CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

20 July 2017

Report title	Care Pathways for the Frail Elderly
Cabinet member with lead responsibility	Councillor Sandra Samuels OBE Cabinet Member for Adults
Wards affected	All
Accountable director	Linda Sanders Strategic Director People
Originating service	Service area (not directorate)
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Report to be/has been considered by	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider if there are areas of care pathways for the frail elderly that Health Scrutiny Panel would want to explore in greater detail as part of the annual scrutiny programme

1.0 Introduction

1.1 The purpose of the report is to provide an update to Scrutiny panel of the work being undertaken in relation to Frail Elderly and in particular Delayed Transfers of Care (DTOC). This was discussed at the Health Scrutiny planning session in May 2017 and highlighted as an area of interest as the work is cross cutting across City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group (CCG) and our key provider organisations including Royal Wolverhampton Trust (RWT) and Black Country Partnership NHS Foundation Trust (BCPFT).

2.0 Background

2.1 National guidance such as the NHS Five Year Forward View states that areas should have a plan for integrating health and social care by 2020. This can be delivered on a number of different levels and can be determined locally. The key objectives for integration is improving care for the people of Wolverhampton by creating an environment where health and social care teams work together to ensure that pathways are seamless and that care is delivered in the most appropriate time, by appropriate personnel in the most appropriate place. This collaborative working will help us to deliver other objectives such as delayed transfers, reducing emergency activity in hospital and increasing reablement.

2.2 In addition the Integration and Better Care Fund (BCF) planning requirements, published on 4 July 2017 has an emphasis on delayed transfers of care. National condition 4 – Managing transfers of care states that all areas must implement the high impact change model for managing transfers of care. This is also a requirement of the BCF Grant announced in the spring budget.

2.3 Health and Social Care continue to work together to develop integrated pathways and integrated ways of working to improve the care that we give to the people of Wolverhampton. This is managed through several different governance arrangements such as the Better Care Fund Programme and Accident and Emergency (A&E) Delivery Board.

2.4 There are a number of projects currently underway which set out to improve the health and wellbeing and manage the impact of people living with long term conditions and /or that are Frail elderly. These projects, shown in the table below, aim to avoid emergency admission to hospital or to reduce DTOCs.

Project	Aims and Objectives
People living with Frailty Programme	This project will review and redesign current pathways to ensure services are meeting the needs of our ageing population. A revised model of care will place a stronger focus on prevention, aging well with the delivery of proactive care aiming to keep people living independently for longer. Work will be undertaken in Primary Care to diagnose and manage people earlier, in the Hospital in emergency portals to manage people more effectively and discharge to the community wherever appropriate and in Social Care to support people remaining in their

	own home for longer.
Review and Redesign of community services programme	This project will deliver an In depth review of current Community Based services to establish effectiveness, efficiency and improve quality. It aims to adopt a place based approach to the delivery of community based services ensuring where possible, persons are activated and encouraged to self-manage and remain in their usual place of residence where appropriate. Undertake a scoping exercise to identify acute based services that could safely be delivered within a community setting to achieve care closer to home Co-production of detailed plan and the development of a robust business case based on opportunities identified across health and social care
Admission Avoidance Programme	Review and development of established Admission Avoidance capability to identify opportunities to improve current performance and further promote services to partners and stakeholders. The admission avoidance programme requires integrated pathways as people may require input from health and social care in order for their care to be delivered in a home or community based setting.
Discharge to Assess Programme	This important programme of work is underway and working at pace to redesign pathways out of hospital to ensure a 'home first' culture is adopted and embedded when discharging persons from acute care. Work streams have been identified, with named leads across health and social care. A pilot has commenced, starting on two wards at RWT and has now expanded to four wards with a rollout plan being implemented.
6-month extension of Home Assisted Reablement Programme (HARP)	Delay the outsourcing of the HARP service until April 2018 whilst continuing to commission a reablement service from the current market in the meantime. The continuation of this service will enable local providers to evidence their ability to develop alternative community based reablement services. The aim is to develop the market through pump priming this sector enabling the decommissioning of some bed based capacity across the local health and care system utilising released funds to enable the on-going funding of the enhanced domiciliary reablement service.
Additional Step down/Very Sheltered Housing or Extra Care	To provide very sheltered housing or extra care housing schemes to enable 'a closer to home' environment with people having similar space in which to practice reablement tasks, build confidence, provide evidence of ability and risks including trialling of telecare enabling a more submersive assessment before making longer term care and support decisions.
Hospital Discharge Demand Management Implementation	During 2016-2017 a diagnostic was produced by iMPOWER and recommendations that focus on system wide culture change proposed in order to help deal with the challenge of DTOC, manage demand and drive performance improvement. This proposal is in relation to commissioning external support and bring additional expertise not currently available to further develop and implement the action plan with the service and wider partners.

Hospital Discharge Voluntary Sector Service	Low level support on discharge for short, time limited periods have shown to be successful in reducing demand, this includes: reducing reliance on more formal care and support, reducing inappropriate referrals to reablement (residential & domiciliary), diverting people away from A&E , facilitating earlier discharge through provision of either support to get home or on getting home e.g. turning heating on or collecting shopping, providing information and advice to connect people to universal or low level services.

2.5 There are, however, a number of challenges to delivering the reduction of DTOC target.

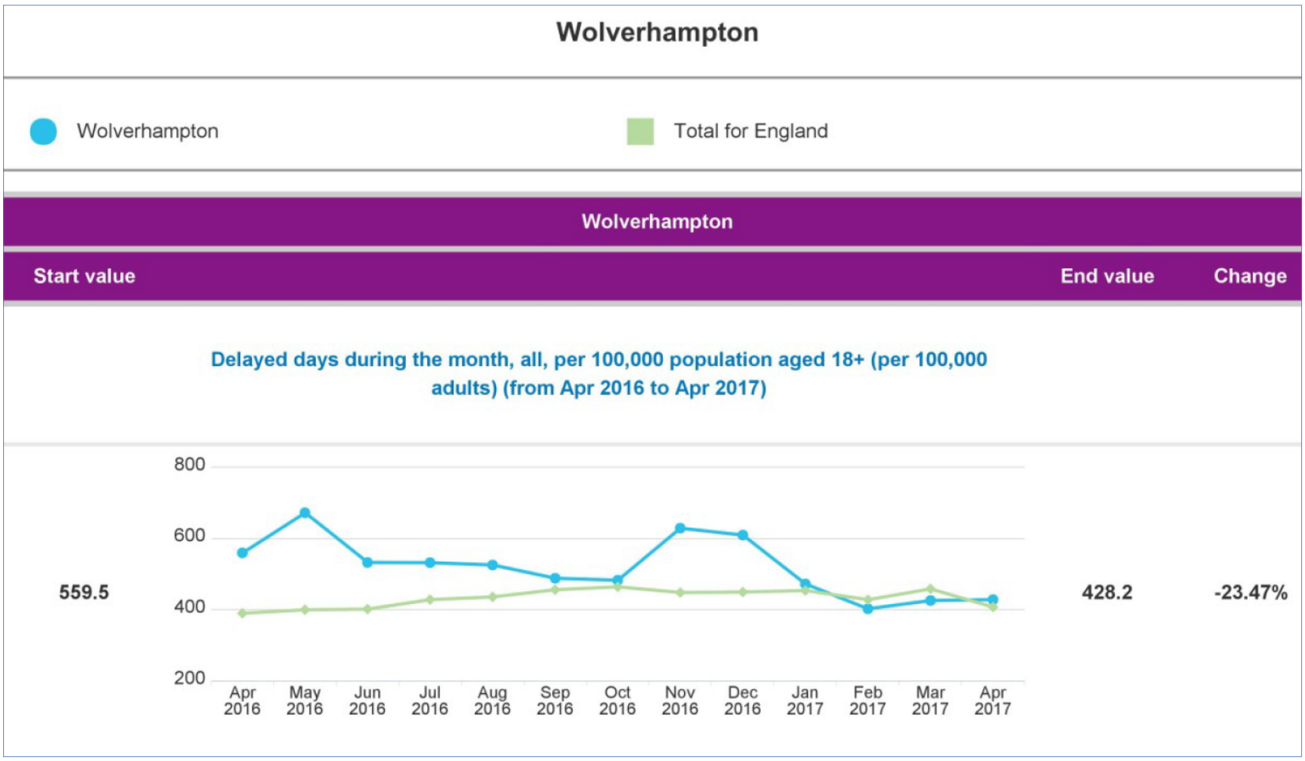
2.5.1 The recent ASC and NHS interface dashboard that was published with the recent BCF guidance does not paint a good picture for Wolverhampton. The interface takes a number of measures for example; number of emergency admissions per 100,000 population, length of stay, delayed days, proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services, proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services, proportion of discharges (following emergency admissions) which occur at the weekend. Out of 151 areas Wolverhampton is ranked 117, clearly showing that there is opportunity to improve.

2.5.2 As with all datasets this should be read with several caveats in mind.

1) The social care data used is from 2015-2016 so does not reflect any change in position made in the last 12 months,

2) With regards to emergency admission we have approx. 3000 fewer admissions than our “nearest neighbour on national rank” – Barnsley ranked 13, however length of stays is longer in Wolverhampton. This appears to say that we are marked down for length of stay even though we are avoiding more emergency admissions. This could indicate that the people that are being admitted are more complex and required longer stay; or could be an indication of challenges with discharge.

2.5.3 A further challenge is in how we are measured for the DTOC target. For Wolverhampton residents, we are seeing a positive reduction in delayed days as can be evidenced in the graph below that shows Wolverhampton performance stabilising around the England average since January 2017. However, a significant proportion of DTOC at RWT come from other areas i.e. Walsall and Staffordshire. We have little influence over the flow of patients awaiting discharge to other areas, however continue to engage with those health and social care systems to try to improve performance in those areas. NHS England (NHSE) have supported by contacting CCGs in those areas to try to facilitate solutions to issues and representatives from Staffs CCG have committed to attending the Wolverhampton A&E Delivery Board.



3.0 Impact on Health and Wellbeing Strategy Board Priorities

3.1 Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	✕
Alcohol and Drugs	☐
Dementia (early diagnosis)	✕
Mental Health (Diagnosis and Early Intervention)	☐
Urgent Care (Improving and Simplifying)	✕

4.0 Financial implications

4.1 This report provides an update on the activities that impact on frailty pathways in the City. The Better Care Fund programme is the primary vehicle by which changes may be made to frailty pathways in the City. The current Better Care Fund programme is currently being refreshed and has not yet been signed off. This is mainly due to the delay in published guidance from the Department of Health that became available on 4 July 2017. The Better Care programme board has been proactive and in the absence of guidance had completed most the work required to develop the two year BCF plan for 2017-2018 – 2018-2019.

4.2 The 2016-2017 Better Care Fund revenue pool budget was £56.7 million, £35.1 million funded by Wolverhampton CCG and £21.6 million from City of Wolverhampton Council resources. In addition the pool budget also included capital of £2.4 million Disabled Facilities Grant.
[AJ/13072017/D]

5.0 Legal implications

5.1 The activity referenced in this report is enshrined in primary legislation. In particular, this relates to section three of the Care Act 2014 which establishes the legal framework for integration of care and support with health services.
[RB/13072017/W]

6.0 Equalities implications

6.1 There is no change to current activity proposed in this report. As the activity is enshrined in primary legislation, this legislation was subject to equalities analysis and scrutinised through the usual processes required to implement legislation.

6.2 Local activity is monitored through performance reporting. There is currently a refresh of the Joint Strategic Needs Assessment (JSNA) underway and the output from this will be used to ensure that services continue to adapt to reflect the changing demographic makeup of the City.

7.0 Environmental implications

7.1 There are no identified environmental implications at this point.

8.0 Human resources implications

8.1 There are no identified human resources implications at this point; however the nature of integrated health and social care work is such that there may be future impacts to be considered to achieve greater levels of integration.

9.0 Corporate landlord implications

9.1 There are no identified corporate landlord implications at this point; however the nature of integrated health and social care work is such that there may be future impacts to be considered to achieve greater levels of integration. Any proposed changes are dealt with through the One Public Estate governance arrangements.

10.0 Schedule of background papers

10.1 There are no background papers.