

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF EDUCATION, SOCIAL SERVICES AND HOUSING

TO:	HEALTH AND WELLBEING BOARD		
DATE:	21 JUNE 2013	AGENDA ITEM:	9
TITLE:	DEMAND AND CAPACITY MODELLING		
LEAD COUNCILLOR:	COUNCILLORS HOSKIN & EDEN	PORTFOLIO:	Health & adult social care
SERVICE:	HEALTH AND ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report seeks to inform the Board of the highlights of a recent report into demand and capacity within the adult social and health care economy across the west of Berkshire. The report sets out some short term actions that will help to manage demand in Accident & Emergency services and unplanned hospital admissions. The report also seeks a delegated authority from the Board to pursue a bid to become 'pioneers' on an integration programme.

#### 2. RECOMMENDED ACTION

- 2.1 Notes the results of a report on demand and capacity modelling across the local health and social care economy.
- 2.2 Notes and supports those actions already agreed to manage demand pressures within accident and emergency services and the numbers of unplanned admissions into hospital.
- 2.3 That the Director, acting in consultation with the Lead Members for Health and Adult Social Care, be delegated to coordinate a bid to become a 'pioneer' under the newly announced integration agenda. That the Chief

Officer for the CCGs similarly co ordinate activity on behalf of health partners.

- 2.4 To note that a range of partner organisations represented on the Health and Wellbeing Board have a key interest in this work and therefore delegates operational responsibility for delivery to the Berkshire West Partnership Board.
- 2.5 Requests that a further report on the Care Bill and integration agenda be submitted to the Board in due course.

### 3. POLICY CONTEXT

- 3.1 Over the spring period a number of local health and social care partners commissioned a major piece of work from Capita to:
- model the demand for health and social care over the next 5 years at Unitary Authority level
  - build on the modelling work undertaken by Berkshire Health Care Trust
  - provide a 5 year view of demand in the economy
  - provide evidence based strategic service redesign options for health and social care commissioners.
- 3.2 The subsequent report is a lengthy document which is attached herewith at Appendix A.
- 3.3 The report identifies some trends at local level:
- Increased A& E attendances
  - Increased use of OOH provision
  - Increased demand for Ambulances
  - Pressure on A&E capacity
  - Increased demand for non-elective procedures

Many of these issues are not particular to the Reading area and reflect a national pattern of stresses at the 'front door' of A&E that has been subject of considerable debate.

- 3.4 The report goes on to conclude:
- The 'Do Nothing' option is untenable with demographic pressures alone likely to account for >7.5% average increases across services
  - Current Demand and Capacity pressures (many of which concern emergency and unplanned care) must be addressed although the long and short term solutions are not necessarily the same
  - The cultural and behavioural pre-conditions exist for fairly advanced levels of collaboration within and across the economy
  - The economy is in a position to adopt a Whole System approach to working if the will can be marshalled

- 3.5 Partner agencies have met at executive level and have agreed 17 short/medium term actions to alleviate pressure in the system. These are set out below:

*Section 4 – Options to address current pressures*

Options to address current pressures – A&E attendance, Emergency Admissions, Ambulance & OOH  
Summary of Options

Option	Description	Option	Description
1	All Practices consistently ring fence same day emergency appointments daily	9	A&E frequent flyers with LTCs assessed for and supplied with Telehealth
2	All Practices consistently ring fence same day children's appointments post school daily	10	Improved access Consultant Psychiatrists
3	Universal use of the advice and guidance function in Choose and Book	11	Social Media campaign to parents of <5 on alternative options to A&E
4	Enhanced use of risk stratification to support MDT working	12	Revised approach to GP Home visits
5	Increased Senior Clinical Support at the door of A&E	13	Creation of the Health and Social Care Co-ordinators
6	Assistive video technologies to access Primary Care and specialist second opinions for nursing and Care Home patients	14	Analysis of Ambulance frequent flyers
7	Secondary care Contact Lists in all Practices	15	Use of Third and Voluntary Sector to provide a place of safety in peoples own homes
8	Practices Routinely check the Care Plans and Medication prescriptions of Care and Nursing Home Staff	16	Analysis of frequent flyers for the OOH service
		17	Extension of Intermediate Rapid Response Team

- 3.6 On 13 May 2013 the Government published 'Integrated care and support; our shared commitment'. This document sets out an expectation that there will be an integrated health and social care system in every locality by 2018. The document is not prescriptive as to how that is achieved but does set out an outcome framework against which organisations will be measured. Linked to

this initiative the Government has also called for bids to become a 'pioneer'. Pioneer status does not bring any additional moneys but would allow the local economy to draw down expert help and advice e.g. workforce development and financial modelling.

- 3.7 Partners are committed to developing a bid in order to take advantage of additional expert support. However, the simple fact of developing the bid will also help members of the Health and Wellbeing Board to, at single agency level and collective level, clarify and determine what vision they have for integration and their appetite for collective working.
- 3.8 The complexity of working across three Councils - with their separate HW Boards, with four CCGs and with the two provider trusts the HW Board is asked to delegate coordination of the bid to:
- The Director (in consultation with the lead Councillors for Health and Adult Social Care) on behalf of the Council
  - The Chief Officer for the 4 CCGs

and to coordinate the work through the West of Berkshire Partnership which includes representatives from Wokingham and West Berkshire Councils and the two provider Trusts. Regular reports will then be made to the HWB Board in Reading.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Meeting the needs of vulnerable people as part of the strategic aim 'To promote equality, social inclusion and a safe and healthy environment for all'.
- 5.2 One of the main themes of the Sustainable Community Strategy is '*a fairer Reading for all*'.
- 5.3 '*Healthy People and Lifestyles*' as part of the Reading Local Strategic Partnership.

## 6. FINANCIAL IMPLICATIONS

- 6.1 Adult Social care is a demand led service. The Directorate has focussed on the development of preventative services that are designed to promote independent living and reduce the need for costly interventions such as residential care and acute hospital care. The Council's overall budgetary position is such that it cannot sustain a substantial increase in numbers of people residential care.

## 7. BACKGROUND PAPERS

Draft Care and Support Bill July 2012  
Demand and Capacity Modelling report April 2013  
Letter seeking bids for Pioneer status - 13 May 2013