DECISION-MAKER:	HEALTH AND WELLBEING BOARD			
SUBJECT:	BETTER CARE SOUTHAMPTON IMPLEMENTATION			
DATE OF DECISION:	30 SEPTEMBER 2015			
REPORT OF:	STEPHANIE RAMSEY, DIRECTOR OF QUALITY AND INTEGRATION			
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STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

Extensive work has been undertaken by the City Council working in partnership with Southampton City CCG and other stakeholders to develop Southampton's Better Care Plan, under the leadership of the Health and Wellbeing Board. The final plan was signed off by the Health and Wellbeing Board, Chief Executive of the City Council and Chief Operating Officer of the CCG on 19 September 2014 and submitted to Ministers. This was approved following the Nationally Consistent Assurance Review which identified no areas of high risk within the plan and so Southampton is now progressing with full implementation of its plan.

As part of implementation regular reporting has to be made to NHS England and the national Better Care Support Team. The Quarterly returns form part of the overall accountability framework for the BCF as set out in the national guidance (Guidance for the Operationalisation of the BCF in 2015-16) issued in March 2015

This report summarises some of the progress towards implementation of Better Care Southampton and the details of the Quarter 1 2015/16 BCF national return.

RECOMMENDATIONS :

(i) To note the progress with implementation of Better Care Southampton.

(ii) To sign off the Quarter 1 2015/16 BCF national return which was

approved by the Commissioning Partnership Board (CPB) prior to submission to NHS England and the national Better Care team by 28 August 2015.

REASONS FOR REPORT RECOMMENDATIONS

1. From 1 April 2015 Local Authorities and CCGs are required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority.
2. National guidance (Guidance for the Operationalisation of the BCF in 2015-16) issued in March 2015 sets out overall accountability framework for the Better Care Fund and requires quarterly returns as part of this that Health and Wellbeing board have approved.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None applicable.

DETAIL (Including consultation carried out)

Background

4. Southampton's vision for Better Care is to completely transform the delivery of care in Southampton so that it is better integrated across health and social care, delivered as locally as possible and person centred. Better Care has the following overarching aims:
   - **To put Individuals at the heart of their own care**
   - **To focus on prevention and early intervention**.
   - **To build community capacity**
   - **To help people to retain and regain their independence**

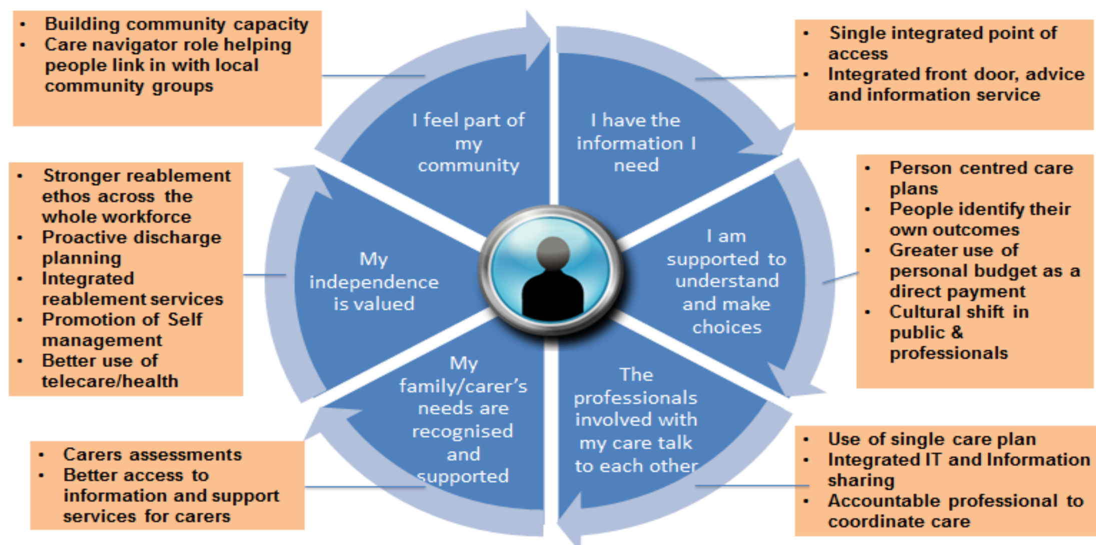
   The key principles are:
   - **Efficient and consistent** - care planning and assessment may be undertaken by any agency using a common trusted tool
   - **Integrated and seamless** - services will be delivered in an integrated way at all levels wherever possible with a focus on local care
   - **Round the clock** - out of hospital care will be a 7-days-a-week service and will be consistent both in and out of hours
   - **Community-led** – the vast majority of people's needs will be managed in the community by the local cluster teams. Community services will be the first port of call for people seeking help for themselves or others

5. Southampton's Phase 1 Better Care plan has the following main schemes and work is in progress with each:
   1. Local person centred coordinated care (clusters) - integrated multidisciplinary cluster teams providing integrated risk stratification, care coordination, planning, 7 day working.
   2. Integrated discharge, reablement and rehabilitation service, including greater use of telecare/telehealth. This scheme is aimed at helping people to maintain their independence at home in the community,

intervening quickly where required to prevent deterioration, as well as supporting people's recovery and reablement following a period of illness

3. Community solutions and prevention - this scheme is aimed at building on and developing local community assets and supporting people and families to find their own solutions.
4. Supporting carers – this scheme recognises the important role that carers have in supporting older people and those with multiple long term conditions in the community and supports the overall model and ambitions of local person centred coordinated care.
5. Developing the market for placements and packages and further integrating approaches – this includes work to develop the market to provide greater opportunity and choice, encourage a recovery/ reablement focus and support people to remain as independent as they can be in their own homes.

6. The diagram below illustrates what the system will look like from the perspective of an individual and the work in progress to achieve this:



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7. **Implementation of Better Care Southampton Cluster Development**

Leadership groups are now working in all clusters, formed from community health providers, adult social care, supported housing and voluntary sector organisations and working on cluster specific implementation plan, resulting in six plans now being in place to underpin the city wide approach. Work has continued on engaging with a wider group of services, including domiciliary care providers. GP practices developing collaborative care plans with patients and the cluster multi-disciplinary team.

8. **Integrated rehabilitation and reablement**

Cabinet approved the commencement of consultation on proposals for an Integrated Service for Crisis Response, Rehabilitation, Reablement and Hospital Discharge on 18th August 2015. The vision is to achieve significant benefits across the system including:

- an improved client experience that is person-centred, seamless and integrated
- a clear and effective pathway for clients to promote recovery and independence
- improved efficiencies by reducing service duplication, providing co- ordinated care and a more tailored use of bed-based resources
- reducing spend across the health and social care system by reducing the future demand for services as the population gets older e.g. spend on avoidable hospital admission rates, length of hospital stay and need for ongoing complex packages of care.

9. Consultation is in two phases. Initially on a proposed service model which will bring together those functions associated with crisis response, rehabilitation, reablement and, at a later date hospital discharge, delivered by the City Council and Solent NHS Trust to provide a seamless response for the service user. This will be achieved through a single integrated team approach, with a single integrated management structure that better supports people in their communities and maximises their potential for independence. Phase two is consulting on a reconfiguration of rehabilitation and reablement beds, to achieve a more appropriate and cost effective balance of bed based and domiciliary care services that meets needs of clients and would deliver better outcomes, and represents a better value use of resources.

10. **Community solutions and prevention**

The Community Solutions group oversees and coordinates the delivery of increased community involvement to support the Better Care agenda. The mapping community resources at a cluster level against identified needs continues and being uploaded on Placebook, SID (Southampton Information Directory) or the Knowledge Hub. Community Navigation pilots have commenced and Age UK is starting to lead the work linking into a small number of GP practices. Southampton is involved in a national pilot scheme designed to change the way services are commissioned and delivered, with the involvement of local residents. The Our Place scheme which is underway in the Shirley and Freemantle area has started to engage the community to understand their concerns and priorities. One of the key areas identified is the need to improve the health and wellbeing of older people in the community.

11 **Market Development**

New domiciliary care contracts will came into place on the 1st April 2015 increasing reliability and quality of these packages of care. For example there has been an improvement of nearly 50% in the waiting time for start of care delivery which has been reducing steadily since the framework commenced.

The first market position statement has been developed focussing on housing solutions for people with care and support needs. This involved close work with providers and will be available on SCC and CCG websites.

Discussions continue about the development of Multi-speciality Community

Provider which includes opportunities for greater integration and exploration of appropriate contractual infrastructure.

12 **Developing an integrated service offer for children and young people**

Phase 2 of Better Care implementation is to extend the model to incorporate an integrated service offer for children and young people. For children, young people and family services, the Better Care approach can be broadly translated under 3 major headings: Child & Family centred local integrated services, Responsive Integrated Specialist Support delivered in partnership and Building Capacity – see below.

13 **Child & Family centred local integrated services**

At the universal and targeted level, work is in progress to integrate services organised around 3 localities (East, West, Central Southampton), each aligned to 2 Better Care clusters. The 3 integrated teams will work closely with partners including schools and primary care services in each locality. The first phase of development commences this summer with the establishment of enhanced early childhood leadership teams comprising maternity, health visiting and children's centres. The teams will work together on creating local priorities and business plans against citywide templates. Support for families will be enhanced by combining and aligning assessment processes.

14 **Integrated specialist support**

Work is also in progress to integrate systems and processes (and in some cases teams) that focus on meeting statutory requirements and more specialist needs to deliver a more coordinated service to children, young people and families which meets their needs in the round. In particular, this includes:

- Statutory processes for looked after children - the City Council looked after children services and Solent looked after children health team have been working together over the last 12 months to improve communication and join up processes to improve performance against statutory response times for new

into care assessments and reviews.

- Family assessment and intervention services which include the Behaviour Resource Service which is an existing joint health and social care assessment and support service under joint management and joint funding arrangements (supported through Section 113, 76 and 256 agreements).

- The MASH which acts as the city's single front door for all safeguarding concerns.

- Development of an integrated 0-25 SEND offer across Education, Health and Social Care which includes the statutory assessment and plan pathway as one amongst a range of options that enable families to meet the needs of their child, young person or young adult. There are clear parallels between the SEND development and Better Care developments for adults and older people, in particular:

  - the focus on early identification of needs and intervention that embeds support at the earliest opportunity

  - the development of personalisation approaches promoting independence and co-production

The next focus of the work is on developing the post 16 SEND offer and transition pathways into adult services, in addition to strengthening links to the locality 0-19 services described above to support children and young people with SEND in their local communities.

15 **Building community capacity to support prevention and early intervention**

Key to improving outcomes for children, young people and their families is the development of engaged, informed, supportive and thriving communities (neighbourhood and school communities) able to find innovative, creative solutions that recognise and harness the strengths and energies of children, young people and families working together. This includes seeking out and developing opportunities for attracting new money and resources into the city and will require statutory services to develop a new equitable relationship with the voluntary and community sectors that results in the growth of trust and co-operation and includes the sharing of data and priorities. Key areas that have been identified for development with the voluntary and community sector include:

- Initiatives that promote parent-child bonding and speech, language and communication skills in the first 2 years of life

- Initiatives that reduce isolation and promote confidence such as Parent and Toddler Groups, befriending and mentoring schemes and evidenced based parenting courses - a Parenting Offer has been developed for the city.

- Sufficient accessible play schemes during the holiday periods and positive activities for young people all year round, particularly open-access activities which have the support available to include young people with additional needs.

- Support for parents with low aspirations for themselves and their children.

- Support for parents to learn functional English, embrace citizenship and contribute to as well as access services in the city.

- Effective support for children and families to adopt healthy lifestyles and maintain a healthy weight.

Delivery of a clearly defined youth offer to ensure young people’s engagement in a wide

range of positive activities that build aspirations, resilience and inspire young people to achieve and improve their outcomes

16 National Reporting requirements

The Quarter 1 2015/16 BCF national return was presented to the Commissioning Partnership Board (CPB) for approval prior to sign off by the Health & Wellbeing Board (HWBB) and submission. The return, in Appendix 2, was submitted to NHS England and the national Better Care Support Team on 28 August 2015.

The Quarterly returns form part of the overall accountability framework for the BCF as set out in the national guidance (Guidance for the Operationalisation of the BCF in 2015-16) issued in March 2015.

The Q1 return specifically focuses on:

- whether the pooled fund is in place under a S75 Partnership Agreement
- achievement of the 6 national conditions
- the payment for performance element linked to non-elective (NEL) admissions
- income and expenditure and any deviation from plan
- achievement of the local metric (falls) and locally defined patient experience metric (% of people who feel supported to manage their long term condition)
- our local support needs

The deadline for submitting the returns are as follows:

- 28 August 2015 – for the period April to June 2015
- 27 November 2015 – for the period July to September 15
- 26 February 2016 – for the period October – December 15
- 27 May 2016 – for the period January – March 2016

In addition to the national reporting template, a local performance monitoring return has also been developed in line with the terms of the S75 Pooled Fund agreement to track spend and progress specific to each Scheme/pooled fund. The local returns, Appendix 3, provide greater detail at an individual scheme level on income and expenditure, opportunities for savings, predicted cost pressures, delivery against aims and any risks/issues.

17 Areas of risk identified

Current areas of risk include:

- Slippage on implementation of integrated rehab/reablement model which is impacting on delivery of delayed transfers of care and residential/nursing home admission targets and associated savings. This is a cost pressure for both the CCG and SCC who have savings associated with this scheme in 15/16 savings plans.
- As at Q1 the following activity metrics are all off target: permanent admissions to residential/nursing homes, delayed transfers of care and falls. This position is particularly concerning in relation to residential/nursing home admissions as this is the first quarter since we have been tracking BCF performance (since April 2014) that this target has been missed. It should also be noted that, whilst the number of admissions in previous quarters has been reduced, the overall costs have been increasing, owing to increasing complexity and a proportionate increase in nursing home admissions relative to residential home admissions. An audit of residential and nursing home admissions is being planned to gain a better understanding of this activity and where to target future work, particularly with regard to the focus of the Rehab and Reablement Service. A similar audit is being undertaken for delayed transfers and is due to report shortly. Work is also underway with Solent (as part of a CQUIN scheme) to work with residential homes to better manage patient need and prevent crisis and escalation but is not likely to have an impact until Q3.

RESOURCE IMPLICATIONS

Capital/Revenue

18 The minimum requirement for the Better Care Fund in 2015/16 is £15.325M Revenue and £1.526M Capital. The majority is existing funding sources included within either the Council or CCG 2014/15 budget. This funding is not new to the Health and Social Care system. However, under the conditions of the Better Care Fund, additional funding of £600,000 from within the pool will be provided to help meet the new responsibilities of the Council required by the Care Act 2014. This funding will come from the existing NHS resource and will therefore be a pressure to the CCG.

19. Three of the five schemes have been placed into the pool from 1st April 2015. These schemes will incorporate approximately a further £45m of funding from the Council and the CCG bringing the total pool for 2015/16 to £61m. £3.4m of the additional £45m was within existing joint funding arrangements between SCC and SCCCG under a S75, S76 or S256 agreement. The funding for the first three schemes entering into a pooled fund arrangement are Council £5.3m, (9%) and CCG £55.5m (91%). It should be noted that all figures in this report are based on 2014/15 budgeted levels for both the Council and CCG.

20. It should be noted that it is the commissioning budgets for services that have been pooled and that the services themselves and the associated staff will remain managed and employed as they are currently.

Property/Other

21. The proposal should not have any property implications as it relates to commissioning functions. Any changes made to any service funded through the pooled fund which may have property implications will be subject to a separate report.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

22. Section 75 of the National Health Service Act 2006

The pooled fund agreement will cover governance and technical aspects including accountability, financial reporting and the handling of overspends, underspends and savings requirements.

Other Legal Implications:

23. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to encourage and support integrated working.

Guidance for the Operationalisation of the BCF in 2015-16

POLICY FRAMEWORK IMPLICATIONS

24. The decision sought is wholly consistent with the Council's Health and Wellbeing Strategy and other policy framework strategies and plans.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Q1 BCF return
2.	Q1 local BCF monitoring for schemes in Pooled Fund

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.	Yes

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.	None	