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Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH
CITY COUNCIL

Plymouth Better Care Fund Submission Update

Caring Plymouth 11 September 2014

Introduction

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Outline
Introduction
What has changed to BCF planning?
Steps of Assessment, Improvement and Approval Process
External Support
BCF in the wider context
Metrics for Better Care Fund
Overview of Schemes
Project Timeline
Next steps and sign off

What has changed in BCF planning?

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Quantified reduction in total number of emergency admissions with schemes to support these reductions

In summary, the previous £1bn Payment for Performance framework has been revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services.

There should be agreement locally with providers (both acute and out of hospital providers) on what the reduction should be and the schemes that will enable achievement of this; NB the national expectation is this should NOT be below 3.5%.

The schemes to support the reduction need to be quantified and detailed as part of the submission

Greater engagement with Acute Providers and Out of Hospital Providers

To encourage greater provider engagement, a crucial change to the revised BCF planning process is a requirement for projected non-elective activity data to be shared with local acute providers. Providers will need to submit their commentary in response to those figures to confirm the extent to which they agree with the projections, and set out that those assumptions are built into their own two year plans.

Link to System Resilience Groups (SRGs)

SRGs are the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. The group should plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

Steps of Assessment, Improvement and Approval Process

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Phase 1: 25 July until plans are returned on 19 September:

During this phase, improvements and assurance of plans will be locally driven. This will be underpinned by three national checkpoints conducted by NHS England areas and Local Government teams in coordination with the national BCF programme team. The purpose of the checkpoints is to allow the central team to identify which areas need support, and crucially what they need support with, as well as allowing a national picture of readiness for BCF implementation that will develop over the **8 weeks** that areas have for resubmission.

External Support

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- Plymouth BCF was identified following Temperature Checkpoint on 7 August as an area that would benefit from additional external support
- This support is headed by Peter Colclough and others who can provide 4-5 days of additional support to complete the submission and provide a check for our BCF plans
- First meeting with Peter 27 August and will get some additional days management support to draw together the schemes and action plan for inclusion in the BCF plan (1-15 Sept)

Steps of Assessment, Improvement and Approval Process 2

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Phase 2: 19 September – late October:

Once plans have been submitted by **19 September**, a nationally consistent review and approval process will commence. This will be delivered nationally and will report to Ministers in October.

The central BCF programme team intend to publish the methodology of this phase by 18 August but it will include an intensive 2 week desktop review of plans, focused on:

1. Overall review of narrative of plan
2. Analytical review of data, trends and targets
3. Financial review of calculations and financial projections

By **the end of October** all BCF plans will have been assessed and:
'approved',
'approved with support',
'approved with conditions', or
'not approved' against the agreed set of national conditions

Plymouth BCF

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- Important to cite within wider context
- Health and Wellbeing Board Vision of Integration
- Plymouth City Council and NEW Devon CCG Integrated Health and Wellbeing Programme
- Transforming Community Services
- NHS Futures
- Primary Care Co-Commissioning

HWB Board Vision of Integration

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Integrated Commissioning

- Building on co-location 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.

Integrated Health and Care Services

- 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

Integrated system of health and well being

- A focus on developing joined up population based, public health, preventative and early intervention strategies.
- Based on an asset based approach focusing on increasing the capacity and assets of people and place

Integrated Health and Wellbeing Programme

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- **In July 2014 NEW Devon CCG and Plymouth City Council agreed to:**
  - Develop single commissioning strategies for Wellness, Community Based Care and Complex/Bed Based Care
  - Pool budgets via a Section 75 circa £450 million
  - Work collaboratively to achieve an interim Commissioning function by March 2015 and achieve a fully integrated commissioning function new entity by March 2016.
  - Develop Section 75 agreement to pool Adult Social Care and CCG budgets to facilitate the creation of a community health and social care provider
  - Work with Plymouth Community Healthcare to develop options for integrated delivery of health and social care services in April 2016

Implementing Integration (Commissioning)

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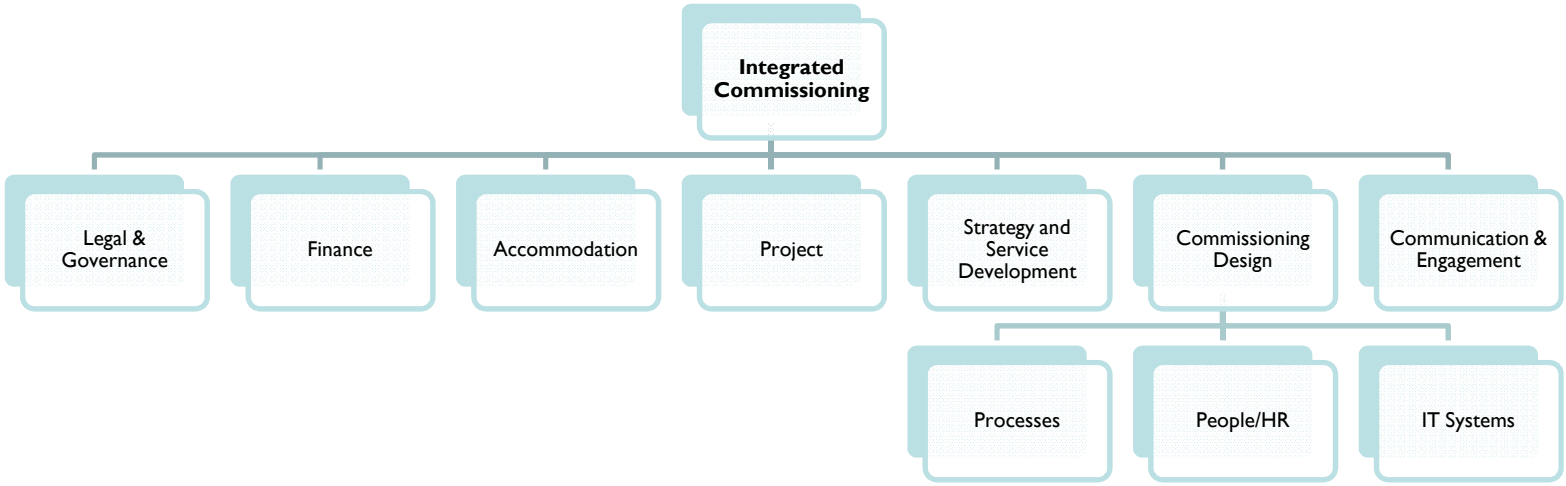

Integration Timeline (Commissioning)

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Activity	Timeframe
Consultation and Engagement with staff	June 2014 - Onwards
Consultation and Engagement with partners	June 2014 - Onwards
Design of competencies, skills and behaviours matrix	September-October 2014
Member and GP Governance Workshops	September 2014
Develop New Integrated Commissioning Governance Architecture	September – October 2014
Develop Section 75 agreement	September – October 2014
Section 75 to Cabinet	November
Design function and form of new Commissioning Organisation	September – October 2014
New Integrated Commissioning Function in place	March 2015
Develop of Commissioning Strategies (bed based/communities/wellness)	Now - March 2015

Implementing Integration (Delivery)

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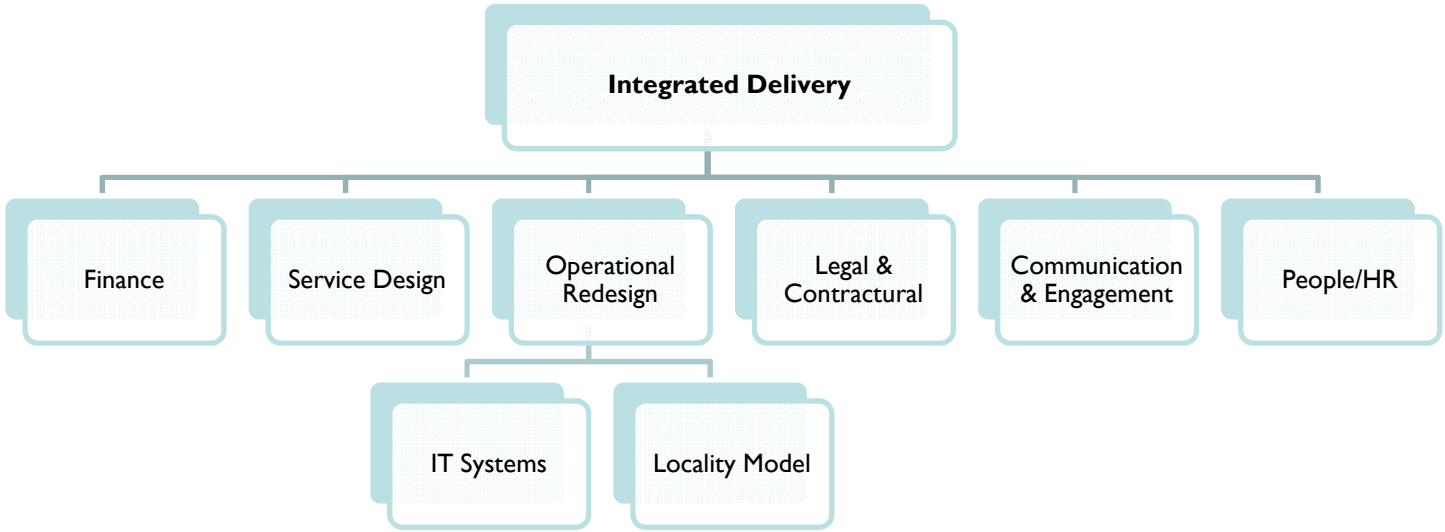

Integration Timeline (Delivery)

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Activity	Timeframe
Review of access points across the Health and Social Care system to understand current demands, potential points for join up and facilitate future demand trend analysis	End of July 2014
Review of existing team configurations, locations and assessment frameworks to identify points of potential duplication and areas of efficiency for integration	End of July 2014
Arrange staff workshops to shape workstreams (such as IT, accommodation) to identify duplication, develop best practice and redesign pathways.	End of September 2014
Consultation and Engagement with staff and partners to support remodelling work	End of July 2014
Develop New Integrated delivery governance architecture	End of August 2014
Design function and form of new Organisation	End of September 2014
Plymouth City Council Cabinet and CCG Governing Body	11th November 2014
Staff consultation	Beginning of October 2014
Due diligence process	Beginning of November 2014
PCH / CCG contract update	Beginning of November 2014
New Integrated delivery structure in place	April 2015

Transforming Community Services

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- **"By 2019, healthy people will be living healthy lives in healthy communities."** Services will be joined up and delivered in a flexible way.

- People tell us organisational boundaries sometimes get in the way of being provided with excellent, joined up services.

- The Western Locality consists of diverse populations living in both the inner-city and remote countryside. We have thriving market towns and populations who want to work in partnership to deliver excellent care. We believe the model of care provision, based around natural geography and patient flows will provide the greatest benefit and facilitate integration of health and social services.

Community Services Strategy

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Our five-year vision for care

By 2019 the healthcare system in Devon and Plymouth will be organised around people and their needs, underpinned by quality and the patient experience. We will join up what we do and be flexible in the way we do it. Changes to models of care will be based on a strong evidence base. There will be a changing role for all types of care and more care provided in the community, as signalled in our Community Services Strategy.

- By 2019 this will mean that we have:

1. **Leveraged our partnerships to deliver better outcomes** – Linking Health and Wellbeing Board priorities to system-level change in support of what organisations and services deliver on a day-to-day basis;
2. **Personalised, integrated services** – By 2019 all services will be integrated where this makes sense. Truly holistic care and support will be the norm. We will deliver this through a mixed economy of integrated providers – some horizontally, some vertically, and increasingly through networks in primary care;
3. **General practice delivered at scale** – So that by 2019 general practice will be the cornerstone of care;
4. **More care in the community, including elective care** – With patients able to access the right care in the right place at the right time; and
5. **Safe and efficient urgent care when this is needed** – Responsive to people and able to deliver rapid access to specialists, diagnostics and follow on care.

Community Services Strategy

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This strategy outlines the future direction for the commissioning of community and out of hospital services within the NEW Devon CCG geographic boundaries. Built on insights from initial co-production and more recent views on the proposed way forward, this framework sets the scene for the strategy, design and delivery of community services. The framework is split into the following four areas:

Category	Service
Preventive and personalised support	Community services designed to help people who are older, frail or otherwise have complex health needs to remain well, support them to recover and enable them to have choice and control of their own care through a new model and design of services.
Pathways for people with complex health needs	Range of community hospital and community services to support people with complex health needs such as multiple long term conditions, frailty or disability with a new co-ordinated pathway design from pro-active care through crisis responses and to ongoing care.
Urgent care in the community	Urgent minor injury and illness services to a new design that will achieve consistent, quality, resilient and networked urgent care in line with the requirements of the recent Keogh report. This new design will hear, see or treat people in the right setting.
Community specialty services	A range of uni-professional community services that support people who may be vulnerable and whose conditions or needs require more specialist input such as podiatry, bladder and bowel care, specialist nursing and others.

NHS Futures
(Challenged Health Economy)

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- Led by NHS England, Monitor and Trust Development Authority
- Strategy to address the 5- year financial challenges across the Devon Health Economy
- Whole system strategy for health and social care in Plymouth and Devon
- Sets out how partners across health and social care will work together
- NHS Programme based on Urgent Care, Planned Care, Specialisms, Prevention, Mental Health, Continuing HealthCare & Management Efficiency

Primary Care Co Commissioning

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- As part of the 5 Year Strategic plan NEW Devon CCG has identified the development of 'at scale' General Practice' with registered lists as the organising unit of care as one of the key developments to enable the CCG to meet its 5-year strategic priorities.

- This can be further broken down into the following areas;
  - Co-commissioning of at scale general practice creating access for patients 8-8, 7-days a week,
  - General practice becoming the central point of integrated health and social care services,
  - Development of wider primary care including core role of pharmacy.

- It is important that primary care be involved in taking forward the BCF to ensure that we can stimulate and facilitate the development of new models for the delivery of primary services e.g. BCF, Urgent care agenda, PMS reviews, Long Term Conditions agenda, PM challenge fund, enhanced services, local health needs.

Introduction to Metrics

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- Needs to include trajectories for nationally defined metrics, patient experience metric and one local metric
- This report sets out the current proposed trajectories for the Plymouth BCF
- Agreement to these trajectories is required from NEW Devon CCG, Plymouth City Council, Plymouth Hospitals NHS Trust and Plymouth Community Healthcare
- Alignment between agreed trajectories and impact of individual schemes will be completed by 5th September

Plymouth BCF- Metric Setting

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National metrics

- **Non-elective admissions (MAR) – link to pay for performance NEW**
- Delayed transfers of care from hospital per 100,000 population (days delayed)
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- Patient experience – to be confirmed

Local metrics

- Estimated diagnosis rate for people with dementia

Non-elective admissions (MAR)

Non - Elective admissions (general and acute)

Metric		Baseline (14-15 figures are CCG plans)				Pay for performance period				
		Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	*Quarterly rate*	**2,806**	**2,420**	**2,485**	**2,495**	**2,698**	**2,327**	**2,389**	**2,399**	**2,688**
	Numerator	7,306	6,301	6,469	6,497	7,050	6,080	6,242	6,269	7,050
	Denominator	260,355	260,355	260,355	260,355	261,315	261,315	261,315	261,315	262,278
					P4P annual change in admissions		*-932*			
					P4P annual change in admissions (%)		*-3.5%*			
					P4P annual saving		*£1,388,680*			
					National average cost of non-elective admission[1.]		**£1,490**			

- *Minimum improvement 3.5% (national guidance)*
- *Limited evidence to*
- *Equivalent to 932 less admissions per year from Q4 2014/15*
- *Estimated performance fund of £1,389k pa*
- *Data quality issues with the baseline (raised with AT)*

Recommendation: Aim for 3.5% reduction from Q4 2014/15. Impact to be calculated once issues of data quality have been resolved

Delayed transfers of care from hospital per 100,000 population (days delayed)

Delayed transfers of care

Metric		13-14 Baseline				14/15 plans				15-16 plans			
		Q1 (Apr 13 - Jun 13)	Q2 (Jul 13 - Sep 13)	Q3 (Oct 13 - Dec 13)	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	*Quarterly rate*	1,008.8	1,109.8	1,179.1	1,572.5	956.8	908.9	861.1	845.9	845.9	845.9	845.9	843.3
	Numerator	2,097	2,307	2,451	3,287	2,000	1,900	1,800	1,775	1,775	1,775	1,775	1,775
	Denominator	207,877	207,877	207,877	209,034	209,034	209,034	209,034	209,833	209,833	209,833	209,833	210,495
								Annual change	*-2667*			*Annual change*	*-375*
								Annual change (%)	*-26.3%*			*Annual change (%)*	*-5.0%*
								Annual saving	*£733,000*			*Annual saving*	*£103,000*

- *Plymouth reporting an increase in delays in April - June 2014*
- *Across both acute and community (large increase in community)*
- *Improvement equivalent to 589 less days delayed in Q4 2014/15 (6.5 beds) compared to Q4 2013/14*

Recommendation: Aim for target equivalent to national average by Q4 2014/15 (26.3% improvement)

Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000

Residential admissions

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Annual rate*	**664.7**	**638.8**	**628.1**
	Numerator	290	290	290
	Denominator	43,475	45,400	46,174
	Annual change		*0*	*0*
	Annual change (%)		*0.0%*	*0.0%*
	Estimated savings		*£0*	*£0*
Average annual cost of permanent admission to residential care[1]				£25,950

- *Previous BCF target to maintain number of admissions against a backdrop of increasing demand*
- *Equivalent to 3.9% or 12 less admissions in 2014/15*

Recommendation: No growth in actual admissions from 2013/14 baseline which is a improvement in the rate by 3.9%

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

Reablement

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Annual %*	**80.8**	**89.9**	**89.9**
	Numerator	300	337	337
	Denominator	370	375	375
		Annual change	*37*	*0*
		Annual change (%)	*12.3%*	*0.0%*

- *Plymouth has reported a significant drop in performance in 2013/14 due to reporting changes*
- *Previous BCF plan to return to 2012/13 level in 2014/15*
- *Equivalent to 37 more people successfully re-abled in Q3 2014/15*
- *Direct link to hospital readmissions / care home admissions*

Recommendation: Improve reablement rate to 89.9% for 2014/15

Estimated diagnosis rate for people with dementia (local metric)

Metric		Baseline	Planned 14/15 (if available)	Planned 15/16
		2012/13		
Dementia diagnosis rate	Metric Value	47.8	54.5	67.0
	Numerator	1,636	1,866	2,293
	Denominator	3,421	3,421	3,421

- *Planned performance is below the national target but planned to get there by March 2016*
- *Increase in dementia patients diagnosed of 230 by March 2015*

Recommendation: Retain local metric as per original BCF submission. Improve dementia diagnosis rate to 54.5% by March 2015 with further increase to national target of 67% by March 2016

Summary of benefits

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Metric	Benefit
Non-elective admissions	-932 admissions pa from Q4 2014/15 £1,389k performance fund
Delayed transfers of care from hospital per 100,000 population (days delayed)	589 less days delayed in Q4 2014/15
Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000	No change in number of care home admissions but 3.9% improvement in the rate or 12 less admissions
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	37 more people successfully re-abled in Q3 2014/15
Estimated diagnosis rate for people with dementia (local metric)	230 more patients diagnosed with dementia by March 2015

Overview of Plymouth BCF Schemes

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Plymouth BCF in 2014/15 = £19million

Predicated admission avoidance reduction avoidance trajectory of 3.5% is linked to work streams related to differing parts of the urgent care pathway:

Prevention and Maintenance	supporting people to live healthy lives in healthy communities (e.g. admission and discharge pathway mapping and case finding by risk stratification)
When Crises Occur	providing the best support whenever possible (e.g. Front Door at ED, Integrated front door for community – single point of access and Rapid Response)
Expediting Discharge	enabling people to return home as soon as possible (e.g. CCT, Community Equipment Service and Red Cross)
Enhancing community services	to their full potential (e.g. PCH/ASC Integration and End of Life Care)

Next Steps and Proposed Sign off

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Meeting	Purpose/Activity	Date
Plymouth Health and Wellbeing Board	Receive most up to date draft BCF plan and presentation of key risk and issues and seek Chair delegated authority to approve by 19 September 2014 Need presentation with key issues for H&WB to be aware of (particularly their role in furthering)	4 September 2014
BCF Leads from PCC and NEW Devon CCG	Finalise the paper for circulation and comments	w/b 1 & 8 Sept 2014
Joint Commissioning Partnership (JCP)	Receive final draft of BCF plan and make any last amendments to then be sent for approval and sign off **HWB Members to attend JCP?**	12 September 2014