Wokingham's Integrated Partnership

Integrated Adult Health and Social Care

Integration Position Statement 2018 to 2021

Foreword

Wokingham Borough, like other areas throughout the country, is in the midst of a period of significant change in the delivery of public services. Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that the borough's health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

This is the first Integration Position Statement (IPS) for Wokingham. We have been developing the document carefully with partners and other stakeholders so that it:

- is as up to date as possible;
- reflects the strong partnership in Wokingham between the commissioners, providers and the voluntary sector that form the Wokingham Integrated Partnership;
- sets out as clearly as possible the vision and strategy which will shape integration going forward.

A central part of the Wokingham vision is that all services, whoever provides them, will work together closely, especially at a place and network level. Collaboration between providers will be key. Imagination and creativity will be vital in putting these ambitious plans into action.

The IPS needs to be an ongoing working document, and regularly updated. It is crucial that anyone reading it, whether an existing provider, a potential new provider, a service user, or a carer, has a clear picture of what we want to achieve and how we are going about it.

The IPS should be seen as a clear statement, available to everyone, about our approach to making sure that Adult Social Care and Health in Wokingham is the best that it can be, focusing on the development of Integrated Care Networks which brings together a partnership of health and social care providers and a network of voluntary and community sector organisations. We aim to support people to maintain and improve their physical and mental wellbeing, to live independent and fulfilled lives and to access high quality care when needed. As the journey continues we want everyone to use it as the foundation for our detailed thinking and project development.

In this context, we see this IPS as an increasingly vital part of our partner relationship – to set out our long-term vision for the future of public services in Wokingham, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

Councillor Richard Dolinski
Chair of Health and Wellbeing Board and Executive Member for Adult Social Care, Health and Wellbeing.

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1. Introduction

1.1 Purpose

Wokingham's Integrated Partnership, as the sub-group of the Health and Wellbeing Board (HWB) is responsible for the Integration of Adult Health and Social Care. We support the move away from a competitive landscape of autonomous providers towards more integrated, collaborative and placed-based care. However, understanding of these changes has been hampered by poor communication and a confusing acronym spaghetti of changing titles and terminology, poorly understood even by those working within the system. This has fuelled a climate of suspicion about the underlying purpose of the proposals and missed opportunities to build goodwill for the co-design of local systems that work more effectively in the best interests of those who depend on services.

The purpose of this statement is to let people know where we in Wokingham stand with regards to Integration of Adult Health and Social Care. It aims to set out clear, concise messages to be communicated to all stakeholders about:

- What is Integration in Adult Health and Social Care?
- Why should Integration be a focus for all?
- Where have we got to with Integration in Wokingham?
- Where are we heading with Integration?
- How are we going to get there?

1.2 Who is this document for and how has it been developed?

This IPS has been developed jointly by Wokingham's Integrated Partnership (referred to in this document as "we") on behalf of Wokingham's Health and Wellbeing Board. Wokingham's Integrated Partnership is a partnership between:

- Wokingham Borough Council
- NHS Berkshire West Clinical Commissioning Group (CCG)
- Berkshire Healthcare Foundation Trust
- Wokingham GP Alliance
- Royal Berkshire NHS Foundation Trust

And whose membership also includes:

- Involve (representing Wokingham's Voluntary and Community sector)
- Healthwatch (the independent consumer champion for Wokingham residents)
- Optalis (the Local Authority trading company delivering adult social care services across Wokingham)

The IPS covers adult health and social care. Its task is to inform current and potential partners, as well as members of the community, about the future direction of health and social care services and how they will be put in place.

It brings together, in one place the integrated way in which we will work with partners to commission services that better meet the health and care needs of our population, as well as ensuring that they work as effectively as possible. We are strongly committed to the value of joint integrated commissioning, and will continue to develop this approach in all our work.

This is the first IPS for Wokingham, which has been developed with the help of all our partners. It will be regularly reviewed and updated in the same way i.e. with stakeholders.

The process steps for developing our IPS were:

- Research (national and local evidence) and meetings with stakeholders May, June & July 2018
- Draft IPS – August 2018

- Consult – 18th September 2018 for 2 weeks
- Publish – following approval from HWB November 2018
- Workshops with all stakeholders – from December 2018

The outputs from the meetings with stakeholders to support the development of this IPS can be seen in Appendix 1.

1.2 National Context

Proposals for the integration of health and care services go back at least to the 1970's. Despite numerous policy and legislative developments since then, joint working has not worked well in all parts of the country. In addition demographic change has resulted in a new impetus for change. Recent policy developments have included:

- The Care Act 2014
- The Better Care Fund 2015
- The NHS Five Year Forward View 2014
- General Practice Forward View 2016

However, as yet, the scale of this ambition has not been matched by the time and resources required to deliver it. Countries that have made the move to more collaborative, integrated care have done so over 10–15 years and with dedicated upfront investment e.g. New Zealand, Scotland.

The strategic plan for health and care delivery in England is outlined in NHS England's Five Year Forward View. The aim is to shift the focus away from ill health, disease and illness led services to focus on promoting health and wellbeing and preventing ill health. Health care, social care, independent, voluntary and charitable sectors all need to collaborate with each other to improve the overall health of the local populations they serve.

Local health and social care systems are dealing with a growing population with changing needs, a challenging financial position and workforce pressures, along with other factors. There has also been a significant focus on driving integration forward through initiatives such as devolution and a continuation of the Better Care Fund. Building on this, the government has pledged to integrate health and social care services by 2020.

1.3 Local Context

Following the introduction of the Health and Social Care Act in 2012, Wokingham formed its HWB in 2013 with the main aim to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care.

Wokingham Integration Strategic Partnership (WISP) was set up as a subgroup of the HWB, with the responsibility for the business and overall performance of projects within Wokingham's Better Care Fund (BCF) Programme as well as informing and leading Wokingham's contribution to Berkshire West 10 (BW10) integration work. In 2014 Wokingham Clinical Commissioning Group (CCG) and Wokingham Borough Council (WBC) made a commitment to work in partnership towards true integration through a Section 75 agreement and our Better Care Fund plans in 2014, 2016 and 2017.

In April 2018 we formed a partnership, to strengthen our existing relationships formed by the Better Care Fund Programme and Section 75 agreement, in which commissioners and providers collaborate rather than compete. These partnerships are becoming increasingly prevalent across England, often building on the national new care models programme and pre-existing collaborations between services.

1.5 Wokingham's Story

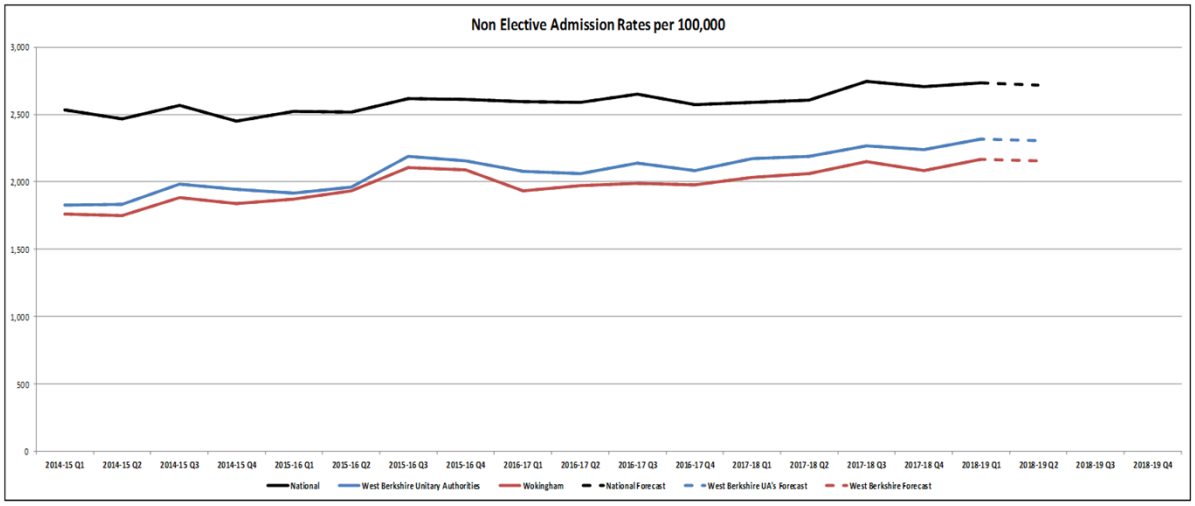
Through the BCF we have been measuring our performance against 4 National Metrics which focus on demand on health and social care and we have achieved a great deal of success to date, demonstrating why integration should be a focus for all.

Non-Elective Admissions (NEAs)

Figure 1 – Comparison of NEA admission rates

Non - Elective admissions (general and acute) - Actuals - Unitary Authority Based

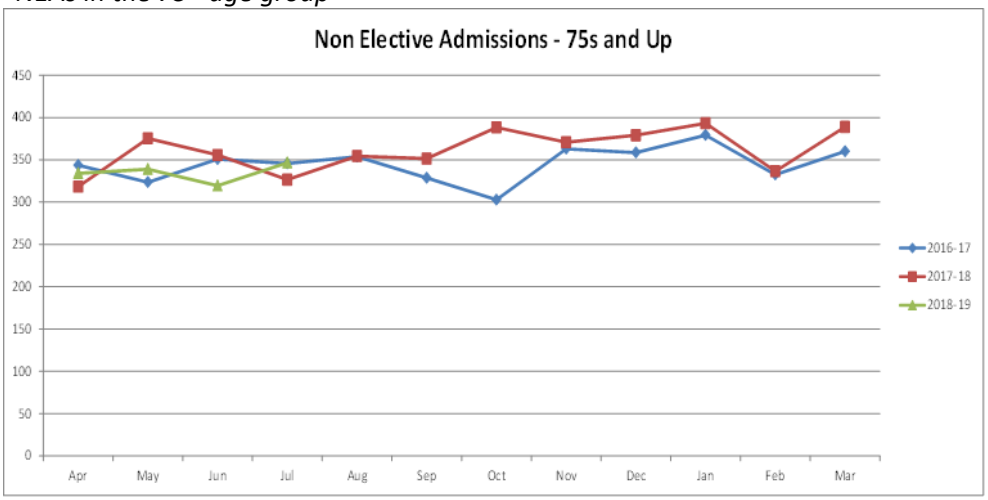
Metric		Actuals & Forecast																			
		2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	2015-16 Q1	2015-16 Q2	2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	National	2,536	2,468	2,565	2,452	2,525	2,519	2,615	2,614	2,593	2,587	2,649	2,575	2,590	2,606	2,744	2,708	2,736	2,715		
	West Berkshire Unitary Authorities	1,828	1,831	1,981	1,943	1,916	1,964	2,187	2,158	2,080	2,063	2,138	2,085	2,173	2,187	2,269	2,237	2,318	2,306		
	Wokingham	1,760	1,752	1,881	1,839	1,870	1,936	2,104	2,088	1,933	1,975	1,991	1,977	2,035	2,061	2,150	2,081	2,166	2,155		



As can be seen in the above graph, Wokingham's NEAs (red line) have consistently been below both the national average (black line) and the other Berkshire West CCGs (blue line). We have compared our performance regionally and nationally over 2017/18 and Wokingham's Normalised for Population Monthly NEA rate is ranked 1st best (out of 207 CCGs) for performance, the best performance of the 4 Berkshire West CCG areas. Wokingham has consistently been in the top 10 best performing CCGs nationally for NEAs. Given this position, it is challenging to improve.

Our BCF investments have been focussed on the Frail Elderly, who account for a disproportionate number of NEAs and overall cost. We monitor each month the number of NEAs for the >75 age band and for a defined group of target diagnosis. The work of our Wokingham Integrated Social Care and Health (WISH) team is particularly focussed on this target group.

Figure 2 – NEAs in the 75+ age group



As the graph in Figure 2 shows, in Wokingham, NEAs for our target group over the past three years have been remarkably stable, despite an underlying 6% demographic growth for this age group.

Delayed Transfers of Care (DToC)

We have compared our performance regionally and nationally over 2017/18:

- Wokingham's Normalised for Population DToC ranking April 2017 to Feb 2018 is in the top third nationally (49th out of 152 LA areas)
- Wokingham's Normalised for Population SE and SW only ranking, April 2017 to Feb 2018 was 4th out of 34 LA areas

As the table in Figure 3 shows, in Quarter 3 2017/18 Wokingham's delayed days per day were 9.1 days, the second lowest in Berkshire.

Figure 3 – Comparison of DToC day rates in Berkshire

Provisional expectations for 2018/19 – Delayed days per day

		nhs	SC	both		nhs	SC	both		Total DTOC Rate per 100k pop
HWB	Revised 2016	2017/18 Q3				2018/19 expectations				
Bracknell Forest	91,556	7.2	3.2	2.0	12.5	**5.1**	**2.4**	**2.0**	**9.5**	**10.4**
Oxfordshire	535,686	60.9	24.3	37.4	122.6	**42.6**	**14.6**	**37.4**	**94.6**	**17.7**
Reading	126,045	9.6	9.6	1.1	20.3	**6.9**	**5.8**	**1.1**	**13.8**	**10.9**
Slough	106,307	5.2	1.8	0.0	7.0	**5.2**	**1.8**	**0.0**	**7.0**	**6.6**
West Berkshire	122,531	9.5	4.7	6.5	20.6	**6.7**	**3.2**	**6.5**	**16.4**	**13.4**
Windsor and Maidenhead	115,443	11.1	4.1	0.4	15.7	**7.8**	**3.0**	**0.4**	**11.2**	**9.7**
Wokingham	124,920	4.4	4.4	0.2	9.1	**4.4**	**3.2**	**0.2**	**7.9**	**6.3**

However, we are not satisfied with our current ranking, or performance, and are working with the other Berkshire West Localities to further imbed the High Impact Change Model and to share good practice and move towards a consolidated hospital discharge model.

In particular we have set challenging targets for the number of delayed days due to social care for 2018/19.

Permanent Admissions to Care Homes

For the 12 months to March 2018 admissions were 123, compared to target of 132 (9 less). This is 1 more than in 2016/17. Whilst we have reduced the demand on admissions to care homes year on year, we recognise that due to increasing care home costs WBC remain financially challenged, but without the work of the BCF schemes would be in an even more financially challenged position.

Percentage of users who remain at home 91 days after discharge

In August 2018 our performance was 100%, having risen from 57% in April, through 82% in May and 80% in June, against a target of 78% for Q2 & Q3 for 17/18. Q4 target is higher at 85%.

2 What is Integration in Adult Health and Social Care?

2.1 Integration and Integrated Care Definitions

Integration and integrated care can mean different things to different people and we want to provide a clear meaning for all stakeholders. Figure 4 shows the key components, as recognised nationally, of integration and integrated care.

Figure 4 – What is integrated care/integration?

What is integrated care?	What is integration?
Care that is focused on the needs of people, not the needs of organisations	It is the processes, methods and tools of integration that facilitate integrated care.
The patient's perspective is at the heart of any discussion about integrated care.	The methods and approaches used to align goals across professional groups, teams and organisations.
Achieving integrated care requires those involved with planning and providing services to 'impose the patient perspective as the organising principle of service delivery'	Integration involves connecting the health care system (acute, community and primary medical) with social care systems (such as long-term care, assessment teams or housing services)
The ambition to deliver services across providers with minimal duplication and disruption, and with high-quality outcomes and patient experience	

Integration is the combination of processes, methods and tools that facilitate integrated care. Integrated care results when the culmination of these processes directly benefits communities, patients or service users – it is by definition 'person-centred' and 'population oriented' Integrated care may be judged successful if it contributes to better care experiences and/or improved care outcomes, delivered more cost effectively.

In Wokingham when we talk about integration what we actually mean is delivering integrated care. Integrated care is services working together to ensure people can plan their care to achieve the outcomes that are important to them. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

National Voices 'A narrative for person-centred, co-ordinated care' provides a definition of what good integrated care and support looks and feels like for people.

> *I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.*

Integration is more than just a name; it is the operationalization of services at the front line which had previously been the responsibility of multiple statutory organisations.

2.2 Wokingham's Current Approach

Our vision for integrated health and social care was developed in 2014 after Call to Action consultation events and in partnership with all stakeholders in view of the impact of the Care Act

2014, utilising Wokingham's Joint Strategic Needs Assessment (JSNA)[1] and Berkshire West CCG's Primary Care Strategy.

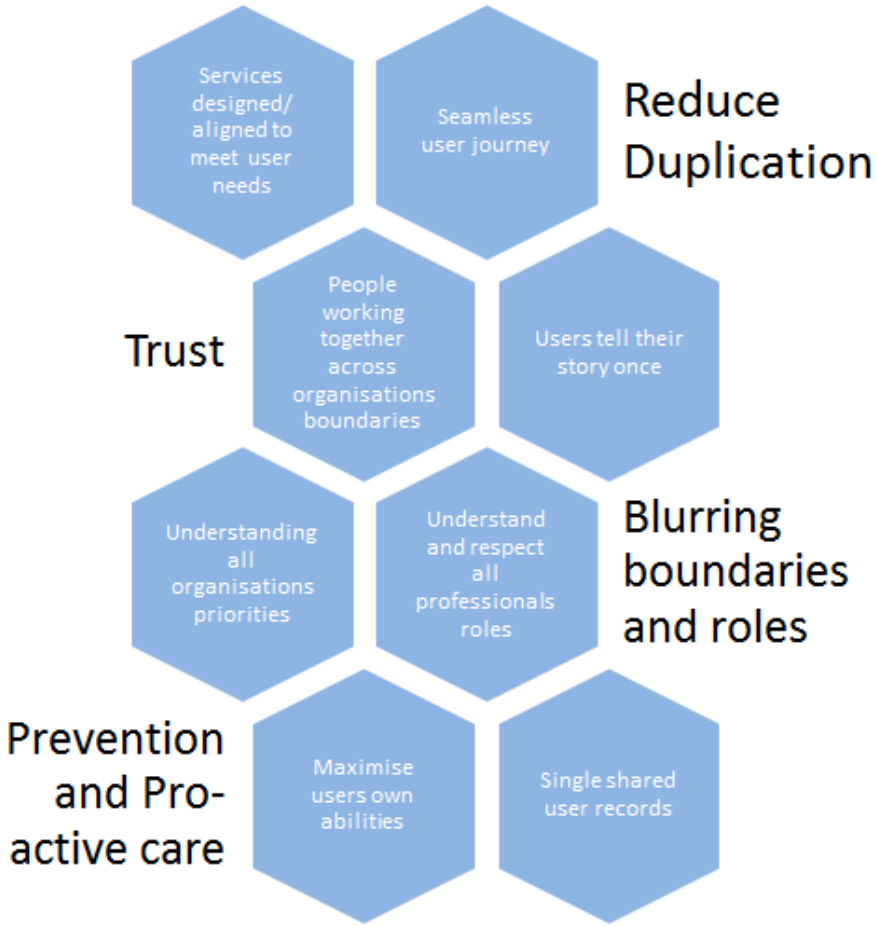
Our current vision statement is: 'Preventing ill health within a growing population and supporting people with more complex needs within the community.' Our integration programme is centred on the service users' journey, as illustrated in 'Sam's Story' https://youtu.be/Z3XDy2jzSb4

Our approach to integration to date has focused on:

- supporting Wokingham residents in only telling their story once
- working on keeping people at their usual place of residence
- shifting traditional, hospital-provided, care delivery into the community

2.3 Key Themes from Stakeholder Conversations

The following infographic pulls together the key recurrent themes from the stakeholder holder conversations, when asked what they thought integration is.



[1] A JSNA provides local policy-makers and commissioners with a profile of the health and wellbeing needs of the local population. The aim of the JSNA is to improve commissioning and reduce health inequalities by identifying current and future health trends within a local population.

The 4 main themes from the conversations were:
1. Prevention and pro-active care
2. Reduce duplication
3. Trust
4. Blurring boundaries and roles

Stakeholders were also clear about what integration isn't, which included:
- A single health and social care organisation
- Suspicion – needs to be trust
- Blame
- Silos

2.4 High Level Key Integration Factors

At a high level, key factors to integration are:
- Collaboration across organisations to tackle system-wide challenges with the creation of the Berkshire West Integrated Care System and Wokingham's Integrated Partnership
- Developing a place-based approach (Integrated Care Networks) to care by alignment of services to meet the needs of a population or community
- Joining up public funding
- Unlocking different ways of working together e.g. new care models (NCMs), co-location as per many NHSE studies
- Empowering users
- Ensuring the workforce is able to meet the needs of the health and social care system, with the right number of staff at the right time and in the right place

3 Why should Integration be a focus for all?

3.1 Background

It is one of the greatest triumphs of our age that people are living longer. Many more of us are doing so with complex health and care needs, including multiple long-term conditions. To meet these needs, people rely on a range of health and care services, which are mostly public but also provided by non-statutory services (charities, social enterprises, community services and private providers), as well as dedicated informal support from families and carers. If these services and sources of support don't join up, don't share information, are not coordinated and fail to put the individual front and centre then this can not only result in a poor experience, but risks health and social care problems escalating and an inefficient use of increasingly stretched resources.

As health spending across the developed world looks set to consume an increasing share of Gross Domestic Product (GDP) in the years ahead, integrated care provides a way of getting more value out of the resources we put in and a better experience for those who use services. There have been positive early signs from the new care models about the benefits that more integrated health and care services can bring to people.

NHS England New Model Case Study Results

Primary and Acute Care Systems (PACS) and Multi-specialty Community Providers (MCP) Vanguards have seen slower growth in emergency admissions…

Emergency admissions growth 2017/18:

- Rest of England: +5.7%
- MCP average: +1.4%
- PACS average: +1.7%

Care Home Vanguards reduced admissions

Emergency admissions growth from care home residents 2017/18:

- Rest of England: +6.7%
- Enhanced Health in Care Homes (EHCH) Vanguards: -1.4%

Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that our health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

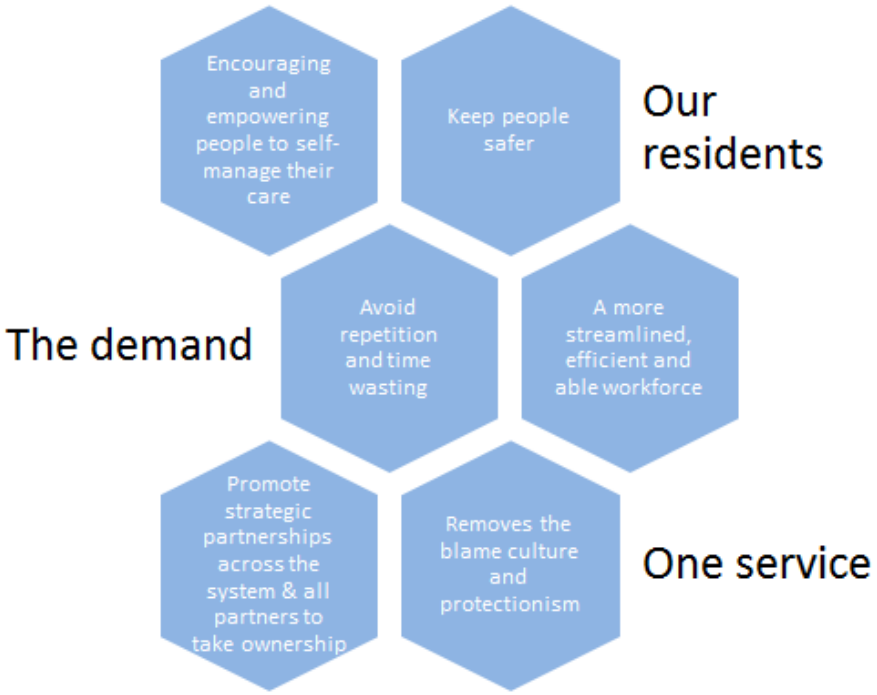
Integrated care is about providing a more holistic, joined-up and coordinated experience for users. Whilst there is not sufficient national evidence that integrated care saves money or improves outcomes in the short-term, there are other compelling reasons to believe it is worthwhile. The successful integration of health and social care is thought to offer:

- better outcomes for people, e.g. living independently at home with maximum choice and control
- more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
- improved access to, experience of, and satisfaction with, health and social care services

Locally we have demonstrated that integration does reduce delayed transfers of care, permanent placements to care homes and the number of people at home 91 days after discharge who have had reablement services (refer to Section 1.5 Wokingham's Story).

3.2 Key themes from stakeholder conversations

The following infographic pulls together the key recurrent themes from the stakeholder conversations, when asked why integration should be a focus for all.



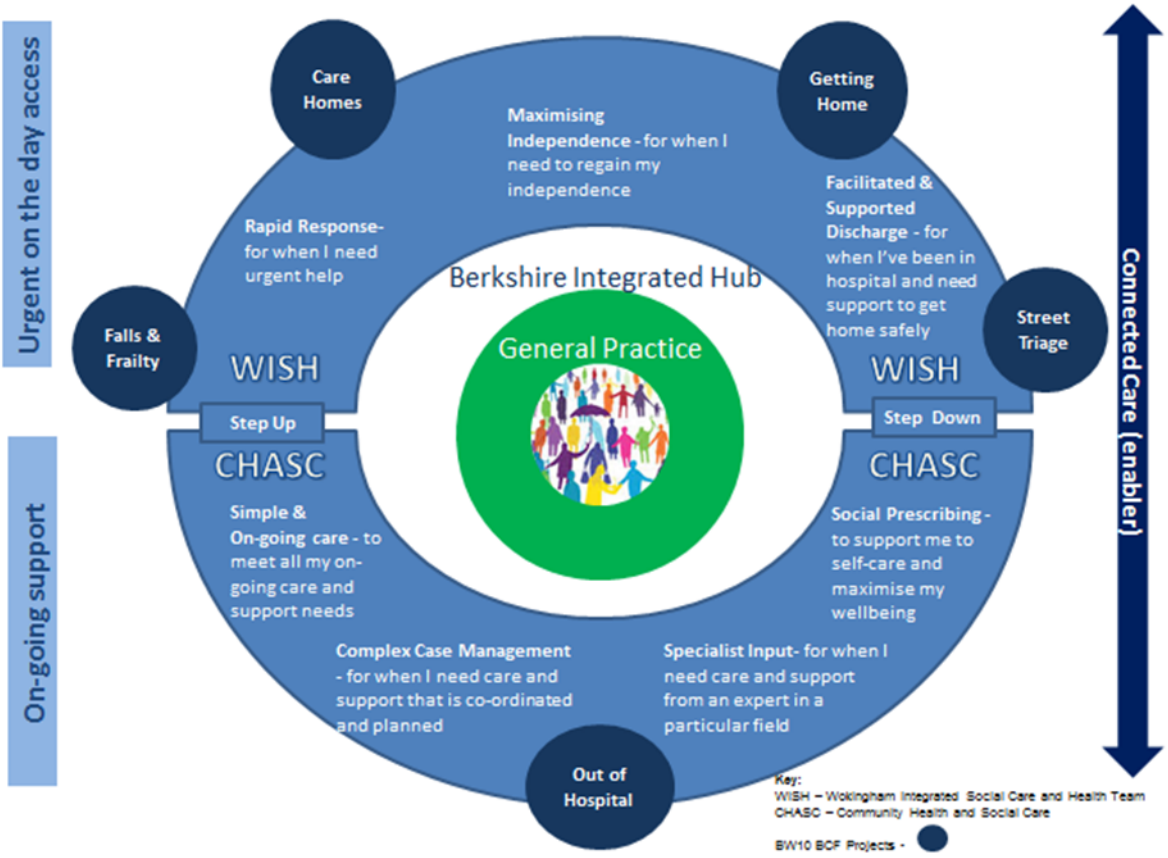
4 Where have we got with Integration in Wokingham?

4.1 The Better Care Fund

Wokingham, like other areas throughout the country, is in the midst of a period of significant change in the delivery of health and social care services, with the Better Care Fund being our main vehicle to deliver integrated care, on behalf of the HWB. Since 2014 we have shaped our vision to reflect stakeholder feedback, developing three core aims:

- to tell your story once
- to remain in your own residence
- to shift care to the community

We have translated our vision of Wokingham's integrated services as illustrated below:
Figure 5 – Wokingham: User-Focused Health and Social Care System



We are delivering our BCF both locally and through a wider Berkshire West approach. The Berkshire West 10 (BW10) system first came together in 2013, and has continued to progress with the development of a BW10 Integration Programme. The Programme identified three priority areas of work following an initial review of demand and capacity across the health and social care system - Frail Elderly, Children and Young Peoples services and Mental Health.

Our partners within the BW10 Programme consist of the CCG, the three Berkshire local authorities, Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare NHS Foundation Trust (BHFT) and South Central Ambulance Service (SCAS). Some of our providers - RBFT, BHFT and SCAS provide services across a large footprint, therefore our Programme feeds into a wider BW10 vision for integration of health and social care.

The Wokingham health and social care system also sits within the Berkshire West Integrated Care System (ICS), which is one of the exemplar sites identified within the Five Year Forward View Next Steps and will support our drive for integrated health and social care.

4.2 Wokingham's Successes to date

Staff across all our partner services have been working hard for the last 4 years on the journey to integrated care and we have achieved the following:

- Developed a new partnership model and governance structure in Wokingham
- Completed the integration of our urgent on the day access services, known as WISH (Wokingham Integrated Social care and Health) team
- Our GPs formed the Wokingham GP Alliance in 2017/18
- 1 of 7 areas shortlisted for BCF graduation in 2017/18
- Developed 3 networks (localities), North, East and West around primary care practices which will form the basis of our planned Integrated Care Networks
- Invited to provide our expertise to the Health and Social Care Green Paper, NHSE's Integrating Better support offer
- Introduced a social prescribing service, known as Community Navigators
- Implemented a new Multi-Disciplinary Team (MDT) meeting process
- An integrated discharge team at RBFT went live in February 2018
- The Integrated Care Homes Service supporting care homes pro-actively and reactively

4.3 Wokingham's Challenges to date

Whilst we have seen success we still have many challenges and barriers to overcome, including:

- Not always putting the user at the centre during redesign
- No single user record/system yet, but have a Berkshire-wide programme, Connected Care, with the remit to deliver this
- Communication for both staff and users does need to be better
- Slow decision making, which wastes time and money
- Culture change does not happen overnight
- Differing organisational priorities
- Moving from competing to collaborating
- Clear leadership at all levels - national, system and locality
- Not able to share the management of pressure points across services and organisations
- Handoffs – passing users from one service to another with multiple referral criteria and many different waiting lists
- Skills and workforce shortages

4.4 Key themes from stakeholder conversations

The feedback from the conversations with stakeholders was very honest and whilst all staff recognised we have made some strides forward, it was felt:

- We still have a long way to go
- What are we benchmarking ourselves against? If it was gold standard integration then we are not anywhere near
- We need a clear and understandable vision and outcomes to work towards

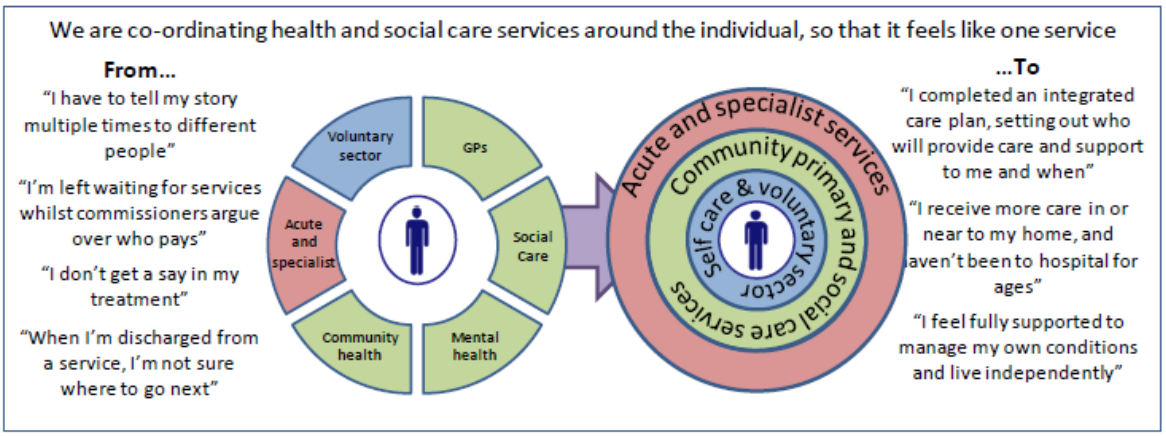
5. Where are we heading with Integration? And how are we going to get there?

5.1 Where are we heading?

The Better Care Fund and Integration, is an opportunity to make radical and urgent changes happen. The successful way forward is one of 'connecting care' across sectors, requiring partnership, collaboration, and new and better ways of working together. We have a partnership and governance in place to move integrated care forward in Wokingham.

Individuals will have access to the right services and will be supported to manage their health and social care needs. We will do this by having our organisations working collaboratively together with voluntary care sector bodies, to deliver well-coordinated services for individuals.

Figure 6 – From and To Service Infographic



N.B. The voluntary and community sector spans across all sectors even though only shown in one ring in the '…To' part of the diagram.

To deliver the best outcomes for the public, health, social care and other local services must work together. Where services integrate well across organisational boundaries their clinical and social outcomes are better. Moreover, people prefer local services that join up and that support them to be as independent as possible for as long as possible. Putting these principles into practice will benefit everyone, although the case for integrating better is most compelling amongst older adults who need the support of multiple services.

As part of the work underway to develop the national Health and Social Care Green Paper, the following has been developed to demonstrate the core elements to move forward with integration and we must ensure we consider these.

Figure 7 – Taking Integration Forward

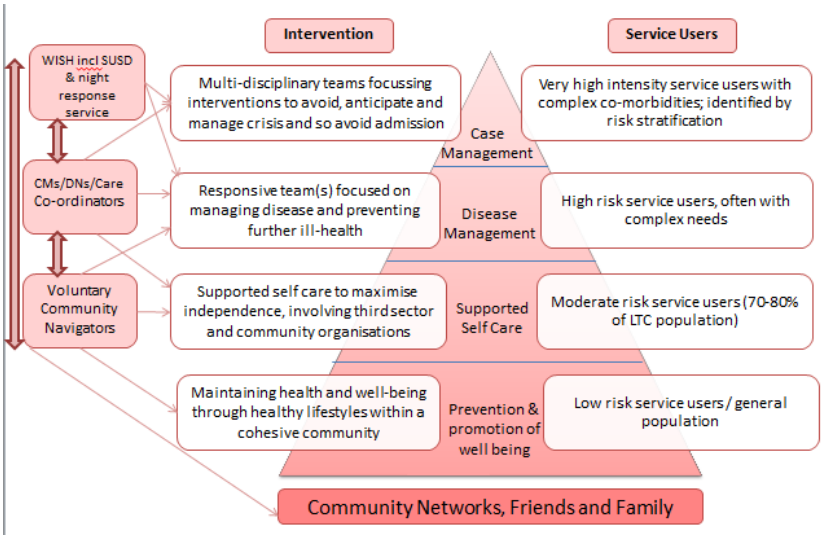
5.2 Revisit our shared vision

A shared vision provides a rationale and justification for pursuing integrated services. It should be aspirational and reflect what all partners (local authorities, NHS organisations, voluntary and community sectors, providers and patient representatives) want to achieve in their medium to long-term future. Being clear about what we want to achieve provides the context for change. We can deliver a vision that is inclusive for the public by:

- Developing a shared, multi-year vision through regular consultation
- Consulting should be with key partners (including staff) and local user representatives
- Asking key questions that relate to the outcomes everyone wants
- Create a vision that references intended benefits and challenges for staff and individuals
- Agreeing terms jointly from both a health and social care perspective and use this as a common language
- Including the vision in all job descriptions
- Publicising the vision through team meetings, induction documents and all relevant forums
- Revisiting the vision every three years or so, to check its relevance and commitment to implementation

We will need to ensure that when we consider our refreshed vision that we keep in mind our Pyramid of Need as health and social care needs of the tiers also differ in crucial ways, meaning each tier requires a set of targeted interventions to support people to keep them well. It is important to note that these tiers are fluid. People can and will move between the different levels of care as they experience periods of instability and recover from them. The system response designed will need to be proportionate to the individual's requirements i.e. resources in the right place at the right time and it will not be a 'one-size-fits-all' solution.

Figure 8 – Pyramid of Need



We need to provide clarity for our stakeholders as to what integrated care is for Wokingham users, a simple statement may not be sufficient enough to describe clearly what we are aiming to do. A set of statements may be better able to be used to help all stakeholders understand what we mean by integrated care. It is also important to be clear as to the expectations around our model.

5.3 How are we going to get there?
Whilst we have made some progress there is still more to do, which needs to be agreed and disseminated. We have created a Plan/Roadmap to 2020 (Appendix 2), which is a high level plan as to how we are going to deliver our integration agenda. It was developed around 4 main aims:

- Further develop Partnership Working
- Further improving the Quality of Care that we provide
- Improving the Health of the Population
- Securing the Value and Financial Sustainability of health and social care services we provide

At present the HWB and BCF programme are our main tools to support the continued development of integrated services. The successful way forward is one of 'connecting care' across sectors, requiring partnership, collaboration, and new and better ways of working together.

We do need to ensure that the following areas are clearly defined and shared with all stakeholders:

- Leadership
- Develop and agree the outcomes we want to deliver for our people
- Our barriers and enablers
- Wider fit at a Berkshire West system level and above

5.3.1 Leadership
Leaders create and sustain the environment for integrating services. It is up to our leaders to enable integration and ensure it can outlast their roles. Providing leadership for integration is not a 'one-off' way or a one-way street. To be meaningful there must be a visible ongoing commitment from senior leaders, and regular dialogue between leaders, staff and the public.

Engagement - Engagement between leaders, their staff and the public is essential to changing the conversation on how services are delivered. Meaningful engagement should start when setting the vision and include planning and delivery - rather than consulting before changes happen.

Leadership by example - Management need to be open to, and be seen to be open to, service changes that may involve their losing elements of direct control but driving the empowerment of their staff. Leaders must be brave enough to see through new approaches even when it may not be delivering the results you wanted as quickly as you need and communicate upwards that the tangible benefits will take time to achieve.

Culture - Shifting the way that people work across organisations is challenging when delivering integrated services. Our leaders should consider developing a joint organisational development (OD) strategy that supports delivery of the vision, and considers staff at different levels. This means there is consistent messaging for all partners and can address concerns of staff at all levels early on in change processes. It can also design ways of working that allay any fears.

5.3.2 Outcomes
Setting clear outcomes are essential as they describe 'the way a thing turns out; a consequence'. We need to provide what the clear end results are in order to reorganise and redesign our services.

The Scottish integration journey is further along than England's. They have developed National Health and Wellbeing Outcomes (Figure 9), which are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Figure 9 – Scotland's National Health and Wellbeing Outcomes 2014

The Social Care Institute for Excellence was asked to carry out research in April 2017 to support the Department of Health and Social Care to develop an overarching framework, building on the original Integration Standard, which would help local areas understand what good integration looks like. They developed a logic model having the overall purpose of 'right care, right place, right time', starting with the patient/service user, and that this should drive the underlying logic within the model. They proposed service user outcomes (short-term) and impacts and the impact on the health and social care system, which can be seen in Figures 10 and 11.

Figure 10 – System Impacts

Improved Health and Wellbeing	Enhanced Quality of Care	Value and Sustainability
Improved health of the population	Improved experience of care	Cost effective service model
Improved quality of life	People feel more empowered	Care is provided in the right place at the right time
Reduction in health inequalities	Care is personal and joined up	Demand is well managed
	People receive better quality care	Sustainable fit between needs and resources

Figure 11 - Service user outcomes

People's Experience	Services	System
Taken together, my care and support help me live the life I want to the best of my ability	The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place	Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
I have the information, and support to use it, that I need to make decisions and choices about my care and support	The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings	Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
I am as involved in discussions and decisions about my care, support and treatment as I want to be	Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways	Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
When I move between services or care settings, there is a plan in place for what happens next	Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users	The system enables personalisation by supporting personal budgets and IPC, where appropriate
I have access to a range of support that helps me to live the life I want and remain a contributing member of my community	Transfers of care between care settings are readily managed without delays	
Carers report they feel supported and have a good quality of life		

By using both Social Care Institute for Excellence (SCIE) and the Scottish approach we can agree a clear set of outcomes we wish to deliver in Wokingham.

5.3.3 Barriers and Enablers

To successfully make change happen, we need to understand the types of barriers faced in integrating health and social care. Using this knowledge, we can consider which barriers and levers may operate in our organisations and locality, which may be relevant to a particular problem. Following careful consideration, it is possible to develop a tailored approach to overcome the barriers, encourage changes in behaviour and ultimately implement the change needed.

Systemic barriers to integrated care must be addressed if integrated care is to become a reality. There are numerous barriers that we must be aware of and agree how we manage/overcome them in order to ensure we can deliver integrated care:

- Managing demand and developing new care models
- Establishing effective clinical leadership for change
- Overcoming professional tribalism and turf wars
- Addressing the lack of good data and IT to drive integration, e.g., in targeting the right people to receive it
- Involving the public and creating a narrative about new models of care
- Establishing new forms of organisation and governance (where these are needed)
- Scale and pace of change could undermine local achievements in integrated care
- Clinical commissioner's commitment to integrated care
- Strength of health and wellbeing boards to promote integration and exert influence/leadership
- Whether financial pressures will promote the shared planning and use of resources
- Whether separate outcomes frameworks will offer sufficient incentives for aligning services around the needs of people rather than organisations

- Payment policy that encourages acute providers to expand activity within hospitals (rather than across the care continuum)
- Payment policy that is about episodes of care in a particular institution (rather than payment to incentivise integration, such as payments for care pathways and other forms of payment bundling)
- Under-developed commissioning that often lacks real clinical engagement and leadership
- Policy on choice and competition
- Regulation that focuses on episodic or single-organisational care
- Lack of political will to support changes to local care, including conversion or closure of hospitals

Achieving integrated care is challenging and highly context dependent. There is no 'one-size-fits-all' solution; rather, a tailored approach must be used that utilizes a variety of key enabling factors.

Figure 12 – The Integration Logic Model - Key Enablers

5.3.4 System Fit

It is essential to ensure that the direction, plans and delivery of local integration aligns with the strategic priorities of the HWB, the Berkshire West 10 Partnership, the emerging Berkshire West Integrated Care System (ICS) and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Partnership, supporting and enabling personalised, preventative approaches to care.

Wokingham's Health and Wellbeing Board is currently refreshing its vision and its key priorities. The proposed vision is to create healthy and resilient communities focussing on 3 key priorities:

1. Creating physically active communities
2. Narrowing the health inequalities gap
3. Reducing isolation

The Berkshire West ICS 2018/19 strategic priorities are:

1. Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements

2. To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources
3. Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency
4. Develop the ICS supporting infrastructure to deliver better value for money and reduce duplication
5. Deliver the ICS financial control total agreed to by the Boards of the constituent statutory organisations

We need to maximise opportunities to work at scale more effectively and do more things at a Berkshire West level with local implementation plans e.g.

- Preferably commission things once only (not three times or six times).
- Bring the machinery of Local Government services up to the same scale (circa 500,000 population) as Berkshire West CCG and the Royal Berkshire NHS Foundation Trust, or maybe at an even a larger scale to mirror that of Berkshire Healthcare Foundation Trust.

6. Next Steps

Following agreement to the approach suggested in the IPS by Wokingham's Health and Wellbeing Board, further stakeholder conversations are planned to share the IPS and use the conversations to get input from all stakeholders into the development of:

- Our mission, vision and values
- Wokingham Integrated Care Networks
- Our outcomes
- Our barriers and enablers
- Our plan

6.1 Our Mission, Vision and Values

6.1.1 Our Mission

Wokingham Integrated Partnership is a pioneering public sector partnership bringing together the NHS community health, primary care, social care and voluntary sector services in the borough. We have been set up to make a positive contribution to help people in Wokingham live longer and enjoy healthier lives than they do now.

Our Mission sums up what we do:

> Leading local care, improving lives in Wokingham, with you – right care, right time and right place

6.1.2 Our Vision

It is proposed that we refresh our vision to:
We believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

At the core of our new system there will be a focus on Proactive and Preventative Care and Urgent on-the-Day Access that is delivered across Integrated Care Networks, with primary care at the centre (each covering circa 50,000 people); this is to ensure that local needs are met by local services, and that specific community priorities are being met.

6.1.3 Our Values

Our values are important because they describe the culture we are creating in our organisation and describe how we will behave with each other, with our users and with our partners.

- Partnership - we will work in partnership with other health, social and voluntary sector providers working towards integration and collaboration
- Better Care - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all
- Better Health - we will improve everyone's health and wellbeing by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
- Better Value - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent

delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention

6.2 Integrated Care Networks

Integrated care is about joining up the range of different health and social care services people may receive to ensure they experience it as one seamless service, with their needs placed at the centre.

At the core of our system there will be a focus on Proactive and Preventative Care that is delivered across integrated care networks (each covering around 50,000 people), with primary care being at the centre of the integrated care network and in particular the GP surgery acting as a the foundational block that the network is built on with other services being delivered in conjunction with, and closely aligned to primary care; this is to ensure that local needs are met by local services, and that specific community priorities are being met.

6.2.1 Our Integrated Care Statements

To provide clarity for all our stakeholders we have developed Our Integrated Care Statements to provide clarity for everyone about what integrated care is in Wokingham.

Figure 13 – Our Integrated Care Statements

Care that is focused on the needs of people, not the needs of organisations
The person's perspective is at the heart of any discussion about integrated care.
Achieving integrated care requires those involved with planning and providing services to 'impose the persons perspective as the organising principle of service delivery'
The ambition to deliver services across providers with minimal duplication and disruption, and with high-quality outcomes and user experience
Care that acts as early as possible in the disease journey
Care that takes a whole population approach, intervening differently to meet the needs of different groups

6.2.2 Our Integrated Care Expectations

It is also important to be clear as to what expectations around our model are, including:

- Individual organisations working in partnership and sharing teams to provide a single service offer, known as Integrated Care Networks
- Primary care at the centre of the integrated care network and in particular the GP surgery acting as the foundational block that the network is built on, with other services being delivered in conjunction with and closely aligned to primary care
- Co-location where possible and virtual alignment of teams
- Delivery around 3 network areas, North, East and West Wokingham
- Operating at scale, across organisations and acting as one system that maximises the people, buildings and financials
- Utilising existing resources more effectively through a shared approach that requires the system to pull together as one
- Investing in organisational development and cultural change to ensure more people are cared for in their own home, and to proactively plan care for people rather than reacting to unplanned crises.
- Implementing a strengths-based approach - how services respond to the local community and this approach places more emphasis on working with the individual strengths and the community links they have to keep them in the right environment for them.

6.3 Our Outcomes

6.3.1 Our outcomes for our residents

In Wokingham we want to deliver the following outcomes for our residents:

People's Experience	Services	System
Taken together, my care and support help me live the life I want to the best of my ability	The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place	Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
I have the information, and support to use it, that I need to make decisions and choices about my care and support	The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings	Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
I am as involved in discussions and decisions about my care, support and treatment as I want to be	Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways	Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
When I move between services or care settings, there is a plan in place for what happens next	Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users	The system enables personalisation by supporting personal budgets and IPC, where appropriate
I have access to a range of support that helps me to live the life I want and remain a contributing member of my community	Transfers of care between care settings are readily managed without delays	
Carers report they feel supported and have a good quality of life		

6.3.2 Our outcomes for our system

In Wokingham we want to deliver the following outcomes for the Wokingham system:

Improved Health and Wellbeing	Enhanced Quality of Care	Value and Sustainability
Improved health of the population	Improved experience of care	Cost effective service model
Improved quality of life	People feel more empowered	Care is provided in the right place at the right time
Reduction in health inequalities	Care is personal and joined up	Demand is well managed
	People receive better quality care	Sustainable fit between needs and resources

6.4 Our Barriers and Enablers

We will use the further stakeholder conversations to map all barriers and enablers to ensure our programme moving forwards addresses these.

6.5 Our Plan to 2020

The Wokingham Integrated Partnership agreed its Plan to 2020 in June 2018. At present our plan focusses on our Quadruple Aims, which aligns with the objectives of the ICS and will support the delivery of the 3 key priorities of the HWB.

1. Further develop Partnership Working
2. Further improving the Quality of Care that we provide (ICS Objective - Enhancement of patient experience and outcomes)
3. Improving the Health of the Population (ICS Objective - An improvement in the health and wellbeing of our population)
4. Securing the Value and Financial Sustainability of health and social care services we provide (ICS Objective - Financial sustainability for all constituent organisations and the ICS)

The Wokingham Management Partnership will be responsible for ensuring its implementation and will monitor the plan on a quarterly basis. The plan will be updated and refreshed on a quarterly basis. The plan is attached in Appendix 2.

7. References

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8. Appendices

Appendix 1 - Wokingham's Adult Integration Position Statement - Stakeholder Conversations-Feedback

Wokingham's IPS - Stakeholder Conversat

Appendix 2 - BCF High Level Programme Plan/Roadmap for Integration of Adult Health and Social Care Services 2018 to 2020

High Level Programme Plan 2018

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