

TITLE	Revised Project Initiation Document for Wokingham Community Health & Social Care (CHASC) – (Neighbourhood Clusters, Self-Care and Prevention) BCF 08 Project
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 December 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing, WBC and Katie Summer, Director of Operations, Wokingham CCG

OUTCOME / BENEFITS TO THE COMMUNITY

Investment through the Better Care Fund (BCF) aims to:

- Integrate Health and Social Care services to deliver a more responsive, joined up service benefitting Wokingham residents
- Maintain resident's health and wellbeing
- Provide a better quality service for users
- Create greater efficiency across the system

RECOMMENDATION

That the Health and Wellbeing Board agree:

- 1) To proceed with the project as outlined (subject to BCF funding)
- 2) To proceed with Berkshire Healthcare Foundation Trust (BHFT) managing the services across the system and the appointment of the Head of Community Health and Social Care as soon as is practicable. BHFT would manage the services on behalf of the partnership, with clear accountability to the local authority for its statutory social care duties.

SUMMARY OF REPORT

To provide a revised project initiation document (PID) for the Community Health and Social Care project, part of Wokingham's Better Care Fund Programme, which sets out a revised programme of delivery in 2016/17 and through to 2020/21.

Background

This project initiation document (PID) builds on the original Neighbourhood Clusters, Self-Care and Prevention PIDs which were submitted to WISP in August 2015 and March 2016 and then onto the Health and Wellbeing Board. The main aim of the Neighbourhood Clusters, Self-Care and Prevention project was:

‘To strengthen community capacity and improve the health literacy, service quality and outcomes of care for people such that fewer people will require hospital admission and consequently reduce demand on the current health and social care system.’

Nationally the NHS England “Five Year Forward View” recognises the financial challenges which face the NHS over the coming years and indicates a drive towards closer integration and joint commissioning between health and social care services, the development of different models of provision including multispecialty community providers, primary and acute care systems and the transformation of primary care. The plan also describes a stronger role for the voluntary sector (which the project will provide core financial support for delivery) with more emphasis on putting patients in control of their own care. It also emphasises the need to exploit the use of technology and the role of public health in achieving better outcomes for communities.

It sets out how organisations might work together to implement new models of care through, for example, “multispecialty community providers (MCPs)”, which may include variants aligned to plans for locality development. Establishing an MCP requires local leadership, strong relationships and trust. No system of accountable care will get off the ground and be viable without the inclusion and active support of general practice, working with local partners. As expert generalists, with their registered lists of patients, general practitioners will always be the cornerstone of any system of accountable care provision. The Five Year Forward View also invites organisations to “Get serious about prevention”.

The Care Act, 2014 outlines the responsibilities Local Authorities have towards residents as commissioners and their statutory duties to safeguard residents and ensure their wellbeing. The key within this is to emphasise the importance of ‘people maintaining their independence as much as possible and for as long as possible’. Over the next few years there will need to be fundamental changes to the way care is delivered and paid for. These changes will mean that users of the service and their carers are in control of their own care and support as part of the Act.

The Adult Social Care Outcomes Framework (ASCOF) is the tool used to measure performance against this ambition and the four domains link into the overall work described in this PID and associated guidance:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

The Better Care Fund (BCF) programme has added further momentum to our local integration programme, and offers a vehicle to lever the transformation of health and social care services in the provision of integrated care and support. Integrated commissioning and provision through the use of the BCF also offers an opportunity to improve the lives of some of the most vulnerable people in our society, placing them at

the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life. The on-going development of these plans will ensure that there is a system-wide shared view of the shape of future integrated services.

Analysis of Issues

The Community Health and Social Care projects overarching aim is:

'to keep the residents of Wokingham fit, well and living as independently as they can be in their own homes for as long as possible by working as a single health and social care system that supports people, promotes self-care and prevention and ultimately makes the most effective use of all resources in the system'

Community Health and Social Care (CHASC) is about integration. As a patient or a clinician, you would not choose to recreate from scratch the historical partitions between primary, community, mental health and social care and acute services. The boundaries make it harder to provide joined-up care that is preventative, high quality and efficient. CHASC aims to dissolve the divides. It involves redesigning care around the health of the population, irrespective of existing institutional arrangements. It is about creating a new system of care delivery that is backed up by a new financial and business model.

The underlying logic of CHASC is that by focusing on prevention and redesigning care, it is possible to improve health and wellbeing, achieve better quality, reduce avoidable hospital admissions and elective activity, and unlock more efficient ways of delivering care. The model of integrated health and social care will have a much stronger emphasis on empowering clients to take more control over their lives through promoting their independence. The plan is to bring disparate services together and align these services. CHASC will enable the following:

- Pro-active care
- People will only need to tell their story once
- Everyone will have a single care plan
- People will have an accountable key worker
- Reduce duplication of effort by providers

The benefits the project plans to deliver are:

- Reduced Non-Elective (NEL) admissions
- Reduced Accident and Emergency (A&E) attendances
- Reduced/delayed cost of social care packages
- Reduced/delayed care home placements in the long term
- Improved satisfaction of care
- Care and support are centred on the person's needs
- People have a high quality of life, and enjoy their improved health status
- People feel empowered, capable of and engage in self-management
- Care is of high quality and safe
- People experience pro-active, coordinated care and support
- Reduction in use of GP appointments for non-medical problems

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

Benefits	16/17	17/18	18/19	19/20	20/21
A&E admissions avoidance	0	-14,025	-28,050	-28,050	-28,050
NEL's avoidance	0	-	-	-	-
Care Home avoidance	0	-119	-10,068	-10,068	-10,068
Early intervention opportunities	0	-20,421	-73,637	-73,637	-73,637
Total Benefits	0	212,307	467,239	467,239	467,239
Net cost / (Benefit)	108,552	70,134	367,996	367,996	367,996
Cumulative Net Cost / (Benefit)	108,552	178,686	189,311	557,307	925,303

Other financial information relevant to the Recommendation/Decision

The proposal requires gross investment of £688,722 up to 20/21 and will deliver gross savings of £1,614,026 at the end of year 20/21 ROI of 134%. The project is expected to return a net saving in 2018/19 and with savings expected to continue. The funding source is the BCF.

Cross-Council Implications

See page 27 of the PID

Reasons for considering the report in Part 2

N/A

List of Background Papers

See page 40 of the PID

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