

Wiltshire Council

Health and Select Committee

7th March

Paper (for discussion)

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**Response to the Better Care Plan Task Group Recommendations
And Better Care Plan Update 2017/18**

1. Purpose

1. Provide a formal response to the key conclusions and recommendations of the Better Care Plan Task Group and actions being taken
2. 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 March and will be presented to the next HWB meeting.

2. Background

3. 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.
4. 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.

5. 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

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

- There was a marked increase in the number of delayed discharges in the summer due to service restrictions enforced by CQC and transition to new care providers, whilst we have decreased these in recent months they remain above the levels for 2015/16

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.

Responding to the recommendations of the BCP Task Group – Action Plan 2017/18

Recommendation /Theme Area	2017/18 actions	Timescale
<p>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.</p>	<ul style="list-style-type: none"> • Integrated discharge programmes now in place at GWH, RUH and SFT with consistent leadership, processes and pathways • Rehab support workers (additional 30 WTE carer resource) to be rolled out across Wiltshire • Formal alignment of dom care support within the integrated discharge programmes at each hospital and providing “in reach” support to ICT beds and community hospital beds • Regular joint reviews between HTLAH and community teams 	<p>Live</p> <p>Go live from April 1st</p> <p>Go Live from April 1st</p> <p>Live</p>
<p>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.</p>	<p>There will be an ongoing focus on choice delays during 2017/18 in the following ways</p> <ul style="list-style-type: none"> • Moving to one consistent choice policy for the RUH economy (BANES, Wiltshire and Somerset) • Supporting staff in having applying the policy with focus on having the “difficult conversation “ • Formal review to take place in May 2017 with outcomes to be shared with the HSC. 	<p>Go Live from April 1st</p> <p>Completed across the system, apart from GWH who will undertake training in May</p>
<p>Recommends monitoring of the Better Care Plan against its five national performance areas (below) as a topic for scrutiny under the 2017-21 Council:</p>	<p>There is a detailed monthly performance dashboard in place across the BCP and this will be maintained during 2017/18 and enhanced in the following ways</p> <ul style="list-style-type: none"> • Alignment with relevant public health data 	<p>Go live from April 1st</p>

<ul style="list-style-type: none"> f) Admissions to residential and nursing care g) Success of reablement and rehabilitation h) Delayed transfers of care (DTC) i) Avoidable emergency admissions j) Patient and service user experience 	<ul style="list-style-type: none"> • Link to the ASC performance management framework • Ensure patient views and experience continue to underpin all we do with ongoing engagement of health watch to review identified services • Bi annual update on performance to HSC 	
<p>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.</p>	<p>February Health and Wellbeing pre-meet focused on single view and endorsed on a system basis the need to roll this system out across the Wiltshire Health and Social Care Economy.</p> <p>There are currently several pilots underway and the way will be to standardise this approach across Wiltshire in 2017/18 in partnership with all public-sector partners</p>	<p>Ongoing</p>
<p>Considering the significant workforce challenges faced in Wiltshire, commit to</p> <ul style="list-style-type: none"> • 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' 	<p>All the recommended actions re inherent within the Better Care Plan workforce plan and commissioning intentions for 2017/18 and will be scrutinised by the Joint Commissioning Board.</p> <p>These actions will also be addressed across the wider STP footprint as this is recognised by all parties as a key system risk</p>	<p>Ongoing</p>

<p>recruitment and induction strategies</p> <ul style="list-style-type: none"> • Protecting public confidence in the workforce's skills. 		
<p>Demonstrate the ambitious commitment to integration required to address the demographic and financial challenges faced by:</p> <ul style="list-style-type: none"> • 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. 	<p>It is recognised by all that the Better Care Plan played a key role in shaping the foundations for integrating services at the point of need in Wiltshire. The next stage is to progress towards more formal integration in several key areas. Some identified key priorities for 2017/18 include</p> <ul style="list-style-type: none"> -further development of the integrated team's platform -development of a system wide transformation board -functional co location of teams (integrated discharge an important step) -looking at how organisations can align more formally from an operational and strategic perspective -considering the wider implications of the STP and what the best fit is for Wiltshire 	Ongoing
<p>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.</p>	<p>A great deal of work has been carried out in this area with the aim of accelerating delivery over the next year, this includes</p> <ul style="list-style-type: none"> -System tutorials led by Healthwatch Wiltshire for social care staff -aim to roll out tutorials to staff working across the integrated teams - development of a more effective and integrated communications plan to increase awareness and traffic through the site 	Ongoing

	- focused engagement and training programmes in areas such as End of Life and Long Term Conditions.	
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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.

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.

5.4 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 Select Committee are asked to

- Receive the formal response the Better Care Plan Task Group recommendations and approve the actions outlined
- Note the outline approach for the Better Care Plan for 2017/18

James Roach
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March 2017