

Merton Council

Health and Wellbeing Board

28 January 2014

Tabled Paper/ Presentations

- | | | |
|----|---|---------|
| 8. | Better Care Fund Strategic Plan and Integrated Care work programme – Presentation | 1 - 18 |
| 9. | Merton CCG Commissioning Intentions 2014/15 (Verbal Item)
(a) Tabled A3 one page summary paper
(b) Presentation | 19 - 28 |

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Better Care Fund

Jonathan Carmichael
Integrated Care Project Director



Merton Health and Wellbeing Board 28 Jan 201



Better Care Fund

- Catalyst to deliver integrated care
- Joint decisions between Health and Social Care
- Investment in services that deliver change
- Funding to support provision
- Primarily for adults
- Shift resources from hospital to community

Integrated Care means:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”

National Voices user group



Integrated Care

- Person-centred co-ordinated care
- Holistic, self-care, independence, choice, control
- Key worker, common care plan, multi-disciplinary, focus on risk, anticipate crises, swift responses
- Integrated provision – joint teams
- Integrated commissioning
- Behaviours, attitudes, teamwork

Finances

2013/14 2.6m section 256 transfer to Council

2014/15 section 256 expanded by 0.6m

2015/16 Better Care Fund starts:
- expanded to 11.2m revenue, from

CCG

- includes section 256 & earmarks

- adds 0.9m capital from



Finances

- Not new money
- A transfer of resources from acute hospitals to community services – a virtuous circle
- Provides some protection for social care services
- Proportions to be decided locally

Local approach in Merton

- Build on existing integration initiatives
- Focus on both Pro-active and Re-active streams
- Recognise current good performance
- Respond to pressure on social and health
- Prepare for integrated commissioning of integrated services

Proposals

- Agreed between Council and CCG
- Discussion at Integrated Care Project Board tomorrow
- “Draft” plan submission on 14 Feb
 - agreement by Chair’s Action
- Final plan agreed at HWB 25 March.

Pool more than Better Care Fund allocations:

- To enable commissioning integrated services
- Intention to create a secondary pooled budget, covering a wider range of services (where over and underspends remain with the originating organisation)

2014/15

- Continue section 256 funding
- Allocate additional 623k to :
 - 7 day working in social care
 - 7 day working in health
 - Data sharing project
 - Small fund for small changes
 - Project costs
- CCG starts health schemes (non-recurrent funds)

2015/16 - Proactive

- Expert Patient Programme expansion
- AgeWell prevention expansion
- Community Nursing posts expansion
- End of Life care investments expansion
- Dementia nurses new
- Psycho-geriatrician sessions new
- Interface geriatrician sessions new
- Additional Council staff to meet new Care Bill duties (eg assessing those not eligible for funded care) new
- Domiciliary packages of care meet system needs

2015/16 - Reactive

- Community Prevention of Admissions Team expansion
- Prevention of admission (Step up) beds new
- Rapid Response and STAR teams expansion
- MILES Reablement and discharge service to meet needs
- 7 day working in social care expansion
- 7 day working in community health services expansion
- Night community nurses expansion
- Psychiatric Liaison service (at acute hospitals) expansion
- Increased discharge planning in-reach expansion
- Earlier discharge (Step down) beds new
- Community Rehabilitation Service (at home) expansion
- Data sharing new

Capital

- Disabled Facilities Grant
- Social Care Capital Grant

Children's services

- Principle: BCF should not mean diminution of resources for children.
- BCF is governed by HWB, with Children & Families membership
- CF Director or staff can participate in relevant meetings which draw up proposals.
- Can be new initiatives from BCF for children, provided meet criteria and metrics.

Implications for Acute Hospitals

- More support in community
- Care planned and visible plans
- Faster responses
- Fewer admissions
- Earlier discharges = shorter stays
- Reduction in beds required

Commitments and Contingency

- No investment without re-design
- Commission integrated services together
- Some 2015/16 funding held back until see progress with integration and reduced acute spend, and “performance” metrics met

Questions?

Jonathan Carmichael

Eleanor Brown

Simon Williams

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Merton CCG – Right Care, Right Time, Right Place, Right Outcome					
Merton – population 199,693 3 Acute Trusts 1 Local Authority 1 Mental Health Trust 1 Community Services					
Key Strategic Projects					
Integration, Call to Action, Merton Better Healthcare Closer to Home, Out of Hospital Strategy					
Context and scale of the challenge					
One CCG with 25 member practices covering the same area as Merton Local Authority		Financially challenged health and social care system due to historical low levels of funding and increasing demands on services		Inequality gap between wealthiest and poorest wards - which is increasing	
				The 2013/14 CCG budget is around £200 million per year and needs to deliver within budget	
Health and Wellbeing Priorities		CCG Organisational Development Priorities		Patient Involvement and Quality	
Giving every child a healthy start Supporting people to improve their health and wellbeing.		Enabling people to manage their own health and wellbeing as independently as possible Improving wellbeing, resilience and connectedness.		Develop strong clinical leadership and wide clinical engagement. Ensuring continuous improvement in quality services we commission alongside primary care.	
				Implement transformational service change to the health and social care system to enable the CCG to meet its objectives. Develop true partnerships between the CCG, Local authority and all our partners . Succession planning of clinical leaders and managers.	
				Building strong clinical engagement from constituent GP practices. Develop PPGs and a Patient Reference Group. Promoting and advancing equality through our work on the Equality Delivery System.	
				Focus on hard and soft intelligence. Review small contracts. Jointly construct a quality framework with the Local Authority.	
Our Six Priority Areas					
Older and Vulnerable Adults		Mental Health		Children’s and Maternity	
To focus our work on integration to ensure older people have access to seamless services. To increase our numbers of patients on the Falls Pathway and link in an osteoporosis pathway. To be the London leader for the numbers of people who receive end of life care in their preferred place. To continue to review our learning disability services. To ensure we respond to the needs of carers and young carers.		To redesign and re-commission IAPT services. To work with South West London and St Georges Mental health Trust, to ensure that patients receive appropriate inpatient care. To increase the numbers of patients who are treated with Mental Health conditions in the community. To work with Military Health to ensure that veterans have access to all tiers of Mental Health care.		To work more with young children to ensure we listen and respond to their needs and improve their health outcomes. To review and develop our service for children who are looked after. To work towards more integrated Children’s Services ensuring that services are commissioned as jointly as possible. To focus on transition as a key area to ensure children with complex needs move seamlessly into adult services. To further work with the Maternity Networks To improve the choice of community antenatal care	
Urgent Care		Early Detection and Management		Keeping Healthy and Well	
To ensure a whole system approach focusing on the patient journey and experience, and clinical outcomes. To embed the 111 and OOH services. To join up system surveillance within Merton for all urgent care services. Develop the community prevention and response service.		To review cardiac, diabetes, respiratory and gynaecological pathways and transfer appropriate care to the community. To ensure we reduce any wide variation in the level of hospital attendances for certain services, we take an active role to ensure that patients have equal access to healthcare. To work with Public Health and Primary Care to ensure suitable solutions for encouraging exercise are in place. To include healthy person checks where possible.		To focus on improving the Public Health outcomes, working with providers to ensure they deliver services designed to help us improve diet, increase exercise, reduce obesity, reduce alcohol intake and reduce smoking. To redesign and re-commission our Musculoskeletal pathway. To utilize the health advocacy service for specific non English speaking populations	
We will deliver		Enhanced Commissioning through...		Key Risks and mitigations	
The NHS Constitution for people in Merton The NHS Outcomes Framework The Social Care Outcomes Framework Public Health Outcomes Framework Innovation by turning good ideas into services to benefit patients Services closer to home where appropriate		Working closely with patients and clinicians to design services Use of the Equality Delivery System as a robust platform for meeting the needs of Merton Working with CSU, CCG and NHSE colleagues to ensure decisions evidence based		An ageing population who are living longer often with more than one long-term condition - integration Rising emergency admissions – urgent care surveillance Being able to make the efficiency savings required – increased rigour with QIPP NHS new systems – work in collaboration with new and existing partners	

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Commissioning Intentions

Merton Health and Wellbeing Board

Adam Doyle

28 January 2014



right care
right place
right time
right outcome

Process

- Aim of Commissioning Intentions
- Merton
- Process
- Future



Aim of Commissioning Intentions

- To provide an overview of our plans to commission high quality health care to improve health outcomes for Merton registered patients for 2014/15 and beyond and to set the scene for how we envisage services developing over the next 2 years;
- To engage partners, patients and the wider public in shaping the way by which we respond to the health needs of Merton residents and the way we commission the appropriate services to meet local needs;
- To engage with our member practices in commissioning a model of high quality health care for the residents of Merton;

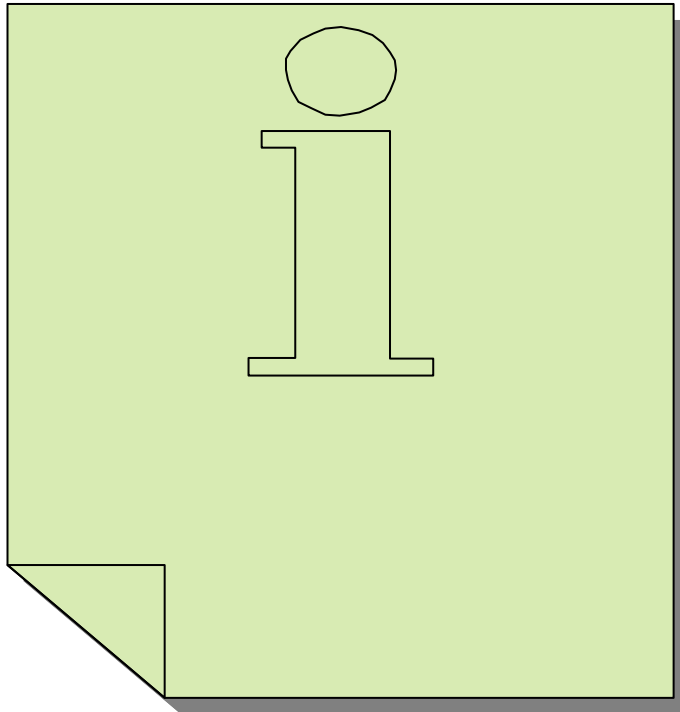


Timetable of Events

	Nov							Dec							Jan			Feb			Mar				Apr			May			Jun	
	Tue	Tue	Thu	Mon	Tue	Wed	Thu	Wed	Thu	Tue	Wed	Fri	Fri	Wed	Wed	Fri	Wed	Tue	Thu	Fri	Fri	Tue	Wed	Thu	Wed	Thu	Wed	Fri				
	19/11/2013	03/12/2013	10/12/2013	12/12/2013	16/12/2013	17/12/2013	18/12/2013	19/12/2013	08/01/2014	23/01/2014	28/01/2014	12/02/2014	14/02/2014	28/02/2014	05/03/2014	12/03/2014	14/03/2014	19/03/2014	25/03/2014	27/03/2014	04/04/2014	09/05/2014	13/05/2014	14/05/2014	29/05/2014	11/06/2014	20/06/2014					
Planning Units received from CCGs (NHSE)	█																															
Call to Action Workshop with Health and Wellbeing Board and Healthier Communities Overview and Scrutiny Committee (MCCG)		█																														
Update on Financial Planning Assumptions including QIPP at Finance Committee (MCCG)			█																													
SWLCOs and Chairs - BSBV Stocktake Workshop (MCCG)				█																												
Final guidance, templates and tools issued (NHSE)					█																											
Allocations issued (NHSE)						█																										
5 year Plan on a Page (MCCG)							█																									
Planning Assumptions including QIPP to be discussed and Commissioning Intentions signed off at MCCG Governing Body Seminar (MCCG)								█																								
Locality Clinical Leads to go through commissioning intentions and forward planning at Locality Meetings (MCCG)									█																							
Update on Financial Planning Assumptions including QIPP at Finance Committee (MCCG)										█																						
ITF to be signed off at Finance Committee (MCCG)											█																					
ITF to be signed off by Merton Health and Wellbeing Board (MCCG)												█																				
Draft Submission of operating plan signed off by CRG and EMT (MCCG)													█																			
Draft Submission of operating plan to be submitted (NHSE)														█																		
ITF to be formally submitted															█																	
Contracts signed (NHSE)																█																
Refresh of plan post contract sign off (NHSE)																	█															
Dispute resolution for 2014/15 with NHS TDA (NHSE)																		█														
Final 2 year plans and draft 5 year plans approved by MCCG Executive Management Team (MCCG)																			█													
Plan to be taken to the Practice Leads Forum (MCCG)																				█												
Final 2 year plans and draft 5 year plans approved by MCCG Clinical Quality Committee (MCCG)																					█											
Final 2 year plans and draft 5 year plans approved by MCCG Finance Committee (MCCG)																						█										
Merton Health and Wellbeing Board (not possible to do in a timely way post MCCG GB) (MCCG)																							█									
Final 2 year plans and draft 5 year plans approved by MCCG Governing Body (MCCG)																								█								
Submission of final 2 year plans and draft 5 year (NHSE)																									█							
Final 5 year plans approved by MCCG Clinical Quality Committee (MCCG)																										█						
Final 5 year plans approved by MCCG Finance Committee (MCCG)																											█					
Final submission of plan signed off by CRG and EMT (MCCG)																											█					
Merton Health and Wellbeing Board (not possible to do in a timely way post MCCG GB) (MCCG)																												█				
Final 5 year plans approved by MCCG Governing Body (MCCG)																												█				
Locality Clinical Leads to go through planning at Locality Meetings (MCCG)																												█				
Submission of final 5 year plans (NHSE)																												█				



Plan on a Page

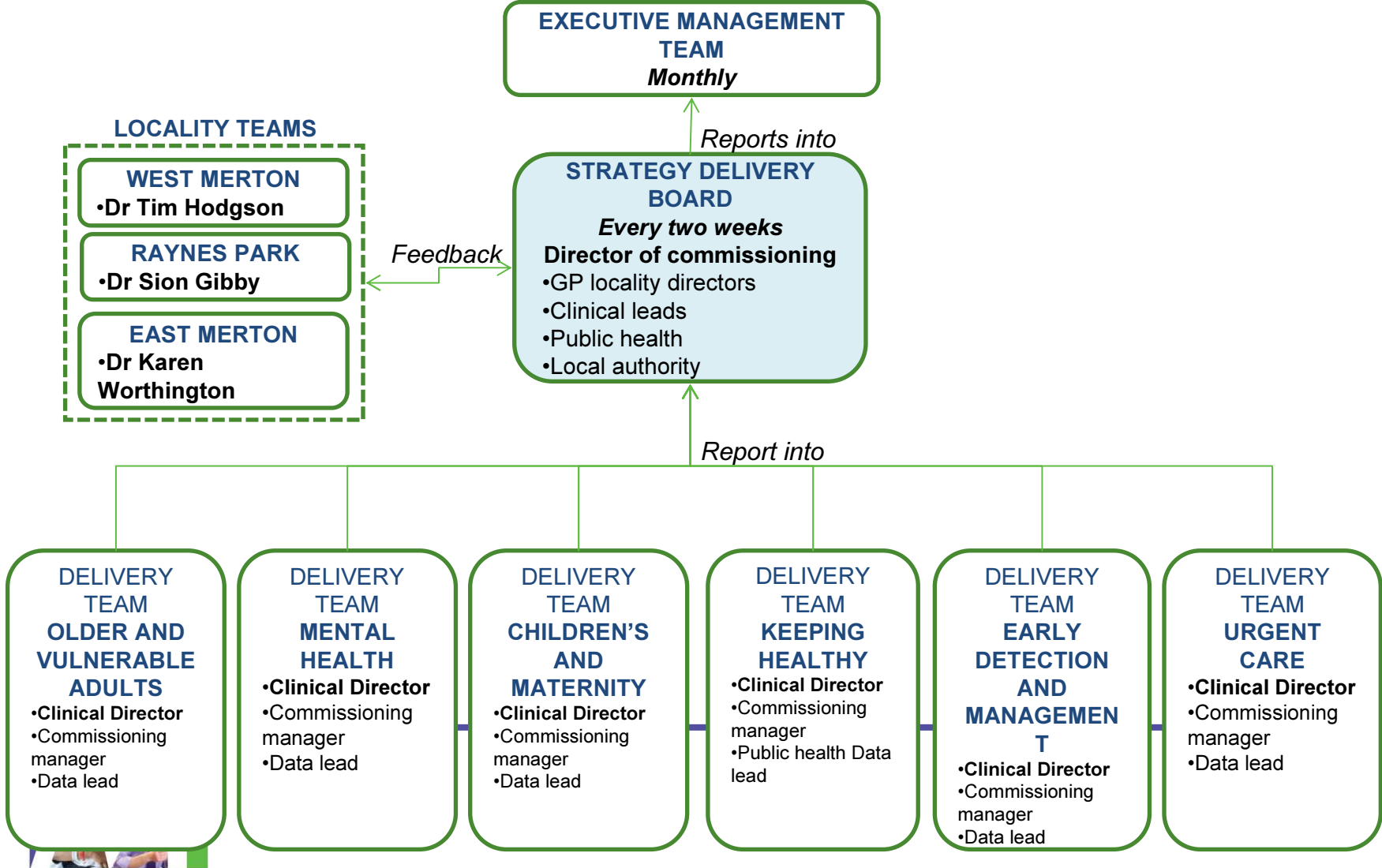


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Delivering the out of hospital strategy: proposed governance

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What will we deliver?

2014-15

- Greater Clinical Leadership
- Community urgent response services to be in place
- New musculoskeletal service
- Cardiac, Respiratory, Gynaecological services in the community
- Beginning of Integrated health and social care teams
- New IAPT services
- Decision about what health model will be in place in East Merton
- London Leader for End of Life Care
- Better Care Fund



What will we deliver?

2015-16

- Nelson Local Care Centre Opens
- Fully integrated health and social care
- New model in place for older people – rehab and support
- Rolling out enablers for East Merton model of care

