

TITLE	Integration Update
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 June 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality and Matt Pope, Director of Adult Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	<ul style="list-style-type: none"> • Reducing social isolation and loneliness • Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	To provide the Board with an update on Wokingham Integrated Partnerships activities
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	Nil

<p>RECOMMENDATION</p> <p>That the Board notes the update provided</p>
<p>SUMMARY OF REPORT</p> <p>During the COVID pandemic the members of the Wokingham Integrated Partnership agreed to hold a weekly SITREP call in order to have a clear overview of the status of health and social care across the Borough and to be able to quickly implement supportive or corrective actions. This report summarises the achievements since convening on the 24th March 2020.</p> <p>The quarter 4 Better Care Fund return is due to be submitted. The Wokingham system are On Track for 3 of the 4 national targets and are performing at an appropriate level in the Eight High Impact Change Model.</p>

Background

Weekly COVID-19 Situation Report Call

Each Tuesday, at 13:00, the Wokingham Health and Social care system meet virtually to discuss the current situation locally.

There is good attendance at the meetings, and we are joined by partners from:

- All of the Wokingham Primary Care Networks (Represented by Clinical Directors)
- Berkshire Health Foundation Trust
- Involve (on behalf of the voluntary sector)
- Berkshire West Clinical Commissioning Group
- Wokingham Borough Council (including Adult Social Care and Public Health)
- Written update from Royal Berkshire Hospital

Each week, the partners provide an update on their current situation, raise issues that are currently being faced, review previous actions and set new actions to improve service delivery via joint working.

So far, work has focused on the shielded group (people that have had a transplant, specific cancers, severe respiratory illness, pregnant women with heart disease or people on immunosuppression therapies) in the community. Lists were produced by Wokingham Borough Council, each of the GP surgeries and a National shielded list. All of these lists were drawn together, checked for duplication and then an overall single list created.

This led to more than 2000 people being contacted in the community, to offer a welfare check and direct people to services that are available. This ensured that everyone has been supported with their needs for food, medication and/or their social isolation.

All the GP Surgeries have had feedback regarding the support which has been offered to each of the people on their shielded list, this will be a regular fortnightly operation now.

Using a Population Health Management approach has been key in achieving this level of success. Currently, the group have decided to target people that are over 80 years old, have a high frailty score and live in their own home. The outturn will then be compared to the list, with anyone not having previously been contacted getting a welfare call. This will then support subsequent actions and interventions, potentially including a Multi-Disciplinary Meeting.

The Citizens Advice Bureau are operating a voluntary sector telephone triage, then directing people to local COVID response groups to support their needs to be met.

The voluntary sector has succeeded in setting up a pathway in the community and have drawn in COVID 19 support groups from each of the areas in the Borough.

It was noted that there had been an increase in the number of safeguarding referrals for babies that had been shaken during the current restrictions. This was noted by the Berkshire Health Foundation Trust. As a result, they restarted delivering a Health Visiting service, to support new parents, this is a service that is commissioned by the

Council. The Primary Care Networks, as a response, also ran a virtual consultation for new Mothers, which was very well attended. A positive step to support children in the borough.

The Primary Care Network Clinical Directors have feedback to the group about their plans in place to:

- Develop GP surgeries to support social distancing
- Develop NHS demand management tool
- Develop digital triaging systems for GP surgeries
- Hold digital group consultations for cohorts in the community which are at risk in the COVID environment (for instance people with asthma, anxiety and young people with mental health issues)

Our colleagues in the voluntary sector are planning to survey organisations for their sustainability considering decreased income (due to the national COVID-19 response)

To support people in Care and Nursing homes, the Primary Care Networks are planning on delivering a visiting service. This is a joint enterprise, between GPs in the area and Berkshire Health Foundation Trust. It will be supporting care and nursing home residents with their health needs in their homes.

Quarter 4 Better Care Fund return

The Better Care Fund return for quarter 4 had a delayed submission date, due to health and social care colleagues focusing on the COVID-19 response. The Wokingham quarter 4 return was submitted prior to the 5th June deadline.

The Better Care Fund has 4 targets:

Non-Elective Admissions to hospital- On Track

Data is up to 31st January 2020. The year to date performance was 13,359 compared to a target of 13,044. This means that the system was 315 admissions above target (2.4%). The full year forecast is now 16,031 compared to a target of 15,643. This is 388 admissions above target (2.4%). The Wokingham Integration Partnership operate a tolerance of 5% tolerance for variance.

For the first 3 quarters performance was:

Quarter	Target	Actual
One	3871	3889
Two	3873	3908
Three	4001	4164

Residential Admissions- On Track

The system supported only 113 admissions in the year, against a target of 138.

Reablement. (The Proportion of Older People (65 and over) who were still at home 91 days after discharge from Hospital into reablement/rehabilitation services)- On Track

In Quarter 4 an average of 85% of people were still at home 91 days after discharge. In March we achieved 91%. Over the year we have achieved an average of 84% of people at home 91 days after discharge against a target of 87%. As above, Wokingham Integration Partnership operate a tolerance of 5%.

Our main challenge during 2019/20 was that we set our target based on local authority reablement data only. Within 3 months of 19/20 we were able to include our health reablement data, which we had not previously been able to do. We have received the South East region reablement data during quarter 4 and the system will realign our target for 2020/21.

Delayed Transfers of Care- Not on Track

Delayed Transfers of Care (DToC) days for quarter 4 were 1097 against a target of 720 (52% higher than target). Results for quarter 3 are based on national reported data for January with local data for the months of February and March. For the full year the actual days delayed were 4,008. The full year total also picks up some adjustments made to previously reported months. This compares to a target of 2,880 or 39% above target.

In March locally reported DToC days were 263, a significant drop on the previous 2 months performance. This is likely due to the new hospital discharge process, which was introduced in March to support expedited discharges, due to the COVID-19 pandemic. To support this, there has been an increase in resources. There will need to be an assessment of which of these resources will stay in place, and which may not in the recovery plans going forward (a cost/benefit analysis).

Our DToC action plan and Winter Pressures funding has been targeted to support reducing delays in hospital, with our main issue in 2019/20 being an increase in the duration of extended delays due to the complex needs of this group of patients and the lack of specialist provision in the community for those with complex needs, which needs to be tackled at a national rather than local level.

8 High Impact Change Model

The high impact change model offers a practical approach to manage transfers of care. It is used by NHSE to assess how local care and health systems are working now and plan for actions they can take to reduce delays. There are four potential ratings, Plans in place, Established, Mature and Exemplary. It is expected that all Health and Wellbeing Board areas are rated as Established or above.

As the Berkshire West local authorities share hospitals (most notably the Royal Berkshire Hospital and Prospect Park Hospital), there is a shared assessment across Reading, West Berkshire and Wokingham.

In Berkshire West, we are reporting that:

Change	Rating
Change 1- Early Discharge Planning	Mature
Change 2- Systems to Monitor Patient Flow	Established

Change 3- Multi-Disciplinary/Multi-Agency Discharge Teams	Established
Change 4- Home First/Discharge to Assess	Established
Change 5- Seven Day Service	Established
Change 6- Trusted Assessors	Established
Change 7- Focus on Choice	Mature
Change 8- Enhancing Health in Care Homes	Mature

As such, locally we have met or exceeded the expectations of NHSE.

Whilst we are graded across the west of Berkshire as Mature in the Enhancing Health in Care Homes, there is still work going on as a response to the COVID-19 outbreak. Currently, there is a plan being developed to further support our care homes. This is joint plan involving Berkshire Health Foundation Trust, Clinical Commissioning Group, the council, other Local Authorities, the Primary Care Networks and the care homes themselves.

Integration Highlight

On each of the quarterly returns, NHSE requests that an integration highlight is shared. In the quarter 4 return, our highlight is the 'Designing our Neighbourhoods' event.

One of the Wokingham Integration Partnerships key priorities is Creating Healthy Communities. To do this, we need to 'Design our Neighbourhoods' to focus on prevention. We have recognised that our citizen's health and wellbeing is shaped by much more than just our health care. The places we live in affect our citizens health in countless ways, including through the way a neighbourhood is designed, access to green spaces and the provision of good public transport. We aim to identify what makes an effective neighbourhood public sector delivery model, the key roles played by public and voluntary sector organisations and what more we can all do to create strong, healthy and resilient communities. Whilst we recognise that Wokingham is 2nd least deprived local authority in the country inequalities do exist across our borough and we want Wokingham to be healthier for our citizens.

We held our first major event, the launch of Design our Neighbourhoods, in January 2020, the first in a series of engagement sessions we are planning with our key partners over the next year or so.

Designing our Neighbourhoods is focussed on our 4 Primary Care Network geographies (North, South, East and West), the 4 natural communities within our borough. During the first event, we explored how a place-based approach enables a community to maximise its assets and address issues to create healthy, happy and vibrant communities for local residents. By working at this level, we can tailor our offer to the needs of that specific local community.

The overall purpose and aims of the event were to:

- Provide a common level of understanding of what is trying to be achieved
- Establish partnership connections around the four Primary Care Networks

- Begin to generate ideas to inform the thinking around what the neighbourhoods would look like

This was supported by data packs that summarised a snapshot of each of the 4 Primary Care Networks, produced through work we carried out as part of our population health management approach, which summarised each of our Primary Care Networks (geography, population profile, health profile, local services profile and map; and determinants of health). They were used by delegates as part of their discussions to explore what they are already doing and what needs to be done

Analysis of Issues, including any financial implications

Financial Implications – Nil

Policy – Nil

Personnel – Nil

Legal - Nil

Risk Management - Nil

Partner Implications
None

Reasons for considering the report in Part 2
None

List of Background Papers
None

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