DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		BETTER CARE SOUTHAMPTON UPDATE		
DATE OF DECISION:		14 MAY 2014		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
None.

BRIEF SUMMARY

The final version of Southampton's Better Care local plan was submitted on 4 April 2014. At this point, Southampton is still awaiting feedback from NHS England; however work is well underway to progress implementing the ambitious level of change required to deliver Southampton's vision and aspirations for Better Care.

This briefing provides an update on progress over the last month.

RECOMMENDATIONS:

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

REASONS FOR REPORT RECOMMENDATIONS

1. This is an ambitious agenda which requires strong engagement and buy in from all partners. The Health and Wellbeing Board has a key role to play in providing strategic leadership for this

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. At the core of Southampton's Better Care model is the integration of health and social care within a strong empowerment, person centred ethos. Southampton is looking to achieve this by moving to a locality cluster model. These clusters will bring together community nurses, therapists,

geriatricians, MH nurses, primary care, social care, housing and voluntary sector to work in an integrated way around local people and communities. The clusters will be based on GP practice registered populations; key features of the model will include:

- 7 day working
- Proactive engagement with communities and local networks
- Development of a personalised care promoting workforce
- Greater adoption of Personal Health Budgets ,Personal Budgets and uptake of direct payments
- Introduction of a common trusted assessment and planning tool
- A greater focus on early identification and intervention
- Proactive assessment and rapid response to meeting needs and ensuring that people are in the most appropriate setting
- Development of a reablement ethos across the board which promotes independence
- Full integration of mental health into the integrated care model
- Increased use of self management approaches
- Increased use of technology for delivery of services and support.

Key targets that Southampton's Better Care model will need to meet this year are set out below:

Indicator	Baseline	Performance for April 2015 payment	Performance for October 2015 payment
Permanent admissions of older people to residential & nursing homes	319 (12/13)	291 (14/15)	
% older people still at home 91 days post discharge from hospital into reablement services	87% (12/13)	90% (14/15)	
Delayed transfers of care (bed days)	906 (Dec 2012 – Nov 2013)	894 (Apr – Dec 2014)	876 (Jan – June 2015)
Avoidable admissions (average per month)	5426 (Oct 2012 – Sept 2013)	2439 (Apr – Sept 2014)	2864 (Oct 14 – Mar 15)
Service user experience	Awaiting national indicator		
Injuries due to falls in older people	951 (2012/13)	959 (2014/15)	910 (2015/16 – based on Apr – Sept 15)

Delivery of this model and achievement of the outcomes requires strong governance structures as well as buy in from all stakeholders.

Updated Governance arrangements

The revised governance structure is set out at appendix 1. This sets out the

groups overseeing the implementation of the Better Care model and how they report into the corporate governance arrangements for the CCG and City Council. The vulnerable people board has been renamed the Integrated Care Board, following feedback from voluntary and community sectors. This group oversees the Better Care programme ensuring that implementation is on track and that targets are being met. Reporting to this group the System Change Implementation Group (formally called Interagency operational group) has been set up to action the changes required. This group comprises senior managers and clinicians from all the main health providers, primary care, the Local Authority, Health watch and voluntary sector and had its first meeting on 9 April 2014. The next two meetings of this group (which is meeting monthly) will focus on:

- Acting on the feedback from the cluster consultation – primarily beginning to set up the clusters, defining the function and form, developing the standard operating procedures
- Planning the implementation of a shared care plan and joint assessment tool, based on the work of the Demonstrator site

A commissioning task and finish group is meeting fortnightly and is focussing on:

- Scoping the pooled fund
- Putting in place and monitoring the performance framework
- Exploring contractual and payment model options to best support the principles and aims of Better Care

A detailed action tracker and risk log are being developed.

Locality cluster team implementation

Significant work has been undertaken over the last two months to develop a proposal for the clusters which is now being shared across the health and social care system, including local community and voluntary groups. The proposal is for 6 geographical integrated cluster teams based around GP practice populations. A paper outlining the process of engagement for this proposal is attached at Appendix 2. Feedback from key stakeholders will be presented to the Integrated Care Board on 15 May and the final configuration of the clusters agreed by the end of the month.

Work is also underway in partnership with public health to produce a joint strategic needs assessment for each of the 6 proposed clusters to support service planning.

Coproduction and engagement

Key to the success of Southampton's Better Care plan is strong engagement and co-production of the model. During April and May three locality workshops are being held with wide representation from frontline workforce and local community and voluntary groups. These workshops are being used to raise awareness of the Better Care vision but more practically to begin to design the various aspects of the model (e.g. how the cluster teams will operate, what a shared care plan will look like). The workshops are also providing feedback on the cluster proposal. At the Central and East locality

workshops on 16th and 23rd April the following were cited by frontline staff as key priorities:

- joining up health and social care teams
- Information sharing, including IT systems, single care plans
- Improved communication and mechanisms to do this
- Care navigator role
- Heighten/raise public awareness
- Central database of voluntary groups
- Continued involvement, voluntary sector, housing, environmental health, employment
- Focussing on prevention rather than cure
- Full commitment from all stakeholders including GP's

At the Integrated Care Board on 17 April each provider organisation/group was also asked to feedback on what the Better Care agenda means for them. The following is a summary of the key points which fell into three broad headings:

New ways of working

- General agreement to shift to cluster focus
- Health and social care working much closer together
- Physical and mental health integrated working
- Promotion of self management
- New relationship with voluntary sector
- 7 day working across system – e.g. ability to discharge at weekends

Workforce development

- New, exciting roles – e.g. care navigator function
- Roles that cross hospital and community eg. therapies
- Workforce will need to become:
    - Less task based, more client centred
    - More proactive, less reactive (move from medical dependency model)
    - Multi skilled
    - Ability to trust others assessments/ referrals
- Culture shift

Infrastructure

- Information sharing, data etc
- Single point of access for users
- Estates – need to look at from interagency perspective
- Mobile working
- What is organisational structure of future - collaboration versus cooperation

Communications and branding

Finally there has been considerable work undertaken over the last month by the CCG and City Council communications teams to develop a branding for Southampton's Better Care model in order to raise awareness and engagement with the general public and local communities as well as with staff.

RESOURCE IMPLICATIONS

Capital/Revenue

4.

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*
BCF Total		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 is 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

5. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. NHS England Publications Gateway Ref. No.00314

Other Legal Implications:

7. None

POLICY FRAMEWORK IMPLICATIONS

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

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Governance arrangements
2.	Cluster proposal

Documents In Members' Rooms

1.	None

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	