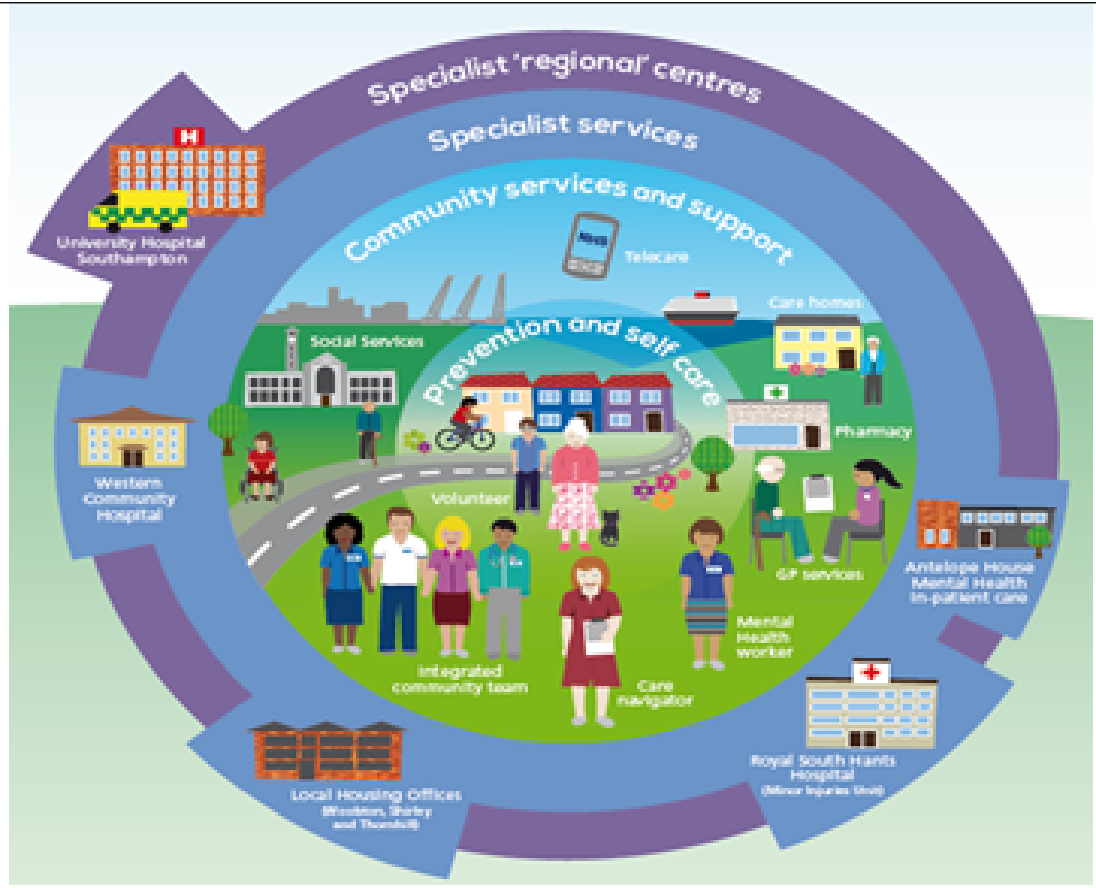


<b>DECISION-MAKER:</b>	<b>HEALTH AND WELLBEING BOARD</b>		
<b>SUBJECT:</b>	BETTER CARE PLAN: PROGRESS TO DATE AND PRIORITIES FOR 2017-19		
<b>DATE OF DECISION:</b>	29 MARCH 2017		
<b>REPORT OF:</b>	Stephanie Ramsey, Director of Quality and Integration, Quality & Commissioning		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Donna Chapman</b>	<b>Tel: 023 8083 4064</b>
	<b>E-mail:</b>	<b>donna.chapman@southamptoncityccg.nhs.uk</b>	
<b>Director</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel: 023 80296923</b>
	<b>E-mail:</b>	<b>Stephanie.ramsey@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
Progress to date against Southampton's Better Care Plan programme is being presented to HWBB along with the proposed plans and priorities for 2017-19.			
<p>At the time of writing, the national Better Care Planning Guidance is still outstanding but expected in the next couple of weeks. It is known that the requirement, unlike in previous years, will be for a two year plan outlining the city's journey towards total integration, in line with the 2020 vision. There will also be fewer national conditions:</p> <ul style="list-style-type: none"> <li>• A BCF Plan, covering a minimum of the pooled fund specified in the Spending Review, should be signed off by the HWBB and by the Council and CCG</li> <li>• To maintain provision of social care services</li> <li>• A proportion of the area's allocation to be invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement</li> </ul>			
The national aim is that by 2020 health and social care should be totally integrated, and the Better Care Fund is seen as providing the framework for joint health and social care planning and commissioning, bringing ring fenced budgets from the CCG, LA and DFG together.			
Southampton city sees this 2017 - 19 Better Care Plan as a further step along the road to total integration and will be exploring graduation from the BCF during 2017/18.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Health and Wellbeing Board receives the presentation on progress to date and priorities for 2017-19 and: <ul style="list-style-type: none"> <li>• notes performance to date</li> </ul>	

		<ul style="list-style-type: none"> <li>• supports the future direction of travel</li> <li>• comments on the priorities</li> <li>• identifies any risks to their achievement</li> </ul>
<b>REASONS FOR REPORT RECOMMENDATIONS</b>		
1.	To receive an update on the Better Care Plan and to receive the proposed plans and priorities for 2017-19.	
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>		
2.	None.	
<b>DETAIL (Including consultation carried out)</b>		
	<b>Background</b>	
3.	<p>Southampton city's first Better Care Plan was published in September 2014. It set out the following vision:</p> <p><i>‘Southampton’s overriding vision is to join up care and support for each and every unique person in our city, as represented by Joan, a typical Southampton resident, her children and her grandchildren’</i></p>	
4.	<p>This vision has been personified through ‘Joan’ and the diagram below which shows how Better Care is about ‘Joan’ and her family and community being at the centre, with public sector services being around her to provide timely additional help and support when and where she needs it. It is about:</p> <ul style="list-style-type: none"> <li>• Putting <b>individuals and families at the centre of their care and support</b>, meeting needs in a holistic way</li> <li>• Providing the <b>right care, in the right place, at the right time</b>, and enabling individuals and families to be independent and self resilient wherever possible.</li> <li>• Making <b>optimum use of the health and care resources</b> available in the community</li> <li>• <b>Intervening earlier</b> and building resilience in order to secure better outcomes by providing more coordinated, proactive services.</li> <li>• <b>Focusing on prevention and early intervention</b> to support people to retain and regain their independence</li> </ul>	



5.	<p>The original Better Care plan set out 3 key areas of focus:</p> <ul style="list-style-type: none"> <li>• Person centred local coordinated care - for Southampton this has been implemented through the development of 6 clusters</li> <li>• Responsive discharge and reablement - this has led to the development of an integrated Rehabilitation and Reablement Service for the city</li> <li>• Building capacity - be it maximising an individual's own assets, support to carers or promoting the development of resilient neighbourhoods and communities</li> </ul>
6.	<p>Since September 2014, Southampton has continued to build on these areas to deliver the vision outlined above.</p>
	<p><b>Detail</b></p>
7.	<p>The presentation to HWBB will outline the progress that Southampton has made to date against its Better Care plans and performance against the key national metrics, which is monitored monthly through the Integration Board.</p>
8.	<p>HWBB members will note that, despite good progress within each of the schemes, performance against the national targets has been variable this past year and particularly challenging with regard to delayed transfers of care (DIOC).</p>

	<p>The original Better Care plan set out 3 key areas of focus:</p> <ul style="list-style-type: none"> <li>• Person centred local coordinated care - for Southampton this has been implemented through the development of 6 clusters</li> <li>• Responsive discharge and reablement - this has led to the development of an integrated Rehabilitation and Reablement Service for the city</li> <li>• Building capacity - be it maximising an individual's own assets, support to carers or promoting the development of resilient neighbourhoods and communities</li> </ul>
9.	<p>The priorities outlined for 2017-19 will take into consideration this performance at the same time as building on progress to date. At the time of writing the following key priorities are emerging:</p> <ul style="list-style-type: none"> <li>• Further strengthening <b>cluster leadership and workforce development</b> to drive forward the necessary changes in culture, embed the characteristics of integration and deliver the city's performance targets at a cluster level. This includes more rapid expansion of the integration agenda across the full life-course.</li> <li>• <b>A more radical shift in the balance of care out of hospital and into the community</b> – much has been made of this over the past 2 years, with some progress, but more of a shift in practice is needed. For the next 2 years, the following have been identified as key areas of focus: <ul style="list-style-type: none"> <li>○ Embedding delivery of 7 day services.</li> <li>○ Rolling out discharge pathways and processes, underpinned by discharge to assess and trusted assessment principles.</li> <li>○ Developing community services to support the management of higher levels of acuity in the community (including enhanced health input to care homes).</li> <li>○ Development and shaping of the care market (domiciliary care, residential, housing with care) to meet need</li> </ul> </li> <li>• Continued development of <b>new organisational models and evolution of commissioning models to support them</b> which better support the delivery of integrated care and support.</li> <li>• Continue to support and maximise use of <b>technology</b> to support integrated care.</li> <li>• Work with <b>the community and voluntary sector</b> as equal partners to achieve a much stronger focus on prevention and early intervention, with a particular focus on building capacity, strengthening the volunteer base and attracting external funding into the city. Specific developments planned for 2017-19 include the: <ul style="list-style-type: none"> <li>○ Roll out of community navigation</li> <li>○ Development of our 'older person's offer'</li> </ul> </li> </ul>

	○ Development of advice, information and guidance	
<b>RESOURCE IMPLICATIONS</b>		
<b><u>Capital/Revenue</u></b>		
10.	None.	
<b><u>Property/Other</u></b>		
11.	None.	
<b>LEGAL IMPLICATIONS</b>		
<b><u>Statutory power to undertake proposals in the report:</u></b>		
12.	None.	
<b><u>Other Legal Implications:</u></b>		
13.	Report not cleared by Legal prior to publication.	
<b>POLICY FRAMEWORK IMPLICATIONS</b>		
14.	None.	
<b>KEY DECISION?</b>		No
<b>WARDS/COMMUNITIES AFFECTED:</b>		All
<b><u>SUPPORTING DOCUMENTATION</u></b>		
<b>Appendices</b>		
1.	None.	
<b>Documents In Members' Rooms</b>		
1.	None.	
<b>Equality Impact Assessment</b>		
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.		No
<b>Privacy Impact Assessment</b>		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
<b>Other Background Documents</b>		
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>		
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.	

