

Wiltshire Council

Health and Wellbeing Board

31 July 2014

Better Care Fund Delivery Plan for Wiltshire update

Executive Summary

This report provides the Health and Well Being Board with an update on progress in delivering the Better Care Plan across Wiltshire and to advise of key risks and opportunities. It should also be noted that pending submission of additional information Wiltshire has been identified as an area of national best practice and is being put forward as one of 14 fastrack sites for early implementation of the Better Care Plan. It should also be noted that as highlighted in the Health Service Journal during week commencing the 7th July Wiltshire is one of 14 systems nationally who achieved early sign off of their Better Care Plan.

Proposal(s)

The Board is asked:

- 1. To review progress made on the implementation of the Better Care Fund across Wiltshire and endorse the key next steps that are outlined in this document;**
- 2. To note that Wiltshire is being identified as a national early implementer for the Better Care Fund and to endorse the direction it is taking in this respect; and**
- 3. Review the key risks that have been highlighted and ensure a coordinated approach to managing these risks is taken across the system.**

Reason for Proposal

To ensure the Board is fully supportive of the direction taken to implement the Plan, noting that Wiltshire has been identified as an area of national best practice.

**James Roach
Joint Integration Director
Wiltshire Council/CCG**

Wiltshire Council

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Key Issues

1. The Better Care Fund (BCF) is a mandatory pooled intended to support and deliver integrated health and social care services; this will be introduced nationally in 2015/16. It should be noted that this is not new money, but is made up of elements of existing clinical commissioning group (CCG) and local authority budgets.
2. In the Wiltshire this commitment has been underpinned by a total pooled BCF budget in 15/16 of £ 27.0 Million. How this funding is broken down is summarised in the main paper.
3. The national expectation is that this funding will be used to develop integrated services which will reduce the need for hospital care and to protect the existing level of social care services. This backdrop creates a strong platform for innovation and both the CCG and the Local Authority are committed to developing a robust out of hospital model in partnership with all stakeholders across health and social care. The approach that has been adopted in Wiltshire and is now becoming the core requirement nationally is to ensure adequate return on investment. Therefore it should be noted that there is a strong expectation that savings are realised through this approach and that the stated intention to reduce need for acute services will enable the CCG to release the funding which they are required to contribute to the pooled budget on a recurrent basis.
4. The delivery of the Wiltshire Plan is underpinned by a strong commitment to engage with all stakeholders on its development and implementation. This has been delivered through direct consultation and involvement of managerial and clinical leads from each of the main providers in the Better Care Plan Programme. It should also be noted that Healthwatch have been involved in the preparation of the plan and will support the programme by ensuring that key proposals are further consulted on over the coming year.
5. It should also be noted that recent announcements by the LGA and the Department of Health have requested that each integrated system work with all providers in the area to risk assess the proposals and the core actions required to deliver the activity reductions. This is also a core requirement of the fast track process. It is absolutely critical that all plans are delivered in partnership across the system with the full engagement of all providers and this is the ethos that is being fostered across Wiltshire.

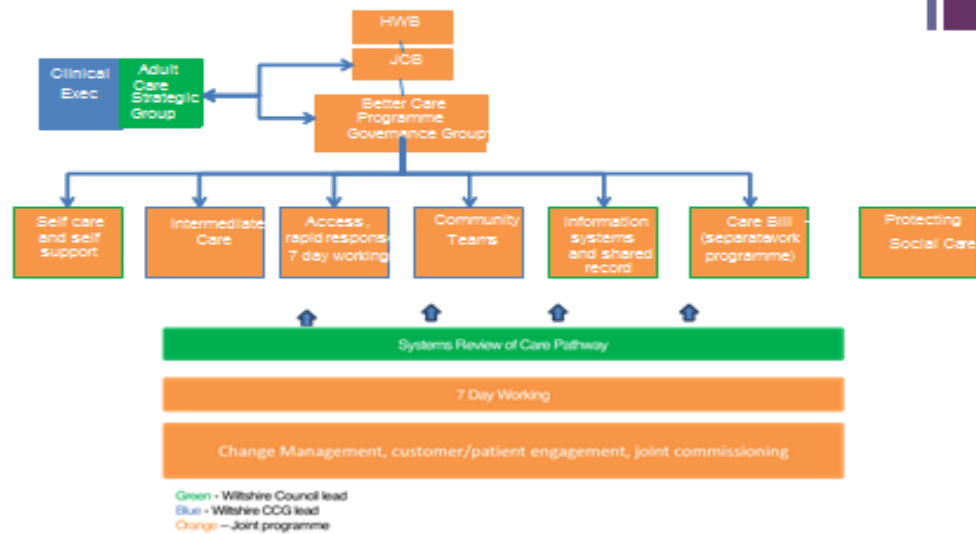
6. Introduction

- 6.1 The Outcome of the Government spending review published in June 2013 included the announcement that a sum totalling £3.8 billion nationally would be allocated to a single pooled budget for health and social care services to work more closely together in local areas based on an agreed plan between the NHS and the Local Authorities. This money is now referred to as the Better Care Fund (previously it was known as the Integration Transformation Fund).
- 6.2 The BCF is not new money. It is made up of existing NHS and Social Care Funding with the largest element coming from the NHS Budget.
- 6.3 Recent announcements by the LGA and the DOH have demonstrated the seriousness of its commitment to integration of health and social care, with the implication that integration will made it possible to improve services and manage demand despite a marked decrease in overall funding for the system.
- 6.4 There is also a clear expectation from regulators that the Better Care Plan has the full engagement of all providers , that alternative models of care are credible , integrated and can deliver with a focus on clear modelling of demand , cost and quality improvement
- 6.5 Experience in Wiltshire does support the view that integration can produce services which are more efficient, effective and enhance the experience of the service user. However there is a continued need to model the financial impact of such changes and to further determine whether mandatory pooling of budgets will in itself produce sufficient cost savings to meet the growing demand and offset reductions in public spending

7. The Wiltshire approach

- 7.1 There has been an investment of circa £27 million in the Better Care Fund for Wiltshire and this takes forward a number of core programmes of work as outlined below.

+Current Work stream Structure



7.2 The programme is now fully mobilised and each programme has a very clear delivery plan in place with each programmes membership reflective of the integrated approach we are taking in Wiltshire across Health and Social Care.

7.3 The Programme is overseen by the Better Care Plan Governance Group which is chaired by the jointly funded Integration Director Role and this group drives the work of the programme and makes a number of recommendations to the established Joint Commissioning Board.

7.4 The current £27 million pooled budget is a clear driver for integration in Wiltshire and the core spend is broken down as follows

Scheme	Investment 14/15	Investment 15/16	Proposed impact
1. Intermediate care	6.80 million	8.30 million	-Avoid urgent care admissions -Reduction in volume of bed days -Reduced Length of Stay in acute hospital
2. 7-day working, Rapid Response and Discharge Coordination	3.39 million	6.89 million	-avoid urgent admissions -Improve crisis management for high risk patients -reduced length of stay -improved management of specialist patients

3. Protecting social care services	9.18 million	9.18 million	-additional care packages -increased independence post discharge -more home care packages -reduced readmissions
4.Care bill requirements	0.13 million	2.50 million	- meeting additional demand for assessments
5.Supporting communities to be more resilient through earlier intervention and prevention	0.89 million	1.90 million	-enhanced support for carers across Wiltshire -earlier intervention to prevent crises -reduced volume of care home packages
6.Single view of the customer	1.2 million	0	-integrated information management -enhanced tracking of the patient journey -reduced duplication
7.Community Transformation	0	0	-avoid urgent admissions -Improve crisis management for high risk patients -reduced length of stay -increase in the volume of sub-acute patients to be managed in the community
8.service user feedback and involvement	0.1 million	0.1 million	-enhanced qualitative assessment of the patient journey -review of schemes and pathways.

7.5 A summary of monies available is outlined below ;

Funds available	2014-15 £m	2015-16 £m
Better Care Fund	11.58	27.10
CCG non recurring funds	7.68	
WC growth	1.83	1.83
WC non recurring funds	0.70	
Total	21.79	28.93

7.6 Outside of the individual workstreams the plan is also required to meet a number of conditions:

- (a) **Protection for social care services**, in terms of:
 - continuing to meet eligibility criteria (including revised criteria to be introduced from April 2015 under the care bill which could require the council to offer additional support in a range of areas)
 - meeting new statutory requirements in the care bill
 - Maintaining effective reablement and preventative services to reduce avoidable demand for health and social care

- (b) **Seven day working in health and social care** to avoid unnecessary admissions on weekends and maximise discharges. There are a number of schemes currently in place and emerging to address this challenge, but there is an intention to develop these further over the coming year.

- (c) **Better Data sharing** between health and social care

- (d) **Joint approach to assessments and planning** in terms of joint approaches, care plans and multi-disciplinary support. There is a commitment to pilot full integration in identified areas in Wiltshire before the end of 2014/15.

- (e) Agreement and monitoring of the **consequential impact of changes in the acute sector**.

- (f) There is also a renewed commitment across the programme in relation to a range of other enablers as outlined in the table below

The key enablers

<u>IM&T</u>	<u>Estates</u>
<ul style="list-style-type: none"> • Information governance systems that allow better linkages • Prioritizing the work around single view • Effective identification of candidates for early discharge • Joint access to effective risk stratification to support targeting of services 	<ul style="list-style-type: none"> • Joined up innovative estates management should include all health and social care estates • Buildings designed around models of care should be the focus • Focus on how innovative estates management across health and social care can facilitate change required

<u>Finance and contracting</u>	<u>Workforce</u>
<p>What areas are we considering -</p> <ul style="list-style-type: none"> • Year of care • Prime contactor • Joint Venture • Alliance contract • Longer term strategies for joint commissioning and procurement 	<ul style="list-style-type: none"> • Implementing new ways of working • 7-day working • Are traditional ways of working still dominating the provider landscape • The “ big supply “ challenge • Skills academy approach • Clinical and practitioner mindset shift

8. Making progress in Wiltshire

8.1 As reflected earlier in the report, Wiltshire has been identified as a potential “Fastrack” site for early implementation of the Better Care Plan. In order to commence the process we have been asked to set out the implications of the plan on the delivery of NHS services including the risk of savings not being realised. This information is due to be submitted on Wednesday 2nd July and Health and Well Being Board will receive an update at the meeting in relation to the outcome from the process. For information the assumed impact is outlined below;

Table A – Assumed reductions in activity and finance

		2014-15			2015-16
		Great Western Hospital	Salisbury NHS FT	RUH Bath NHST	
ACTIVITY REDUCTIONS	Total				
Accident & Emergency Attendances	- 1,808		-	-	- 1,808
Inpatient non-elective Spells	- 1,441	- 427	- 466	- 548	- 1,441
		-	-	-	
FINANCIAL REDUCTIONS					
Accident & Emergency Attendances	-£165,000			-£165,000	-£165,000
Inpatient non-elective Spells	-£3,464,000	£1,075,000	£1,031,000	£1,358,000	£3,464,000
Total	-£3,629,000	£1,075,000	£1,031,000	£1,523,000	£3,629,000

Note – 2015-16 figures assume management of 2% growth in activity

Table B – Impact on bed days for 3 acute hospitals in both 2014-15 and 2015-16

	2014-15 and 2015-16 changes											
	Admissions			Reduced bed days			Reduced bed nos			Avg LoS Reduction		
Hospital	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT
Length of Stay Reduction	0	0	0	13,094	7,566	12,720	36	21	35	2.1	2.0	2.3
Admissions Reduced	538	424	471	1076	848	942	3	2	3			
Total	538	424	471	14,170	8,414	13,662	39	23	37			

- 8.2 The CCG and Council have assessed the impact on the local acute system which includes the Royal United Hospital, Bath, NHS Trust (RUH), Great Western Hospitals NHS Foundation Trust (GWH), and Salisbury Hospitals NHS Foundation Trust (SFT). Both commissioners agree that the system impacts associated with the BCF will see a reduction in the number of bed days utilised by emergency admissions and the total number of emergency patients admitted into the acute hospitals. This is set against the current context of increased acuity that is being experienced by the 3 acutes in terms of the case mix related to the admissions and increased operational pressures.
- 8.3 The biggest impact is expected in year 1 of the BCF as the CCG and Council move to reduce the average length of stay experienced by patients. The CCG is planning for a reduction in the average length of stay by 20% (approximately 2 days). This will be achieved by improving the flow through the acute hospitals by enhancing the services on the front of the emergency system as well improving the discharge process through a series of targeted programmes such as Discharge to Assess. We would be seeking to get average length of stay down to targeted levels in 14/15 and then seek to maintain this during 15/16. We would be applying the same approach to our community beds to ensure we have improved flow, reduced delays and occupied bed days across the whole system.
- 8.4 The CCG and Council are also expecting to see a reduction in non-elective admissions of 4.5% in 2014/15 and 4.5% in 2015/16. This reduction is assumed after the impact of annual activity growth of approximately 2%.
- 8.5 Whilst the challenge we face in Wiltshire cannot be underestimated, it should be recognised that progress is being made and our work has been recognised nationally in particular the involvement of providers at Wiltshire Health and Well Being Board and the innovative approach we are taking across a number of areas.

9. Delivering on our ambition

- 9.1 There is clarity across the system in terms of the challenges we are facing and a fundamental recognition that without change in the health and social care system there is a significant risk that demand will not be met and service quality will decline
- 9.2 There are a number of key challenges across the health and social care system in Wiltshire that needs addressing in particular;
- Care and support is fragmented , care and support plans do not link together which is inefficient and frustrating for those receiving the services
 - High priority is placed on treatment and repair , rather than prevention and early intervention
 - Acute hospitals , specialist hospitals , including mental health hospitals and emergency departments are under pressure with high levels of delayed transfers of care and extended lengths of stay in hospital
 - Too many users make a decision about their long –term care and support whilst they are in hospital and this may result in the wrong decision and potentially an unnecessary admission to a residential or nursing home
- 9.3 In delivering on this ambition we will be seeking to monitor a number of high level indicators which are outlined below:

Key metrics

- Reduction in daily average of occupied bed days
- Reduction in emergency bed day use for patients 65
- Reduce DTOC's
- Financially responsible for fewer people aged over 65
- Correlated increase in use of Home Care Services

Desirable patient outcomes

- Prevent premature avoidable decline through proactive care and earlier intervention
- Better care experiences 7 days a week
- Support for carers and family
- Decisions made on commissioning needs not service dimensions
- Empowering our service users

Our core performance indicators

We will be monitoring performance against the following key indicators

- Volume of admissions to residential and nursing care
- Success of reablement and rehabilitation , such as volume of patients who remain independent 91 days post discharge
- Volume of delayed transfers of care
- Avoidable emergency admissions
- Patient and service user experience

10. The no distinction challenge

10.1 We are starting to address integration through a number of routes such as;

- Joint commissioning
- Joint service delivery (coordinated pathways of care and coordinated services)
- Joined up governance

10.2 Our vision through each of the workstreams is that the service user sees no distinction between health and social care and receives fully integrated joined up care.

+ The “no distinction challenge”

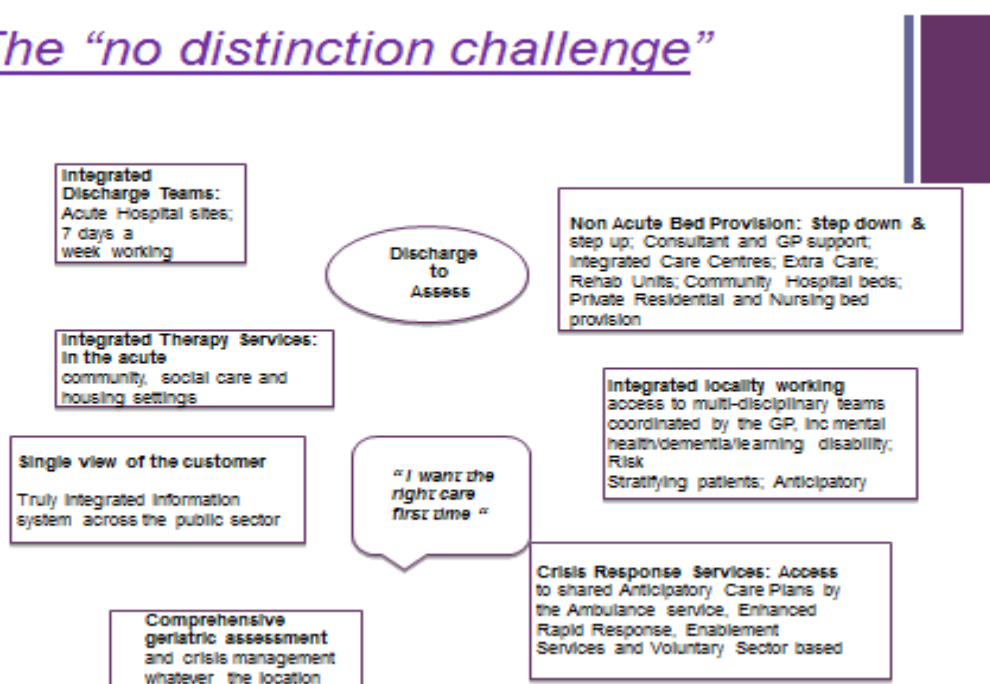


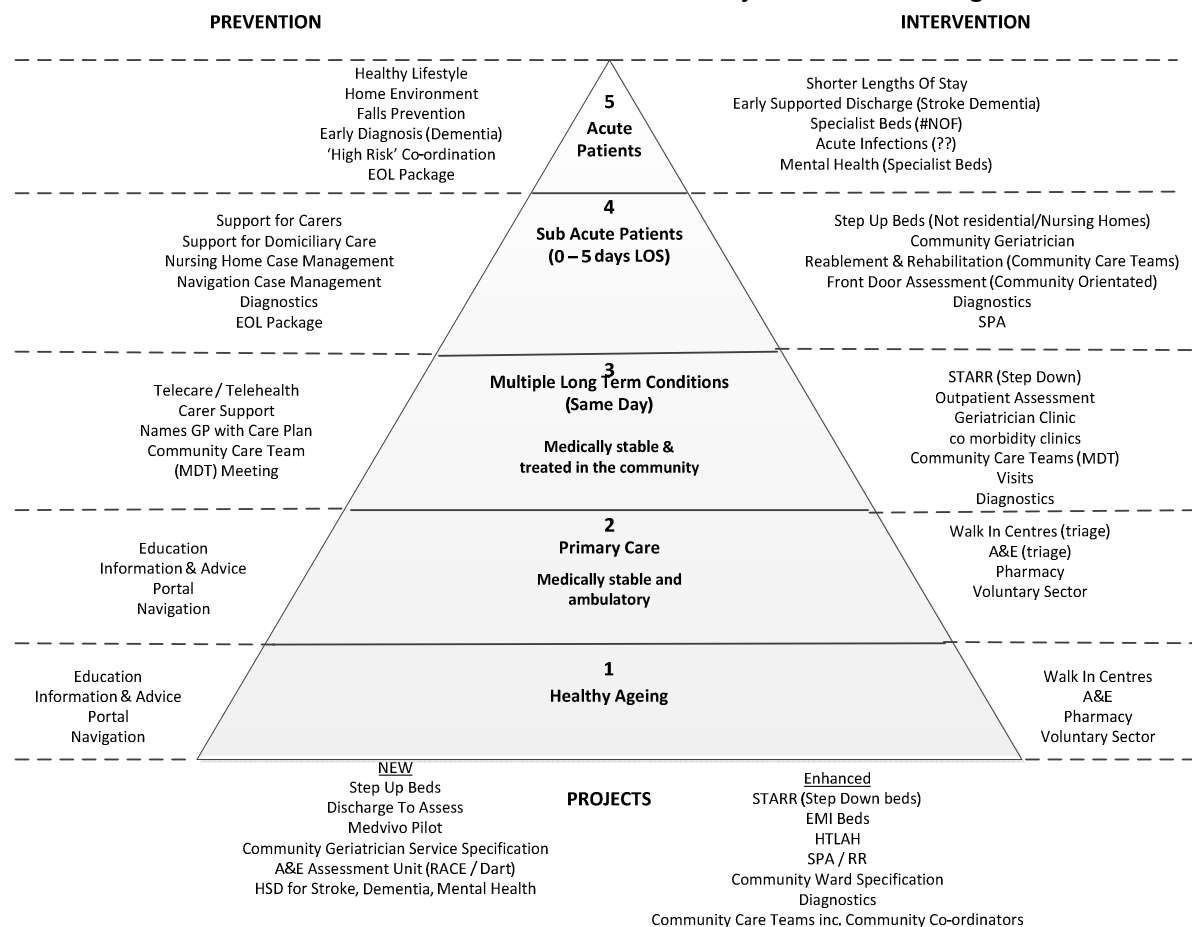
Table C – Detail of schemes and impact to date

Scheme	Key priorities/principles	Progress
Intermediate care	<ul style="list-style-type: none"> -Develop a model of step up intermediate care for sub-acute patients -Maximise effectiveness of appropriate reablement care ensuing all beds are not blocked -improve access to and discharge from STARR and other community beds -reduction in number of people who remain dependent in beds and transfer to a home setting -appropriate mix of beds for patients with dementia 	<ul style="list-style-type: none"> -step up intermediate care pilot signed off and due to commence -Review of STARR pathways and processes and system wide action plan -System wide DTOC workshop to be held in early July -System review “ check stage “ of intermediate care to commence -Discharge to assess pilot due to go live -Procurement of EMI beds being progressed.

	<ul style="list-style-type: none"> -scoping and implementing a discharge to assess programme -modelling full picture of need 	
Rapid response , discharge coordination and 7 day working	<ul style="list-style-type: none"> -Right care in the right place -Improved care coordination through the SPA -Enhanced focus on rapid response and ensuring 7 day focus -Enhancing rapid assessment at the front door -Ensuring strong links with primary care through the Transforming Care of Older People proposals -Improved continuity of care -Increased usage of self-care programmes -Reduce admissions amenable to primary care intervention 	<ul style="list-style-type: none"> scoping plan for 7 day working being established -Urgent Care working group has agreed a range of key system priorities which are being progressed -Range of system wide operational priorities have been agreed -DART model at GWH to be continued -Plans for a rapid assessment unit at SFT being scoped -Proposals received from GP localities and currently being assessed -Model of enhanced case navigation over a 7 day period to be progressed
Community teams	<ul style="list-style-type: none"> -Reduction in conveyances and admissions to hospital by ensuring low level interventions are managed by the community -Delivery of efficient , good quality and cost effective local services to prevent avoidable demand -Ensuring where appropriate specialist care is provided in community settings -Delivering integrated service responses in community settings 	<ul style="list-style-type: none"> -Revised business case from GWH received and reviewed by CCG -Meeting on the 9th July to agree revised approach for community geriatrics -3 pilot sites have been identified to launch Integrated community care teams before end of 2014. -Number of key service specifications being updated such as community geriatrics
Single View of the Client	<ul style="list-style-type: none"> -working together on new systems and developing our ability to share information not just between health and social care , but more widely -Focus is on integrating a single view rather than the integration of systems -Ensuring the patient journey is fully joined up so the full patient record is available whatever the point of intervention 	<ul style="list-style-type: none"> -Strategic group launched with full involvement of 3 acute hospitals , police and fire services -Scoping completed -Benefits realisation workshop taking place on 2nd July -Bid being made to national Technology Fund for national pilot status
Care Bill	In relation to funding reform implementation April 2016, the key	<ul style="list-style-type: none"> -Care Bill programme launched -impact being costed and

	<p>principles are</p> <ul style="list-style-type: none"> -Financial protection, everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support. -People will be protected from having to sell their home in their lifetime to pay for any care home costs. 	<p>assessed</p> <ul style="list-style-type: none"> -scoping development of care account -Impact assessment modelling underway -identify opportunities for voluntary sector to deliver” home from hospital “pathways. A bid has been developed and is being progressed through the appropriate governance routes
Prevention, admission and earlier intervention	<ul style="list-style-type: none"> -Development of the voluntary sector via a commissioned service to provide advice, signposting and information -revised risk stratification model to focus on levels 1& 2 to determine how we can take a more preventative approach in community settings -promote earlier intervention to prevent conversion to long term residential care 	Project was relaunched in June

There is a clear commitment to enhance our delivery model in a range of areas.



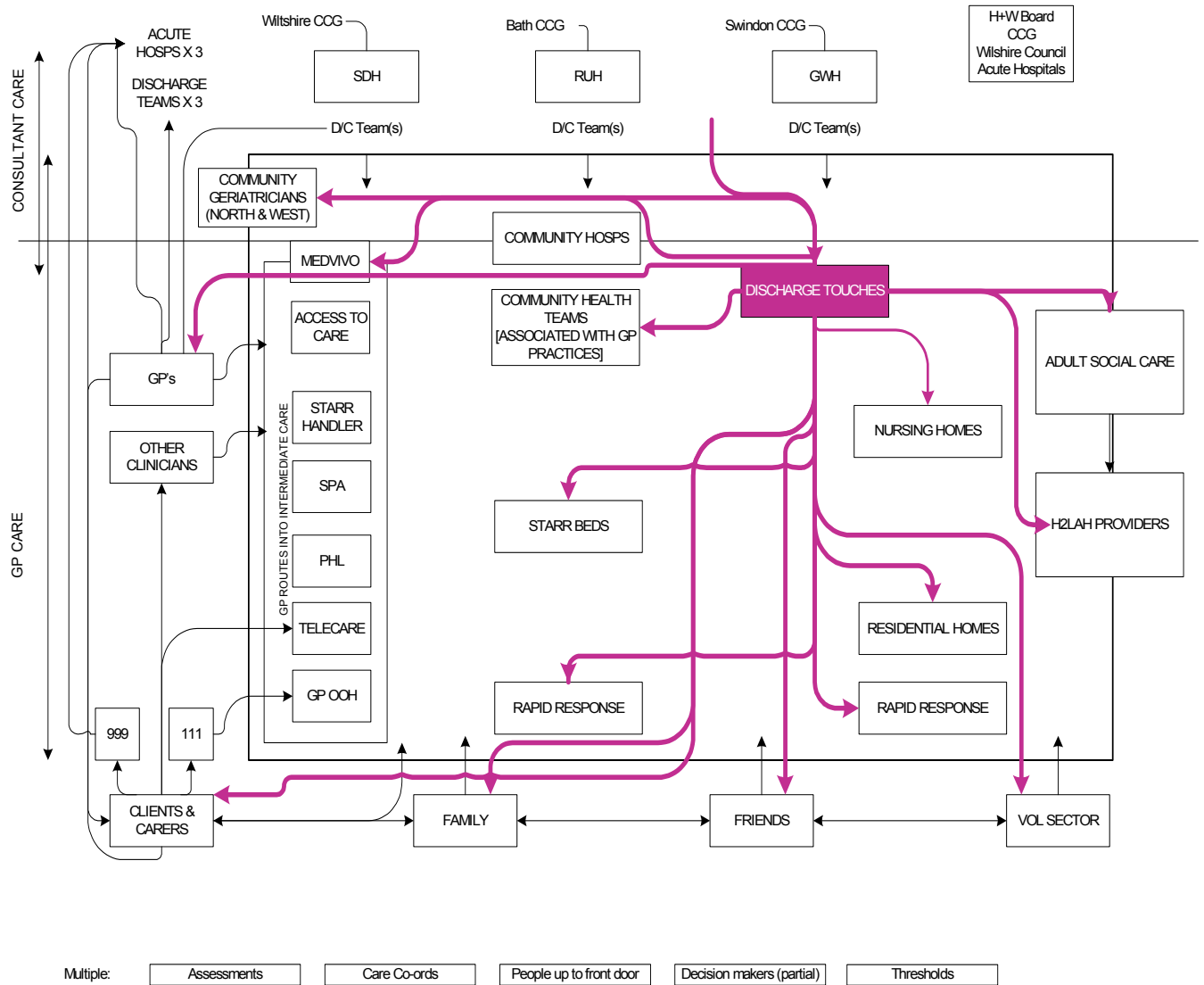
Taking a system wide approach

11 System wide benefits

- 11.1 The range of information outlined above provides an overview of the anticipated cumulative impact of all the schemes on volume of avoided admissions, subsequent financial savings and associated reduction in bed days. It is anticipated that all of our schemes together will deliver this benefit through:
- Addressing a range of different patient cohorts identified through risk stratification
 - Ensuring crisis is managed in a range of different settings in the community
 - Enabling the involvement of a wide range of practitioners across health and social care
 - Targeting those patients with the greatest need
 - Providing a range of different treatment options and locations such as crisis management in a community setting, diagnostics in the community and rehabilitation and re-ablement in a home setting.

The Better Care Systems Review

- 12.1 Our approach in delivering a system view on benefit has been underpinned by the approach we have taken across the health and social care system in Wiltshire in undertaking a system wide review. This review underpins the ambition across health and social care for collective efforts delivering outcome and service change for the people of Wiltshire.
- 12.2 Our current pathways have been mapped and indicate the complexities of the 'out-of-hospital system as it currently stands. The flow chart below is an outline of that system.
- 12.3 The next stage of the systems review is to undertake the 'check' stage which will be led by the Council's systems thinking team with participation from front-line staff and clinicians from social care, community and acute NHS services, independent care providers and the voluntary sector. This stage will provide us with the analysis of the current system and evidence for where change could have the biggest impact.



13. Key Risks

R1	Introduction of the Care Bill will result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016 that is not currently quantifiable and will impact on sustainability of delivery	High	Initial impact assessment of the impact of the care bill has been undertaken and range of cost pressures identified Provision has been made within the Better Care Fund for 2015/16 to be held against this risk
R2	Expected shift to community services will not deliver the expected benefits because of the acuity levels of people requiring services	High	Clear alternatives being out in place in community setting as part of a robust out of hospital strategy Local reviews in place with each provider

			<p>Robust regular monitoring and impact assessment</p> <p>Contingency plans in place</p> <p>System review of pathways identifying opportunities</p>
R3	A lack of high quality and meaningful local key performance indicators will make it difficult to monitor outcomes	High	<p>Established key performance indicators and supplementary indicators in place</p> <p>Established performance monitoring/management process now in place across the system.</p> <p>Review of individual patient pathways through system review</p> <p>Healthwatch will be commissioned to lead on a range of patient level and user led outcomes</p> <p>Developing outcomes based commissioning specifications with each provider</p>
R4	Operational pressures will restrict ability of our workforce to deliver the required investment and associated projects to make the vision of the Better Care Plan a reality	Medium	<p>Investment in infrastructure with key posts being filled</p> <p>System wide organisational development strategy being developed</p> <p>System leaderships review being undertaken</p> <p>Skills academy approach being adopted</p> <p>Formal integration of core teams being piloted in 3 geographical locations</p>
R5	Improvements in the quality of care and preventative services will fail to translate into the required reductions in acute and nursing /care home activity by 2015/16 impacting on overall funding available to support	High	<p>Modelled assumptions using range of benchmarking data</p> <p>Continual review of all projects and assessment</p>

	core services and future outcomes		<p>2014/15 provides the opportunity to test and modify assumptions.</p> <p>Ongoing performance management through established structures</p> <p>Focused system wide action plans in relation to a number of operational pressures</p>
R6	Recruitment and retention of health and care staff is challenging. This may impact upon our ability to increase capacity of community health and care services	High	<p>Joint workforce strategy</p> <p>Joint organisational development strategy</p> <p>Commitment to address the supply challenge</p> <p>Working in a more integrated way around established service models and locations</p>
R7	The extent of cultural and behaviour change required of the public and professionals working in the system will not be achievable	High	<p>Regular communications strategy underpinning the vision and the delivery model</p> <p>Focus on innovation and new models of care</p> <p>Connection of approach through the extended community teams pilot</p> <p>The use of personalised care plans for people with long term conditions / and or risk of hospital admission will also help reassure people that services are co-ordinated and information is shared in order to support them safely and in the best place</p>

14. Key next steps and recommendations

The Board is asked:

- 1. To review progress made on the implementation of the Better Care Fund across Wiltshire and endorse the key next steps that are outlined in this document;**
- 2. To note that Wiltshire is being identified as a national early implementer for the Better Care Fund and to endorse the direction it is taking in this respect; and**
- 3. Review the key risks that have been highlighted and ensure a coordinated approach to managing these risks is taken across the system.**

James Roach
Integration Director Wiltshire CCG and Wiltshire Council
Better Care Plan Lead