CABINET

19TH JUNE, 2023

SUBJECT:

HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST?

Purpose:

This paper outlines a response in West Wales to progressing integration. Specifically, the paper outlines an opportunity in Carmarthenshire to develop and implement a health and care system for older people that is based on 'what matters' to this population and will be fit for purpose both now and into the future. The paper also considers alignment to the Ministerial Discussion Document known as 'Further, Faster' and its expectations.

Recommendations / key decisions required:

Members are requested to:

- Acknowledge and consider the opportunity and current state
- Approve the proposal and high level plan

Reasons:

In order to consider and approve the proposed approach to exploring development of such a system in Carmarthenshire.

Cabinet Decision Required	YES – 19th June, 2023
Council Decision Required	NO

CABINET MEMBER PORTFOLIO HOLDER:-
Cllr. J. Tremlett, Health & Social Services Portfolio Holder

Directorate: Communities	**Designations:**	Email addresses:
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Cyngor Sir Gâr
Carmarthenshire
County Council

EXECUTIVE SUMMARY

HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST?

Situation

This paper outlines a response in West Wales to progressing integration. Specifically, the paper outlines an opportunity in Carmarthenshire to develop and implement a health and care system for older people that is based on 'what matters' to this population and will be fit for purpose both now and into the future. The paper also considers alignment to the Ministerial Discussion Document known as 'Further, Faster' and its expectations.

Members are asked to consider and approve the proposed approach to exploring and developing such a system in Carmarthenshire.

Background

Current State of our Health and Care System

Ensuring we can meet people's health and social care needs is a statutory duty for Carmarthenshire County Council (CCC) and Hywel Dda University Health Board (HDdUHB) both organisations both now and into the future. Health and social care however faces huge challenges in the demand for, and supply of, health and social care. On the 'demand side', our demography and the socio-economic characteristics of our post-industrial and rural communities are well known and whilst all population groups make a call on community capacity there is a demonstrable imbalance in terms of demand and capacity relating to managing the needs of the older people population. Critically, our frail and elderly population in West Wales are growing at in the region of 3% a year and this growth will continue for at least 10 years. Thus, whilst the position is as difficult as it has ever been now it will get substantially worse without radical change and reform.

This imbalance is particularly evident within the urgent and emergency care (UEC) system where 80% of the presenting need is attributed to frailty and complexity associated with our older population group. Too often, this population is conveyed to hospital by ambulance or are referred to the hospital for assessment and diagnostics by the person's own GP. A large proportion are consequently admitted.

It is broadly acknowledged that hospital stays for our severely frail predisposes them to harm and poor outcomes from Hospital Acquired Infection, an increased risk of falls and acute confusion as well as deconditioning (muscle loss and deterioration in their previous level of independence). The latter contributes to a loss of functional ability and an increased need for formal care and support on discharge increasing the demand on the finite availability of social care. Bed occupancy rates in hospital for this population group have therefore increased exponentially since the pandemic due to reduced rates of discharge associated with the fragility of the community care workforce. Poor discharge rates compromise the Emergency Departments' ability to receive patients arriving by ambulance resulting in ambulance handover delays which prevents access to UEC for our wider population. In parallel with the crisis in emergency and care there is an inability to meet and fund long term demand for care in the community where there is a systemic shortfall in homecare, residential and nursing home provision with a system that is not coping with current demand and does not allocate resources effectively.

Further challenges to developing a sustainable health and care system are associated with the availability of workforce to manage the growing demand with a view that our most valuable and expensive resources are not always deployed proportionately to the level of need.

There is an urgent need for us to find a solution to this challenge both in terms of reducing the risk of harm to our population in the here and now but also to ensure that we develop a sustainable health and care system for the growing demographic associated with our older population over the next ten years.

Optimal Management of Frailty - Frailty is internationally defined as 'a state of vulnerability which renders the individual unable to manage minor insults whether physiological, social and / or psychological. Frailty is not attributed to age per se however a larger proportion of our older population are predisposed.

For older people and those living with frailty, we know that living purposeful lives within their own community is what matters most. It is also evidenced that 80% of our frail would prefer to avoid hospital admission where possible however 20 – 30% of our frail continue to be admitted unnecessarily. When admitted and following protracted inpatient stay, hospitalisation increases the level of social care required to meet their needs by 45%.

There is increasing recognition that achieving 'what matters' to this population is dependent on mitigating recurrent crises that result in repeated visits to the ED and rapid deterioration in their levels of independence. The health and care system for older people living with (or at risk of) frailty needs to be person centred (delivers what matters to them), proactive and able to provide urgent multidisciplinary response to escalating needs in the community.

Our current health and care system is largely designed around single organ disease and response to our frail is mainly secondary care (hospital) based and reactive to the acute health crises they experience such as falls, acute confusion and immobility. Early identification, assessment and appropriate management of our frail can slow the progression of frailty, indeed it can also be reversed. Achieving improved outcomes for this population therefore requires a different approach to the provision of health and care services. This different approach also contributes to effective and efficient use of resources, both monetary and workforce.

Over time, our health system has become more specialised in its focus and struggles to adapt to the multiple and interacting health and social circumstances of our growing frail population. The availability of increasingly advanced diagnostic and therapeutic strategies contributes to vicious episodic and reactive cycles of over diagnosis and overtreatment that are not person centred. Culturally, as a society we have embraced this medical model and have become dependent and expectant of its ability to 'cure everything'. Too often, however, this medical model and its strategies fail to acknowledge the unique challenge of frailty and contribute to unrealistic expectations which compromise the wellbeing of this vulnerable population.

This means a transition from the traditional medical model of health improvement to a social model of care is required that defines, measures and manages health in functional terms (not limiting to the treatment of physiological illness) and enabling the individual to achieve what matters to them.

Adopting best practice for management of our frail will also require a review and remodelling of the existing health and care system. The latter is not able to support the complex needs of our very and severely frail both in terms of the volume of care that is required (at home and in care homes) but also in terms of their specialist needs which no longer 'fit' to our traditional social care / primary health need assessment criteria. The latter is also compromised by the fluctuating nature of their needs associated with frailty syndrome.

Assessment

The Opportunity

Locally

A Section 33 Agreement between Carmarthenshire County Council (CCC) and Hywel Dda University Health Board (HDUHB) has existed since 2009 and which has supported an integrated management structure across community health and social care for older adults and the development of integrated care pathways (Home First) which has demonstrated in the last twelve months to have reduced care and support requirement for a targeted element of our frail and elderly population by up to 85%.

'Home First' is an approach taken by multi disciplinary professionals from CCC and HDdUHB which embeds best practice for managing the frail. It consists of rapid access to care and treatment for acute health needs within a 1 – 2 hour period providing a safe alternative to hospital. Similarly, it provides urgent access to primary care and reablement provision within a 8 – 72 hour period to support people to receive treatment and to recover from injury or illness. Reablement is available both at home or in a bedded facility (community hospital or intermediate care beds).

Importantly, the work has adopted an asset based approach to providing support which focuses on 'what matters' to the person and embeds a proportionate and inclusive approach i.e the lowest level of support required and utilises Technology Enabled Care (TEC) and third sector provision as a mixed model of provision.

'Home First' has focused in the main on expediting discharge from acute hospitals during core working hours although is progressing the conveyance and admission avoidance pathway with local GPs and providing them with direct access to alternative care pathways. Enhancing at scale and pace to cover a 7 day period however is currently constrained both in terms of available health and care workforce but also the infrastructure required to meet the population need. The latter is particularly the case in relation to suitable care home facilities for the level of complexity that is presenting.

Delta Wellbeing a Local Authority Trading Company 100% owned by CCC provides a robust digital infrastructure for TEC and proactive monitoring of complex patients being managed at home through Delta Connect pathway. This also provides a proactive monitoring platform, already in place, for thousands of our older people living in the community enabling a better management of risk and the potential for a level of future functionality and monitoring of this population unrivalled in Wales.

Evidence of the impact of 'Home First' to date has demonstrated the following operational improvement and its associated financial efficiencies:

Outcome Indicators

- Bed day reduction > 21 days (Length of Stay)
- Reduction in Conveyance
- Reduction in Admission Rates

'Means' – Performance Metrics (highlights)

- 31 – 45% reduction in community social care demand
- 65% reduction in social care requirement following Home First
- 85% Admission avoidance with UPC / IC crisis (6994 referrals)
- 70% conveyance reduction with SPOC Home First (including APP navigator)
- 94% of all Delta 'faller' responses remained at home (6% conveyance rate @ 10,324 calls)
- Average 40 Discharges per week with Home First support (40 New complex patients per week)

Nationally

A Healthier Wales, and the Social Services and Wellbeing (Wales) Act provides us with the policy and legislative framework to further integration. Most recently, there has been a Ministerial mandate to integrate 'faster, further, together'[1] to create an integrated community care service underpinned by an All Wales Quality Statement regarding the care standards expected for our frail population. Amendments to Part 9 and Part 2 have been made to the SSWBA to support this and a level of 'pump priming' resources will be available. These resource requirements are suggested to be beyond those already funded from Regional Integrated Fund and the Urgent

[1] Welsh Government (February 2023) *Further, Faster, Together Discussion Paper*

and Emergency Care Programme Funding and which Welsh Government will make non-recurring resources available (from a £30m reserved fund).

The national opportunity therefore presents an opportunity to 'pump prime' and enhance the local 'Home First' approach and explore opportunities to further integration and the infrastructure required to meet the demographic needs of the older person population now and over the next decade.

Proposal and Plan Endorsed by Chief Executive Officers Hywel Dda University Health Board and Carmarthenshire County Council

To develop a plan (building on a range of initiatives including 'Home First' and a range of 'step up' and 'step down' care options) that implements a model for community health and care provision for older adults and adults with physical disabilities in Carmarthenshire that allows them to remain well and independent in their own home and community (including safe alternatives to hospital admission or extended stay) and reduces the long term dependence of the frail population to an unsustainable level of social care.

This plan addresses the complex and multiple needs of the patients rather than the capabilities of the current provider landscape. It must consider both immediate impacts that changes can make as well as setting out a model to meet medium and long term demand of the frail and elderly.

Benefits

- Contributes to delivery of corporate objectives for CCC and HDdUHB outlined in 'A Healthier Mid and West Wales, Our Future Generations Living Well' and 'Developing Carmarthenshire Together: One Council, One Vision, One Voice'
- Improved operational performance across health and social care
- Reduced harm and enhanced patient / service user experience
- Efficient and effective use of resources (financial and workforce)
- Increased productivity of workforce (Technology Enabled Care (TEC) integration, proportionate commissioning of care)
- Improved recruitment and retention
- Future sustainability of health and social care
- Improved outcomes for older person population

Scope:

Population

- Older Adult Population of Carmarthenshire (>65s)
- Adults with Physical Disabilities / Sensory Impairment
- Ordinary Resident in Carmarthenshire

Service Infrastructure

- Domiciliary Care provision (in house and independent) including reablement
- Social Work
- Allied Health Professionals
- Primary Care Contractors (GMS, Pharmacy and Optometry)
- Residential and Nursing Care Homes (independent and in house)

- Carmarthenshire Integrated Community Equipment Store
- Delta Wellbeing
- Urgent and Intermediate Care Specialty Doctors and their Physician Associates
- Community Nursing (District, ART and Falls / Frailty)

Regional Alignment

Alignment to West Wales Care Partnership priorities and RIF Themes

- Older People and People Living with Dementia
- Complex Care at Home / Hospital to Home

Alignment to Strategic Programme for Primary Care

- Accelerated Cluster Development / Community Infrastructure / Healthy Days at Home Measure

Alignment to Health Board Transforming UEC Programme (6 Goals – PG1 and 6)

Alignment to Health Board Strategic Priorities (Transforming UEC, Integrated Locality Planning, Dementia & EoL)

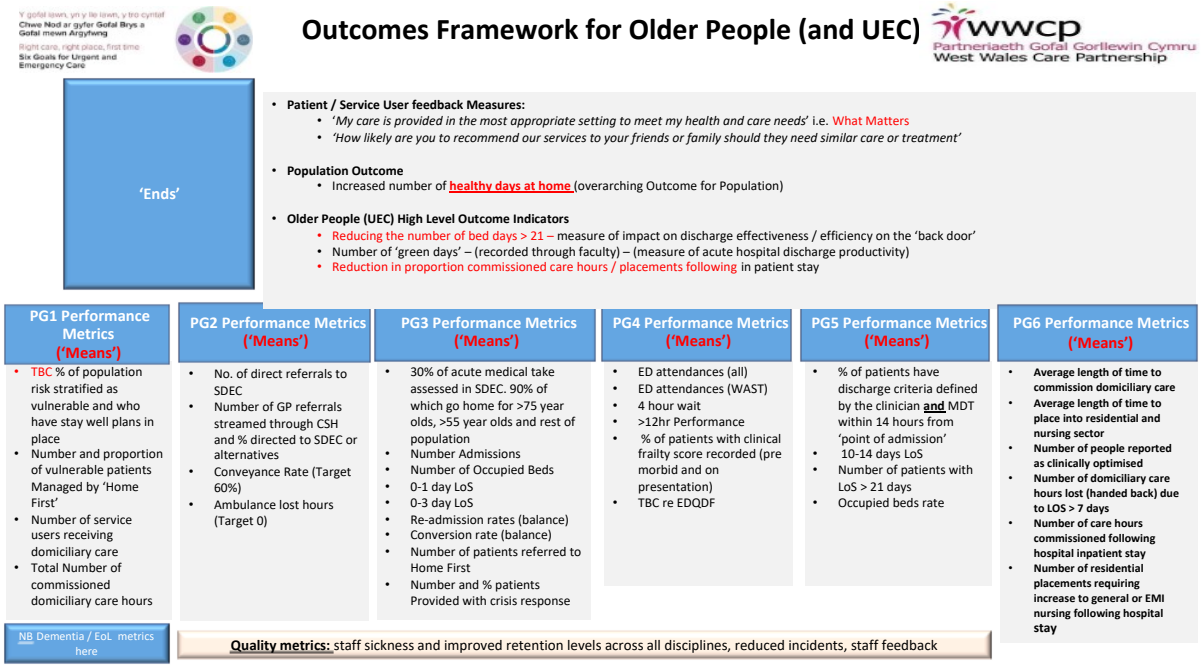
Alignment to PSB Wellbeing Objectives (Living and Ageing Well)

Alignment to CCC, PCC and Cere CC Corporate Objectives

Commission Regional Evaluation of Home First Approach in Carmarthenshire

Workshop with Pembrokeshire in April

Outcome



Risks and Issues

- Workforce availability across the health and social care system
- Greater risk however in not doing anything
- National Evidence for successful formal integration is not robust
- This will require radical rethinking of governance and management spans of control and key stake holders in Welsh Government, senior teams, Health Board and elected members will need to agree and champion to make this a success.

A **high level outline proposal and plan** was presented to the HDdUHB Executive Team on the 22nd March, 2023 and to CCC's Corporate Management Team on the 30th March, 2023 and attached to this report for reference.

Current State of Plan Implementation

- Task and Finish Group Established
- Deliverables agreed for implementation prior to November 2023
- Briefing to Cabinet Members May 2023 for Cabinet approval
- Briefing to Health Board May 2023

Governance Arrangements

Designing and implementing an integrated health and care system for older people in Carmarthenshire will require us to consider appropriate governance and pooled fund arrangements. It is proposed that an Executive Project Board is established to oversee progress against the plan and its deliverables which will provide timely decision making at each step of the design and associated options requiring appraisal by executives and non – executive senior officers.

Recommendation

Members are requested to:

- Acknowledge and consider the opportunity and current state
- Approve the proposal and high level plan

DETAILED REPORT ATTACHED?	Presentation Attached.

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report: **Signed: Jake Morgan Director of Community Services**						
Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE at this stage	**YES**	**NONE at this stage**	**NONE**	**NONE**	**NONE at this stage**	**NONE**

2. Legal

Not at this stage however we will be taking legal instruction as we progress with option appraisal.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Jake Morgan Director of Community Services

1. Scrutiny Committee request for pre-determination	YES

Scrutiny Committee	**Health & Social Services**
Date the report was considered:-	**7th June, 2023**

Scrutiny Committee Outcome/Recommendations:-

Unanimously resolved to recommend to Cabinet the approval of the proposal and high level plan.

2.Local Member(s) - N/A

3.Community / Town Council – N/A

4.Relevant Partners - Hywel Dda University Health Board

5.Staff Side Representatives and other Organisations - N/A

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED	**Include any observations here**
YES	

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Title of Document	File Ref No.	Locations that the papers are available for public inspection

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