DECISION-MAKER:		**Joint Commissioning Board**		
SUBJECT:		**Better Care Quarter 1 2018/19 Report**		
DATE OF DECISION:		**9 August 2018**		
REPORT OF:		**Stephanie Ramsey**		
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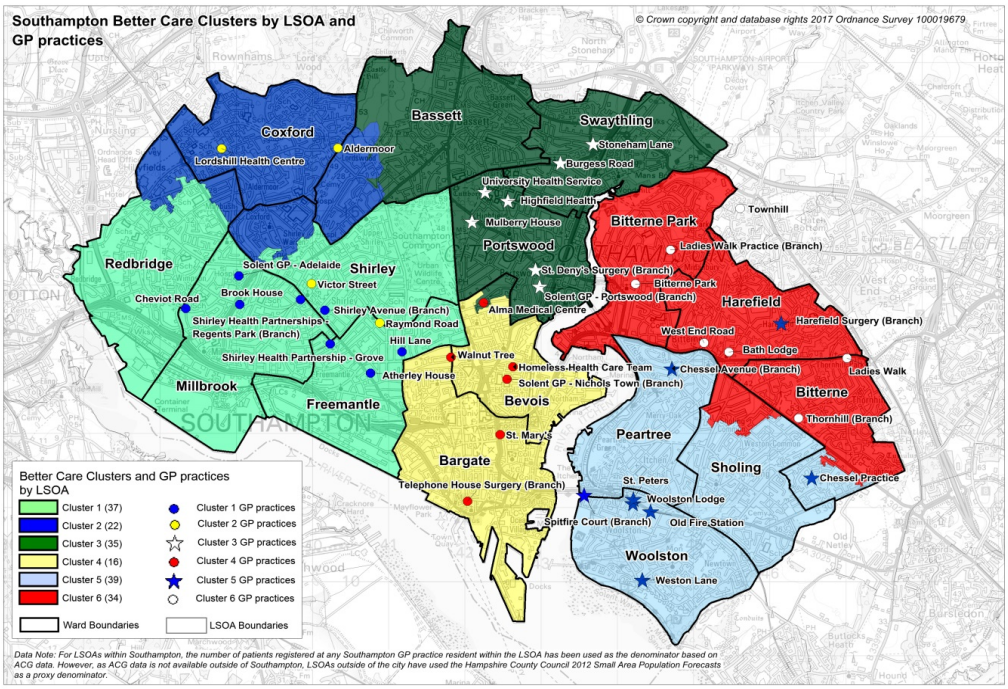
STATEMENT OF CONFIDENTIALITY		
NOT APPLICABLE		
BRIEF SUMMARY		
This report provides a review of performance for Quarter One 2018/19 against Southampton's Better Care programme and pooled fund. Detailed data on the performance indicators can be found at Appendix 1.		
RECOMMENDATIONS:		
	(i)	To note Quarter One performance for Better Care.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The Joint Commissioning Board (JCB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to JCB from the Health and Wellbeing Board (HWBB).	
2.	National Better Care Fund Operating guidance was published on 19 July 2018 for 2018/19 along with revised targets for delayed transfers of care (DTOC). The guidance reiterates the previous guidance published for 2017-19 and does not require local areas to revise their plans for 2018-19. The DTOC metric set for Southampton in 2018/19 has been based on the Quarter 3 2017/18 position and requires Southampton to reduce average daily delays to 26.6 (comprising 11.3 NHS delays, 11 Adult Social Care delays and 4.4 Joint delays) by September 2018 and then to maintain this position to year end. The Quarter 3 position was 38.8 average daily delays (16.2 NHS delays, 18.3 Adult Social Care delays and 4.4 joint delays). The new 18/19 target represents a slightly less ambitious trajectory than that of 2017/18 and a much more equal split of NHS and Adult Social Care delays. The targets in Southampton's Better Care performance report have been updated to reflect this revised trajectory.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	NOT APPLICABLE	
DETAIL (Including consultation carried out)		
1.	**Overview**	

Southampton's Better Care Plan aims to achieve the following vision:

- to put **individuals and families at the centre of their care and support**, meeting needs in a holistic way
- To provide the **right care and support, in the right place, at the right time**
- To make **optimum use of the health and care resources** available in the community
- To **intervene earlier** and build resilience in order to secure better outcomes by providing more coordinated, proactive services.
- To **focus on prevention and early intervention** to support people to retain and regain their independence

It is a programme of whole system transformational change which is based around 3 key building blocks:

- **Implementing person centred, local, integrated health and social care through the city's six cluster teams** (shown in the map below). This includes harnessing the assets within communities and the power of individuals in improving their own health and wellbeing. It also includes health, social care, housing and voluntary sector teams in each cluster coming together to proactively identify those people most in need in the local area and plan and deliver care and support in a more joined up and personalised way.



- **Joining up Rehabilitation and Reablement, hospital discharge teams and other city wide services into integrated health and social care teams** that in turn link with each of the six clusters.
- **Building capacity** across the system to promote and support people to maintain their independence for as long as possible. This includes promoting self management approaches and supporting the role of carers. It also includes developing the capacity of the voluntary and community sector to meet lower level needs in local communities, as well as investing

	in the home care sector to enable more people to continue living in their own homes. Southampton's 6 key priorities as identified in the 2017-19 Better Care Plan are set out below: • Further expansion of the integration agenda across the full life-course • Continue to strengthen prevention and early intervention • Further shift the balance of care out of hospital and other bed based settings into the community • Development of the community and voluntary sector • Development of new organisational models which better support the delivery of integrated care and support • New contractual and commissioning models which enable and incentivise the new ways of working The **Better Care Fund** pools resources from both the CCG and Local Authority to support the delivery of the Better Care Programme. In 2018/19 this totals just over £109M (£73.5M from the CCG and £35.9M from the Council), making Southampton one of the country's top ten authorities for pooling an amount way beyond its national requirement which is £16.18M, demonstrating its commitment to integrating health and social care at scale. Southampton's Better Care Fund is made up of the following schemes: 1. Supporting Carers 2. Cluster working 3. Integrated Rehabilitation and Reablement and Hospital Discharge 4. Promoting Care Technology 5. Prevention and Early Intervention 6. Learning Disability Integration 7. Promoting uptake of Direct Payments 8. Transforming Long Term Care 9. Integrated provision for children with SEND 10. Integrated health and social care provision for children with complex behavioural & emotional needs
2.	**Performance as at Q1 2018/19** The table below provides the Performance against the key Better Care national indicators. Owing to monthly reporting time lags, it is only possible to provide activity data up to 31 May 2018 (June 2018 activity data will be available on 9 August 2018).

Month 2 (Apr - May 18)

Green	≤0% difference	On Track
Amber	>0% and <10% difference	Slightly Off Track
Red	≥10% difference	Off Track

Metric	Year to Date vs. Target	Year to Date vs. Last Year	Commentary
Urgent Care Demand			
Non elective admissions	Slightly worse (6% higher than target)	Better (4% lower than last year)	• As at Month 2, NEL admissions are 4% lower than last year, but 6% higher than target.
Discharge & Out of Hospital Model			

DTOC rate (May snapshot)	Target Not Achieved* (4.9% vs. 4.6% target)	Better* (1.3% lower than last year)	• Provider DTOC rates in May:
			  • UHS 6.1%
			  • Solent 2.0%
			  • Southern Health: 0% (as per above)

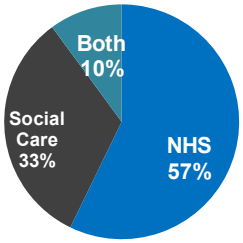
Delayed days	Target Not Achieved* (10% higher than target)	Better* (19% lower than last year)	
Permanent admissions into residential care	Slightly worse (7% higher than target)	Worse (12% higher than last year)	• April admissions were 53% higher than the previous year, however in May these have come down and are 16% lower than May last year.
Prevention			
Injuries due to falls	Target Not Achieved (10% higher than target)	Slightly worse (1% higher than last year)	• April admissions for falls were 9% higher than April last year. • May admissions for falls were 11% higher than May last year.

3. **Performance Headlines**

- **Permanent admissions to residential and nursing homes** During 2017/18 Southampton saw a significant reduction in admissions to residential and nursing homes. Whilst the April – May 2018 data would suggest a worsening of performance, it should be noted that monthly numbers are low and can lead to significant fluctuations, particularly when looking at such a small period. Analysis of the data shows that April admissions were 53% higher than in April last year; May admissions were 16% lower. In April there were 17 nursing home admissions and 9 residential home admissions, compared to 9 and 8 respectively in April 2017. April 2017 saw an unusually low number of nursing home admissions, with only 9 admissions when the previous 4 years prior to that had an average of 15 nursing home admissions for April.
- **Delayed transfers of care** Whilst significantly improved from last year (Apr - May 18 data showing 19% reduction in Delayed days compared to the same 2 months in the previous year and the data for the whole of 17/18 was 30% lower than 16/17), a number of key challenges continue to make the target difficult to achieve:
    - workforce capacity in the domiciliary care market particularly to support higher levels of need for more complex clients e.g. requiring calls at specific times or double up calls 3 or 4 times a day. To address this pressure, further investment is being made in the Domiciliary Care retainer contract from Q2 onwards.
    - nursing home capacity to take more complex clients (the Integrated Commissioning Unit is working with a number of providers to increase capacity for dementia clients, including investment of capital, although this is reliant on building work and so benefits will not be seen until next year)
    - Increasing levels of complexity, particularly being seen since start of calendar year. Discharges are at their highest levels; however demand and complexity is impacting on ability to achieve the 3.5%

target. This is also putting pressure on specialist rehabilitation facilities where there have been increased waits this quarter for beds to become available.

Analysis of the April-May 2018 data shows that the greatest pressure is in NHS delays. Adult Social Care delays are 12% below target whilst NHS delays are 48% above target. This is reflective of increased complexity.



The relative split of delays is shown in the pie-chart on the left.

Delays in all hospitals are below what they were this time last year (UHS 3% less, Solent 46% less and Southern Health 83% less), although not achieving the target. This reflects the considerable work undertaken in the community hospitals to improve discharge, which has been supported by the Hospital Discharge Team which now provides a social work presence in the community hospitals as well as the acute hospital.

- **Non Elective admissions** Whilst some of the reduction can be attributed to changes in coding within the hospital, a number of initiatives are known to be having an impact as follows:
  - Extension of the Adult Mental Health Crisis Lounge opening hours - now open 24 hours a day, 7 days a week.
  - The South Central Ambulance Service Demand Management Scheme which is evidencing a reduction in use of urgent care services for those being supported (high intensity users)
  - The Case Management Scheme which is evidencing significant reductions in use of acute emergency services 6months post period of case management compared to the 6 month period before: 60% reduction in non elective admissions, 60% reduction in Emergency Department attendances, 59% reduction in Ambulance 999 calls
  - The additional Alcohol Support services which are providing inreach support in the hospital to help engage people into community support and treatment. This has resulted in a significant increase in successful referrals into community treatment, improving engagement and outcomes for people with alcohol use disorders .
- **Falls** A number of initiatives have been put in place to reduce falls, although some only starting in Quarter 3 2017/18, e.g. the Fracture Liaison Pathway which commenced 1 October 2017 to identify patients with fragility fracture following attendance in A&E or hospital admission and ensure they are appropriately referred to community support services. It is known that, as with many prevention programmes, it can take a while for interventions to embed and have an impact.

4.	**Key highlights for Quarter One 2018/19** **Priority 1: More rapid expansion of the integration agenda across the full life-course, building on the city's model of person centred integrated care based around 6 geographical clusters**

	• The CCG and Council have contributed to a piece of work with the Hampshire and IOW STP to better define "cluster working" across the STP footprint, which has included a stock take of progress within the city to identify key areas for development. A Better Care Programme Manager has been appointed (commenced May 2018) to progress work with each cluster as well as city wide to develop a much clearer operational model for cluster working. • Social work capacity has been increased in the new community-based social wellbeing teams and in the new integrated learning disability team to champion a Strengths Based Approach to improve outcomes for individuals, make best use of community and other resources and reduce, where possible, dependence on services. • The integrated prevention and early help service for children 0-19 and their families under a single management structure formally went live in April 2018 under S75 Partnership arrangements. The Service brings together teams from both the Council and Solent NHS Trust (incorporating the Healthy Child Programme, Children's Centres and local Troubled Families programme) and operates in localities aligned to the city's 6 clusters. **Priority 2: A much stronger focus on prevention and early intervention** • The new Southampton Living Well Service formally went live in April 2018, which will transform the current older person's day services into a new wellbeing and activity offer delivered through Community Wellbeing Centres based within communities and wider community activity. • Local Solutions Groups went live from April 2018 in each cluster to bring together voluntary, community, faith, business sector to map neighbourhood resources to aid signposting to community alternatives. • Work has progressed to develop a model of Community Development for the city which will support growth of community activities, harnessing community assets. This is also being aligned to work on developing a city wide model for Community Navigation. • A pilot to reduce frequent Emergency Department attendances and emergency admissions amongst some of the most vulnerable people in the city centre working with a voluntary sector provider went live in June 2018. **Priority 3: A more radical shift in the balance of care away from bed based provisions and into the community** • Work has continued to embed the High Impact Change Model for hospital discharge. The Discharge to Assess (D2A) pilot for Rehabilitation and Reablement clients has embedded across both the acute hospital and community hospitals and is showing a reduction in long term care needs. • Additional hours have been purchased from the domiciliary care framework using iBCF funding to further support people to remain at home, bringing the total additional hours purchased this year to 11,340. • The Enhanced Health in Care Home pilots are coming to an end this quarter with evaluation and recommendations for future roll out planned

	for Q2. The pilots have demonstrated a reduction in acute hospital activity from the 15 target residential homes. • There has been continued promotion of care technology to support people's independence. Referral numbers are holding steady at an average of 93 a month across the quarter with a conversion rate of 63% (referral to installation of equipment) which is slightly higher than the 2017/18 Q4 rate. An evaluation tool and benefits tracking process have been established for implementation going forward. • Work continues with the market to increase nursing home capacity. This includes the development of a new 44 bed nursing home in Rownhams for which planning permission has been granted. The Council is looking to contract with the owners for capital investment in the home in return for bed spaces at a reduced rate. The ICU is also working with homes across the city to encourage them to take clients with greater complexity by supporting with training and skills development. • The tender for future home care services has now been issued. **Priority 4: Significant growth in the community and voluntary sector** • As already described under Priority 3, there has been additional investment in the Community and Voluntary Sector to strengthen prevention services. In support of its 5th and 6th priorities (to develop new models of care 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), the Better Care Steering Board has revisited the city's governance for Better Care and a new governance model was agreed in Q3. This also includes a revised system wide action plan to underpin our plans for integrated health and care and a Better Care Programme Manager jointly appointed and accountable to system partners to provide additional programme management capacity to implement at pace.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	The total value of the pooled fund for 2018/19 is just over £109M. As at quarter 1, overall performance against the pooled fund was a projected year end overspend of £0.07M, which represents a percentage variance against budget of 0.06%. The one area of overspend relates to the Learning Disabilities Scheme where there is a projected year end overspend of £0.34M, which is due to an increase in demand and complexity of client care. This is currently being offset by projected underspends on other schemes, primarily: • Integrated Rehab and Reablement and Hospital Discharge where there is a projected underspend of £0.10M, mainly related to staff vacancies (that are now being recruited to). • Prevention and Early Intervention (housing related support schemes) where there is a projected underspend of £0.10M. Financial performance against each Scheme is monitored on a monthly basis by the Better Care Finance and Performance Group.

Property/Other	
6.	There are no specific property implications arising from the Better Care pooled fund.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
7.	The legal framework for the Better Care Pooled Fund derives from the amended NHS Act 2006, which requires that in each Local Authority area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans. In 2017-19, NHS England set the following conditions: • Agreement of a joint plan between the CCG and Local Authority • NHS contribution to social care is maintained in line with inflation • Agreement to invest in NHS-commissioned out-of-hospital services • Implementation of the High Impact Change Model for Managing Transfers of Care. Southampton is compliant with all four of these conditions.
Other Legal Implications:	
8.	None
CONFLICT OF INTEREST IMPLICATIOINS	
9.	None
RISK MANAGEMENT IMPLICATIONS	
10.	Risks on specific Better Care Fund Schemes are monitored on a monthly basis. Key risks and issues for the Better Care Programme overall are summarised below: • **Capacity and Capability of leadership within clusters** to embed the new model of person centred integrated working at the pace required - one of the key initial tasks of the Better Care Programme Manager who commenced in May 2018 will be to undertake a stocktake of progress within each cluster to identify strengths and weaknesses and work with the Cluster leadership teams to put in place development plans, highlighting any requirements for additional support and resources to the Better Care Steering Board. • **Capacity of the care market** to meet increasing needs and support additional schemes to improve discharge - To mitigate this, the ICU is working proactively with the care market and utilising alternative mechanisms such as retainers and block contracts to provide increased stability • **Resilience in the voluntary sector** and ability to respond to new ways of working - A number of mitigating actions are being taken including: various procurement options being considered to make best use of local market and encourage innovation; support to local agencies also being considered as part of the developments; proactive review of any bidding opportunities.
POLICY FRAMEWORK IMPLICATIONS	
11.	Southampton's Better Care Programme supports the delivery of outcomes in the Council Strategy (particularly the priority outcomes that "People in Southampton

	live safe, healthy and independent lives" and "Children get a good start in life") and CCG Operating Plan 2017-19, which in turn complement the delivery of the local HIOW STP, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.
12.	Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities: • People in Southampton live active, safe and independent lives and manage their own health and wellbeing • Inequalities in health outcomes and access to health and care services are reduced. • Southampton is a healthy place to live and work with strong, active communities • People in Southampton have improved health experiences as a result of high quality, integrated services

KEY DECISION?	**Not Applicable - No decision required**
WARDS/COMMUNITIES AFFECTED:	**All**
SUPPORTING DOCUMENTATION	
Appendices	
1.	Better Care Performance Report – Month 2 2018/19
2.	
3.	
4.	

Documents In Members' Rooms

1.	**None**
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No - Update only**
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No - update only**
Other Background Documents **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**	
2.		