Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Plymouth City Council**
Clinical Commissioning Groups	**Northern Eastern, Western Devon CCG**
Boundary Differences	**No significant boundary issues**
Date agreed at Health and Well-Being Board:	**13th February 2014**
Date submitted:	**14th February 2014 (draft)**
Minimum required value of ITF pooled budget: 2014/15	**£5,700,000**
2015/16	**£19,532,000**
Total agreed value of pooled budget: 2014/15	**£5,700,000**
2015/16	**£19,532,000**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	Northern, Eastern, Western Devon CCG
By	Paul O'Sullivan
Position	Managing Director Partnerships
Date	3/2/14

Signed on behalf of the Council	Plymouth City Council
By	Carole Burgoyne
Position	Strategic Director for People
Date	3/2/14

Signed on behalf of the Health and Wellbeing Board	Plymouth Health and Wellbeing Board

By Chair of Health and Wellbeing Board	Cllr S McDonald
Date	

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

We recognise the importance of engaging with our local providers and collaborating to develop integrated plans. We already work with acute and community providers to deliver integrated care, and in the past year have engaged with our key health providers across a number of events to share plans for further integration.

Much of this interaction has taken place under the banner of the local 'Transforming Community Services' (TCS) initiative; both of the healthcare providers integral to this plan, Plymouth Community Healthcare Community Interest Company and Plymouth Hospitals NHS Trust, have attended events relating to TCS in the past year. We consider this to represent a sound basis for the development of this plan given that the key TCS themes of joined-up care, putting individuals at the heart of the care plan, and reducing inequalities, are equally recognised in the BCF. In addition, the development of the wider Devon CCG commissioning framework has included a recent provider event focused on a whole system approach.

Specifically a solution shop on integration and the BCF took place in December 2013 with Plymouth Health and Wellbeing Board, which has Chief Executive representation from both the acute and community based health care providers.

The views gathered at these events, and through other interactions with providers, have had a direct impact on the development of this plan. They have also been used to develop our business case for an Integrated approach to Health and Wellbeing.

Going forward we are developing a consultation and engagement plan around integration which will utilise existing forums around Residential and Nursing care, Domiciliary Care and Health Provider meetings.

Working towards the final submission of the BCF, we have arranged a provider engagement event for 5th March, where we will meet to discuss plans with all local NHS providers. It is anticipated that this will cover the BCF and wider strategic planning.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our plans are focused on delivering an integrated service to those who need it.

At the heart of our work on community services there has been substantial patient, service user and public engagement including a specific focus on issues of relevance to integrated working. Engagement has included:

- Health summits which have already taken place in many communities to gauge the initial views of local people- these summits so far have reached more than 1,000 people.
- Voluntary sector events/other discussions
- Council events/attendance at meetings
- Local Healthwatch led survey of carers and housebound people

- Set up of community groups/reference groups for testing direction

Health scrutiny committee's and Healthwatch have also been actively involved in the stakeholder events for Transforming Community Services (these events are already discussed in the provider section of this document). In addition, for people who can face barriers to engagement, HealthWatch events have been scheduled for January 2014 to discuss out of hospital services.

Meetings with Plymouth Healthwatch specifically about the BCF have now taken place and there is a commitment to contribute to the development and monitoring of the Integration agenda going forward.

There has also been elected member engagement as the BCF was considered by Caring Plymouth (Overview and Scrutiny Panel) on the 30th January 2014.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	**Synopsis and links**
Integrated approach to health and wellbeing- outline business case	Programme covers integrated commissioning, co-operative children and young people's services, and integrated community health and social care provision. The overall aim is to establish a more collaborative, integrated and strategic approach to how organisations commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for the residents of Plymouth. The business case considers a number of options regarding the vehicle to deliver an operating model of integrated care, and plans to develop these options. **[Add as attachment to plan]**
Joint Strategic Needs Assessment (JSNA)	The JSNA looks at the current and future healthcare needs of the local population to inform and guide the planning and commissioning of health, wellbeing and social care services. **[Add link]**
Joint Health and Wellbeing strategy	Sets out the purpose and strategic approach of Plymouth's Health and Wellbeing Board, approach to health and wellbeing and guiding principles, approach to public engagement, use of evidence and data, and the initial priority areas that have been identified for action. **[Add link]**
NEW Devon CCG Commissioning Framework	This sets out the five year strategic direction for the CCG and specifically the plans that support delivery of the CCG vision for 2014/16. It is a modular document with new modules and information being added as work progresses. **[link to be added]**

VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The vision set down by the Plymouth Health and Wellbeing Board is to create an integrated system of person centred care which fulfils the ambitions of National Voices, with the outcome for individuals that-

"I can plan my care with people who work together to understand me and my carers, allowing me control and bringing together services to achieve the outcomes important to me"

To achieve this it is recognised that a whole system and whole person approach is needed, which means not only working across the whole of the local health, public health and social systems but also working with other local authority services, other statutory partners, key stakeholders, people and communities.

Within this context the Health and Wellbeing programme is to establish a collaborative, integrated and strategic approach to how the CCG and PCC with some partners (e.g. Police and Probation) commission and deliver services, with the aim of improving patient/service user experience and improving outcomes for residents in Plymouth from the resources available.

Strategic Aims and Principles

- Building on co-location of the western locality of NEW Devon CCG and Plymouth City Council, and existing joint commissioning arrangements, the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets
- Focus on developing an integrated provider function stretching across health and social care providing the right care at the right time in the right place
- An emphasis on those who would benefit most from person-centred care such as intensive users of services and those who cross organisational boundaries
- A focus on developing joined up population based, public health, preventative and early intervention strategies
- An asset based approach to providing and integrated system of health and wellbeing, focusing on increasing the capacity and assets of people and place.

Core Workstreams

- **Integrated Commissioning**: a single, integrated and co-ordinated approach to commissioning across the social care and health system.
- **Integrated Health & Social Care Provision**: an alternative delivery models for health and social care services, and to facilitate the development of an integrated health and social care economy within Plymouth.

Key outcomes-

Integrated commissioning

- Single team developing and implementing key commissioning strategies for Health, Care and other services
- Cost savings achieved through better control, planning and utilisation of resources
- An integrated budget for Health and Social Care
- Team collaboration through sharing knowledge and skills on each strategy
- Potential platform for further collaboration in future.

Integrated health and social care provision

- Shared commitment to common vision and goals
- Single community provider delivering improved local health and wellbeing
- Improved patient experience – more seamless care
- Improved ability to manage the whole system, reduce duplication and wastage and manage variations in demand
- Simplified collaborative arrangements, with lower barriers to entry, mean opportunities for integration with a greater number/ range of partners.

For Individuals

- Greater choice and control over the care and support they receive
- Timely support in a crisis and support to recover
- Care provided closer to home and in communities
- Reduced health inequalities
- Receive high quality services and are safe from abuse
- Individuals will receive the right care, in the right place at the right time

b) Aims and objectives

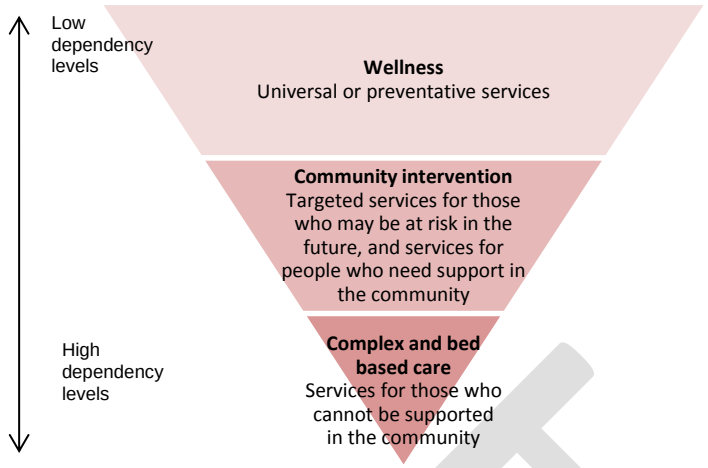
Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The overall aims are to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how Plymouth City Council and NEW Devon CCG commission and deliver services, with the aim of improving patient/service user experience, improving outcomes for residents, and reduce costs.

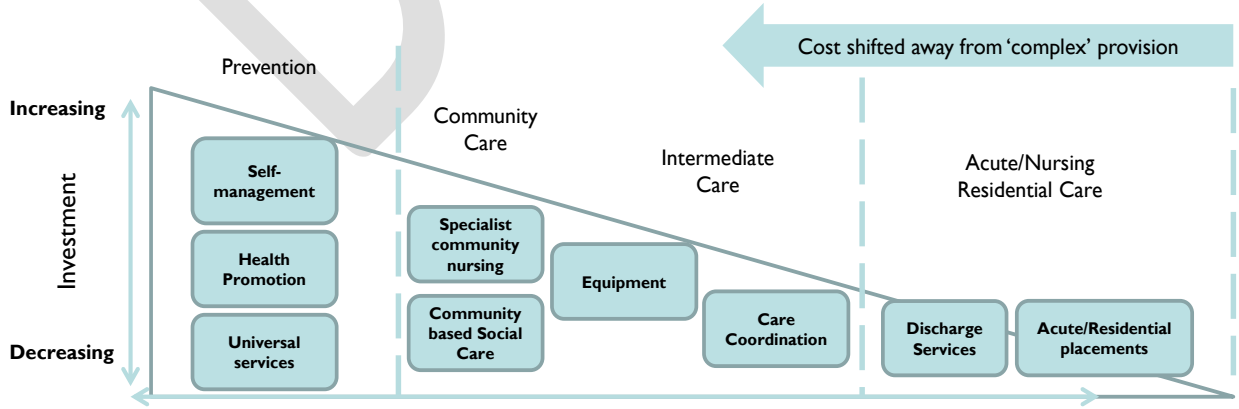
Services underpinning provision

Services that will form part of the integrated provision programme have been grouped into three categories, which correspond to differing levels of need and complexity. The diagram below highlight the integrated system that we are seeking to achieve-



- ***Wellness*: Universal or preventative services.** This includes many Public Health services, such as smoking cessation and sexual health campaigns, and PCC services that do not require a FACS assessment. The category also includes early years prevention and early intervention services, and best start to life services
- ***Community intervention*: Targeted services for those who may be at risk in the future, and services for people who need support in the community.** This includes community nursing, domiciliary care and supported living
- ***Complex and bed based care*: Services people with complex needs, who cannot be supported in the community.** This includes acute, residential and nursing care.

The chart below shows the services we will target to achieve our aims:



c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Plymouth City Council and NEW Devon (Western Locality) have developed and agreed an Outline Business Case planning to achieve integrated commissioning and provision by 2016. Detailed Business Cases for both Integrated Commissioning and Integrated Provision are in development and aim to be completed by March 2014.

A detailed programme plan is in development with key milestones likely to be-

Integrated Commissioning

- Development of New Governance Architecture
- Development of Commissioning Strategies (Bed Based/Community Support/Wellness)
- Integrated Commissioning Function.

Integrated Provision

- Section 75 for pooled budget
- Process and Pathway Redesign activity
- Integrated provider function established.

Specifically in relation to schemes covered by the Better Care Fund the following planned changes are scheduled:

2014/15

- **Crisis Support-** In order to support winter planning, provide timely support in a crisis and facilitate timely discharges 15 step up and step down beds will be commissioned. Planned changes to the Reablement offer will see the service grow from delivering 1500 hours per week to 2000 hours per week. In addition Rapid Response Dom Care providing a 2 hour response will be available to expedite discharges 7 days per week.
- **Supporting Hospital Discharges-** Investment will be provided to a third sector provider to support effective hospital discharges with the aim of reducing delayed discharges. The service will grow to offering a seven day service.
- **Promoting Independent Living-** Additional investment is to be provided to the Community Equipment Service over and above core funding levels. This will allow the service to meet increased levels of demand, facilitate hospital discharges and allow people to remain living in their own homes. The service will be re-commissioned during the year to provide an enhanced service the following year in line with the National Conditions
- **Protecting Social Care**- Plymouth's eligibility criteria will be maintained at critical and substantial. In addition an enhanced universal offer focusing on information, advice and advocacy for all and a targeted early intervention and prevention offer based around floating support, befriending and handyperson person provision will be delivered.
- **Sustained Focus on Safeguarding and Quality Improvement-** The Quality Assurance Improvement Team will complete quality reviews of 50 Care homes, 15

Care Homes will pilot the Leadership Programme, 28 Care Homes will achieve the Dementia Quality Mark and quarterly Dignity in Care Forums will be held for Domiciliary and Care Home Providers.

- **Care Coordination to deliver person centred care**
  The team will continue to ensure timely support to prevent hospital admissions and expedite discharges. The offer will manage up to 80 referrals across the system per week via a single access point; it will focus on continuing to reduce care home admissions building on the current improved performance of 3% conversion to long term care.

2015/16

In addition to the above schemes the following developments are planned for 2015/16:

- **Community Equipment Service**- The Community Equipment Service will be extended to offer a seven day service
- **DFG's –** In order to meet demand and keep people in their homes and communities funding will be ringfenced for DFGs
- **Care Bill Changes-** Although precise details are not presently known provision in the Better Care Fund has been made to complete this and planning is underway based around the following workstreams:
  - Integration and health
  - Financial Processes
  - Customer Journey
  - Preparing the Care and Support Market
  - Safeguarding

Further planning of schemes for 2015/16 is presently underway and will finalised before the April submission

Alignment of other key plans

As part of the preparation of this plan, the existing forms of the JSNA, JHWS, the commissioning framework and intentions, and local authority plans have been considered.

We will ensure that this close coordination continues through the governance arrangements we have put in place.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The immediately identifiable implications of the plan on NHS services are as follows:

Plymouth Hospitals NHS Trust (acute trust) – admissions avoided, lengths of stay and delayed transfers of care reduced.

Plymouth Community Healthcare CIC (community services provider) - admissions avoided, lengths of stay and delayed transfers of care reduced.

The majority of savings will be made by providers as a result of reduced lengths of stay. It may be possible, but not yet quantified, that the bed stock in either or both provider could be reduced.

Our plan is aimed at reducing hospital admissions by commissioning greater support in the community, with services wrapped around individuals and their GPs. Hospital attendances may remain the same or increase as specialist advice and guidance is sought for individuals' diagnosis and initial treatment/intervention plans but with the majority of the care being provided by the primary or community health and social care team.

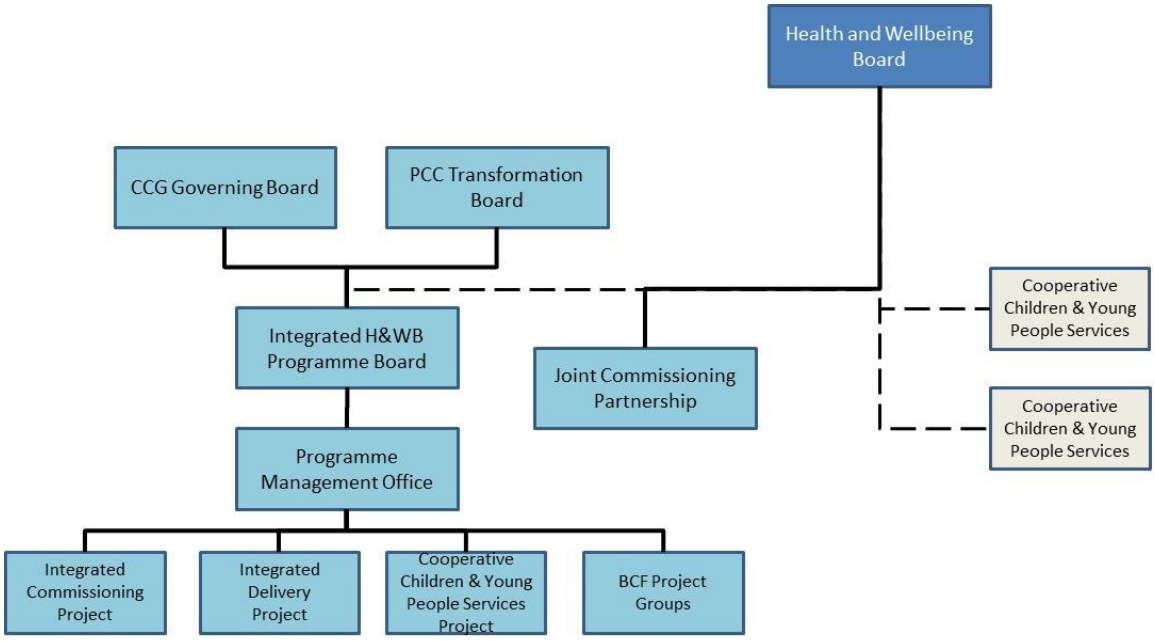
The CCG has identified the potential for c. £3m savings from acute providers during 2014/15, based on the better management and support of frail older people. We are still working through the absolute detail in terms of volume and value impact on individual providers at present. This will be provided in the next version of the BCF submission.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The governance of the Better Care Fund will be managed within the existing governance structure for the Integrated Health and Wellbeing programme. The programme is joint initiative between the Western Locality of New Devon CCG and Plymouth City Council.

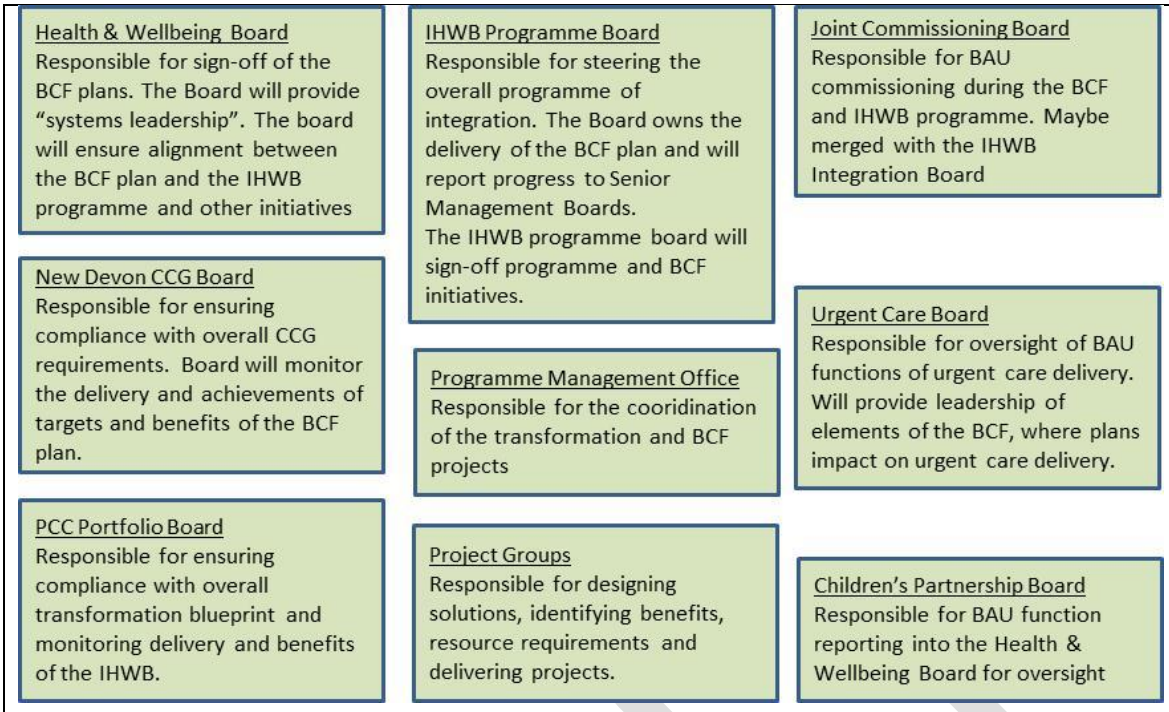
The governance structure is:



The role of the Health and Wellbeing Board is to ensure local partners are an integral part of the plans for BCF. The board will sign off the BCF plan and provide the leadership for the BCF plan. The board will expect the Integrated Health and Wellbeing programme (IHWB) board to report progress on delivery plans and performance.

The IHWB Board will undertake the responsibility for delivering the elements of the BCF plan. This will include monitoring the performance indicators and reviewing risks and issues.

There are a number of other boards that will play a role in overseeing the delivery of the BCF plan. The indicative roles of these boards is described in the diagram below:



The membership of the IHWB Programme Board is designed to enable swift change and will be supplemented with additional capacity when required.

Membership:

- MD – Western Locality, CCG (Joint-Chair and Senior Responsible Officer)
- Director of People, PCC (Joint-Chair and Senior Responsible Officer)
- Director of Public Health
- Chair of CCG
- MD – Partnerships, CCG
- AD – Joint Commissioning, PCC
- AD – Education, Learning and Families, PCC
- Area Team representatives, NHS
- Programme Manager, IHWB Programme

Key activities that require the Governance structures to work together to achieve a coherent plan. These activities include:

1. Protecting Social Care - a condition of the BCF transfer is that the PCC agrees with CCG on how the funding is best used within social care, and the outcomes expected from this investment. The agreement on how funding should be spent will be developed by the BCF project Group. This will be ratified by the IHWB Programme Board and signed off as part of the BCF Plan by the Health and Well Being Board.
2. Risk Sharing Agreement – an agreed approach to risk sharing and mitigation will be developed by the BCF project group. The agreement will cover the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned. (e.g. if emergency admissions or nursing home admissions increase).

The following table provides an overview of the responsibilities of each of these bodies in relation to the HWB Integration Programme:

Programme Activity	HWB	CCG Board	PCC Transform-ation	IHWB Programme	Project Group	PMO
Sign-Off BCF plans	✓					
Ensure alignment to NEW Devon CCG priorities and strategy		✓				
Ensure alignment with Health and Wellbeing Strategy	✓					
Define BCF project scope					✓	
Identify improvement opportunities					✓	
Design Solutions and Plans						
Identify investment and resources					✓	✓
Development of Risk Sharing Agreement				✓	✓	
Sign-off investment, plans and resources	✓			✓		
Deliver planned initiatives					✓	
Report on progress, benefits and risks				✓	✓	

2) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services in Plymouth means ensuring that those in need continue to receive the care and support they require to remain healthy, well and independent for as long as possible. This entails maintaining current eligibility criteria for those assessed as needing statutory services but also promoting a comprehensive universal offer, for those who are not FACS eligible, based around information, advice and low level preventative services.

We will adopt an evidence based approach for all service redesign changes. This will ensure all decisions to reduce or disinvest in social services will deliver better outcomes for services user/patients.

Please explain how local social care services will be protected within your plans.

Funding currently provided under the Social Care to Benefit Health grant has to date been used to enable Plymouth City Council to sustain current eligibility criteria and to work with providers and CCG colleagues to further integration plans.

This level of investment will need to be sustained, if not increased, to meet increasing demand and complexity of need, as well as meeting the requirement to deliver seven day working and meet the requirements of the Social Care Bill.

In order to change the balance of care towards a more community based model that promotes independence, well-being and choice and that reduces reliance on residential and nursing care and prevents hospitals admissions and improves discharges, then a strengthened social care offer based around the following priorities is required:

- Maintenance of eligibility criteria at Substantial and Critical
- A focus on improving the quality of service provision
- An enhanced Community Equipment Service
- Hospital Discharge Services
- Increased Reablement Capacity
- Rapid Response Domiciliary Care
- Greater choice and control through Self Directed Support
- Promotion of Telecare and Telehealth
- An enhanced universal offer focusing on early intervention and prevention.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Current position

Our starting point for consideration of seven day services has been to evaluate the services we currently provide. Our Care Co-ordination team is available 7 days per week to complete assessments and arrange plans for discharge from hospital. This team also has wider responsibilities around admission avoidance, Reablement, domiciliary care, and step down placements. Out of hours arrangements are also in place for social care and community nursing teams. However, these services are not extended to other areas

such as mental health services, stroke services or community therapy.

We have also undertaken initial analysis to understand the level of discharges from our acute and community providers if full weekend working was to be implemented. We will use this information, along with consideration of the effect of our other commissioning intentions, to develop our plan for seven day services to support discharge.

Future plans and intentions
We are committed to providing seven-day health and social care services. Our urgent care commissioning intensions include the aim of providing a service which is available 7 days a week, including bank holidays. We would also expect to extend operating hours so that referrals can be made between 7am to 10pm. This would be delivered by an integrated team comprised of a centralised hub of health and social care staff and resources. During 2014/15 providers and commissioners will be working together to increase the number of relevant and appropriate services operating 7 days a week.

c) Data sharing
Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

This presently is not the case however work is presently progressing to resolve (see below)

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Plymouth City Council is committed to adopting the NHS number as its primary identifier for correspondence. PCC is PSN compliant and has recently gained N3/IGSOC connectivity and therefore is working towards the pre-requisites for PDS connectivity. Plans are being constructed now, with the first step application to become an End Point Site, following which detailed plans will be constructed. Technical and business discussions will take place shortly to determine the impact on business processes to inform the planning exercise and hence determine timescales for full implementation.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

PCC and CCG are committed to adopting systems that are based on Open APIs and Open Standards where it is appropriate and necessary for them to be so. All solutions requiring interoperability are procured as such and will contain contractual references to ensure compliance with the necessary standards.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Both partners are committed to ensuring that the appropriate Information Governance controls are in place to support this implementation. All business processes will be reviewed and adapted where necessary to meet Caldicott requirements.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

The integrated service model delivered via the care Co-ordination Team consists of a centralised hub of health and social care staff and resources. The service receives referrals for individuals who need urgent access to support; it provides real time information and advice about urgent care options using a directory of services linked to the Plymouth online directory. There is a joint process for the rapid assessment of need/risk, development of a support plan and ongoing progress monitoring for the individual. Each individual supported by the service has an appropriate lead professional who is responsible for their care during the crisis period. The team manages all hospital discharges for the acute and community providers in Plymouth, delivering timely access to integrated discharge plans. By delivering both crisis support and hospital discharge arrangements from one team, information can be shared and duplication of resources avoided.

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Savings delivered from the integration are not sufficient to meet the funding gap	High	• Scrutiny and validation of schemes, and the projected benefits in further phases. • Account for optimism bias in financial model when developed.
Service changes mean providers become unviable	High	• Plan changes in a phased and managed way • Work with providers re business planning and service developments
Disruption to service delivery with an impact on service quality and reputation	High	• As part of contingency planning undertaken as part of implementation planning. • Key scenarios identified and mitigation plans developed.
Negative impact on service users and threat to continuity of care	High	• Early engagement of key service user representative groups.
Staff/union resistance to the proposed changes and service redesign	Medium	• Early consultation with Unions. • Union representation at key workshops.
Difficulty in securing agreement across the partners to service redesign causes delay in delivery	Medium	• Areas of potential disagreement highlighted and discussed early in the process.

leading to savings targets being leaked, and delaying benefits realisation		• Identification of key decision makers and a dispute resolution process. • Formal agreements and protocols in place to enable teams to work together.
Statutory or regulatory differences between Health and Social care lead to tensions	High	• Potential areas of conflict identified early and formal protocols or agreements put in place.
New legislation introduced which impacts on plans (e.g. Care Bill and Dilnot)	High	• Remain well-informed of policy and legislative developments and build in necessary changes early and challenge solution development.
Legal challenge regarding competition and contracting	High	• Ensure notice periods to providers are duly followed and all consultation is documented.
Resources required to deliver integration are not available/ funding does not exist to commission external resources	Medium	• Develop programme delivery plan and get cross party sign up to this. • Cross- party investment planning meeting to agree resource commitment.