Health and Wellbeing Board
Monday 22 June 2015

Strategic Transformation of Health and Social Care Services in Walsall

1. Background and report detail

The committee will already be aware of the comprehensive set of actions that are in place to address some of the immediate challenges facing our local health and social care system, most notably the significant pressure faced by Walsall Healthcare Trust over the last two years which has seen a significant increase in emergency admissions and which is failing to deliver national access standards for emergency care (c. 85% patients treated within 4 hours currently) and elective care (18 weeks).

The aim of this paper is to brief the committee on the development of a joint programme of work that takes us beyond the short and medium term arrangements that we have already put into place to help us manage the current set of challenges, towards a shared vision for the future.

Health and Social Care leaders across the health and social care system in Walsall have committed to working together to develop a shared vision of a local system, commissioning and providing integrated care closer to home, together with a joined up public health, prevention, and self- help agenda to enable us to respond to these challenges.

Recent policy direction within the NHS as set out in the 'NHS Five Year Forward View' and the recent ADASS publication 'Distinctive, Valued, Personal- why social care matters' support the need for strategic transformation of health and social care as a means of fundamentally improving outcomes for service users.
We believe that by working together, we will be in a stronger position to exploit new opportunities to provide more joined up health and social care which produce better outcomes for people of Walsall.

2. Report detail

Our Local Context

- Walsall is an urban borough with a diverse population of c. 270,000 facing a range of health and social care challenges including high levels of deprivation (Walsall is the 30th most deprived English local authority according to the index of deprivation), higher than average numbers of people living with chronic conditions and higher than average levels of smoking and obesity. The borough also faces significant inequalities in health with a difference of nearly 8 years in life expectancy between its most and least affluent areas.

- The borough is served by a set of broadly coterminous health and social care organisations including Walsall MBC, Walsall Clinical Commissioning Group, Dudley & Walsall Mental Health NHS Trust, , and Walsall Healthcare NHS Trust (providing hospital and community health services).

- The last two years have seen significant pressures in our health and social care system most notably at Walsall Manor Hospital which has seen a significant increase in emergency admissions and which is failing to deliver national access standards for emergency care (c. 85% patients treated within 4 hours currently) and elective care (18 weeks). These pressures have been partly caused by increases in Staffordshire patients coming to Walsall as a result of changes at Stafford Hospital but also by increasing emergency admissions for Walsall residents. Similar pressures from increased demand for the care of frail older people have also been experienced in primary and social care.

Our Shared Vision

We are therefore developing a shared vision of a system commissioning and providing integrated care closer to home, together with a joined up public health, prevention, and self- help agenda which enable us to support people to remain well and independent for as long as possible. This will help us to:

- Respond to rising demand for health and social care and ensure we are able to build sustainable health and social care services for our population. The four organisations providing health and social care in Walsall have committed to work together to deliver integrated care for our area.

- Our commitment to working together is designed to support a shift away from reliance on the hospital and institutional bed-based care towards early detection, prevention and intervention and the provision of more care and support for patients in their own homes or an ambulatory or outpatient basis. This approach will also see us working more closely with community and third sector organisations to support a more community focused approach to care.

What have we done so far?

We have begun to make a series of changes that will support us in the delivery of this vision.

- Senior leaders across Walsall have met together and have committed to setting out the key challenges facing our local health and social care system. We are currently undertaking work which will enable us to set out a compelling case for change. We will then need to develop a change programme for transformation which will require system wide leadership to enable us to deliver better health and social care outcomes for the people of Walsall.

- We have built upon our previous track record for the joint commissioning of health and social care services and are working through ambitious plans to extend these further.

- We have developed the way we organize and deliver local services across the borough by establishing integrated locality teams. Walsall Healthcare and adult social care have organized both adult community nursing services, social work and reablement into five locality teams each serving a population of c. 50,000 people. The teams are aligned to clusters of GP practices to support early identification and preventative care. Joint investment from the CCG and the Council in 2014/15 and in 2015/16 through the Better Care Fund has enabled us

to expand the capacity of these teams. The CCG is also working with local GP practices on models that will bring practices together to collaborate to improve primary care services as part of this model.

- We have expanded our intermediate care provision through extending the capacity of our Rapid Response Team (providing a 2 hour response to prevent admission to hospital). The Rapid Response Team sees 200 patients a month and ensures that over 80% can be cared for without hospital admission. Other intermediate care developments include the joint commissioning of 40 Discharge to Assess beds in local nursing homes to support early discharge from hospital, an integrated reablement residential unit and a social care reablement service, working with primary and community health partners to deliver 24/7 step up and down service to prevent hospital and care admissions.

- We have reduced use of nursing home and residential home placements. The council has maintained a very low level of admission to placements (in regional and national comparators) in nursing and residential homes supporting people at home instead.

- We are applying case management and targeted support to all patients admitted to hospital as an emergency more than 4 times in 12 months are systematically reviewed by community matrons – 2/3rds of these have not been admitted since or only been admitted once. This approach is now being expanded with social and primary care partners in local multi-disciplinary teams with pro-active case finding of those most at risk of hospital and care home admissions. We have also provided community matron support to nursing homes and (from next month) to residential homes to help avoid hospital admissions.

- We are strengthening our dementia strategy. We have developed an integrated dementia strategy that includes work to increase early diagnosis by GPs (Walsall reached the national 67% target in 2014 ahead of target), dementia cafes and community support pathways, and support for older people with mental health difficulties admitted to the hospital.

What is the potential for the future?

- We believe that the health and social care economy has significant potential to develop and deliver a more integrated, community-facing model of care for our population.

- We have a set of broadly coterminous organisations with a shared vision of how we can create a more sustainable system and our current experience makes clear the scale of the challenge we face if we do not deliver change. We are developing joint leadership and board arrangements such as H&WB Board, with integrated commissioning well established between the Council and the CCG, and integrated service models with NHS and other providers under development.

- Making the most of our developing locality team model. Linking primary care, social care, community health services and mental health services to serve locality populations of c. 50,000 provides the building block for a system that can identify those at risk of needing admission to hospital or other institutional care and intervene early with packages of care and support at home.

- Improving the assessment and care of frail older people. Developing different approaches to the assessment or frail older people than avoid the need for attendance at A&E, or care home admissions, and provide a multi-disciplinary response at times of potential crisis provides the potential to care for more people at home (including physical and mental health services). Linking the NHS Rapid Response Team and the Council reablement provision will extend the range of options available to us. This could also include "step-up" intermediate care capacity for patients who need extra support but do not need acute care.

- Extending our Intermediate Care Provision. Continuing to develop the range of care that we can provide for older people who have been admitted to hospital but who no longer need acute care is another priority for our system. This could include better working together on discharge planning as well as ensuring that we have high quality step-down and discharge to assess capacity (potentially in newly built accommodation to ensure we have services that fully fit for purpose). Building in effective support for older people with mental health difficulties to help them return home will be critical to this.

What will help us to deliver this vision?

- Further development of joint leadership across the health and social care system, with both integrated commissioning and new models of service delivery in the community.

- A set of potential enabling arrangements for health and social care will help us deliver this vision successfully.

- Flexibility to use resources across organisations and across health and social care to support the development of the right services in the right place.

- Flexibility of institutional arrangements to enable us to develop partnerships / joint ventures to commit resources and jointly invest in services provided across a number of organisations e.g. an Older People's Hub providing multi-disciplinary assessment across health and social care organisations

- Flexibility of health and social care funding - to enable us to share risk and develop incentives to provide care at home wherever possible.

Next Steps

As leaders of the local healthcare system in Walsall, the CCG is working closely with partners to develop a joined up approach to delivering transformation. The Boards of our health and social care organisations have met and agreed the way forward. Our next steps include:

- Reaching a shared view of the system challenges facing us over the next 3-5 years
- Taking stock of the initiatives we are already working on
- Creating a case for change that meets all perspectives at a whole system level
- Defining how to communicate and take everyone on the journey

Agreeing how to arrive at a new model of care that meets the challenges above

- Designing in the avoidance of ready-made solutions
- Articulating a vision at a level that has depth and which is clinically owned

Developing the activity and finance implications up front

- Facing up to the difficult challenges as early as possible
- Using finance as one of the key design parameters (as well as activity and quality)

Developing an approach to ensure rapid transition from planning to doing

- Identifying and scaling the pump priming required
- Managing cost pressures and lead time to scale
- Prototype approach to replace pilots
- Agreeing the required set of behaviours to enable individuals to cope with scale and difficulty of changes

Finally, the committee will be aware of the approaching General Election, the outcome of which may make a difference to the policy direction for health and social care. This will need to be taken into account as appropriate.

3. Recommendation

This report is for information and discussion.

4. Relationship to Health and Wellbeing Board

The CCG is a key partner and an active contributor and leader of health care delivery in Walsall Borough.

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