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| **DECISION-MAKER:** | | **REPORT TO HEALTH AND WELLBEING BOARD** | | |
| **SUBJECT:** | | UPDATE ON BETTER CARE | | |
| **DATE OF DECISION:** | | 30 November 2016 | | |
| **REPORT OF:** | | Director Of Quality and Integration | | |
| **CONTACT DETAILS** | | | | |
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**STATEMENT OF CONFIDENTIALITY**

NOT APPLICABLE

**BRIEF SUMMARY**

This report provides a summary of the 2016/17 Better Care programme and key schemes as at the end of Quarter 2.

**RECOMMENDATIONS:**

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| | (i) | To note progress and performance. |
| | (ii) | To note and comment on priorities for 2017/18 and beyond. |

**REASONS FOR REPORT RECOMMENDATIONS**

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| 1. | Nationally Health and Wellbeing Boards are responsible for signing off the Better Care Plan for their area and providing high level oversight, ensuring that partnership arrangements are effective and that plans are robust, ambitious and realistic in their aspiration. In Southampton, the Integration Board which has broad partnership representation has the role of driving delivery of the Better Care plan and receives monthly reports on performance. The Integration Board in turn reports to the Health and Wellbeing Board. |

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

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| 2. | NOT APPLICABLE |

**DETAIL (Including consultation carried out)**

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| | **Background** |
| 3 | Planning guidance was published in February 2016 for 2016/17 Better Care Fund (BCF) plans. The policy guidance also highlighted the importance that BCF plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7 day services. |
| 4 | Southampton city's plan was signed off by the Health and Wellbeing Board on 20 April 2016 and by the Commissioning Partnership Board of the CCG and Council on 14 April 2016, prior to submission to NHS England on 3 May 2016. It was developed with strong engagement from health and social care partners, |

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| | the voluntary sector and housing through the Integration board. |
| 5 | Plans for 16/17 specifically included:<br>• ***Further development of clusters*** – extension to working age adults, impacting on high users of health care; closer alignment of social care staffing.<br>• ***Supporting carers*** – continuing to increase numbers identified and supported.<br>• ***Rehabilitation/reablement and supported discharge*** – consolidating the integration and focus on discharge.<br>• ***Telehealthcare*** – developing the vision, cultures and preparing for a wider expansion of use within health and social care settings.<br>***Prevention and early intervention*** – building on the 2015/16 Community Solutions work and recommissioning services in the following areas to redirect resources to key priorities: Information and advice services; Developing community resilience; Behaviour change and Housing related support. |
| 6 | **Progress to date (Quarter 2).** |
| | ***Further development of Clusters (total value of pooled fund = £34,086,000 - split 96% funding from CCG / 4% funding from SCC)*** |
| | Key areas of development include:<br>• Introduction of working age adult facing services to the integrated cluster working model, including adult mental health services, with a particular focus on targeting those with more complex needs, multi-morbidities and challenging social circumstances which can trigger high usage of health and social care<br>• Exploration of Children's cluster development in 3 of the 6 clusters.<br>• Development of Cluster leadership which is being strengthened through admin support and development of a leadership team model (with identified management, clinical/professional, commissioner and community leads).<br>• Introduction of a self-assessment and peer approach to evaluation, focussed on identifying the extent to which the key characteristics of integrated working are embedded in each cluster (e.g. key worker role, risk stratification, multidisciplinary team delivery). Self-assessment by each cluster will take place over November to December 2016 with a view to completing the peer review in Quarter 4 of the year. This process will provide improved assurance that cultural and system changes to integrated working are being implemented.<br>• Specific developments in individual clusters include:<br>o Cluster 5 – new approach to practice multidisciplinary team meetings and leading for the system on developing a single anticipatory (crisis) care planning process/model.<br>o Clusters 3 and 4 – undertaking complex care discussions within cluster meetings.<br>o Clusters 1 and 2 are modelling an approach to promote joint working between mental and physical health services |

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| | ○ Cluster 1 is developing an approach to piloting a closer relationship between primary/community and acute care for paediatric patients.<br>• Programme of redesign for community nursing to reshape/integrate nursing resources in the community (including aligning practice nursing).<br>• Building on the learning from the 18 month pilot, recommissioning of the Over 75 nurses to deliver a Community Wellbeing Service for adults of all ages which will commence 1 April 2017. The service has been expanded to include individuals in the full adult age group who would benefit from a proactive approach to care planning and their care, targeting those people who are not in receipt of core community service provision.<br>• Local Solutions Group commencing (Cluster 5) to map in detail neighbourhood resources.<br>• Building on the learning from the Community Navigation pilot in two clusters and rolling this out to the rest of the city, with plans being developed to recommission the service for 2017/18.<br>• Review and enhancement of cluster performance dashboard.<br>• Linking communication within clusters with Domiciliary Care provision<br>• Establishment of a development plan for SCC Long Term Care Teams for further integrated working at cluster level, including agreement on performance reporting. |
| 7. | Priorities for the next 3-6 months include:<br>○ Continued embedding of cluster leadership teams<br>○ Embedding the working age adults involvement<br>○ Developing the children's facing offer<br>○ Refresh strategy to devolve more of the care and support for people with long term conditions to cluster teams with the specialist services taking on more of an advisory, supporting role, providing training and consultation and, where appropriate, shared care |
| 8. | ***Rehabilitation and Reablement and supported discharge (total value of pooled fund = £29,178,000 split 80% funding from CCG / 20% funding from SCC)*** |
| | The integrated service went live from 1 April 2016 and is still bedding down, although making good progress in key areas:<br>- 95% of referrals for crisis response will be responded to within 2 hours of referral – target being met.<br>- 100% of patients/clients to have an identified lead professional from their home cluster or from the integrated service – target being met.<br>- 95% clients receiving reablement to have an initial review by rehabilitation/ reablement service within 2 weeks of commencing their reablement package – achieving 91% .<br>- 70% of agreed reablement goals achieved or partially achieved – achieving 76%.<br>The key areas of challenge have been:<br>• The capacity in the domiciliary care market, particularly long term care |

placements, to enable clients to move out of rehabilitation and reablement at the end of their episode of care. This has impacted on flow and therefore capacity. An action plan has been put in place to address the issues around domiciliary care and some progress has been made in bringing in additional capacity from providers both on and off the SCC Domiciliary Care Framework and tightening up assessment and review processes. Some improvement has been seen recently (e.g. 50% reduction in the numbers of client awaiting move on care); however shortages in domiciliary care are a national issue for which there are no "quick fixes". Additionally, a block contract is being negotiated with one of the Lot 5 Reablement providers on the domiciliary care framework and this is expected to provide additional reablement capacity towards the end of November 2016.

- The pace of structural integration within the service, particularly in relation to budgets (health and social care budgets are still separately managed and accounted for) and IT systems, has impacted on the pace of cultural integration and the ability to fully realise the opportunities of an integrated service.

9. Priorities for the next 3-6 months include:

- Development of the discharge to assess function of the integrated rehabilitation and reablement service to support the 3 discharge pathways that are being rolled out as part of improvements to discharge processes for 2017/18. This will enable people to have their future care needs assessed out of an acute hospital setting.
- Development of the Hospital Discharge Team to support the new discharge pathways.
- Ongoing work as described above to improve capacity and flow for long term care.

10. ***Supporting Carers (total value of pooled fund = £1,389,000 split 89% funding from CCG / 11% funding from SCC)***

This scheme relates to the provision of carer assessments and is showing a significant increase in the numbers of carers being identified and assessed, as demonstrated in the table below.

| | Year 1<br>6 months<br>1 Sept '14–<br>31 March '15 | Year 2<br>12 months<br>1 April 15–<br>31 Mar'16 | Year 3<br>6 months<br>1 April '16 –<br>30 Sept '16 |
|---|---|---|---|
| Carers contacting service | 200 | 842 | 931 |
| Carers on database | 227 | 961 | 432 |
| Reach through marketing* | Not recorded | 6,239 | 6,894 |
| Carers assessments completed | n/a | 222 | 112 |
| Nº personal budgets awarded | n/a | 111 | 73 |

- All adult carers who receive an assessment are also contacted by Carers in Southampton to offer support that is relevant to their identified needs, including signposting to other agencies as appropriate. The majority of

<table>
<tr><td></td><td>assessments are via telephone and then face to face, where necessary.<br>• Although there has been a lack of resources to process carer's direct payments in a timely way, all carers that were assessed before the end of this quarter have now started receiving their payments. The support plans show that they are exercising choice in how they anticipate spending their personal budgets, and the majority have elected to take a direct payment.</td></tr>
<tr><td>11.</td><td>Whilst the scheme is broadly within budget, there is however an anticipated rise in cost for increased assessments and an Options Paper is being prepared for consideration at the end of 2016 on how carers assessments will be provided in future.</td></tr>
<tr><td>12.</td><td>Priorities for the next 3-6 months include:<br>• Full implementation of online carer assessments and development of the service in accordance with the option chosen through the Options Paper.<br>• Develop practices within adult social care and children's services to deliver a whole family approach to children's and adults' care.</td></tr>
<tr><td>13.</td><td>Development of the visions and culture for telehealthcare (total value of pooled fund = £258k - 100% funding from SCC in 16/17, following investment from CCG in 15/16)</td></tr>
<tr><td>14.</td><td>The purpose of this scheme was to:<br>• Develop a clear vision and strategy for telehealthcare in Southampton<br>• Deliver the culture change and engagement required to prepare the Adult Services workforce to make even more high quality referrals<br>• Broaden the telecare service and pathway into health to deliver better outcomes for patients<br>• Robustly measure the financial and non-financial benefits of enhanced telecare<br>• Configure a commercial model to reward service performance and development<br>There has been progress across all these areas and positive take up is being seen across Adult Social Care and engagement within health settings.
<table>
<tr><th>Target</th><th>Plan to date</th><th>Actual to date</th></tr>
<tr><td>1. 720 ASC clients who are new, or new to receiving care technology</td><td>652</td><td>177*</td></tr>
<tr><td>2. 105 telecare referrals (health setting)</td><td>25</td><td>0</td></tr>
<tr><td>3. % of ASC staff trained</td><td>100%</td><td>98%</td></tr>
<tr><td colspan="3">*These are confirmed installations to date. Referrals have been increasing with a rise from 8 in April to 42 in September (5 in May, 28 in June, 40 in July, 44 in August)<br>Net savings are pending the Benefits tracking process being implemented. From referral source (not validation) it shows<br>• 61% of referrals are likely to avoid an immediate increase in costs<br>• 30% of care packages were expected to increase in coming months if telecare not provided</td></tr>
</table></td></tr>
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| | • 9% were already high cost packages that are expected to reduce as a result of telecare |
| 15. | Priorities for the next 3-6 months include:<br>• Finalise the strategy for care technology in Southampton through the Independent Living Board.<br>• Explore and progress options for delivering the strategy. |
| 16 | **Performance against targets** |
| | Despite good progress within each of the schemes, performance against the national targets has been challenging this year, particularly with regard to delayed transfers of care (DTOC) but also for non-elective admissions. The table below presents performance as at the end of month 6. |

| OFFICIAL PERFORMANCE METRICS | | Apr | May | Jun | Jul | Aug | Sep | YTD Plan & Actual | Difference | % Difference (Actual vs. Plan) | % Difference (Actual vs. Last Yr) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Permanent admissions to residential & nursing homes (65yrs+) | 16/17 Target | 26 | 26 | 29 | 27 | 25 | 24 | 157 | -31 | -20% | -28% |
| | 16/17 Actual | 23 | 23 | 25 | 17 | 20 | 18 | 126 | | | |
| Delayed transfers of care from hospital (DToC) (18yrs+) | 16/17 Target | 909 | 1188 | 1299 | 1266 | 1190 | 1078 | 6,930 | 1477 | 21% | 17% |
| | 16/17 Actual | 1,041 | 1,418 | 1,348 | 1,693 | 1,415 | 1,492 | 8,407 | | | |
| NEL admissions (all ages) | 16/17 Target | 2206 | 2339 | 2237 | 2282 | 2169 | 2235 | 13,468 | 417 | 3% | 1% |
| | 16/17 Actual | 2,281 | 2,307 | 2,393 | 2,343 | 2,267 | 2,294 | 13,885 | | | |
| Injuries due to falls (65yrs +) | 16/17 Target | 75 | 79 | 80 | 72 | 77 | 74 | 458 | 88 | 19% | 6% |
| | 16/17 Actual | 89 | 84 | 102 | 70 | 105 | 96 | 546 | | | |

| NEL Admissions by Age Group | | Apr | May | Jun | Jul | Aug | Sep | YTD | Difference | % Difference (Actual vs. Last Yr) |
|---|---|---|---|---|---|---|---|---|---|---|
| Children (0-17 yrs) | 15/16 Actual | 297 | 301 | 304 | 290 | 238 | 346 | 1,776 | 8 | 0% |
| | 16/17 Actual | 313 | 326 | 299 | 296 | 237 | 313 | 1,784 | | |
| Working Age Adults (18-64 yrs) | 15/16 Actual | 1229 | 1388 | 1344 | 1440 | 1272 | 1310 | 7,983 | 107 | 1% |
| | 16/17 Actual | 1,287 | 1,318 | 1,412 | 1,385 | 1,353 | 1,335 | 8,090 | | |
| Older People (65+ yrs) | 15/16 Actual | 783 | 792 | 765 | 728 | 754 | 782 | 4,604 | 389 | 8% |
| | 16/17 Actual | 843 | 811 | 857 | 840 | 795 | 847 | 4,993 | | |

The only metric that is performing well to date is the number of ***permanent admissions to residential and nursing homes*** which have significantly reduced and are 20% lower than plan. This data has been checked and confirmed that it is accurate. Whilst this may appear positive on the surface, it is worth noting that one of the main reasons for delayed discharge this year is delay in nursing home placements.

***Delayed transfers of care (DTOC)*** are the greatest area of concern and at month 6 are 21% higher than plan and 10% higher than the same period last year. The main reasons for delay are understood from the data to be the

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| | following:<br>• The pressures in the domiciliary care market which are as a result of a combination of increased demand and complexity (there has been a 24% increase in double up packages compared to last year) and difficulties in recruitment. As highlighted above, an action plan is in place to improve domiciliary care capacity and includes short to medium term actions such as improving assessment and review systems, working with providers to increase capacity and reducing 15 minute calls, through to longer term actions such as workforce development. This action plan is overseen by the Independent Living Board and reviewed weekly.<br>• Growing delays in access to nursing homes, partly associated with delays in assessment and partly due to the ability to source placements, particularly for those people with higher level needs, e.g. people with dementia and challenging behaviour. An action plan to address nursing home delays is currently being developed.<br>***Non elective admissions*** are 3% above plan. This is largely being driven by an 8% increase in admissions in the over 65s age group, reversing the downward trend seen in the previous year. Admissions due to falls injuries are also increasing (9% over plan), although the numbers are small and therefore year on year comparisons can be misleading.<br>***A key focus going forward needs to be on strengthening cluster leadership to enable devolution of more responsibility for decision making to a cluster level, along with the accountability for achieving the city wide reductions in each cluster, based on a clear multiagency understanding of the local issues and agreed multiagency action plan to address them.*** |
| 17. | **Priorities for 2017/18 and Beyond** |
| | At the time of writing this report, national Better Care guidance for 2017 - 19 has still to be published but is expected towards the end of November 2016. The deadline for 2017-19 Better Care plans is likely to be 12 January 2017. |
| 18. | As a city, Southampton will be continuing to roll out its vision of transforming the delivery of care so that it is better integrated, delivered as locally as possible and person centred. This will mean further delivering against the 6 key priorities outlined below:<br>• Delivery of the integration agenda across the full life-course, to include children and families as well as adults and older people.<br>• A strong focus on prevention and early intervention.<br>• A greater proportion of care delivered out of hospital and in the community.<br>• Developing a vibrant community and voluntary sector - to support people in their communities by building resilience, promoting independence and access to community resources.<br>• New organisational models which better support the delivery of integrated care and support, joined up patient/client record systems, joint use of estates and greater use of technology solutions to drive efficiencies<br>• New contractual and commissioning models which enable and incentivise the new ways of working described above |

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| 19. | Key areas of focus for the 17 - 19 Better Care plan are therefore likely to be:<br>• Further strengthening cluster leadership to drive forward the necessary changes in culture, embed the characteristics of integration and deliver the city's performance targets at a cluster level.<br>• Developing place based commissioning to support this approach.<br>• Exploring new contractual and payment structures to better support our vision of integrated, place based local care.<br>• Developing primary care in line with the city's primary care strategy as the bed rock to our vision.<br>• Embedding delivery of 7 day services.<br>• Rolling out discharge pathways and processes, underpinned by discharge to assess and trusted assessment principles.<br>• Developing community services to support the management of higher levels of acuity in the community.<br>• Support to develop the community and voluntary sector as equal partners in achieving our vision. To include specific developments such as:<br>o Roll out of care navigation<br>o Development of our "older person's offer"<br>o Development of advice, information and guidance |
| **RESOURCE IMPLICATIONS** | |
| **Capital/Revenue** | |
| 20. | NOT APPLICABLE TO THIS REPORT |
| **Property/Other** | |
| 21. | NOT APPLICABLE |
| **LEGAL IMPLICATIONS** | |
| **Statutory power to undertake proposals in the report:** | |
| 22. | NOT APPLICABLE TO THIS REPORT |
| **Other Legal Implications:** | |
| 23. | NOT APPLICABLE |
| **POLICY FRAMEWORK IMPLICATIONS** | |
| 24. | NOT APPLICABLE |
| **KEY DECISION?** | No |
| **WARDS/COMMUNITIES AFFECTED:** | |
| | |
| **SUPPORTING DOCUMENTATION** | |
| **Appendices** | |
| 1. | None |

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| **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 |
| **Privacy Impact Assessment** | | |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. | | No |
| **Other Background Documents**<br>**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. | None | |