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NHS Herefordshire Clinical Commissioning Group

Adults and Wellbeing Scrutiny Committee

16h November 2017

Subject	"Living Well at Home" - Transforming Community Health Services
Lead Executive	Hazel Braund, Director of Operations
Author (s)	Hazel Braund, Director of Operations and Jade Brooks, Deputy Director of Operations

PURPOSE OF THE REPORT

The Scrutiny Committee is asked to:

- consider the findings of the recent public engagement on transforming Community Health Services: "Let's plan health and care in your community"
- support proposals for next steps in moving forward this important programme of work
- advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects

KEY POINTS

- The recent public engagement process has used a number of methods to gather the views and experiences of the public, with a focus on seeking feedback from local geographical communities.
- The results of the engagement indicate commonalities across the county however there are local area differences that should be taken into account in the way that services are planned and delivered
- The geography of Herefordshire, the distribution of the population, and the way that the NHS and other partners have historically provided services supports a "locality" approach to seeking solutions, tailor made to each locality
- Alongside supporting a locality approach, the CCG is required to ensure that there is a consistency of core provision to local people – feedback from the West Midlands Clinical Senate and from the NHSE Strategic Sense Check reinforced this requirement.

- To support locality provision, additional investment has been identified to support the transition to increased provision of care in people's own homes and local communities.
- The CCG and the Integrated Care Alliance of local providers are proposing to take the first steps in shifting care away from bedded settings by providing more care in people's own homes and communities. The additional capacity is already partly in place, but it is proposed to retain the current level of bedded capacity across the county over the next few months to support transition and to support system management through the winter.
- From February 2018, it is proposed to end use of the bedded annex to Wye Valley NHS Trust at Hillside and to work with partners to agree alternative uses for this facility
- The next steps in the implementation will focus on a process of "co-production" with each local area, with flexibility to ensure that local solutions are considered to meet local needs as far as possible. This will be a staged process, with two localities identified in the first stage Kington and Leominster and their surrounding rural areas
- Work will continue with all areas of the County with governance arrangements ensuring that all areas progress over the next 18 months and that no areas are put at a disadvantage by progress elsewhere. This will include sharing information about esource allocation and taking into account any planned changes affecting that community, e.g. housing, transport.

RECOMMENDATION TO THE COMMITTEE

For Information ☐ ***Discussion*** ☐ ***Assurance/Review*** ☐ ***Decision*** ☒ ***Procurement Decision*** ☐

The Scrutiny Committee is asked to:

1. Receive the public engagement report and comment on findings and approach, providing advice and support for the ongoing process of engagement that will accompany the next phases of this programme

2. Support proposals for next steps in moving forward this important programme of work:
   - 2.1 The immediate and ongoing implementation of additional capacity in health and social care community services provision, supporting more people in their own home.

   - 2.2 From February 2018, withdrawal from the 22 bed annex to Wye Valley NHS Trust based at Hillside in Hereford City and the development of plans to re-use this facility (owned by the Local Authority).

3. Advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects

CONTEXT & IMPLICATIONS

Financial	Financial information will continue to be developed to support all stages of development and decision taking
Legal	The Clinical Commissioning Group and Integrated Care Alliance of providers will take advice on any legal issues emerging from this project.
Risk and Assurance ***(Risk Register/BAF)***	The project will identify risks as it progresses.
HR/Personnel	Impacts on workforce, including ensuring engagement, and considerations relating to skills and role development will form a key element of this project
Equality & Diversity	Equality Impact Assessments will be undertaken to support change proposals as they emerge.
Strategic Objectives	The development of community services through the implementation of the One Herefordshire model is consistent with the strategic objectives of all partners
Healthcare/National Policy ***(e.g. CQC/Annual Health Check)***	The One Herefordshire proposals are consistent with national policy in relation to the provision of improved prevention, self-care and out of hospital care.
Consultation Communications and Patient Involvement	This paper shares the findings of the engagement process supporting the programme and proposes ongoing engagement and communication at all stages of the project.
Partners/Other Directorates	The One Herefordshire partners have participated in the development of the model and will be involved in developing and implementing the model as the project progresses: Local Authority, Wye Valley NHS Trust, 2gether Foundation Trust, Taurus

	Federation, Primary Care. These providers have formed an Integrated Care Alliance.
Carbon Impact/Sustainability	No negative impact identified at this stage. Potential for positive impacts through increased provision of care in local settings, and increased use of technology (eg telemedicine).

Governance

Process/Committee approval with date(s) ***(as appropriate)***	A draft governance structure is included in this paper
Conflicts of Interest Issues	Conflicts of interest may arise and will be highlighted and managed appropriately as the project progresses.

TITLE of Report: "Living Well at Home" - Transforming Community Health Services

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Date: November 2017

1. Introduction

In September 2016, the Clinical Commissioning Group asked the current providers of Community Health Services in Herefordshire to work together and with key partners, in particular the Adults and Wellbeing Directorate of the Local Authority, to review and develop proposals for the future provision of adult community health services across the county.

This request emerged following a lengthy period of discussion between the partners, and in particular issues highlighted by primary care (i.e. GPs) relating to the capacity and organisation of community services in the county.

Shortly following this request, a provider alliance was formed, chaired by the Director of Adult Services and Wellbeing and with the key NHS partners: Wye Valley NHS Trust, Taurus GP Federation and 2gether NHS Foundation Trust. This partnership has been led throughout the process at a senior Chief Executive and Director level, demonstrating the commitment of all parties.

The partnership, known as the Integrated Care Alliance (ICA), presented to the CCG's Governing Body and the GP Parliament (as the constituent members of the CCG) in the first few months of 2017 outlining their proposals for improvement. These proposals reflected a coming together of community care (physical and mental health) with primary care in a model that supported the "blue print" already developed by the Local Authority and adopted by the CCG and other partners (see **Appendix 1**). In May 2017, following discussion through the Joint Commissioning Board with Herefordshire Council Adults and Wellbeing commissioning partners, the CCG was able to confirm that the joint commissioners wished to continue working with the ICA to further develop plans for the future provision of care.

It was agreed that the next step in this process should be a public engagement process to understand the needs, wishes and concerns of people across the county in relation to their current and future experience of care in their local community. This engagement was titled: "Let's plan health and care in your community"

The engagement process commenced in July 2017 and on 23rd August, the CCG presented its approach and intentions to the Adults and Wellbeing Scrutiny Committee, seeking their support for the process and advice to improve the approach. This was a helpful and productive session that led to changes and additions to the

plans. This included: writing to all Parish Councils as well as Town Councils seeking their engagement in the process and adaptations to the literature used to promote the events. Healthwatch was also asked to provide feedback on the process at the midway point and further adaptations were made following this.

2. The Engagement process

The Clinical Commissioning Group, with support from members of the Integrated Care Alliance, has undertaken engagement on health and care provision in the community. The title of this engagement was: “Let’s plan health and care in your community”

The prime focus was on people’s experiences and views on out-of-hospital care, including primary care, and those services provided by a range of agencies. A wider range of issues was raised by members of the public and stakeholders during the various events and through the surveys, for example access to transport and issues relating to rural isolation, this supported a better understanding of health provision within the context of people’s lives.

2.1 Methodology

The overall programme of engagement ran from June to October 2017, with formal public engagement running from 18th July to 30th September. Prior to this, from June onwards, the ICA had run a series of engagement events with staff and stakeholders, including primary care (GPs, practice nurses, practice managers). During September and October, the CCG with the ICA held a series of feedback events across the County where the information gathered from each community was shared and members of the public were invited to comment and add further views and qualification. As well as information and feedback from the local events, evidence of practice from other parts of the country was shared.

Healthwatch Herefordshire sent representatives to many of the Locality public sessions and also held an independent event in September.

In Kington, the Town Council agreed to work directly with the CCG and the Kington Health Commission was established to oversee and critique the local engagement process.

During this period 803 people were involved across the county:

- Locality public sessions (243)

- Interviews at G.P. surgeries, libraries and other locations (104)
- Online survey (298)
- Service-user focus groups (26) and events (20)
- Health professionals and partnerships (65)
- Kington Health Commission and Joint event with Healthwatch Herefordshire (47)

Throughout the process, the feedback from each Locality have been shared and published on the CCG's website. This will continue as the project progresses.

2.2 Findings

To summarise the findings will inevitably remove from some of the local richness of the information that has been gathered through the dialogues with local people, however, there are common themes that emerge across the localities. People told us that they want:

- Improved access to primary and community care services in their local areas
- Improved communication between services and with the people that they support
- Improved co-ordination of care so that individuals can feel confident that they are being supported in the most effective and efficient way, and can experience this on a day to day basis
- Improved information about how to access services and about how to self-care to prevent illness or deterioration of health
- Reduced transfers of care which can lead to multiple stays in different locations

In addition, wider issues raised frequently were:

- Transport was highlighted as a significantly limiting factor, both in accessing services, but also in allowing people to support themselves and their carers/ families
- Building community resilience to prevent ill-health and promote wellbeing required greater coordination in some localities.Better use of community buildings, including community hospitals and improved use of technology to further join-up provision closer to where people live.

For the future, people expressed concerns about:

- Supporting an aging population with deteriorating health needs
- Growth in local populations where housing development is planned
- Existing provision not able to meet the needs of the population in the future

Through the engagement process, a strong message emerged from many of the people who came to the events that they valued the opportunity to talk about how services should be developed in their local area and wanted this to be a continuing process. There was good support from community leaders and champions, including Town Councils and / or Parish Councils and a willingness to act as the link to local people as the project moves forward. In addition, a number of other local groups have made contact through this process and dialogue is continuing with them. The CCG and the ICA partners are committed to continuing to engage local communities in the planning and review of services.

Appendix 2 provides a summary by thematic area of the feedback

Appendix 3 provides a full summary by locality of the feedback

Appendix 4 provides analysis from the on line survey and the focus groups

Recommendation 1: Engagement

The Scrutiny Committee is asked to:

1. Receive the public engagement report and comment on findings and approach, providing advice and support for the ongoing process of engagement that will accompany the next phases of this programme

3. The model of care - the evidence supporting change

Appendix 5 summarises the evidence both nationally and locally for seeking change in the way that our services are provided and outlines the clinical model that the ICA partners have been developing. The feedback from the public engagement has been used to shape the transformation plans and indicates further areas for improvement in the short, medium and longer-term.

At the core of the clinical model is the Herefordshire “blue print” (Appendix 1) and the opportunity to wrap services around the individual by working more closely as a

system, building relationships between primary care, community services the care and voluntary sector, and supporting people in their own communities and homes.

The model reflects the recognition that, in Herefordshire, we are good at supporting people in their own homes, benchmarking second nationally on our rate of emergency admissions per 100,000 population, but once we have admitted someone to our system, we are not good at getting them home in a timely manner and with the support that they need. It is recognised that this can leave people with a longer term need for support, and increased reliance on health and social care services.

As is the case in many places, we have a historic model of care that the system has not sufficiently adapted to meet the needs of our current population and to reflect the opportunities that improved care and technology now offer us.

GPs, community nurses, therapists and carers are able to provide care in people's own homes in ways that was not possible in the past. The system has invested in a number of initiatives that support this: enhanced End of Life Care; Early Supported Discharge for Stroke; virtual wards supporting the highest risk patients, and re-ablement supporting people to rebuild confidence and independence. However, there is a great deal more that we can do, both in terms of developing capacity (i.e. more of the same) and capability.

Representatives from the CCG and the ICA presented the emerging model of care to the Clinical Senate Council on 19th September. The feedback was positive and supported the overall direction of travel. The Senate Council recognised our local challenges and encouraged us to: continue working with partners to model the service change; develop our workforce plans; ensure that the transformational investment was in place; continue the process of engagement of staff, stakeholders and the public, and develop a sustainable approach to the volunteer community.

4. Next Steps – moving to implement change

The implementation programme is planned to be gradual and based on a "co-production" approach with each local area. The initial stage of preparation for this has been to secure funding to support the transformation programme, recognising that there will need to be a period of "double running" in the system to enable a safe transition from the current model to the new one. This is outlined below.

Capacity is being increased in community health and social care teams through transitional investment and primary care leadership is being supported through the "Primary Care Home" programme. The CCG has invested 200k in 2017/18 to support the development of the Primary Care Home programme, which promotes primary care leadership at locality level to focus change on the needs of local populations. Four localities have been identified by the ICA and four Primary Care

Home “Champion” GPs have been identified to lead the clinical model. This addresses some of the public feedback about the role of GPs and the need for greater coordination of provision.

The CCG and the Integrated Care Alliance of local providers are proposing to take the first steps in shifting care away from bedded settings by providing more care in people’s own homes and communities. The additional capacity is already partly in place, but it is proposed to retain the current bedded capacity across the county over the next few months to support transition and to support system management through the winter.

4.1 Summary of additional capacity:

Primary Care Home: investment of 200k in 2017/18 to support primary care leadership at locality level. 200k committed for 2018/19 with additional investment under discussion.

Community health services: investment of 200k in 2017/18 rising to 400k in 2018/19. This will support a further 400 people in their own homes in a full year who would previously have been in a community hospital bed.

Working collaboratively with the Council’s “Homefirst” service, therapists, therapy support workers and nursing teams will provide training and support to care workers to maximise service user independence, support individualised care planning for the highest risk 200 individuals in our county and deliver therapy interventions for over 3000 contacts.

Homefirst rapid response: investment of 160k in 2017/18, rising to 285k in 2018/19. This will double the capacity of the current service and work alongside the enhanced community health services (see above) to support people in their own homes who would previously have been in a community hospital bed.

During 2016/17 the rapid response service supported 550 individuals and the reablement service (as previously delivered by Herefordshire Housing) supported 400 individuals. The remodelled ‘Homefirst service is estimated to support a total of the equivalent of approximately 1800 clients per year in the first 6 months, which will then increase to 2000 per year once systems are in place and employees have embedded in the new service.

In addition to the above, a further 270k is available in 2017/18 for investment in increased capacity in the Herefordshire system. This investment is focused on supporting social care provision that will enable people to move through the care system in a timely and well supported manner. A series of bids have been received and are being evaluated by a joint panel to provide capacity in the market and to support transfers of care. This investment increases to 970k in 2018/19.

The 22 beds in the Hillside annex currently support approximately 400 people per year. The additional investment described above, alongside the very significant work that is progressing to improve the efficiency of our pathways of care, is seen as sufficient to support the transition to offer people a greater choice of home based care.

4.2 First stage of implementation

From February 2018, it is proposed to end use of the bedded annex to Wye Valley NHS Trust at Hillside and to work with partners to agree alternative uses for this facility.

This first step is an important move to increasing capacity and choice for people who can be more effectively and more appropriately supported in their own homes. The annex is not a locality based community facility, in that it provides bed based care to people from across the Herefordshire system. There is the opportunity to redeploy staff who currently work in the annex into the acute and community wards, or community settings. This will enhance the quality of care in those environments through the redeployment of an experienced and skilled workforce and reduction in the use of agency staff. It will also allow the delivery of savings to the system which will be limited in 2017/18, but will increase to approximately 500k in 2018/19, supporting greater financial stability in our system and reducing the threat of service cuts.

Recommendation 2: Next Steps

The Scrutiny Committee is asked to:

2) Support proposals for next steps in moving forward this important programme of work:

- **The immediate and ongoing implementation of additional capacity in health and social care community services provision, supporting more people in their own home.**

- **From February 2018, withdrawal from the 22 bed annex to Wye Valley NHS Trust based at Hillside in Hereford City and the development of plans to re-use this facility (owned by the Local Authority).**

5. Locality “co-production” programme

It is proposed that the next steps in the implementation plan should focus on a process of “co-production” with each local area, with flexibility to ensure that local

solutions are considered to meet local needs as far as possible. There are two localities where proposals are emerging and where there is both leadership and engagement from the local community and clinical workforce: Kington and Leominster and their surrounding rural areas. It is expected that active work with other localities will commence early in 2018, although engagement with all communities will continue throughout the whole programme.

Work will continue with all areas of the County with the governance arrangements described in this document ensuring that all areas progress over the next 18 months and that no areas are put at a disadvantage by progress elsewhere. This will include a tight overview of resource allocation, wide engagement of stakeholders and transparent plans shared with all stakeholders and the public.

Appendix 6 shows the draft governance arrangements for the programme as a whole.

Alongside these arrangements, it is proposed that the Adults and Wellbeing Scrutiny Committee should receive regular updates on the progress of the overall programme and the individual Locality Programmes, providing feedback and seeking clarification as it sees fit. The partners remain committed to working effectively with Scrutiny and will be happy to respond to suggestions and requirements to develop and modify the proposed approach.

Recommendation 3: on going involvement of Adults and Wellbeing Scrutiny Committee

The Scrutiny Committee is asked to:

- **Advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects**

6. Conclusion

The Health and social care system in Herefordshire has worked effectively together to develop the initial proposals that underpin these first stages of the transformation of our community services. Engagement with local people has provided a rich source of information, challenges and ideas and a strong indication of the willingness in our local communities to work with us to develop solutions that are tailor-made to meet local needs and circumstances. The partners leading this process, and those that have so far engaged in the project, recognise that this is not a short term project, but one that requires a long term commitment to ensure that we deliver the best possible solutions for local people. Commencing that transformation should be a priority, both

to make effective and efficient use of resources, and also to ensure that local people are provided with appropriate choices to support their long term recovery and wellbeing.

Appendices to this paper:

Appendix 1 – The Herefordshire system “Blue Print”

Appendix 2 – Summary of engagement feedback by thematic area

Appendix 3 – Summary of engagement feedback by locality

Appendix 4 – Analysis from on-line survey and focus groups

Appendix 5 – Clinical Case for Change and Model of Care

Appendix 6 – Draft governance arrangements