

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, SOCIAL SERVICES AND HOUSING

TO:	HEALTH AND WELLBEING BOARD		
DATE:	20 September 2013	AGENDA ITEM:	8
TITLE:	Health and Social Care Integration		
LEAD COUNCILLOR:	COUNCILLORS HOSKIN & EDEN	PORTFOLIO:	Health & adult social care
SERVICE:	HEALTH AND ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	AVRIL WILSON	TEL:	0118 937 4053
JOB TITLE:	DIRECTOR OF EDUCATION, SOCIAL SERVICES AND HOUSING	E-MAIL:	Avril.wilson@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 At the Board's last meeting it noted the demand and capacity modelling work, commissioned in Spring 2013. This report seeks to inform the Board of the status of the 'Berkshire 10' pioneer bid.

2. RECOMMENDED ACTION

Health and Well Being Board:

- 2.1 Notes the Pioneer Bid
- 2.2 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 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.

3.3 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

3.4 Partner agencies have been meeting and have agreed some short term actions to ease pressures in the system. Overall, however, partners are aware that there must be a step change in activity and a reformed system if the local health and social care economy is not to buckle under demand led pressure (mainly but not wholly associated with older people and those with more than one long term condition). The actions to address current pressures are set out below.

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

3.5 On 13 May 2013 the Government published 'Integrated care and support; our shared commitment'. This document set out an expectation that there will be an integrated health and social care system in every locality by 2018. 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.

Partners have worked together to produce the document attached as Appendix A. There were 111 bids at national level and this 'bid' is one of eighteen now being considered at national level. It is hoped that there will be a decision in early October.

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