

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	BETTER CARE SOUTHAMPTON UPDATE		
DATE OF DECISION:	30 TH JULY 2014		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

Since submission of Southampton's Better Care local plan on 4 April 2014, Clinical Commissioning groups (CCGs) and Local Authorities have been awaiting feedback and a clear steer from NHS England on the next steps. A joint update was released by Department for Communities and Local Government and the Department of Health on 11th July 2014. There remains a strong emphasis on the achievement of integrated care but also a requirement for an increased focus on reduction of unplanned admissions. A revised plan template now requires completion with additional financial data around metrics, planned spend and projected savings. Revised plans will be submitted at the end of the summer.

However considerable work has been ongoing locally to progress with the plan in order to deliver Southampton's vision and aspirations for Better Care. This briefing provides an update on progress over the last month as well as detail on the latest requirements.

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 supporting 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)

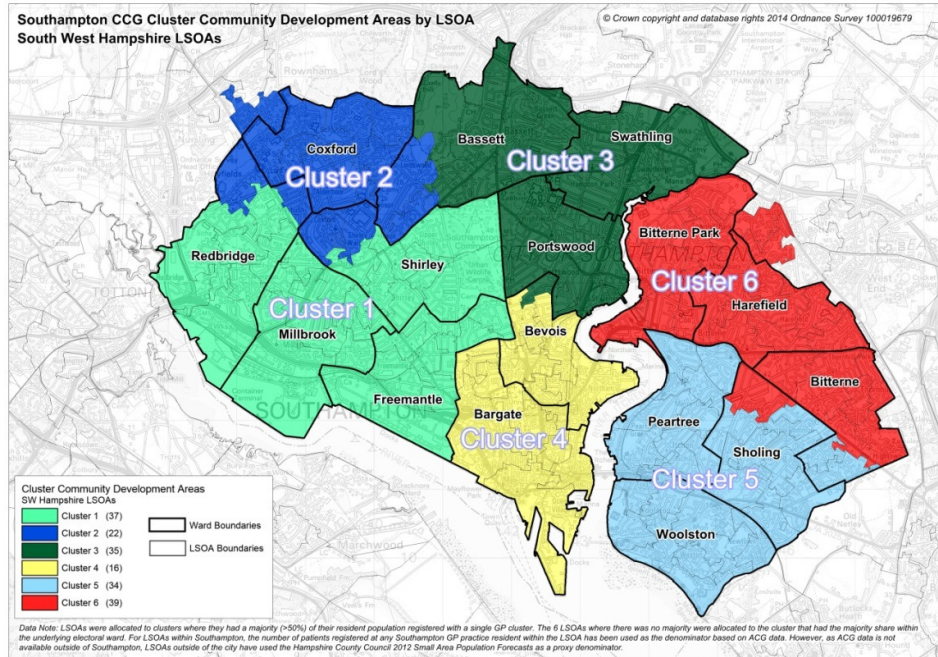
3. Progress on implementation of local integrated person centred care (cluster teams)

- 3.1 Over the next 5 years, our vision is to completely transform the delivery of care in Southampton through our jointly led City Council and CCG Better Care programme so that it is fully integrated across health and social care, delivered as locally as possible and person centred. People will be at the heart of their care, empowered and supported where necessary by high quality integrated local and connected communities of services to maintain or retain their independence, health and wellbeing. Neighbourhoods and local communities will have a recognised and valued role in supporting people and there will be a much stronger focus on prevention and early intervention.

- 3.2 The development of integrated working in clusters is a key building block in the new system. These clusters will bring together community nurses, therapists, geriatricians, mental health workers, 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. Specialist services will also reconfigure to actively work within the clusters and some outpatient clinics currently located in the hospital will be delivered locally.

- 3.3 The clusters are intended to be generic in their scope, although initially they will focus on over 75s and adults with complex long term conditions (LTCs).

- 3.4 After extensive consultation, the following 6 clusters have been agreed:



3.5 The intention is to implement the cluster model during 2014/15 with a view to all 6 clusters being up and running in some form by the Autumn and fully operational by March 2015.

3.6 The Better Care System Change Implementation Group has been meeting since May 2014 to define exactly how the clusters will work. Core functions will include:

- Identification of people at risk of deterioration such that they would need admission/ long term care
- Work with practices to develop care plans which are anticipatory and goal orientated
- Promotion of self-management
- Early intervention/prevention
- Management of crises/change in care needs in the community, wherever possible enabling the person to stay in their own home
- Co-ordinating care – providing a single lead professional for each service user
- Sign posting to community resources within local area
- Facilitating discharge from acute care
- Facilitating access to aids, adaptations, telecare/telehealth to promote independence

3.7 The Group are working through the composition of the teams and key principles of integrated working. The intention is to produce a high level

standard operating model which can be tailored to meet local circumstances and need.

4. To support the model of integrated working, discussions are now also progressing in relation to Information sharing and development of a prototype shared care plan accessible via the Hampshire Health Care Record.

5. **Learning from the Demonstrator Site**

The demonstrator site in Woolston and Weston has been piloting a number of the new integrated ways of working, including a multiagency risk stratification tool and joint working with housing and the local community and voluntary sector. This work has now been rolled up in the development of the 6 city wide clusters; however, a report on the learning will be issued shortly to inform the development of the model.

6. **Rehabilitation and reablement services redesign**

- 6.1 This is another key aspect of the Better Care model focussing on:

- Earlier access to rehab and reablement
- Embedding the reablement ethos into all provision, eg. external domiciliary care provision
- Joining up rehab (NHS) and reablement (City Council) provision to reduce duplication and gap

Work is underway to redesign current pathways and provision.

- 6.2 **Reducing injuries relating to falls**

This was chosen as Southampton's Better Care local target and will also have a significant impact on reducing avoidable admissions (national target) and permanent admissions to residential homes (national target).

- 6.3 A proposal for a future model of service has been developed with a particular focus on:

- Better identification and follow up of older people who have fallen, ensuring that more receive a comprehensive falls assessment and appropriate interventions, including medication.
- Making available evidence based exercise and balance programmes for those who have fallen to improve core stability and balance.

Work is ongoing to implement these proposals, working with the existing health providers to redesign current provision and exploring options for provision of exercise and balance programmes.

7. **Commissioning arrangements**

- 7.1 The Integrated Commissioning Board has also been considering various procurement and provider options for delivering Southampton's Better Care agenda. The approach being taken is to work with existing providers through the existing contractual arrangements and the wider NHS, community and voluntary sector market to co-produce the model and promote the changes in working and culture required. In the longer term there may be a benefit in

tendering all or part of the model but in the meantime it was not felt that the market was mature enough for such a shift.

7.2

To underpin this more collaborative working model, a system wide service specification is being developed based around a core set of principles and outcomes.

8. **Monitoring performance**

A performance dashboard is being developed to reflect all elements of the programme and this will be shared at future meetings

8.1

Trajectories and performance reports are being produced by the CCG and City Council information teams for each of the 5 national indicators (avoidable admissions, delayed transfers of care, permanent admissions to residential and nursing homes, effectiveness of reablement services and patient experience on which we are awaiting national guidance) and local falls indicator. So far this information is available for delayed transfers of care which is currently on target (as at May 2014) and permanent admissions to residential and nursing homes which is slightly over performing against target (as at May). The trajectories and reports for the remaining indicators will be available in the next two weeks.

9. **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. The intention is to use "Discover Southampton" for posting information about developments. A newsletter is being produced.

10. **Plan development – next steps**

10.1

Following a review of 151 local area 'Better Care' plans, NHS England and the Local Government Association (LGA) found that more than 80% of local area plans are on course to transform 'out of hospital' services. However further assurance is now required and a joint update was released by Department for Communities and Local Government and the Department of Health on 11th July 2014 (Appendix 1). This letter makes it clear that Government remains fully committed to the Better Care Fund, are clear that pooled health and care budgets will be an enduring feature of future settlements and remain convinced that the shift to integrated care is the right way to deliver a sustainable health and social care system that can provide better quality care and improve outcomes for individuals.

10.2

The Government is finalising arrangements for the pay for performance element of the fund and putting in place a clear framework for local risk sharing. As part of this each area is asked to propose their own performance pot based on their level of ambition for reducing emergency admissions – with a guideline reduction of at least 3.5 per cent. A proportion of the current performance allocation to Southampton, the share of the national £1bn

performance element of the fund, will be paid for delivery of this target. Where local areas do not achieve their targets the money not released will be available to the CCGs, principally to pay for the unbudgeted acute activity.

- 10.3 NHS England and the LGA will shortly be issuing guidance on what a good final plan should look like. In addition, NHS England will issue a revised plan template which will request additional financial data around metrics, planned spend and projected savings. It is expected that revised plans will have to be submitted by the end of the summer.

RESOURCE IMPLICATIONS

Capital/Revenue

11.

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 compiled. The finalised pooled fund agreement will be brought to a future Board meeting. It is not required until 2015/16.

Property/Other

12. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. NHS England Publications Gateway Ref. No.00314

Other Legal Implications:

14. None

POLICY FRAMEWORK IMPLICATIONS

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

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Letter from Jon Rouse and Helen Edwards re Better Care Fund 11th July 2014
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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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)
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1.	None	
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