supported Discharge

Existing Projects

15/16 Delivery Plan Priorities

Five Year Strategic Plan

Early thoughts on Population Group Priorities

Children

- Health Promotion and Prevention (including Obesity, Drugs and Alcohol)
- Access to Urgent Response Services (including A&E and Primary Care)
- Parenting

Working Age Adults

- Prevention
- A&E
- Outpatients
- Primary Care
- Mental Health

Elderly

- Complex Elderly

Next Steps – use Population Group Priorities to develop Model of Care options and test / tailor these for priority cohorts referenced in ‘Everyone Counts, NHS Outcomes Framework and Quality Premium planning Guidance



The future for Children's Services: Integrated working to improve outcomes for children and families

Carolyn Godfrey – Wiltshire Council



C411 with a child protection plan, C422 in the care of the council

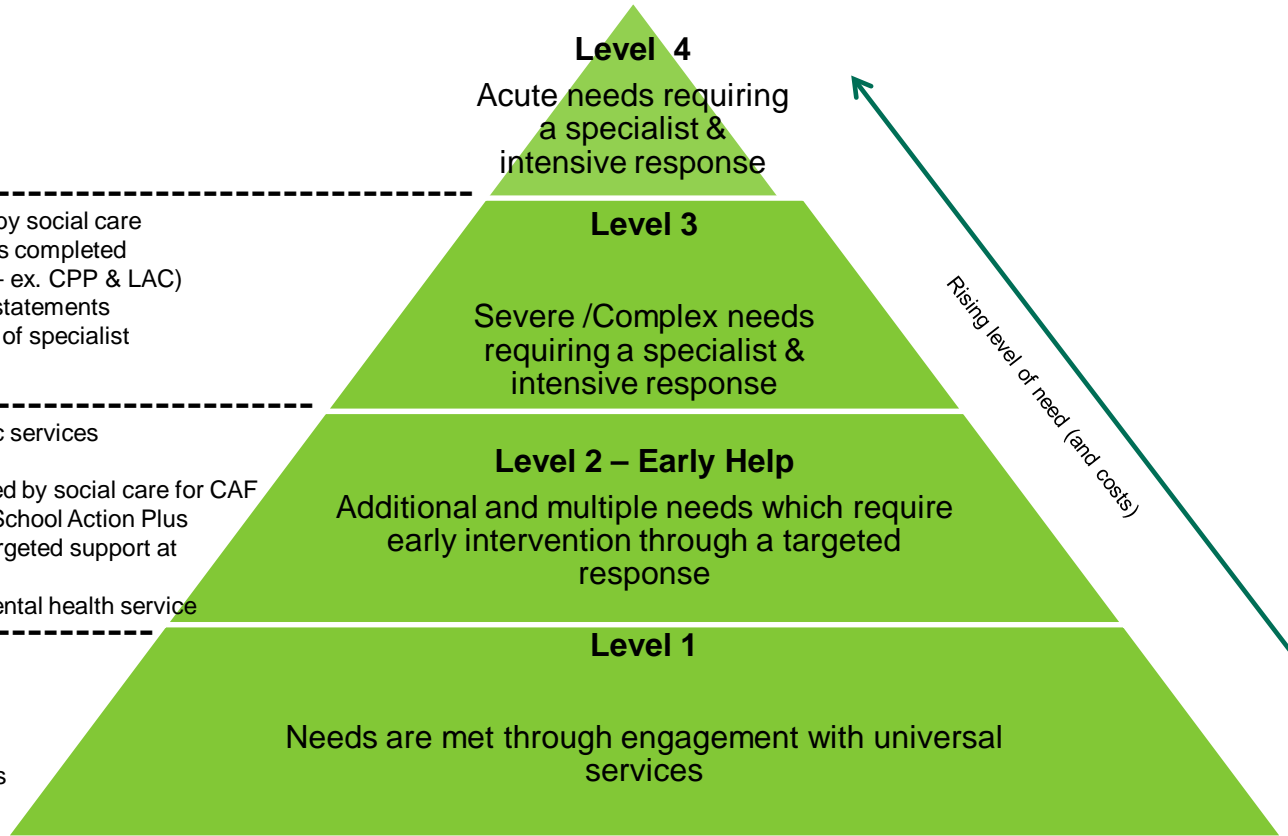
C8,000 (7%) with complex needs

C 23,000 (20%) who need support for additional needs of some kind

C114,000 children and young people aged 0-19 (2013 mid-year estimate)

- 4,691 referrals accepted by social care
 - 4,153 Initial Assessments completed
 - 1,390 CIN (end May 13 – ex. CPP & LAC)
 - 1,875 children with SEN statements
 - 700 children on caseload of specialist CAMHS
-
- 2,000 referrals for specific services
 - 1,532 open CAFS
 - 352 referrals recommended by social care for CAF
 - 10,000 on School Action/School Action Plus
 - 1,951 children received targeted support at Children's Centres
 - 400 children in primary mental health service

- Total school population is 65,197
- 7.9% of school children come from military families



Data supplied by Wiltshire Council Children's Services Information & Performance Team.
 Source: Early Help Data – Safeguarding Improvement Board (CPP and LAC as Dec 2013)

Early Help

The joint Children's Trust/WSCB Early Help Strategy includes the following priorities:

- Ensure the best start in life (conception to age 2 – increased national, cross-party focus on early years)
- Gaining the skills required to begin school
- Being ready for adult life
- Develop a family-based approach to early help (incorporates Troubled Families work)
- Develop effective processes to access early help (for example, a single point of access)



SEN & Disability Reforms

- Giving children with SEND and their families more choice and control through personal budgets (including health budgets);
- Improving co-operation between all services that support children with SEND and their families, and particularly requiring local authorities and health commissioners and providers to work together (makes joint commissioning mandatory);
- Requirement for local authorities to publish a 'local offer' of support covering education, health and social care;
- Introduction of an agreed assessment across agencies and an Education, Health and Care Plan (covering age 0 – 25);
- CCG responsibility to appoint a Designated Health Officer to meet its statutory responsibilities to ensure health services set out in EHC Plans are provided.



Feedback and Workshop

Laurie Bell – Wiltshire Council



Feedback from 14 January:

Key Principles

Responsive care in the community

- Keeping people in their own home safely – home should always be first option
- Develop wider community resources – local solutions that are of quality and are safe

Not only person centred services, but person empowering

- Person having power/responsibility for their health and well being
- designing services around the person
- Understanding what is the public perception of 'integrated care'

Integration

- no barriers, agencies respecting each other's assessments
- Using integrated approach to address 'conditions' that don't neatly sit in an organisational box (e.g. aspergers/children)
- bringing inter generational issues/themes together – young and old working together

Effective co ordination

- positive and appropriate/timely care co ordination to meet people's needs
- reduce hand offs between services
- A knowledgeable, competent and compassionate workforce



Feedback from 14 January: Key Priorities

- Community capacity and skills
 - Reablement in the community
 - Integrated approach for rapid support in a crisis
 - Building communities with supportive services
- Information sharing e.g. single electronic assessment record
- Focus on outcomes and investment across the whole pathway
- Prevention and early intervention
- Invest in health and social care community services
- Setting realistic expectations for community services
- 24/7 services where needed
- Build on evidence of what is working or not working now



Workshop /Discussion

- What are the key issues the Health and Wellbeing Board think need to be considered for Better Care for Wiltshire across Children and Adults?
- What should be the role of the Health and Wellbeing Board in taking forward this agenda?
- How do we engage wider stakeholders and our communities on this agenda?

