Worcestershire Health and Well-being Board

House of Commons Health Committee's visit to Worcestershire and evidence session for the Integrated Care Inquiry

Agenda item 6

Date	23 September 2014
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Recommendation	**1. That the Health and Well-being Board is asked to note the report on the House of Commons Health Committee's visit to Worcestershire.**
Background	2. On the 13 February 2014 the Clerk of the House of Commons Health Committee contacted Worcestershire highlighting that the Committee wished to hold an *"inquiry examining the work of the 14 integrated care pioneers."* 3. Each pioneer was invited to submit written evidence outlining the nature of their project, its long term objectives and benefits to patients that had already been achieved. The Committee would then review the written submissions and choose the areas it wished to visit "*to observe current work and gain a better understanding of how the pioneers are developing new approaches to the integration of health and social care."* Pioneers were informed that during the visit the Committee "*may wish to organise a meeting so that it can take formal oral evidence."* 4. Following the submission to the Committee of written evidence outlining Worcestershire's *Well Connected* initiative, on the 5 May the Well Connected Programme Director was informed of the Committee's intention to visit Worcestershire to learn more about the aims and scope of the Well Connected Programme and to hold a formal oral evidence session on Monday 14 July. 5. Discussions were held with colleagues from Health and Well-being Board (HWB) and Strategic Partnership Group (SPG) and with the Committee's agreement a detailed schedule for the day was established.

6. A collaborative approach amongst partners developed the content of the day and also a detailed briefing document for witnesses and attendees.

14 July Health Committee's visit

7. Three members of the Health Committee visited Worcestershire on Monday 14 July. Dr Sarah Wollaston M.P. Chair of the Committee was accompanied by Grahame Morris M.P. and David Tredinnick M.P. and a number of Committee staff.

8. Members of the HWB, the SPG and other colleagues participated in the day and the strong representation of the health and social care economy demonstrated to the Committee our depth of engagement with the issues central to their inquiry.

9. The first session with the Committee comprised presentations on; our ambition for integrating health and social care, how end of life care is integrated in the County and the development of the Social Impact Bond.

10. Session two was a discussion with members of the HWB and was followed by lunch and a visit to the Timberdine rehabilitation unit.

11. The visit concluded with the formal oral evidence session during with the nominated witnesses (Dr Carl Ellson, Dr Bernie Gregory and Dr Richard Harling) answered the Committee's questions on a range of topics including;

    - How outcomes are measured and evaluated
    - Reducing service duplication
    - Patient choice and personal budgets
    - End of life care
    - Timberdine rehabilitation unit
    - Strategic Partnership Group
    - Aligned and pooled budgets
    - Better Care Fund
    - Support received as a pioneer
    - Barriers to integration
    - Social Impact Bond
    - Appetite for risk in relation to funding support
    - Interaction with other pioneers and non-pioneers.

12. Informal and formal feedback from the Committee regarding the day was universally positive.

Request for additional evidence

13. The Committee requested Worcestershire submit additional evidence as part of their inquiry. In addition, the Committee extended a formal offer for Worcestershire to write to it highlighting areas where its

support in integrated health and social care would be appreciated.

14. Following discussion with colleagues from the HWB and the SPG a document summarising the additional evidence requested, and outlining the areas where the Committee's support would be appreciated, was submitted on the 26 August 2014.

Background papers

15. House of Commons Health Committee, Inquiry examining the work of the 14 Integrated Care Pioneers - Additional information prepared for the Inquiry by Worcestershire, August 2014.

House of Commons Health Committee

Inquiry examining the work of the 14 Integrated Care Pioneers

Additional information prepared for the Inquiry by Worcestershire

August 2014

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Background

On the 13th February 2014 the Clerk of the House of Commons Health Committee contacted Worcestershire highlighting that the Committee wished to hold an *"inquiry examining the work of the 14 integrated care pioneers."*

Following the submission to the Committee of written evidence outlining Worcestershire's *Well Connected* initiative, on the 5th May the Well Connected Programme Director was informed of the Committee's intention to visit Worcestershire to learn more about the aims and scope of the Well Connected Programme and to hold a formal oral evidence session on Monday 14th July.

During the course of the day and during the evidence session the Committee invited Worcestershire to submit additional evidence to inform the Committee's inquiry. In addition, the Committee extended a formal opportunity to Worcestershire to place on the record areas where additional support would be appreciated.

This document summarises the additional evidence for the Committee's inquiry and highlights the areas where additional support for Worcestershire would be appreciated.

1.0 Additional evidence to inform the Committee's inquiry

1.1 End of Life Care

Q42. In response to a question from the Chair Dr Ellson said they could send over the evidence pertaining to the end of life work and the progress in attaining the target of 60% of patients being able to die in the place of their own choice.

Our recollection is that the Committee was particularly interested in the benefit of carer support at end of life. As reported to the Committee in July the current performance against the target of 60% of people to be supported to die in the place of their own choice (the indicator used is usual place of residence) is currently 49.5% for Worcestershire. With regard to the support for carers at end of life, we have provided below a summary of the service.

Introduction:
In 2011 a pilot 'Rapid Access to Carers at the end of life' (RACE) service was commissioned aiming to provide a rapid response Hospice at Home night service for the whole of Worcestershire for patients at the end of life when all other appropriate sources of support are unavailable.

Following the success of the pilot the service is now established on a permanent basis.

Aims:
- To provide support for carers who are struggling to cope and so enable patients to remain at home.
- To prevent avoidable admissions and readmissions to hospital and to enable rapid discharges.
- To allow time to review and establish suitable packages of care
- To support district nursing teams at times of patient crisis by providing rapidly accessible end of life nursing care.

Methods:
Carers are on-call to provide care at any time of the night. Requests for shifts will be generated by a District Nurse or Community Practitioner who will have completed a risk assessment of the patient and home environment. The service will provide care up until an alternative care package is arranged, up to a maximum of 48 hours.

Success will be analysed by the number shifts provided, feedback from patients, patients' families and referrers to the service and analysis of intervention outcomes, for example number of admissions avoided or discharges expedited.

Results:
During the pilot, following 63 referrals a total of 80 nights of carer support were provided which equates to over 700 hours of patient support.

The feedback from patients, relatives and professionals was consistently positive. The professionals highlighted that in their opinion this service fills a previous gap in service provision for end of life care.

There were over 130 phone calls to the service and 61 of these were received by the GP Out of Hours Service.

Over 30% of the referrals were to prevent hospital admission and at least 1 referral was to enable discharge from hospital. Out of the 63 referrals over 40 patients died within 7 days of accessing the service. This is one way in which we can assess the appropriateness of the referrals. Those in particular need were patients who lived on their own and those with a non-cancer diagnosis. Those patients with a non-cancer diagnosis often had no other means of support. Over 20% of the referrals to the RACE project were for patients with a non-cancer diagnosis. 19% of the patients referred lived on their own.

1.2 Hurdles encountered in putting data together for risk stratification of patients

Q54. Dr Wollaston asked if the panel could sent a note detailing the remaining hurdle in putting data together for the risk stratification of patients. This followed on from a general discussion regarding the use of data in effectively operating virtual wards.

In common with many other health and social care economies, Worcestershire's ambition is to be able to segment its population into a number of user groups, including the identification of those individuals who consume the largest proportion of the combined budgets for health and social care. An understanding of the demographics, disease profile and service usage of high-cost individuals is fundamental to designing new care pathways to provide wrap-around, 'end to end' care based on individual needs. The ability to deliver higher quality care more efficiently is an underlying premise of integrated health and adult social care in Worcestershire.

By providing personalised proactive care we aim to reduce avoidable emergency admissions. The resulting efficiencies made would be invested in a number of preventative interventions targeted at individuals who would be at risk of joining the high-cost group as new entrants. Based on data already held within the health and social care economy, identifying and prioritising potential new entrants to the high-cost group is possible.

In addition, the segmentation work would feed into a plan to develop pooled, individual patient level budgets that can be managed across all health and social care services. The planned analysis would identify the characteristics of the people in the proposed pooled budget, as well as current services used and the associated costs. Again, based on data already held within the health and social care economy, identifying and prioritising potential new entrants to the pooled budget system is achievable.

Working under the Well Connected umbrella, partners in Worcestershire have commissioned a segmentation based approach to the integration of health and social care. The relevant data sharing agreements are in place for sharing NHS data however the main issue faced is the legal basis for sharing social care data. Currently, this can only be achieved by obtaining consent on an individual basis from service users, which is costly, time-consuming and results in only partial completion. The other option is to make an application to the Confidentiality Advisory Group (CAG) to provide temporary legal cover exemption from the Section 251 of the NHS Act 2006 to share personalised confidential data, with appropriate controls, for the purposes of risk stratification.

The Committee may be aware that colleagues from the Southend-On-Sea Integration Pioneer have recently submitted an application requesting an extension to the Section 251 agreement and a supplementary application on behalf of Worcestershire and the other Pioneers has also been made.

Worcestershire is committed to submitting an application requesting an extension to the Section 251 agreement, however, the approach is cumbersome, time consuming - inhibiting us from acting at pace, and does not guarantee success. We are aware that Parliament may be discussing before the end of the current parliamentary session an approach that would bypass the CAG and Section 251 agreements. We would urge members of the Health Committee to support any forthcoming legislation that would assist Worcestershire and the other integration pioneers in sharing health and social care data together for risk stratification segmentation purposes.

1.3 Barriers to integrating services that are a challenge for Well Connected

Q56. Following on from the previous point, Dr Harling said he would take soundings from colleagues on any other major barriers to integrating services that are a challenge for the Well Connected programme.

The barriers to integrating services that are a challenge for the Well Connected programme identified from the soundings taken from colleagues are closely aligned to the areas where additional support for Worcestershire would be appreciated. We have therefore included our response to Q56 in the following section.

2.0 Areas where additional support for Worcestershire would be appreciated

2.1 The challenge of making large scale change without additional funds

Each of the main political parties acknowledges that the way Health and Social Care services in England are funded and delivered cannot be sustained in their current format. Reforms to the system have been identified as a priority by all the main political parties, but there is little additional funding to support major change programmes.

Whilst we recognise the current national economic challenges, previous major change programmes have required significant resource. The transformation of mental health services in the 1980s, with a strategic shift from institutionalised care to personalised care and support was only possible with additional funding. This enabled dual-running to take place with a build-up in provision in the community in advance of the closure of large institutions.

We believe that a similar approach to the integration of Health and Social Care would better equip partners in Worcestershire to genuinely operate at scale and at pace in delivering transformational change to benefit current patients and service users and those who will use the services in the future. Whilst investing in integration may be perceived as a cost, the opportunity to provide tangible benefits - financial and quality of life should not be ignored.

2.2 Support from Government to underwrite innovation pilots

When the 14 health and care pioneers were announced on the 1st November 2013 they were heralded as leading the way in delivering better joined up care. A major premise of the Pioneer Programme is to showcase innovative ways of creating change, enabling these to be adopted elsewhere in the country. Worcestershire has enthusiastically embraced its role as a Pioneer and as demonstrated to the Health Committee, has a track record in developing innovative solutions, notably around End of Life Care and Social Impact Bonds. We also recognise and accept that associated with innovation is risk. Not every innovation will succeed in producing the intended outcomes; however the learning to be gained from unsuccessful projects can be a vital element in the success of those that follow.

Irrespective of the source of funding, health and social care services in Worcestershire are publically funded services paid for by tax payers. Each of the partners in Well Connected is accountable to all of Worcestershire's residents for how tax payers' money is spent. Inevitably, this accountability has an impact on partners' appetite for risk both within their own individual organisations and for risk sharing collectively. The incentive to change the status quo is less when not succeeding could put the existing services in jeopardy. Having a level of funding for Pioneers that would provide a safety net enabling services to continue if innovations are not successful would be a major benefit for Pioneers. It would allow us to deliver transformational change at scale and pace and be a genuine showcase for innovations that could be adopted by other health economies.

2.3 The Care Act 2014.

Worcestershire has recently responded to the Department of Health's consultation on draft regulations for the guidance and implementation of the Care Act 2014. The response was not only from Worcestershire County Council but also, following discussion and consultation, on behalf of the Well Connected partners representing the wider Worcestershire health and social care economy.

We broadly welcome this important new legislation as a significant step in modernising care and support and a clear commitment from Government to making the system clear and fair. The Worcestershire health and social care economy has, however, identified a number of areas where additional support would be appreciated;

- Having messages from central government about the new offer for care and support that are balanced with messages about the individual responsibilities that will result.

- Responsibility for promoting wellbeing should not sit solely with local authorities who have responsibilities for adult social care, but also with individuals and communities as well as the NHS and to other parts of the local economy

- We are concerned that some of the general language of well-being and prevention can and will be interpreted as applying only to adult social care, and it is important to reference population based approaches such as screening and the prevention agenda, but also to strengthen simultaneous guidance to all parts of the health and social care system, making it clear that prevention and well-being are fundamental to all planning and delivery across the system.

- We have significant concern that despite the 2014/15 Care Act funding, support through the Better Care Fund and the 2015/16 allocation for prisons, the impact of universal deferred payments and early assessments related to the cap on the lifetime cost of care are going to place a significant additional financial burden on local authorities. We estimate this to be an annual unfunded impact for Worcestershire of circa £13m. This is an additional pressure in achieving our *Well Connected* health and social care integration pioneer ambitions potentially inhibiting innovation, creativity and collaborative working. This comes at a time when Local Government is in the midst of severe financial pressure. We therefore urge Government to look again at the proposed resource allocation to ensure successful implementation of the Act.

- We recognise the very important role carers have in delivering outcomes for those eligible for local authority support and those self-funding their own care. The costs associated with these include four key elements of the reforms that pose high financial risk; carers' assessments, carers' services, additional assessments from self-funders and deferred payments. Clearly local behaviour, population shifts, demographic variances between urban and rural areas and the very different economic conditions that exist within our county will all play a significant part in how we manage to implement the changes. The change needs to be managed and resourced.

- We welcome the clarity about the principle of equivalence for social care for prisoners who have not had equitable access to social care in the past, whilst wishing to point out the extra burden this places upon financial budgets, on officer skill sets at a time when a change in the strategy for the Council means it is reducing the workforce, and how this duty will be disproportionately felt by Councils across the country. Demographic trends in the prisoner population made this a particularly timely clarification. There is also concern around the timescale for the implementation of social care for prisoners as 6 months is not adequate in view of the vast change involved.

- With the introduction of social care for prisoners there is a risk around public perception of substantial resources being diverted to this population at a time when services to others are being reduced.

3.0 Concluding statement

Integration of health and social care services in Worcestershire had been underway for a number of years before the announcement that Well Connected had been selected as one of 14 Integrated Care Pioneers. Worcestershire has welcomed the opportunity to be a Pioneer and recognises it is an opportunity to help achieve our ambition for improved experience of and outcomes for health and social care in the county. The Well Connected Partners also recognise that alongside the opportunities there are associated responsibilities to the wider Pioneer network, other health economies and the public.

The Well Connected programme and all of the partner organisations would like to thank the House of Commons Health Committee for their interest in Worcestershire's Well Connected health and social care integration programme. In particular, colleagues would like to express their appreciation that the Committee took the time to visit Worcestershire to hear in detail how integration in the county works in practice and what some of the challenges to achieving further integration are.

For further information, please contact,

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