

Cllr Vic Pritchard, Cabinet Member for Adult Social Care & Health Key Issues Briefing Note

Health & Wellbeing Select Committee May 2018

1. Help shape the future of community mental health services in B&NES

The Council and CCG are reviewing the way community mental health services are delivered locally and are inviting the public to help.

Both organisations are responsible for commissioning mental health services in Bath and North East Somerset, and they are looking at the way things are currently done to determine what is working well and identify any improvements needed.

According to recent Mental Health Foundation research, two-thirds of adults in Britain have experienced a mental health problem and, in 2012-13, there were 8,931 people aged 18 years and over registered with depression in GP practices in B&NES. This year's Mental Health Awareness Week (14-20 May 2018) focused on stress and there are a number of events being organised in B&NES to help promote mental health and wellbeing. Find out more [here](#).

The review of community mental health services launched last summer when over 60 face-to-face meetings and focus groups were held and more than 100 survey responses received. People told the Council and CCG that community mental health services must focus on preventing people from escalating into crisis, drive parity of esteem (equal value) between medical and social interventions, and make sure that services work together more effectively. Young people who gave their feedback felt that the transition from child to adult mental health services needs to be less abrupt, and said they would like more information about where they can get support and increased flexibility with how they access these services.

To find out what people said, you can read the Engagement Report on the [CCG's website](#).

Dr Daisy Curling, a Bath GP, BaNES CCG Board member and clinical lead for mental health said: "Thank you to everyone who has shared feedback with us so far. The views of people who currently use these services or have done in the past, people who care for those who use services, and those who provide services, are an integral part of ensuring this review is a success."

Six working groups, made up of staff from the Council and CCG, Virgin Care, service providers, voluntary sector representatives and Community Champions – who represent the public – are now working on the next stage of the review. This will

involve holding workshops in June 2018, to which people who use services, those who deliver services and interested members of the public are invited.

We want to encourage anyone who has experience of, or an interest in community mental health services to come along and help us to shape how these could be delivered in the future. We are keen to build on the amazing engagement and feedback we had from residents of B&NES during the *your care, your way* community services review and bring that same collaboration into the design of community mental health.

Workshops will be held on the following dates:

- **Tuesday 5 June 2018, 9am-12pm**

How can community mental health services work better together?

[Sign up here](#)

- **Wednesday 13 June**

- **9am-12.30pm – How can we improve transitions from child to adult community mental health services?**

[Sign up here](#)

- **9am-12.30pm – How can we increase integration between physical and mental health services?**

[Sign up here](#)

- **1.30-5.00pm – How can we support people who use mental health services to access meaningful occupation, including employment, training and education?**

[Sign up here](#)

- **1.30-5.00pm – How can we support people who are experiencing acute mental health crisis and prevent people's needs from escalating to this point?**

[Sign up here](#)

- **Monday 18 June 2018, 6.30-8.30pm**

Workshop drop-in for anyone who can't make the 5 or 13 June workshops, come and share your views on any/all of the mental health review topics.

[Sign up here](#)

All workshops will be held at **Keynsham Community Space, 5 Temple St, BS31 1HA.**

For information about the review, please [visit the CCG's website](#), email banes.yourvoice@nhs.net or call 01225 831 800 and ask for the Communications and Engagement Team.

The wider public will be asked what they think of these different options for delivering community mental health services locally during a public consultation taking place in June-July 2018. It is expected that a final service model will be developed and put in place in April 2019.

2. Virgin Care Community Services – One Year On

Virgin Care Community Services One-Year On

Introduction

Between January and December 2015 the Council and Clinical Commissioning Group (CCG) carried out a bold and ambitious review of community health and care services for children, young people and adults. The *your care, your way* community services review looked at the wide range of services providing care and support in people's homes and communities and the experiences of the people using them.

Following a series of over 80 different engagement events, a formal public consultation was held in autumn 2015 to seek feedback on a draft vision for community services and a set of fourteen priorities. There was a clear indication from stakeholders that viewing people's needs in a holistic way and joining up their care were key priorities for this review. In addition, there was strong support for placing greater emphasis on prevention, ensuring that the right support is available to people before they reach crisis point, require hospital admission or develop a long-term condition.

The top five priorities identified from the public engagement and consultation responses were:

- A person not a condition
- A single plan
- Invest in the workforce
- Join up the information
- Focus on prevention

The results of the consultation were used in the procurement process to test how the bidders intended to deliver the priorities that matter to local people. Virgin Care Services Ltd (VCSL) were confirmed as the successful bidder and awarded the "Prime Provider" contract. Under this model, Virgin Care has overall responsibility for the delivery and coordination of services but it can also sub-contract with specialist, third sector providers and small and medium-sized enterprises (SMEs) to ensure that existing knowledge and experience is not lost.

Key elements of the service model are described in the following paragraphs. The table attached as Appendix 1 sets out how the new model of care will meet the top five priorities identified by the community in public consultation.

The Service Model

Key elements of the service model commissioned are:

- The services will deliver a sustainable, preventative, planned and urgent health and care system in the local community that has a clear focus on health and care improvement, parity of esteem between mental and physical health and reducing inequalities for children, young people and adults.
- Virgin Care will ensure that there is engagement with local communities and partners, including people who use services and their carers, in the co-design, development, commissioning, delivery and review of local support and ensuring that leaders at every level of every organisation work towards a genuine shift in attitudes and culture. Virgin Care will incentivise and facilitate collaboration amongst providers to jointly deliver services.
- Virgin Care will intervene sooner in the care pathway to focus on prevention and self-management by ensuring that people have a plan of preventative and lifestyle interventions, aimed at maintaining a high level of functionality and independence for as long as possible.
- Single assessments will help form the basis of a single care and support plan to give people choice and control of the care and support they receive. In particular, people with the most complex needs will benefit from many people coming together around a single support plan that is individually designed and can flex around the needs of the individual rather than the person having to 'fit in' with service requirements.
- Virgin Care Information Technology will pull data from existing IT systems to allow people to view their integrated care record and control how information is shared between providers and even with their own choice of friends, relatives or carers.
- A new Care Coordination Centre will provide a single point of contact for people, their families and health and social care professionals. The Care Co-ordination centre will optimise service delivery by tracking people who require care and support as they move through the health and care system and guiding them to the most appropriate services.
- Care Navigators from a range of voluntary and community sector organisations will be coordinated through the Care Coordination Centre to help people become aware of the range of activities that are available to them and be an important link to the integrated teams within the Locality Hubs.

- Assistive technology will be used to maximise people’s independence and keep them safe in their own homes. Simple, easily-managed technology that allows a person to record, report and act on their own findings at home, supported by an appropriate clinical alerting and support network, promotes confidence and has been shown to reduce the number of face-to-face consultation and emergency contacts in a number of long term conditions.

Transformation programme update

During 2017/18, Virgin Care was required to begin implementing their ambitious transformation programme in order to improve service delivery and achieve efficiencies to enable greater sustainability in future years. The following table summarises Virgin Care performance against the Service Development and Improvement Plan (SDIP) milestones in 2017/18, which form part of the VCSL contract.

Objective	Milestone	Progress summary	RAG
	Implement the integrated care record (ICR)	Commissioners remain concerned that this work stream is behind schedule. Some clinical engagement efforts with RUH made, however critical conversations re scope of project and Information Governance are outstanding. Virgin has employed a new ICR Information Governance lead who comes from Connecting Care. Patient portal being developed with community champions, with v.1 available in April, and new version by December. 18/19 milestones set outline that Virgin must deliver two two-way data transfer projects per quarter in order to meet the clinical benefits realisation timelines.	●
	Implement mobile working for staff	Devices for mobile working currently shortlisted to two devices and will be piloted with Community Nursing and Paediatric teams. Trial commenced in March 2018 and full roll out plan April 18 to October 18. Early adopters will be District Nursing in Bath & NES, Reablement in Bath, Planned Rehab and Early Supported Discharge. The trial will enable the baselining of data by District Nursing and Reablement. Council mobile working application expected to be released Sept to Dec 18 to facilitate Social Work mobile working.	●
	Implement the performance management tool 'Tableau'	Implementation plan has been submitted to Commissioners in line with Q1 milestone, Tableau currently operational within VCSL but requires further roll out to Commissioners.	●

	<p>Ensure leadership structures are fit for purpose</p>	<p>Workforce plans have been developed to take account of leadership development. A Strategic Lead for Social Care is in place. The Deputy Director of Operations is undertaking a review of operational structures. Action plans have been shared with Commissioners to address issues raised and have been used to inform 18/19 SDIP priorities. The Recruitment process has commenced internally for Head of Commissioning and Contracting posts.</p>	
	<p>Ensure people's strengths are taken into account when planning their care</p>	<p>The roll out of the 3 conversations model across Adult Social Care has progressed to test site stage, with two innovation sites live since March, and two more going live in May. The approach enables social workers to support people by focusing on their strengths, their networks and community facilities rather than putting everyone through a lengthy assessment process which too often results in unnecessarily long and expensive care packages.</p> <p>This programme has led to the redesign of the Liquid Logic system to enable swifter and easier recording, and to the testing of new approaches to calculating indicative budgets in order to provide a more accurate estimate of package costs.</p>	

	<p>Establish foundations for locality based provision and care coordination</p>	<p>Virgin have established a local group working on 4 agile projects for phase 1 care coordination; efficiency of HAT and ASIST, joining up the information, navigation and prevention, and estates. Advice Centre incorporating Direct Payment Hub will be in place in Q1 18/19. VCSL have linked up Health MyDoS with Wellbeing Options from the Council to start to build the first comprehensive Directory of Service. Review of Health Access Team ongoing in Q1 18/19 with an acknowledgement that issues persist, particularly for Primary Care. A recovery action plan has been implemented to bolster the capacity in HAT and to analyse the data in order to more accurately improve the service and ease pressures. Clinical systems process maps have been received, and key leads engaged from IT and clinical systems. In Q1 the focus will be on scoping the potential to co locate all advice functions into one hub. While progress has been made, the majority of the 17/18 milestones have not been met, hence the red rating. Phase 0.5 which will see the co-location of all access teams is due to go live in June.</p>	
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There are a number of other transformation work streams developing at pace, for example the reablement pathway review and the mental health pathway review. Both programmes of work are looking to improve the offer for people in B&NES while delivering efficiencies, and making the service sustainable for future years.

The reablement review is a joint Virgin Care and B&NES' Commissioners transformation work stream and is closely linked to the expansion and extension of the "Home First" service, which is designed to reduce unnecessary delays in a person's transfer of care from a hospital to a community setting and ensure assessments are undertaken in the right place to gain an accurate picture on need, including any longer-term needs for care and support.

Overall, whilst Virgin is positively progressing some areas of transformational change, including the implementation of the "Three Conversations" model, there are areas of transformation, particularly Integrated Care Record and Care Coordination where less progress has been made.

Virgin Care transformation milestones have been revised in 2018/19, and an ambitious yet achievable Service Development & Improvement Plan has been negotiated and incorporated into the contract. This SDIP does include some changes in transformation priorities to reflect national and/or local changes in priorities/areas for particular focus.

Performance and Quality overview

The table below provides a forecast of the 2017/18 Adult Social Care Outcomes Framework, the key national measures for Adult Social Care which shows that overall the outcomes for people using Social Care services have continued at the expected level during the changeover of contract. The final 2017/18 data will be available in early June and published nationally with benchmarking in October / November.

Adult Social Care Outcomes Framework measures: 2017/18 forecast						
Ref	Measure description	Direction to improve	Aspiration/ 2016/17 actual ¹	2017/18 ytd ²	Latest period	England 2016/17 ³
ASCOF 1C(1a)	Proportion of people using social care receiving self-directed support	▲	91.4%	90.9%	Mar-18	89.4%
ASCOF 1C(2a)	Proportion of people using social care receiving direct payments	▲	35%	31.0%	Mar-18	28.3%
ASCOF 1E	Proportion of adults with learning disabilities in paid employment	▲	9.7%	10.5%	Mar-18	5.7%
ASCOF 1G	Proportion of adults with learning disabilities who live in their own home or with their family	▲	71.9%	70.7%	Mar-18	76.2%
ASCOF 2A(1)	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (18-64)	▼	20.5	16.2	Mar-18	12.8
ASCOF 2A(2)	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (65+)	▼	640.8	637.7	Mar-18	610.7
ASCOF 2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	▲	91.3%	84.0%	Feb-18	83%
ASCOF 2C(1)	Delayed transfers of care from hospital (per 100,000 population)	▼	11.6	12.7	Feb-18	12.6
ASCOF 2C(2)	Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population)	▼	7.4	5.9	Feb-18	4.6

Adult Social Care Outcomes Framework measures: 2017/18 forecast

Ref	Measure description	Direction to improve	Aspiration/ 2016/17 actual ¹	2017/18 ytd ²	Latest period	England 2016/17 ³
ASCOF 2C(3)	Delayed transfers of care from hospital jointly attributable to NHS and social care (per 100,000 population)	▼	0.2	0.4	Feb-18	0.90

ASCOF Performance commentary

- Self-directed support and direct payments – ASCOF 1C: Performance has remained stable this year for the self-directed support measure and is projected to remain better than the 2016/17 national average. For direct payments, this year's performance is projected to remain above the national average.
- Learning Disabilities – ASCOF 1E and 1G: The rate of learning disability clients in employment continues to rise in line with the trend in recent years and it remains significantly above the 2016/17 national average. In the past three years of published ASCOF results, the Council has been in the top quartile for this measure. The accommodation measure shows a small decline compared to 2016/17 but the number of clients in settled accommodation has increased compared to last year, albeit the total number of clients has also increased.
- Permanent care home admissions – ASCOF 2A: Fewer younger adults have been permanently placed in residential care during 2017/18 than in the past 5 years. While B&NES performance is above the national average, there has been significant improvement this year, particularly in Q4. Approximately 80% of the placements in this category are Virgin Care clients, with the remainder being AWP clients. For over 65s, the number of new permanent placements in 2017/18 is showing a 7% reduction compared to last year. BCF schemes, such as Home First, have been successful in reducing ongoing care needs as earlier discharges avoid people deteriorating in hospital. Approximately 60% of the placements in this category are attributable to Virgin Care, with the remainder being AWP clients.
- Reablement – ASCOF 2B(1): Virgin Care identified that the method of calculation used in previous years had been over-reporting performance. 2017/18 performance is not directly comparable with previous years therefore. Since January, when the revised methodology was first used, performance has been at the regional average level. The reported drop in performance reflects a reporting change and is not reflective of a deterioration of outcomes for service users.
- Delayed Transfers of Care – ASCOF 2C: DTOC performance has been challenging at national level this year as pressure has been felt across the health and social care system. Virgin Care has taken ownership of community hospital and reablement delays, which is leading to improvements. Virgin Care commenced submitting data nationally on delays in community hospitals from January, so the ASCOF measure this year does not wholly reflect their impact on

DTOCs in B&NES. On average, 37% of delayed days in B&NES are in community hospitals. For delays attributed to social care, there has been significant improvement this year, so while B&NES is above the 2016/17 national average, the variance is much reduced.