

Wiltshire Council

Health and Well Being Board

25 September 2014

Subject: Better Care Plan

Executive Summary

To report to the Health and Well Being Board on the development of Wiltshire's Better Care Plan, the Fast Track process and the progress in implementing elements of the Plan.

To update the Health and Well Being Board on progress in relation to the 100 day challenge for Wiltshire and the key issues and risks.

Proposal(s)

Health and Well Being Board are requested to note the progress in becoming a national "Fast –tracked" Better Care Plan and the progress in implementing elements of the Plan

Health and Well Being Board are asked to:

- Receive the update on the Better Care Plan in particular its continued status as part of the national fast track process
- Note the change in admission avoidance ambition to a 3.75% reduction from an original ambition of 4.5 % in line with the national requirement. This represents a significant challenge for the system given current demands on the system. The ambitious aim to reduce non-elective length of stay by 2 days has also been retained.
- Support the engagement programme that is currently being undertaken locally with each of the area boards
- Note the progress that is being made as part of the 100 day challenge.

Reason for Paper

To update the Health and Well Being Board on progress on:

- Implementing the Better Care Plan for Wiltshire;
- Delivering against the 100 day challenge;

and to highlight key risks in implementation.

James Roach

Director of Integration

(Joint Wiltshire Council and Clinical Commissioning Group appointment)

25 September 2014

Subject: Better Care Plan

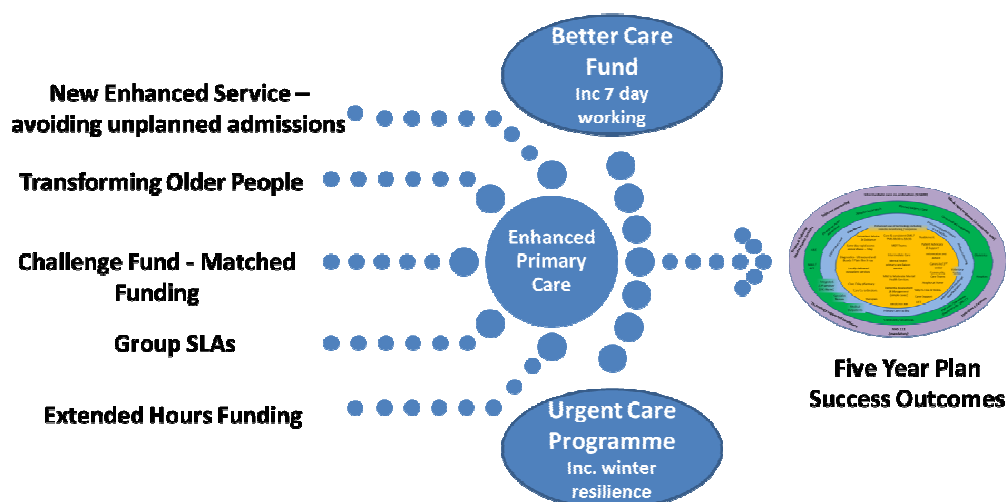
Purpose of Report

1. To report on the development of Wiltshire's Better Care Plan and the progress in implementing elements of the Plan, including the Systems Review of the out-of-hospital system and the 100 Day Challenge.

Relevance to the Health and Social Care Strategic Priorities

2. The Better Care Plan supports the Council's goal to protect those who are most vulnerable in our communities. By ensuring that sufficient, safe and well-coordinated services are available to support health and care needs, it also supports two of the 6 outcomes set out in the business plan, namely:
 - People in Wiltshire have healthy, active and high-quality lives
 - People are protected from harm, as much as possible, and feel safe
3. The Better Care Plan supports the CCG goal to develop truly integrated services at the point of need. The CCG vision is that **Health and Social Care services in Wiltshire should support and sustain independent healthy living** and the design of our future system is based on three key 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 outcome for the greatest number
 - Care should be delivered in the most appropriate setting, wherever possible at, or as 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
4. Within Wiltshire, given the close working relationship between Wiltshire Council, the Clinical Commissioning Group and NHS Providers in the county, it was natural that we would evolve and develop both the Better Care Plan and the CCG 5 year strategic/2 year operational plan in a fully coherent manner.
5. As a health and social care system across Wiltshire it is recognised that the Better Care Plan will be supporting the development of integrated community health and care services and further wish to use the opportunities afforded

through Primary Care co-commissioning to further strengthen our transformational programme and deliver at greater pace and scale.



Background to the Better Care Plan

6. 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. The Better Care Fund (BCF) is a mandatory pooled budget intended to support and deliver integrated health and social care services; this will be introduced nationally in 2015/16. The Better Care Fund is not new funding for the health and care system but is made up of elements of existing clinical commissioning group (CCG) and local authority budgets.
7. In Wiltshire, the total BCF budget in 15/16 of £27.0 Million. The national expectation is that this funding is used to develop integrated services which will reduce the need for hospital care and protect the existing level of social care services. It provides a platform for innovation and both the Council and the CCG are committed to developing a robust out-of-hospital model of care, including ill health prevention and self care aspects, in partnership with all stakeholders across health and social care. There is a strong expectation, nationally and locally, that savings are realised through this innovation and the need for acute NHS services is reduced. This will allow the CCG to release the funding which they are required to contribute to the Better Care Fund on a recurrent basis.
8. Our plans are set out in the Better Care Plan which was submitted initially in February 2014. The delivery of the Plan is underpinned by a strong commitment to engage with all stakeholders, through direct consultation. Healthwatch Wiltshire has been involved in the preparation of the plan and will support implementation by ensuring that proposals are further consulted on over the coming year. It should also be noted that it has been recently agreed that Healthwatch will lead of specific engagement in a number of key

areas including appropriate involvement in the systems review. Managerial and clinical leads from each of the main provider organisations in Wiltshire have also been actively involved in the Plan through attendance at the Health and Well Being Board and active involvement in each of the key workstreams whose membership is reflective of the integrated approach we are taking to service development.

9. 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. 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 – plans do not link together which is inefficient and frustrating for those receiving the services
 - A high priority is placed on treatment and repair, rather than prevention and early intervention
 - Acute hospitals, specialist hospitals (including mental health) and emergency departments are under pressure with high levels of delayed transfers of care and extended length of stay
 - Too many people have to make a decision about their long-term care and support whilst they are in hospital, sometimes resulting in the wrong decision and unnecessary admission to a care home.
10. Delivery of the ambitions set out in the plan should make a tangible difference to people who use services, for example:
 - Support for people to remain healthy and well, through health and well being promotion and behaviour change (with appropriate staff training), earlier intervention, proactive care and support for people to help themselves
 - Better coordinated care and support throughout the entire care pathway and system, including mental health
 - Better care experiences 7-days a week and out-of-hours
 - More, and more targeted, support for carers and families
 - Fewer people being admitted to hospital unnecessarily and fewer delays in hospital.
11. For the organisations involved, the changes should:
 - Deliver greater patient satisfaction with the integrated services
 - Reduce hospital bed days
 - Reduce avoidable admissions
 - Reduce delayed transfers of care
 - Contain demand for services
 - Successful reablement – more people living at home 3 months after discharge from hospital

Update on Better Care Plan August 2014 – “Wiltshire in the top 6”

12. Since the Better Care Plan was first submitted in February 2014, the Department of Health has announced some concerns about how many of the local plans are being developed and whether they can be successful. There

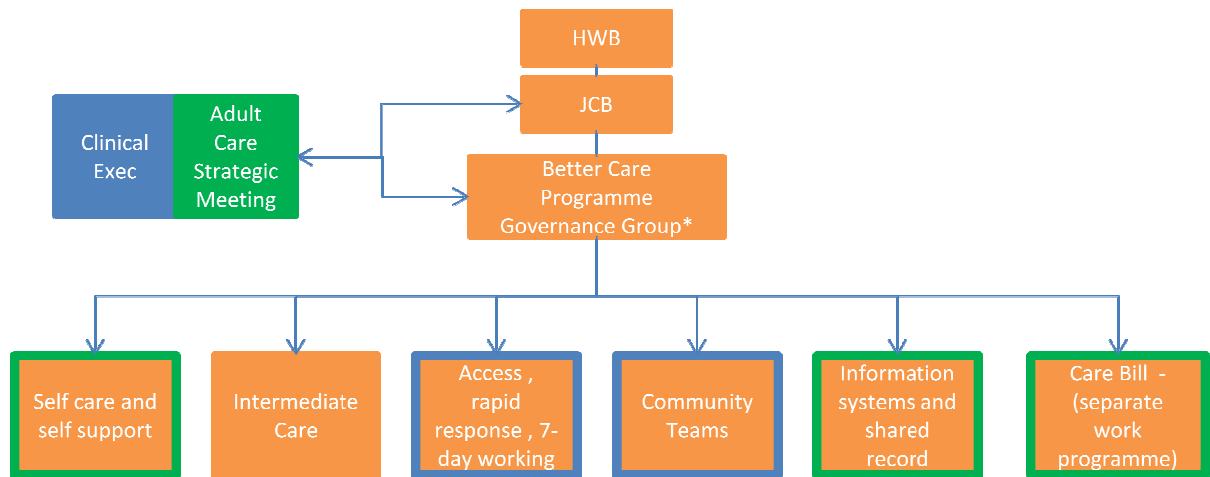
is also a clear expectation that the Better Care Plan has the full engagement of all providers, that alternative models of care are credible, integrated and can deliver with a focus on clear modelling of demand, cost and quality improvement. NHS England has therefore requested that all plans be resubmitted in September, following a new national template, providing more information in a number of areas, including customer/patient engagement; involvement of providers in developing plans and, in particular, an indication of the financial risks involved in delivering the plan. There is an expectation that every Health and Wellbeing Board develops a Risk Share Agreement, setting out what will happen if acute hospital activity does not reduce in line with projections in Better Care Plans. This Risk Share arrangement has been drafted and is currently in consultation with each of the main providers.

13. Wiltshire's Better Care Plan is seen nationally as one of the best plans, and was been judged as one of 14 national "Fast-tracked" plans, to be used as an exemplar for other health and care communities. As a result of this "Fast-track" status, the CCG and Council have been allocated some support from NHS England and national consultants, to develop our plan further, particularly in the area of assessing the Return on Investment from our plans and the development of a return on investment toolkit.
14. In the last month, the 14 Fast Tracked plans have been reduced down to 6, with Wiltshire remaining one of the top plans in the country, alongside Sunderland, Greenwich, Reading, Liverpool and Nottinghamshire.
15. A final version of our Fast Tracked plan was submitted on 29th August and will be scrutinized by both Department of Health and Cabinet Office colleagues, in advance of a national announcement of successful fast-tracked plans in mid September. As a result of the status of the Wiltshire Better Care it has been announced that a ministerial visit by the Rt Hon Eric Pickles will take place on the 11th September.

Making progress with delivery and the 100 Day Challenge

16. The Wiltshire Health and Wellbeing Board have signed up to an initiative called the 100 Day Challenge. This is a system-wide approach, starting from 1st September, aiming to reduce the number of attendances and admissions for frail elderly patients in Wiltshire and reduce the amount of time they spend in Hospital. The 100 Day Challenge will provide an opportunity to test the new schemes (as set out in the paragraphs below) and ensure full commitment and collaboration across the system.
17. As part of the 100 Day Challenge, a daily dashboard of performance measures has been established, with daily monitoring and weekly issues logs and reports for formal monthly evaluation. This will give an indication of which schemes are making a positive difference, and which require changing.
18. Delivery of the Better Care Plan depends upon delivery of results within the current year and the work has been spread across the six work programmes set out in the diagram below.

Better Care Plan – Work streams



19. Progress has already been made with delivery and, from September, a number of new initiatives will be implemented.

Self support and self care (including prevention) -

- Work begun to ensure that prevention is an integral part of the entire Better Care Plan work programme with appropriate staff prevention and behaviour change training and awareness
- Enhanced Home from Hospital service commissioned from the voluntary sector to provide a “little bit of support” to people with low level care needs

Intermediate care –

- Improvements to hospital discharge planning in each of the acute hospitals, working closely with social care and community health services.
- Changes made to improve access to the existing STARR step-up and step-down beds, including access 7-days a week.
- Plans for a “Discharge to Assess” pilot scheme to go live in September to ensure that people are discharged from hospital with support and rehabilitation as soon as they are medically stable
- Plans for GPs to be able to directly access step-up beds in community hospitals from September.
- Plans for mental health support to step-up beds and Discharge to Assess, starting in September

Access, rapid response, 7-day working –

- Acute hospitals introducing ‘front door’ initiatives to ensure frail older people are assessed rapidly and do not stay in hospital for longer than they need to.
- A plan for investment in seven-day services is being drawn up
- Enhancements to the NHS single point of access, with the introduction of a single telephone number through a strengthened Access to Care number.

- Improvements to the out-of-hours services provided by Medvivo, to include monitoring and care navigation for people who are assessed as being higher risk.

Community Teams –

- Investment in additional community health capacity, and alignment of the current community health teams to work more closely with clusters of GP surgeries
- Identification of three “Demonstrator” sites where clusters of GP surgeries will be working more closely with community health teams, social care, mental health teams and the voluntary sector. The three Demonstrators are: Bradford and Melksham; Salisbury City; Calne.

Information systems and shared record –

- Establishment of the “Single View of the Customer” programme, involving the Council, NHS, Police and other statutory agencies. A successful demonstrator day was held on the 2nd September 2014 with full engagement and positive participation by all invited stakeholders which demonstrate the commitment to move towards a single system solution
- The Single View of the Customer approach has gained significant interest with Wiltshire being shortlisted for 2 national awards including the NHS Technology Fund. The team will be attending an interview in London for further funding on the 11th September.

Care Bill –

- A programme of work has been established and an initial impact assessment has been undertaken.
- Further work is being done with regional social care colleagues on the potential financial impact.
- Scoping for the new requirement for a Care Account is underway.

Taking a system wide approach

20. The Better Care Plan is underpinned by a review, supported by the Council’s Systems Thinking Team, of the out of hospital system. The review has mapped out some typical customer journeys through the system, highlighting gaps and duplication between organisations. The next stage of the review is to undertake a ‘check’ stage, with participation from front-line staff from across the system, including social care, acute hospital clinicians; Help to Live at Home care providers. This stage will provide a detailed analysis of the current system, taking the perspective of people who use services. This stage will provide evidence for where change could have the biggest impact.

Engagement and consultation

21. The Better Care Plan was drawn up with input from a range of stakeholders. It is now important that the plan is taken out to a wider audience to ensure that public, patient and service user priorities are understood, and that local issues can be reflected in how services are delivered.

22. With this in mind, the Council and the CCG will be launching the Better Care Plan in September. Each Area Board will be hosting a Health Fair during September and October. These events will provide an opportunity to show a DVD about health and care integration in Wiltshire, to share copies of the Better Care Plan and discuss local issues and needs.
23. Healthwatch Wiltshire is also leading work on patient and service user engagement and will be working to support the systems review and the Care Act implementation.

Safeguarding Implications

24. There are no direct implications for safeguarding. However, the Better Care Plan will support the delivery of efficient and safe services across the whole health and care system, and therefore has an indirect impact on ensuring that vulnerable people are safeguarded.

Public Health Implications

25. The Better Care Plan and the work programme places a high priority on prevention and provides an opportunity for joining up social care, NHS and public health commissioning, particularly in the area of staff awareness and training regarding behaviour change.
26. The Self Help and Self Care (Prevention) work stream includes work on falls prevention, diabetes prevention, stroke prevention and other health and well being promotion all of which is led by Public Health.

Environmental and Climate Change Considerations

27. There are no direct implications for environment / climate change.

Equalities Impact of the Proposal

28. The Better Care Plan has no direct implications for equalities. The initiatives set out in the plan will help ensure that health and care services are available across the whole system to anyone who needs to access them.

Risk Assessment

29. The Better Care Plan includes a Risk Register and each work stream has its own risk register. These risks are monitored and managed by the Better Care Programme Governance Group. The most significant risks in the plan are as follows
- The introduction of the Care Act, which could result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016. An initial impact assessment has been undertaken and a range of cost pressures identified. Provision has

been made within the Better Care Fund for 2015-16 to be held against this risk.

- The expected shift to community services will not deliver the expected benefits, because of the acuity levels of people requiring services. Robust monitoring and contingency plans are in place and there is a new national requirement to set out a 'Risk Share agreement with Acute hospitals in the event that acute activity does not reduce in line with plans.

The key risks are outlined below.

There is a risk that:	How likely is the risk to materialise? <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i> <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor <i>(likelihood *potential impact)</i>	Mitigating Actions
The introduction of the Care Act will result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and Plans	3	Financial impact from April 2016 could be as high as £15m, increasing to £40m by 2020	3	Use of agreed national model with local variations to understand full impact to 2034

<p>The expected shift to more community-based services will not deliver the expected benefits, for example because of the acuity levels of people requiring services</p>	<p>2</p>	<p>The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated. £3m in 2014-15</p>	<p>3</p>	<p>Each element of our Better Care Plan will be monitored and project-managed, with timeframes for delivery and early evaluation. Service developments will be flexible to reflect evidence of what is working or not working well. Contingency plans will be in place for all new service developments.</p> <p>A methodology and templates for monitoring Return on Investment have been developed.</p>
<p>Care Act – the Residential Care market is unbalanced by the changes related to the funding reforms from April 2016</p>	<p>3</p>	<p>Increase to costs of residential care of 10% would lead to a budget pressure of £5-10m</p>	<p>4</p>	<p>Discussions with care providers about modelling the cost of care and what that means to existing block and framework contracts</p>
<p>A lack of high quality and meaningful local key performance indicators will make it difficult to monitor outcomes</p>	<p>2</p>	<p>Difficulty in demonstrating success</p>	<p>3</p>	<p>The integration programme will work with the Council's Research Team and will commission Healthwatch to work on some patient/service user led outcome measures. We will work with</p>

				<p>service providers on outcomes-based commissioning specifications</p> <p>We are also as part of the 100 day challenge launching a daily performance dashboard of key indicators</p>
Operational pressures will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality.	3	The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated.	3	We will work together to implement our workforce strategy, including joint recruitment, retention and workforce development plans.
The extent of cultural and behavioural change required of the public and of professionals working in the system will not be achievable.	2	The impact of the risk will be that the capacity in the acute sector will be under pressure and the system will be unable to realise the savings anticipated.	2	<p>We are participating in the LGA Systems Leadership Programme which will support our culture/behaviour change work</p> <p>The use of personalised care plans for people with long term</p>

				conditions and/or at risk of hospital admission will also help reassure people that services are coordinated and information is shared in order to support them safely and in the best place.
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Risks that may arise if the proposed decision and related work is not taken

30. There is a national requirement to complete a Better Care Plan in order to access the Better Care Fund.

Financial Implications

31. The Better Care Fund is a clear driver for integration and investment from the BCF has been allocated in the plan as set out in the table below. Within these allocations are existing commitments for both the Council and the CCG.

Scheme	2014-15	2015-16
Self Care and Self Support (Prevention)	1.47m	2.47m
Intermediate Care	6.8m	8.3m
Access, Rapid Response and 7-day working	3.39m	6.89m
Information Systems (SVOC)	1.2m	0.0m
Care Act	0.13m	2.5m
Protecting Social Care	9.18m	9.18m
Customer/Patient engagement	0.1m	0.1m

32. The Better Care Plan assumes reductions in activity across the acute sector equating to £3.6m per annum, and the detail of these assumptions is set out within the detail of the Plan.
33. There is an expectation that the Health and Wellbeing Board will sign off a "Risk Share" agreement which sets out the contingency arrangements for funding acute activity if plans do not deliver the anticipated changes. This risk share is currently being drawn up with support from consultants who are supporting the Fast Track areas.

Revised Activity schedules for the Wiltshire Better Care Plan.

Avoiding emergency admissions

34. Building on baseline activity and in reviewing growth and the type of admissions to hospital (acuity), it is believed there is a further opportunity to reduce admissions to hospital through a range of new schemes. This relates to 1460 admissions in 2014/15 and 1416 admissions to be avoided in 2015/16. This represents a planned 3.75% reduction in emergency admissions based on 13/14 baseline. This is inclusive of growth.

Reducing excess bed days and Length of stay

35. There is a clear commitment to reduce the average length of stay of non-elective admissions and the associated excess bed days. The scale of this commitment is outlined in the table below

Hospital	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GWH	SFT	RUH	GW H	SFT
	Admissions			Reduced Bed days			Bed Reductions			Average LoS Reduction		
Length of Stay Reduction	0	0	0	13,094	7,566	12,720	34	20	33	2.1	2	2.3

Legal Implications

36. The transfer of funds between the NHS and the Council will be covered by Health Act 2006 Flexibilities – Section 256 Agreements. The Council and the CCG already have a framework in place for such agreements, known locally as the Joint Business Agreement. This agreement has been drawn up by the Council’s Legal Team.

Conclusions

37. The Better Care Plan and the Better Care Fund present opportunities for improving the coordination of health and care in Wiltshire and will be launched formally in September. The Area Board Health Fairs in September and October will provide an opportunity to profile the work to-date and consult with local communities on priorities for health and care.

38. The 100 day challenge provides the unique opportunity to focus the systems development of a robust integrated out of hospital model and test our key assumptions. An updated position on this will be presented to the Health and Well Being Board on 25th September.

Health and Well Being Board are asked to:

- Receive the update on the Better Care Plan in particular its continued status as part of the national fast track process

- Note the change in admission avoidance ambition to a 3.75% reduction from an original ambition of 4.5 % in line with the national requirement. This represents a significant challenge for the system given current demands on the system. The ambitious aim to reduce non-elective length of stay by 2 days has also been retained.
 - Support the engagement programme that is currently being undertaken locally with each of the area boards
 - Note the progress that is being made as part of the 100 day challenge.
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Report Author:
James Roach

Background Papers

The following unpublished documents have been relied on in the preparation of this report:

Better Care Plan – updated July and August 2014