

BRISTOL CITY COUNCIL

People Scrutiny  
Wednesday 25<sup>th</sup> March 2015

**Report of:** Mike Hennessey, Service Director – Care and Support, Adults

**Title:** Better Care Bristol

**Ward:** Citywide

**Officer Presenting Report:** Mike Hennessey

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**RECOMMENDATION**

People Scrutiny is requested to:

- Note the progress made to date for Better Care Bristol during 2014/15.
- Consider how they wish to be kept up to date on the progress of Better Care Bristol.

**Summary**

The purpose of this report is to provide People Scrutiny with an update on the work undertaken to date:

- Pay for performance for Better Care Bristol of reducing emergency admissions into accident and emergency
- Reduction of delayed transfers of care across the system
- The schemes to join up health and social care services around the individual
- The individual work undertaken by the LA in relation to supporting Better Care Bristol.

**The significant issues in the report are:**

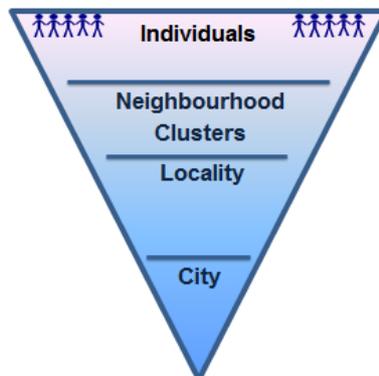
- To be familiar with the schemes within Better Care Bristol and the positive impact on the Bristol citizens.
- To be aware that this is the driver for transformation in health and social care integration
- The single pooled budget across the Council and CCG will be £30,324,000 from April 2015.

## 1. Background

- 1.1 The Council and the CCG are working in partnership with University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust as well as community providers, Bristol Community Health, the Avon and Wiltshire Mental Health Partnership (NHS) Trust and Healthwatch Bristol to realise the ambition of Better Care Bristol.
- 1.2 The Better Care Programme Board is providing the partnership working and oversight to deliver system transformation between health and social care, including:
- Greater integration of services, including rehabilitation and reablement
  - Single point of access for health and social care for citizens of Bristol
  - Social prescribing: referral to wellbeing services and peer support services
  - Personalisation of services
  - Development of a frailty pathway to support care closer to home
  - A jointly commissioned information and advice service
- 1.3 Fundamental to all the plans is the engagement of citizens in wellbeing and enabling them to be independent as long as possible. The implementation of the Care Act will support this aim.
- 1.4 The Bristol plan was fully approved by the Better Care TaskForce in December 2014. The approval acknowledged the programme as part of an on-going process to transform local services and improve the lives of people in the community through joint working and future planning of services for the benefits of patients, carers and their families.
- 1.5 The vision for Better Care Bristol is:

*‘A city where people live happier and healthier lives and their care and support needs are met at the right time, to the right quality and in the right place for them.’*

### Better Care Bristol Potential Model



1.6 In realizing the ambitions the delivery of health and social care will need to transform and move to being far more person centered. The majority of citizens report that they wish to remain in their own homes for long as possible and the services must evolve in an efficient way to support this. This will mean delivery of services closer to peoples own environments. The diagram above depicts a possible option of how to achieve this.

## 2. Schemes and Metrics

2.1 To achieve the vision, our plan has nine schemes to be delivered within the next three to five years. The combined aim of the nine schemes is promote wellbeing and move to a care and support system that will help support people to manage their conditions more effectively, and provide more integrated and joined up services, when they need them in a community setting or closer to home, avoiding the need for unnecessary admissions to hospital.

Ref no	Scheme
1	Early & Preventative Interventions
2	Admissions Avoidance – Community
3	Admissions Avoidance - Front Door
4	Integrated Rehabilitation & Reablement
5	Frail and Complex, Falls Prevention, including Community Geriatricians and Long Term Conditions
6	Joint Commission Information and Advice Services
7	Long term care options for people with mental illness and learning disabilities
8	Extra Care Housing
9	Carers Breaks

2.2 Within each of the schemes a number of projects support the transformation, these include integrated personal commissioning, social prescribing, a social care and health single point of access, piloting in-reach nurse to extra care housing.

2.3 The projects will also assist with the achievement of the six national metrics as below. These metrics are measured during 2015 (January – December).

Apr- Dec 65+ Reduction of emergency and Jan - Mar non elective

Increase more individuals at home 91 days after reablement

Reduction of permanent admissions into care home

Reduce delayed transfer of care

Increase social care user experience quality of life

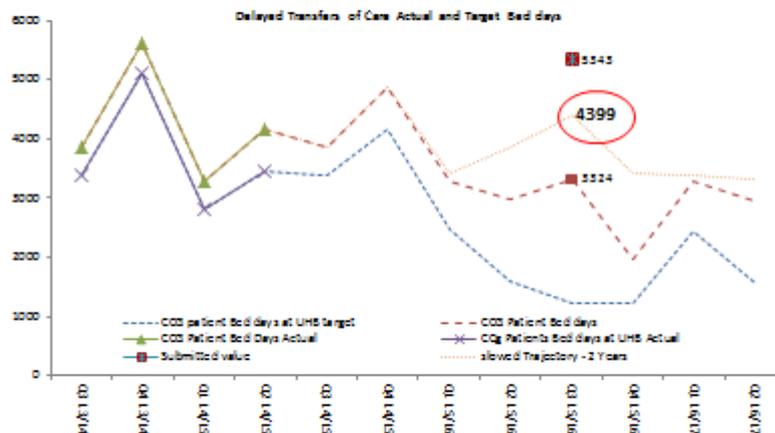
Reduce emergency admissions for falls aged >65

### 3. Pay for Performance

3.1 The pay for performance is against the reduction of emergency admissions and to achieve this during 2015 the +65 admissions should be reduced by 67 per month at University Hospitals Bristol and 54 per month at North Bristol Trust. This equates to £1,876,000.

3.2 There is a further £1,727,000 that can be achieved by reducing delayed transfers of care and reducing length of stay as can be seen by the graph below.

### DToc's Trajectory



3.3 Our ambition is to achieve the national average for delayed transfers of care. The Delayed Transfers of Care Plan identifies the additional capacity needed and highlights where the CCG and BCC must work together to increase capacity during November 2015 to ensure that the trajectory is met. Central to this being achieved is the new model of reablement starting in March 2015, the impact of the new home care contract that BCC has developed starting in April and the jointly commissioned discharge to assess model.

- 3.4 Our success in 2015/16 will be measured in part by reduced emergency admissions and excess bed days (additional days spent in hospital above what is expected for that condition) spent in acute hospitals for the same age group.
- We intend to reduce admissions for those over 65 by 8.5% in NBT and UHB
  - We intend to reduce excess bed days by 4000 bed days in NBT and UHB
  - We intend to reduce DToC from 5343 bed days to 4399 with a stretch target of 3324.

#### 4. What's already been delivered 2015/16

- 4.1 There are a number of schemes underway that will reduce emergency admissions; such as
- The unscheduled care DES working with GP's to avoid emergency admissions
  - Bristol Primary Care Agreement to avoid emergency admissions,
  - Direct pathway for GP's to the GP Support Unit,
  - The care home support team
  - Supporting care homes and extra care housing in reducing falls,
  - Nurse pilot in extra care housing
  - GP links with nursing homes to carry out weekly 'ward' rounds,
  - Increase in resources in Rapid Assessment Emergency Care Team at the front door of University Hospitals Bristol
  - Social Care Practitioner in the emergency department to reduce any unnecessary emergency admissions.
- 4.2 More recent initiatives include;
- More capacity for the Independent Living Team to reduce the number of people being admitted and;
  - More capacity for the STAR team to stop emergency re-admissions.
  - Commissioning of a GPSU for North Bristol Trust
- 4.3 £1 million was secured from Better Care Bristol to ease the pressure on the home care budget due to increased hospital activity. This over-spend should be partly mitigated 2015/16 by the increased £1,105,000 spend in reablement and the new home care contract in place after April 2015.
- 4.4 We are confident that the newly commissioned GP Support Unit at NBT will address the 8.5% reduction and the schemes mentioned above in addition to the short-term and medium term ambitions will achieve 8.5% reduction over the year on the +65 population at UHB.
- 4.5 We are currently out for tender for the home care services and an element of the new contract will enable contracting of packages of care out of hours. This new services will mean social care staff working in the acute working outside

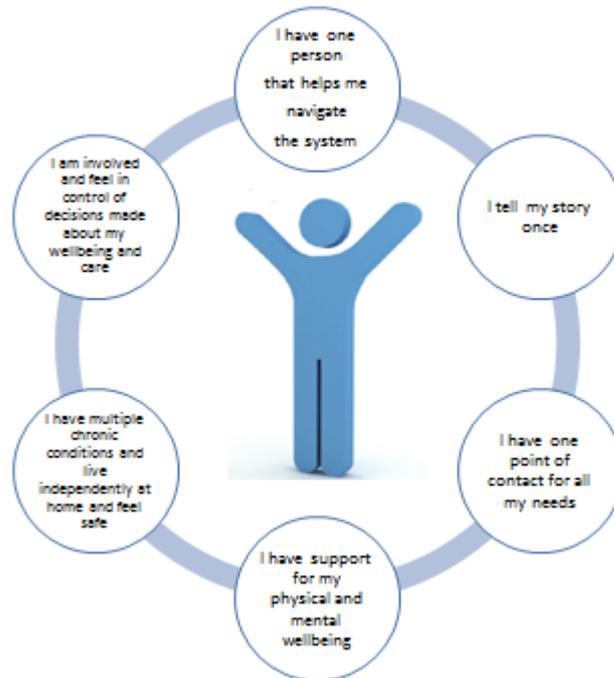
of office hours will be able to arrange packages of care for those that may have otherwise been admitted.

## **5. Beyond 2015/16**

- 5.1 We have developed a joint programme of work that stretches beyond 2015/16 and is designed to deliver transformational change across health and social care in the following areas:
- Promoting wellbeing and advocating independence schemes part of a number of our programmes the council, the CCG and the voluntary sector
  - Community models of care to keep people well and at home as part of the Urgent care and long term conditions work programmes
  - Admissions avoidance schemes as part of the urgent care programme
- 5.2 We are committed to securing further reduction in emergency admissions. The schemes that will enable this include re-modelling the front door, development of a health and social care Single Point of Access, establishing a frailty pathway working in collaboration with South Gloucestershire Clinical Commissioning Group and Local Authority.

## **6. Personalisation**

- 6.1 Central to transformation of services is to establish a people powered approach to commissioning that shifts the culture and practice of care to be better co-ordinated and person-centred. Personalisation is an important concept that is changing the nature of the relationships individuals have with health and social care services. Bristol CCG and Bristol City Council have the opportunity blend comprehensive health and social care funding for individuals, and allow them to decide how it is used.



This is what the people of Bristol have told us they want from their health and social care system



This is how we intend to achieve it. Personalisation across health and social care will be central to the achievement of this.

- 6.2 Bristol CCG, Bristol City Council and a number of local voluntary and community organisations have formed part of the South West regional bid that was successful in obtaining Integrated Personal Commissioning (IPC) demonstrator site status.
- 6.3 There will be a particular focus on implementation for those with a learning disability to realise the opportunity of a PHB or integrated budget. We also anticipate that there will be consensus on utilising PHBs and IPC to assist in addressing our current priority within the acute sector and to link with the Bristol Aging Better Programme.

## **7. Social Prescribing**

- 7.1 A key element of personalisation will be having non-medical services that professionals can refer to. Social prescribing provides a pathway to refer clients to non-clinical services, linking clients to support from within the community to promote their wellbeing, to encourage social inclusion, to promote self-care where appropriate and to build resilience within the community and for the individual.
- 7.2 The Better Care Programme will develop the creation of referral pathways that allow primary health care patients with non-clinical needs to be directed to third sector organisations. We will build on existing services and ensure that the referral pathways are quality assured so primary and community care have the confidence to refer to them.
- 7.3 Evidence from elsewhere demonstrates that this can lead to a reduction in emergency admissions and mean patients have more confidence in self-management.

## **8. Workforce**

- 8.1 The changes and the scale of our ambitions mean that there will be significant effect on the way staff work. With this in mind we have set up a Workforce and Organisational Change group. The membership of this group includes HR Directors from health and social care (including commissioners and providers) to start planning for the ambitions within plan. The Group are also submitting a 'Bristol' bid to the Health Education South West Membership Council Innovation Fund; on the following areas:
- Generic workers (to include care homes, independent providers) that work across health and social care with wellbeing key to their role
  - Promotion and development of Collective Leadership that directly impacts on workforce resource and capacity and introduction of co- laboratory's across health and social care, acute and community.

## **9. Pooled Budget April 2015**

- 9.1 To achieve this, the Health and Wellbeing Board have supported the process of the development of a pooled £30 million budget which starts on the 1st April 2015.
- 9.2 This is the start of attaining Better Care for the people of Bristol.