Committee: Health and Wellbeing Board

Date: 24 June 2014

Agenda item:

Wards: All

Subject: Better Care Fund and Integrated Services

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Caroline Cooper-Marbiah

Forward Plan reference number:

Contact officer: Simon Williams, Director of Community and Housing

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Recommendations:

A. That progress with the Better Care Fund plan, as described in this report, is noted.

B. That consideration is given to the proposals to apply for NHS England Tech Fund financing for the data sharing component of the project, as set out in paragraphs 3.5 to 3.11 below.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of the report is to present progress with implementing the Better Care Fund through the project governance structure that was set up as part of the original submission.

2 APPROVAL OF THE PLAN

2.1. The Plan was submitted on 4 April 2014 and final, formal approval is still awaited. NHS England has advised that a final realignment of BCF outcomes with CCGs' two-year Operating Plans will be required to be resubmitted by 27 June 2014 but this will not affect the continuing delivery of the outputs set out in the original submission, which are already under way.

3 GOVERNANCE

3.1. Delivery of the Plan is being managed by the Merton Integration Board, a stakeholder group of all Merton commissioners and service providers and, on a week-by-week basis by a project team at service manager and operational level, chaired by the project manager. Six workstreams deliver the scheduled outputs and these are managed, in turn, by a designated lead from the project team.

3.2. **Workstream 1: Finance and Performance**. The purpose of this work stream is to manage the financial and funding aspects alongside creating a sustainable performance management framework to demonstrate that the plan is delivering the expected performance changes within the overall health and social care environment. To this end, progress so far has focused on the need to develop a robust performance management framework and a draft model has been completed, which is currently being refined. The model will be considered by the Integration Board at this end of

this month and has been populated with the first month's data from 2014/15 to refine the recording mechanisms.

3.3. **Workstream 2: The Merton Model**. This is by far the largest and most complex of the workstreams, as it deals with the operational restructuring of pathways and teams to deliver Merton integrated services across three localities. LBM has already restructured into three localities to reflect primary care divisions and Sutton & Merton Community Services, the community healthcare provider, is scheduled to have completed this division by 1 July. Considerable work has taken place to define processes and pathways as they currently operate (in order to ensure that there is clarity about what needs to be changed) and to engage all those involved in service delivery in developing a model for the new ways of working.

3.4. To date, a service design workshop has been held on 23 April to examine how the hospital discharge processes could operate in future and a second workshop is scheduled for 17 July to examine how the prevention of admission processes can be redesigned to fit the new ways of working.

3.5. A separate group reporting to the project team has been established to progress development with the Merton Model and meets fortnightly.

3.6. **Workstream 3: Data and IT**. Consideration of the implications of joining up data has been summarised in a draft report prepared for Merton, Sutton and Croydon CCGs and LB Croydon by the South London CSU. The proposals centre around a proposal based on expanding the use of a product already procured by Kingston CCG called 'Graphnet CareCentric'. The system allows logged-in users of one 'member system' (e.g. EMIS) to see approved records from another 'member system' (e.g. CareFirst or PACS). There is no 'write to' functionality; only 'view' functionality, so it's not creating a virtual single system but it means that limited, agreed records can be easy and securely shared between disciplines.

3.7. This has benefits over other options that have been identified, including a rapid deployment, as the existing licence could be extended without re-procurement. This would reduce time to going live by 6-12 months as well as reducing procurement costs. Experience of deploying this system also exists within the CSU.

3.8. There is urgency to this decision, in that we can access funding from the NHS England Tech fund but applications have to be in 14 July and funds are being allocated as bids are received. The fund will look favourably on collaborative projects.

3.9. LB Sutton has agreed to front a bid (it must come from a local authority or health provider) and we need to decide whether we want to be party to a joint bid with Sutton and any other boroughs wishing to be a part of the network.

3.10. While Merton and Sutton (and any other partners) would be looking to access funding quickly, there would have to be a lot of work taking place in the sphere of supporting clinicians (notably GPs) to use this and it is important that other systems are adequate to manage any data integration. It is also important that the views of patients, service users and the public

were considered at all stages to address concerns about the nature of data sharing.

3.11. If an application is made for the funding, it will not be necessary to proceed immediately with the extended procurement of the Kingston product and that time should naturally be used to undertake practitioner and public engagement.

3.12. In addition to the above, work is taking place to examine how the current Mascot Telecare service can be expanded to provide telehealth support to patients. Evidence is being sought on the types of condition that can be supported by an extended telehealth service.

3.13. **Workstream 4: Workforce Development.** A draft workforce strategy is being prepared to support the development of the Merton Model work stream and a first draft is scheduled to be reviewed by the project team by the end of June.

3.14. **Workstream 5: Engagement**. The chief executive of the MVCS is a member of the Integration Board and the manager of Healthwatch Merton is an active member of the project team, supporting the project to develop a meaningful and robust engagement strategy and plan throughout all the development work. The first engagement work will take place in July, as an initial review of pathways in localities is progressed with further activities taking place as more outputs emerge from the project.

3.15. **Workstream 6: Quality integrated commissioning**. Progress has been made in reviewing the implementation of an overarching Quality Assurance Framework with the support of the CCG's new Director of Quality, Lynn Street.

3.16. A review of the effectiveness of MDT meetings is also being scoped and this will be led by Dr Carrie Chill, the CCG's Clinical Director for Integration. This work will focus on ensuring that MDTs operate efficiently and consistently across Merton and deliver the best outcomes for all involved.

4 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

4.1. None specific for this report

5 LEGAL AND STATUTORY IMPLICATIONS

5.1. The pooled fund is under S75 of the NHS Act 2006.

6 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

6.1. None specific for this report

7 CRIME AND DISORDER IMPLICATIONS

7.1. None specific for this report

8 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

8.1. None specific for this report

9 APPENDICES

9.1. None specific for this report

10 BACKGROUND PAPERS

10.1. Merton Better Care Fund Submission: April 2014.

10.2. Better Care Fund Guidance issued by DCLG and DH December 2013, including main Annexe, Technical Guidance, and planning template.