



Better Care Fund – Priority Change Programmes and Joint Working Arrangements

1.0 PURPOSE

- 1.1 To set out the priority change programmes needed to implement the plan for the Better Care Fund and as preparation for a higher level of system performance next winter.
- 1.2 To describe the groups and meeting forums which are currently working on aspects of the BCF, as a prelude to some form of rationalisation of the overall programme.

2.0 RECOMMENDATION

- 2.1 To agree the need to establish the Health and Social Care Integration Board.
- 2.2 To agree the need for additional change capacity for implementation of the Community Integration and Transitional Care Pathways work-streams as part of the plan for the Better Care Fund.

3.0 BACKGROUND

- 3.1 Achieving the main objectives of the plan for the Better Care Fund will have the effect of improving system performance in terms of the A&E 4 hour wait target, as well as reducing emergency admissions to hospital, and placements to care homes.
- 3.2 There is an urgent need to establish the Health and Social Care Integration Board and for the Board to put in place the actions that have previously been identified to improve immediate performance, as well as a series of priority work programmes, with sufficient change management capacity.

4.0 SYSTEM WIDE REFORM AT FOUR LEVELS

- 4.1 Some form of activity or work on system wide reform and redesign is currently underway at four different levels as follows:

Improving Immediate Performance: actions to improve immediate performance have previously been identified and agreed at the System Resilience Group as follows:

- Effective Board Rounds and Use of EDD
- Use of Section 5's
- Reducing delays on the day of discharge due to EDS and TTOs
- Increasing Impact of Ambulatory Care
- Week-end Discharge Team
- Rapid Therapy Support to Clinically Stable Patients
- Earlier application of Decision Support Tool (DST) assessments for CHC
- Clarification of Community Bed capacity and access criteria/pathways
- Multi-disciplinary decision making for accessing the right discharge pathway
- Frailty Pathway

Each of these needs clear and agreed arrangements for leadership, timescales and targets identified and monitored via the System Resilience Group.

Implementation of Better Care Fund Work-streams: BCF Work-streams have been identified as follows:

- Community Integration
- Transitional Care Pathways
- Assistive Technology
- Dementia Care
- Mental Health Services
- Support to Carers
- Long term social care support – care packages and residential placements
- Support from the voluntary sector

The leadership, timescales and targets for each work-stream have been set out in the form of the action plan for the BCF. The largest and most significant of these is Community Integration which in itself has a series of actions including joining up information systems between agencies to support joint assessment and case management; establishing a consistent approach to risk stratification; changing the model of therapy provision; aligning and then implementing changes to mental health services as part of the integration programme; and integrating council reablement services alongside social work and then rolling out across the Borough.

There is currently insufficient change capacity to support implementation of the Community Integration work-stream. Operational Managers within services have insufficient capacity to work across

organisations and there is a need for technical support for risk stratification and on information systems. It is proposed that a specification for technical support be developed to go out to tender and for additional change management capacity be agreed for this work-stream.

System Wide Transformation of the Health and Social Care

System: There is recognition that the current organisational arrangements across community health, mental health, social care and primary care will need to change in the medium term in order to support more effective integration of service delivery. Early discussions are planned to start from July 2015 to prepare the ground for this, and these will need to run alongside work on the above to sustain immediate performance improvement and to implement the change work-streams under the BCF.

System wide change over a larger geographical area: there may be some opportunity for improvement arising from combining some elements of service delivery over a wider geographical area than within the Borough of Walsall, for instance at Black Country level. There will need to be clarity over which elements of service will be appropriate for consideration, and then of governance arrangements, leadership, timescales and targets.

5.0 CURRENT GROUPS WORKING ON ASPECTS OF THE BCF

Governance:

Health and Well-being Board
Joint Commissioning Committee

Programmes:

WHT Emergency and Urgent Care Programme Board (UECIP)
WHT Care Closer to Home
CCG Community and Primary Programme Board
CCG Urgent Care Programme Board
CCG Mental Health Programme Board
West Locality Integration Steering Group
System Resilience Group

- 5.1 There is currently no single place where all four organisations (CCG, Council, WHT, DWMHT) regularly meet at senior level on a formal basis to oversee the work on the Better Care Fund and to provide the necessary joint leadership for wholesale system reform. Proposed Terms of Reference for a Health and Social care Integration Board are shown at Appendix 1.
- 5.2 There is currently no specific change management capacity designated to the Better Care Fund. All work to date has been supported via the Joint Commissioning Unit. Joint commissioning leads for some of the work-streams can continue i.e. dementia; mental health; assistive

technology; support to carers; long term social care; voluntary sector. These should report to the H&SC Integration Board.

- 5.3 There is a priority need to establish specific change capacity for Community Integration and Transitional Care Pathways and for this to be overseen by the H&SC Integration Board. Line management of this change capacity needs to be agreed at the H&SC Integration Board with regular reporting to each Board meeting.
- 5.5 The H&SC Integration Board should report progress on all of the BCF Plan work-streams to the Health and Well Board.
- 5.6 The Joint Commissioning Committee should oversee the development of the Joint Accountability Framework and report on the outcomes of this to the Health and Well Being Board.

6.0 CONCLUSION

- 5.1 When seen in the round as above it becomes clear that there is an urgent need to establish the H&SC Integration Board and for the Board to set up a neutral change programme office with sufficient change capacity and technical support.

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June 2015*



WALSALL HEALTH AND SOCIAL CARE INTEGRATION BOARD

TERMS OF REFERENCE

FOREWORD

These terms of reference will be reviewed to take account of changes within and between organisational management arrangements, and as the scale of integration of health and social care services and the subsequent impact upon organisations changes over time. Its primary focus in the short term will be on services for older people and the plans set out for the Better Care Fund.

1. PURPOSE

To provide a forum for senior leaders of the Health and Social Care system in Walsall to work together to transform those services that are primarily for older people. They will seek to do this by ensuring that the range of health and social care services required to meet the needs of older people within Walsall are better integrated to provide more cohesive and person centred support that maximises independence and well-being.

2. AIMS AND OBJECTIVES

The aim of the Board is to work in partnership to:

- Deliver the right care in the right place at the right time for frail older people to ensure that as many as possible remain in their own homes reducing reliance on institutional care (admissions to hospital, care homes or inpatient mental health provision).
- Enable a swift and safe return home following an episode of bed based care.

The remit of the Board will be to provide collective leadership in setting out plans to improve the system in the short, medium and long term to

enable people to remain at home for as long as possible. The Board is committed to the principle of achieving integration and will explore the options available to the partnership for achieving this. Objectives will be to:

- oversee the development and prioritisation of the Better Care Fund work-streams to achieve the above aims;
- ensure that the quality and safety of services is maintained in the development of new approaches and services;
- ensure effective co-ordination between and within different health and social care partners;
- evaluate the initiatives agreed and review plans as appropriate;
- identify strategic risks to the delivery of its plans and agree mitigation as required;
- report on progress to the Health and Well Being Board.

3. PROPOSED MEMBERSHIP

The Board will have the following membership:
(these will change as the new management structure within the CCG comes in to effect, and with any changes within Council management structure)

Commissioners of Health and Social Care

Accountable Officer, Walsall CCG
Interim Executive Director of Adult Social Care, Walsall Council
Head of Joint Commissioning - Social Care and Inclusion, Walsall CCG
Clinical Lead Nurse (Quality and Partnerships), Walsall CCG
Clinical representation as appropriate

Integrated Acute and Community Services Provider

Chief Executive, Walsall Healthcare NHS Trust
Chief Operating Officer, Walsall Healthcare NHS Trust
Clinical representation as appropriate

Mental Health Trust

Chief Executive, Dudley & Walsall Mental Health Partnership Trust

Social Care and Inclusion

Head of Community Care, Walsall Council

Public Health

Director of Public Health, Walsall Council

4. RESPONSIBILITIES OF MEMBERS (as per below)

Frequency of Meetings

Bi monthly

Accountabilities and Reporting

Accountabilities: through individual's organisation, as and when appropriate

Reporting: Health and Wellbeing Board

Version dated 26 March 2015