

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	BETTER CARE SOUTHAMPTON UPDATE		
<b>DATE OF DECISION:</b>	26 <sup>TH</sup> MARCH 2014		
<b>REPORT OF:</b>	DIRECTOR OF QUALITY AND INTEGRATION		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel: 023 80</b>
	<b>E-mail:</b>	<b>Stephanie.ramsey@southampton.gov.uk</b>	
<b>Director</b>	<b>Name:</b>	<b>John Richards, Chief Executive</b> <b>Alison Elliott, Director of People</b>	<b>Tel: 023 80</b>
	<b>E-mail:</b>	<b><a href="mailto:John.Richards@southamptoncityccg">John.Richards@southamptoncityccg</a></b> <b>Alison.Elliott@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

### **BRIEF SUMMARY**

The first cut of the Better Care Southampton local plan was submitted on 14 February, following agreement at the Health & Wellbeing Board on 29 January. The plan has been developed with extensive stakeholder consultation, which included three large stakeholder workshops and individual consultations and focus groups with service users and different agencies, including HealthWatch. Feedback from NHS England was received on our submission on 7<sup>th</sup> March and the plan is currently being reviewed in the light of this feedback with changes being made for the final submission on 4<sup>th</sup> April 2014.

At the same time, work is underway to implement the system redesign across the three main components of :

- Person centred local coordinated care
- Responsive discharge and reablement – supporting timely discharge and recovery
- Building capacity

This briefing provides an update on progress including the changes being made following NHS England and other feedback and development of the governance structure for implementation.

Work is still underway to finalise the pooled fund amount for 15/16.

### **RECOMMENDATIONS:**

- (i) The Health and Wellbeing Board notes progress towards implementation of Better Care Southampton.

## REASONS FOR REPORT RECOMMENDATIONS

1. Feedback from NHS England on the first submission was very positive about the model. The areas requiring further amendments relate to the achievability of the approach and the affordability of the model. The work being undertaken to address these issues is described within this Briefing paper. It should also be noted that updated guidance from NHS England will require some changes to the metrics submitted for Delayed Discharges (where number of delayed bed days as opposed to patients are now being counted).

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. Each Health and Wellbeing Board in England is required to submit and deliver a plan developed jointly by the council and CCGs.

## DETAIL (Including consultation carried out)

3. The initial draft plan was submitted to NHS England on 14<sup>th</sup> February following detailed consultation and cross organisational development of the proposals. This work has been ongoing via the Vulnerable People Board, Task and Finish group, a series of consultation events and the Demonstrator site work in Woolston/Weston. The model was also agreed with Chief Executives from each of the key health provider organisations as well as both SCC and CCG formal governance processes.

### 4. **Consultation**

Consultation and development is continuing about the model and effective ways of achieving implementation.

Next steps include 3 locality based workshops for front line staff and community and voluntary sector representatives based in different parts of the city to start the sharing of the Better Care concepts, and gain their views and ideas on taking things forward. This mirrors the bottom up, co-production approach that underpins our Better Care plan.

A proposal has been developed to implement the model through 6 local cluster integrated teams across the city. Consultation is continuing on the proposal for 6 clusters

### 5. **Implementation plan and governance changes**

The draft implementation plan can be seen in Appendix 1. This is currently being developed. The actions are based around a number of key themes and grouped so the governance can also be aligned appropriately. The implementation plan is based on the Kings Fund House of Care Model (Oct 13) and has the following sections:

**Person centred, local co-ordinated care** – this will be achieved through the development of the cluster teams. An Interagency Operational Group has been developed, comprising senior clinicians and operational managers from all local NHS providers, social care, housing, primary care, voluntary and community sectors as well as commissioners, to facilitate the establishment of cluster teams and processes including risk stratification, and integrated

care planning.

**Responsive commissioning** – this section sets out all the elements of commissioning changes that will be required, including change to service specifications, contractual requirements and levers, new services to be procured, establishment of the pooled fund and market development.

**Organisational processes and developments** – this section sets out the cross system changes such as IT developments, accommodation, the single front door, which require cross-organisational infrastructure development.

**Engaged and informed service users-** this section sets out the communication and engagement work we are undertaking with the public and service users, recognising the significant cultural changes that need to be made. A detailed joint communications and engagement strategy is currently in draft form and is being developed between the City Council and CCG, in partnership with HealthWatch.

**Workforce committed to partnership working** – this section sets out the significant work that needs to happen to develop our workforce to achieve new ways of working in partnership and delivering a person centred service. This will include training needs analysis and workforce development strategies, again cross agency, as well as workforce planning for the future.

## 6. **Community development**

The need for cluster “needs assessments” has been identified.

The Demonstrator site work is identifying the processes for pulling together community development activity at locality level, the additional resources needed and the role of the voluntary/ community sector in co-ordinating this activity.

## 7. **Communications and engagement**

A Communications and Engagement Strategy has been developed. First class communications activity will be hugely significant in helping secure the success of the far reaching change within Better Care Southampton. Without this, the new approaches and new ways of working and thinking could seem imposed, unwelcome, alien and too complex meaning the benefits of change – and commitment to it - could be lost.

8. The purpose of the Communications Strategy and Action Plan is to set out the fundamental approaches and key activities that will help establish and promote Better Care Southampton in a holistic way. The strategy is also necessary to support the positioning and types of bespoke communications activities required for the individual initiatives that are part of the Better Care Programme. The objectives of the strategy are to:

- Ensure consistent approaches

- Promote and win support for change
- Gather people's views

The aim is also to signpost patients, public and staff to resources and local services to promote self-management.

9. Better Care webpage is now on both the City Council and CCG websites, it features a benchmarking survey. This is an interim step whilst more detailed work is undertaken. This will include use of a brand/strap line "Joining up your care", improved information, development of a leaflet and production of localised videos.

10. **Guidance changes**

Further guidance has been released following the initial submission of draft Better Care Fund (BCF) plans, a number of common issues arose that NHS England have clarified. They have updated a number of the guidance documents, including improved clarity around metric specifications. The main impact locally is a change to the Delayed Transfers of Care metric from number of people to number of bed days. This calculation is being finalised.

There is also a spreadsheet which provides a breakdown by council of the £185k contained within the BCF to spend against the Care Bill reforms in 2015/16.

11. **Submission**

The initial draft was submitted on 14<sup>th</sup> February. The feedback is that it was a very clear plan with a clear vision and very good use of data and highlighting of issues. More detail on how to address the issues was requested. Many elements were assessed as being green (confident that the 4 April plan will fully address this condition) with two as amber (there is time for these concerns to be addressed for the 4 April plan) that relate to the achievability of the approach and the affordability of the model ( see Appendix 2)

The final submission will be made on 4<sup>th</sup> April 2014. There have been changes to the document as a result of both local consultation and NHS England feedback including:

- Changes to risk register (in respect of cultural change, public confidence and the infrastructure as raised at last H&WB Board)
- Changes to reflect feedback from Health Watch e.g. opt in/out for Personal budgets
- Revised details re governance arrangements
- Increased details on community development activity, the additional resources needed and the role of the voluntary/ community sector in co-ordinating this
- Implementation Plan
- Revised performance data

## RESOURCE IMPLICATIONS

### Capital/Revenue

12.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Southampton City Council	TBC	924,000.00	1,526,000.00	5,457,950.00
Southampton City CCG	TBC	1,287,000.00	15,325,000.00	52,869,000.00
<b>BCF Total</b>		2,211,000.00	16,851,000.00	58,326,950.00

Analytical work is underway to look at finance and activity data to inform pooled fund decisions.

A draft Section 75 agreement also being complied. The finalised pooled fund agreement will be brought to a future Board meeting. It is not required until 2015/16

### Property/Other

13. None

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

14. NHS England Publications Gateway Ref. No.00314

### Other Legal Implications:

15. None

## POLICY FRAMEWORK IMPLICATIONS

16. Align with Health and Wellbeing Strategy and Council's Policy Framework Plans

**KEY DECISION?** Yes

**WARDS/COMMUNITIES AFFECTED:**

All

### SUPPORTING DOCUMENTATION

### Appendices

1.	Better care Southampton Implementation Plan
----	---

### Documents In Members' Rooms

1.	N/A
----	-----

### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
--	----

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	N/A	
----	-----	--