

## **Committee: Health and Wellbeing Board**

**Date: 25 November 2014**

Wards: All

## **Subject: Better Care Fund Update**

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 agreement of the section 256 funding transfer between Merton CCG and LB Merton for 2015/16 is formally noted, having been transacted outside the meeting cycle for reasons of timing.
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### **1 Purpose of report and executive summary**

- 1.1 The purpose of the report is to present progress with implementing the Better Care Fund Plan.
- 1.2 The resubmitted plan has been 'approved with support' by the 'Nationally Consistent Assurance Review Team' (NCAR) and the programme manager is working through the small number of issues that need to be resolved before the Plan moves to fully 'approved' status.
- 1.3 This report also formally notes that the Board has previously received details of the section 256 funding transfer between Merton CCG and LB Merton for 2015/16 for agreement outside the formal meetings cycle for reasons of timing.

### **2 Progress**

- 2.1 The BCF Plan resubmission process completed on 19 September and the initial response has been an approval with support (as anticipated) and final commentary is being reviewed with NHS England to move the plan fully to 'Approved' status.
- 2.2 The programme manager has subsequently returned to assessing the components of the work that needed to be delivered both to meet the overall objectives of integration and to ensure that a workable set of services would be functioning with effect from 1 April 2015 when the initial performance measures will start to be formally reported.
- 2.3 The rest of this report will focus on the specific work streams within the BCF Project.

### **3 Work Stream 1: Finance and Performance**

- 3.1. The Finance and Performance work stream is running well with good coordination between CCG and local authority colleagues. There is a regular, monthly meeting, at which issues are reviewed and discussed. There are no significant actions that cannot be resolved within this work stream and work is continuing to refine the process metrics under the headings of 'proactive' and 'reactive' schemes in order to produce the first, fully accountable baseline performance report for the Merton Integration Board in December 2014.
- 3.2. Understandably, given the focus on performance metrics in the BCF Plan resubmission process, there is assured robustness in the methodology for measuring performance and the final piece of this development is to confirm the activity measures and reporting schedule for the overall integration measures.
- 3.3. As the integration agenda develops, some of these measures may change but there is a healthy framework to manage this change.

### **4 Work Stream 2: The Merton Model**

- 4.1. The Merton Model covers the largest component of the project and operates through regular meetings of its own development group. Workshops and special task groups have taken place and delivered outputs as part of this work stream and it is well managed by the work stream lead, with support from other colleagues.
- 4.2. Two areas have received particular attention recently to ensure that progress is maintained: the interface geriatrician for the Community Hub service and the procurement of Intermediate Care beds.
- 4.3. Good progress has been made in November in discussions with St George's regarding the appointment of a geriatrician within their frailty model of care and the risk level of this has been reduced accordingly.
- 4.4. Risks around the procurement of additional intermediate care beds are being managed by a request for expressions of interest from providers but also by a focus on further developing with SMCS a pathway for intermediate care in the patient/service user's own home. Longer term solutions are also being investigated within the Development Group.
- 4.5. The Merton Model is also coordinating the development of the Integrated Crisis Response Service that is combining some of the outputs of the existing prevention of admission services, e.g. CPAT, in-reach nursing, etc.
- 4.6. Other risks and issues within the Merton Model are being managed appropriately within the project framework and recorded on the relevant registers.

### **5 Work Stream 3: IT and Data**

- 5.1. This area has been developed effectively and good progress is being made.
- 5.2. At the suggestion of the programme manager and the work stream lead, the SW London Collaborative Commissioning team (SWLCC) is leading across SW London and has engaged a consultancy to tackle the issues and opportunities for

data sharing across SW London as a whole, which is an excellent and very welcome move. An initial meeting has taken place with the consultant.

- 5.3. The one remaining work package to be developed is around Telecare and Telehealth and there are good opportunities to build on LBM's well-established and successful 'Mascot' Telecare offering. Progress has already been made and this will be a specific focus in the coming months.
- 5.4. As the overall work on developing a SW London-wide solution will necessarily take a longer time to deliver than the initial 1 April 2015 deadline, work is also progressing to develop a local data-sharing initiative using the 'Coordinate My Care' (CMC) system to enable professionals supporting patients with a care management plan under the GP risk stratification work to share data on those patients. CMC is an 'opt in' system that requires patients and service users to give specific consent to their data being shared so there are no information governance issues connected with this beyond the usual one of using the data for its proper purpose.

## **6 Work Stream 4: Workforce**

- 6.1. The principal deliverables required for 1 April 2015 are training for all staff in each others' specialities and for agreement on key roles and responsibilities for key workers. These will be the focus of the work stream over the winter to ensure that integrated teams are able to operate effectively.
- 6.2. Development and sign-off of a roles and responsibilities document for key workers is targeted for the end of November for a draft and for final sign-off in January.
- 6.3. Development and sign-off of a document setting out responsibilities and duties of a generalist workers is scheduled by December, design of training programme by January and delivery of training by 31 March.
- 6.4. It has also been planned to develop and sign-off a workforce strategy for Merton by March 2015. This will build on the SW London Collaborative Commissioning strategy to create a locally-focused framework for delivering organisational change. This will also need to reflect seven-day working.
- 6.5. The programme manager and the work stream lead are having fortnightly progress meetings to maintain focus and to manage issues and risks within the workstream.

## **7 Work Stream 5: Engagement**

- 7.1. Engagement has been a success with events both with professional colleagues around prevention of admission and discharge planning, and with service users, patients and carers. The level of feedback has been excellent and has been fed into the overall system development process, particularly in respect of mental health services and the voluntary sector.
- 7.2. Further engagement will take place as part of the data sharing work in order to review public perception of data sharing risks, although this has already been informally raised in consultation events and, where full explanation of need was given, has been shown to be relatively uncontroversial on a small sample size.

- 7.3. As the services prepare for go-live in April, public awareness will need to be raised and this will be planned with the relevant communications teams at LBM and the CCG, as well as through Healthwatch and the voluntary sector, which is well-engaged with the overall project.

## **8 Quality Commissioning**

- 8.1. Following a review in the early stages of the project about this work stream's purpose, there are two principal outputs to be delivered: (a) a review of risk stratification and (b) overall quality, equality and privacy impact assessments of both the project as a whole and the Merton Model, in particular.
- 8.2. In reviewing the risk stratification process as part of the BCF resubmission, it was acknowledged that the scheme, originally introduced in 2013/14 was due for review and evaluation to ensure that best practice and learning can be shared between MDTs and practice teams across all of Merton's 25 practices. Any meaningful review would require a commitment of time and expertise for training and support for practices and this may require additional resource on a short-term basis.

## **9 Financial, resource and property implications**

- 9.1. None specific for this report

## **10 Legal and statutory implications**

- 10.1. The joint fund is under S75 of the NHS Act 2006.

## **11 Human rights, equalities and community cohesion implications**

- 11.1. None specific for this report

## **12 Crime and Disorder implications**

- 12.1. None specific for this report

## **13 Risk management and health and safety implications**

- 13.1. None specific for this report

## **14 Appendices**

- 14.1. None specific for this report

## **15 Background papers**

- 15.1. Merton Better Care Fund Plan Resubmission: September 2014