

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Suffolk System Transformation Programmes
Meeting Date:	10 March 2016
Chairman:	Councillor Alan Murray
Board Member Lead(s):	Andy Evans, Julian Herbert, Anna McCreddie
Author:	Jo Cowley, Suffolk County Council, 01473 265202

What is the role of the Health and Wellbeing Board in relation to this paper?

1. The Health and Wellbeing Board (HWB) has the oversight of the health and care integration programmes in Suffolk. Integration is a cross cutting theme in the Health and Wellbeing Strategy, as a key enabler for the delivery of the HWB vision. The HWB role includes signing off and overseeing the delivery of the Better Care Fund (BCF) Plan.

Key questions for discussion:

2. The key questions for discussion are:
 - a) How the integration of health and care in Suffolk is being taken forward through the Sustainability and Transformation Programmes (STPs)
 - b) How the Better Care Fund for 2016/17 is being developed
 - c) The quarter 3 return showing progress on the 2015/16 Better Care Fund
 - d) Updates on specific areas of integration
 - e) Proposed amendment to the Health and Wellbeing Board constitution to reflect the Board's responsibilities in respect of the Better Care Fund.

What actions or decisions is the Board being asked to take?

3. The Health and Wellbeing Board is invited to:
 - a) Comment on the development of the Sustainability and Transformation Plans and to indicate how they would like to be kept involved in their development.
 - b) Note the development of the Better Care Fund 2016/17 and engagement with key partners and indicate if any further information needed by Board members at this stage.
 - c) Note the quarter 3 return for the Better Care Fund 2015/16.
 - d) Note the update from the Suffolk Workforce Forum.
 - e) Agree a proposed amendment to the Board's terms of reference.

Brief summary of report

4. This report provides the HWB with an overview of the activity currently underway to deliver integrated health and care in Suffolk.

Background

5. Key policy drivers for integrated care include the NHS Five Year Forward View and the Department of Health/Department of Communities and Local Government agreement around pooled funding and joint plans – the Better Care Fund. Locally there is a strong emphasis on integrated care in the refreshed Health and Wellbeing Strategy, and within our transformation programmes which are regularly discussed at the Health and Wellbeing Board.

Sustainability and Transformation Plans

6. The NHS planning document Delivering the Forward View NHS planning guidance 2016/17 – 2020/21 states “We are asking every health and care system to come together, to create its own ambitious blueprint for accelerating its implementation of the Forward View.” The Guidance requires the NHS to produce A five year Sustainability and Transformation Plan (STP), place based and driving the Five Year Forward View:
 - a) covering the period October 2017 – March 2021;
 - b) becoming the single application and approval process for being accepted onto programmes with transformational funding eg the new wider national Sustainability and Transformation Fund for 2017/18 onwards;
 - c) submission due in June 2016, formal assessment in July 2016;
 - d) further detailed guidance is awaited from NHS England.
7. Whilst being a national requirement which will form the basis of application for resource, it is also our intention to develop the STPs to be useful for the system and to accelerate our plans for improved outcomes for the population of Suffolk, health and care integration and system sustainability.
8. A key part of the content of the STP will be the detailed Transformation Programmes which are being developed to deliver the change required to meet our agreed health and care visions, principles and outcomes. The Transformation Programmes will describe the priorities for the system in line with the Health and Care Review and building on the Integrated Health and Care Model (approved by the system in January 2015). In Waveney the Plan will describe how the Out of Hospital Team model and other integrated care programmes will develop and become mainstream.
9. The Transformation Programmes will deliver national planning requirements, local health and wellbeing priorities and other specific system wide strategies e.g. mental health and learning difficulties.
10. Greater integration is seen as a potential way to use resources more efficiently in particular by reducing avoidable hospital admissions and facilitating early discharge. The focus on Suffolk is to ensure that integrated services support a person centred and preventative approach, providing co-ordinated effective care when needed and building on assets in the community as well as from statutory services.

11. The development of the Transformation Programmes is linked to the Suffolk (and Norfolk) devolution agenda, as the “asks” in the devolution proposal are intended to support the STP. The top three asks for health and care are:
 - a) Government commitment to devolve multi-year settlements for health, care and safety. This includes optimising resources across the local system through a more integrated, medium term approach to financial planning that enables a shift to models of prevention and early help to enable independence and reduce demand
 - b) Commitment to local control over public service estates and capital assets including NHS and police to unlock assets across local public services. To do this we would want first rights on central government estates as highlighted in our finance section
 - c) Explicit support from Government departments, inspectorates and regulators to enable longer term systemic shifts in service delivery

Development of the Better Care Fund 2016/17

12. The Better Care Fund Plan for Suffolk sets out the vision and plan for integrated care over the next five years. It also describes how the Better Care pooled fund will be allocated to supported integrated care in Suffolk, for 2015/16. The Department of Health and the Department of Communities and Local Government have now asked local authorities and Clinical Commission Groups to further develop the Plan and the Pooled Fund to cover 2016/17.
13. The Plan in Suffolk has the following high level aims:
 - a) People manage their own health and social care with the right support when needed
 - b) Communities are easy and supportive places to live with a health or care need
 - c) The health system is co-ordinated and effective
 - d) Higher cost interventions are replaced with lower cost interventions
14. The Better Care Fund Plan will not initiate any new work, but will articulate the current activity in our Transformation Programmes to deliver integrated Care. It will be entirely consistent with the Sustainability and Transformation plans as described above.
15. NHS England will also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:
 - a) Plans to be jointly agreed;
 - b) Maintain provision of social care services;
 - c) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
 - d) Better data sharing between health and social care, based on the NHS number;

- e) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - f) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
 - g) Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
 - h) Agreement on local action plan to reduce delayed transfers of care.
16. The Plan identifies a number of “schemes” that will deliver the outcomes and ambition set out in the plan. These schemes are identified through our existing transformation plans ie the delivery of the Health and Care model (Connect) in Ipswich and East Suffolk and West Suffolk, and the development of the Integrated Care System in Waveney.
17. The schemes for 2016/17 are:
- a) Waveney schemes
 - i) Supporting independence by Community based interventions
 - ii) Integrated community and out of hospital teams
 - iii) Care at home
 - iv) Dementia and mental health
 - b) Ipswich and East Suffolk and West Suffolk schemes
 - i) Proactive care – Integrated Neighbourhood Teams
 - ii) Reactive care – Urgent care system
18. Nationally the NHS is ring fencing £3.519 billion for the Better Care Fund. An additional £394 million is for Disabled Facilities Grants which is paid directly from the Government to the County Council, who in turn pass it on to District and Borough Councils so that they can fulfil their duties to provide adaptations to the homes of disabled people.
19. The Better Care Fund in Suffolk is £51,438,000 of which £4,825,000 is intended for Disabled Facilities Grants and other supports for independent living.
20. The timetable for submission of the Suffolk BCF Plan 2016/17 is:
- a) 2nd March – initial finance and metrics submission
 - b) 21st March – draft narrative submission and reviewed finance and metrics submission
 - c) 25th April – final submission.
21. At the meeting on the 28th January the HWB agreed delegated authorities for the sign off the Plan to the Board Chairman, the Director of Adults and Community Services, and the two CCG CEOs.
22. The Board is invited to comment on the development of the BCF Plan so far, and to note the timescales for submission of the Plan.

Better Care Fund Plan Quarter 3 return

23. The Quarter 3 return for Suffolk's Better Care Plan was submitted on the 26th February. Highlights from the return include:
- a) Pooled fund reported spending as planned
 - b) Metrics (see attached as Appendix 1). Underachievement of these targets is, in the main, due to the additional demand on acute services leading to increased delayed transfers of care and pressure on community services. This has meant that, once again, there is no performance element of the BCF during this quarter.
 - c) National conditions – Suffolk is making progress on delivering the BCF national conditions.
 - Protection of Social care services – Plans to protect social care services have been partially successful in 2015/16. The shortfall has been resolved in the short term for 2015/16, but the longer term issues remain, and will be carried over into the negotiations around the BCF 2016/17.
 - Data sharing and open APIs (Application Programme Interface ie programmes that speak to each other) – the Digital road map work that is being carried out by the Suffolk Informatics Partnership is addressing this requirement. However this is a long term piece of work because of the length of time it takes to transform IT systems.
 - 7 day services to support discharge – this is delivered in Waveney through schemes such as the Out of Hospital Teams. In the rest of Suffolk elements of 7 day services are in place (for example the Crisis Action Team in Ipswich and East Suffolk) and planning is underway for moving to a comprehensive set of services.
 - d) Accountable offices and co-ordinated plans – this is a key feature of our integration plans, and will be developed as the Connect and Out of Hospital work progresses.
24. The full return Quarter 3 is available to HWB members – see below for contact details.

Updates on specific areas of integration

25. Attached as Appendix 2 to this report is an update from the Suffolk Workforce Forum.
26. This update is for information.

Proposed amendment to the Health and Wellbeing Board terms of reference

27. The current Suffolk County Council constitution, which is the document that includes the Terms of Reference for the Health and Wellbeing Board, does not reflect the responsibilities that the Board has in respect of the Better Care Fund.
28. The 2016/17 Better Care Fund Policy Framework states that there is “A requirement that Health and Wellbeing Boards jointly agree plans for how the

money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)”.

29. It is therefore proposed that the Terms of reference for the Board are amended to include the following: “to have responsibility for the oversight and agreement of the Better Care Fund Plan in Suffolk.”

Why these actions/decisions are recommended

30. The HWB plays an important part in the leadership of integrated care in Suffolk, and has responsibility for agreeing and overseeing the BCF for Suffolk

Who will be affected by these actions/decisions?

31. These decisions will affect all people in Suffolk.

Sources of further information

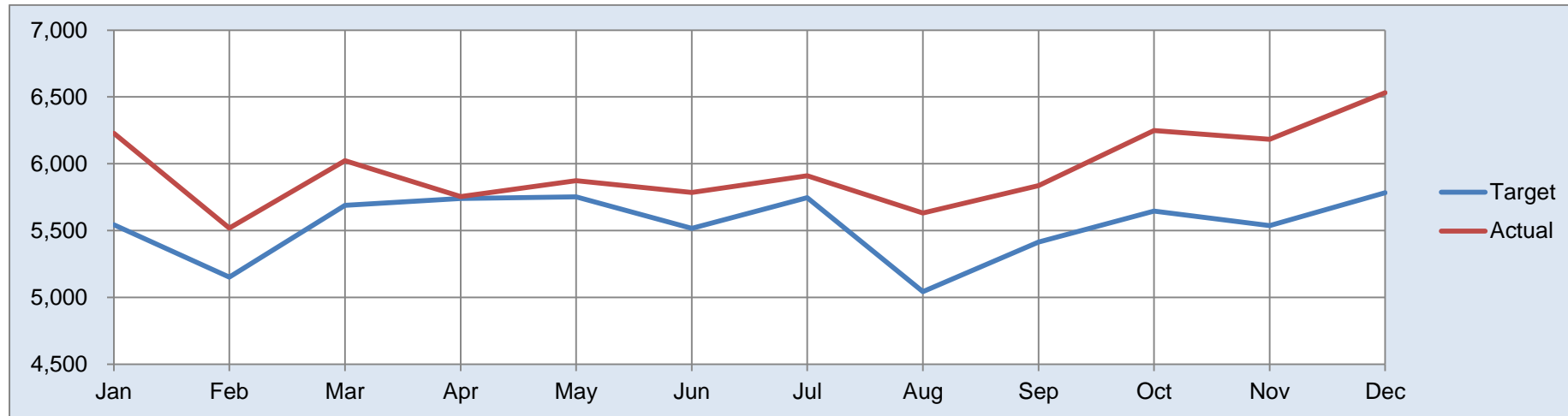
- a) Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 - <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>
- b) Suffolk’s Better Care Fund Plan 2015/16 - <http://www.healthysuffolk.org.uk/health-and-wellbeing-board/useful-documents/>
- c) 2016/17 Better Care Fund Policy Framework - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- d) Full Quarter 3 Better Care Fund return available from Jo Cowley – jo.cowley@suffolk.gov.uk, tel – 01473 265202
- e) Suffolk County Council Constitution - <https://www.suffolk.gov.uk/assets/council-and-democracy/the-council-and-its-committees/constitution/PART-1-Nov-2015-final.pdf>

Appendix 1 - Better Care Fund Metrics – Quarter 3 2015/16 (October to December)

Measure 1 – non-elective admissions to hospital

This measure tracks the number of people who have been admitted to hospital in an emergency. The aim is to reduce this number through better support in the community. Hospitals outside of Suffolk are shown where there have been admissions of Suffolk residents. The Better Care Fund target is for the whole of Suffolk, but the numbers have been broken down to show the different performance for each hospital.

Graph showing total number of non-elective admissions across the whole of Suffolk against the BCF target.



Metric and Target		Apr	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3
Total non-elective admissions in to hospital (general & acute), all ages, per 100,000 population	Actuals	5,754	5,874	5,786	17,414	5,910	5,631	5,837	17,377	6,249	6,183	6,531	18,963
	Target	5,741	5,753	5,517	17,011	5,746	5,043	5,413	16,202	5,646	5,538	5,783	16,967
	<i>Target reduction -3.5% vs baseline</i>	<i>variance</i>	<i>0.2%</i>	<i>2.1%</i>	<i>4.9%</i>	<i>2.4%</i>	<i>2.8%</i>	<i>11.7%</i>	<i>7.8%</i>	<i>7.3%</i>	<i>10.7%</i>	<i>11.7%</i>	<i>12.9%</i>
IPSWICH AND EAST SUFFOLK CCG	Actuals	3,184	3,116	3,076	9,375	3,141	2,957	3,063	9,161	3,264	3,165	3,410	9,838
	Target	3,013	2,969	2,772	8,753	3,024	2,535	2,819	8,378	2,880	2,859	3,013	8,751
	variance	171	147	304	622	117	422	244	783	384	306	397	1,087
WEST SUFFOLK CCG	Actuals	1,663	1,849	1,740	5,252	1,828	1,777	1,835	5,441	2,010	1,957	1,998	5,964
	Target	1,781	1,795	1,779	5,356	1,755	1,630	1,637	5,023	1,775	1,726	1,811	5,311
	variance	-118	54	-39	-104	74	147	197	418	236	231	187	653
GREAT YARMOUTH AND WAVENEY CCG	Actuals	830	830	892	2,552	860	820	860	2,540	895	979	1,040	2,913
	Target	875	914	893	2,682	894	811	888	2,592	921	884	883	2,689
	variance	-45	-85	-1	-130	-33	9	-28	-52	-26	94	156	225
CAMBRIDGESHIRE AND PETERBOROUGH CCG	Actuals	11	11	11	32	11	10	11	33	12	12	12	36
	Target	10	11	10	31	10	10	10	30	10	10	10	31
	variance	0	0	1	2	1	1	1	3	1	1	2	5
NORTH EAST ESSEX CCG	Actuals	44	44	44	132	44	41	44	128	43	46	47	136
	Target	40	41	39	120	39	35	37	110	37	36	42	115
	variance	4	3	5	12	5	6	7	18	6	10	6	21
SOUTH NORFOLK CCG	Actuals	23	25	23	70	25	25	24	74	25	25	25	75
	Target	23	23	23	69	25	22	22	69	23	23	24	70
	variance	0	1	0	1	1	3	2	5	2	3	0	5

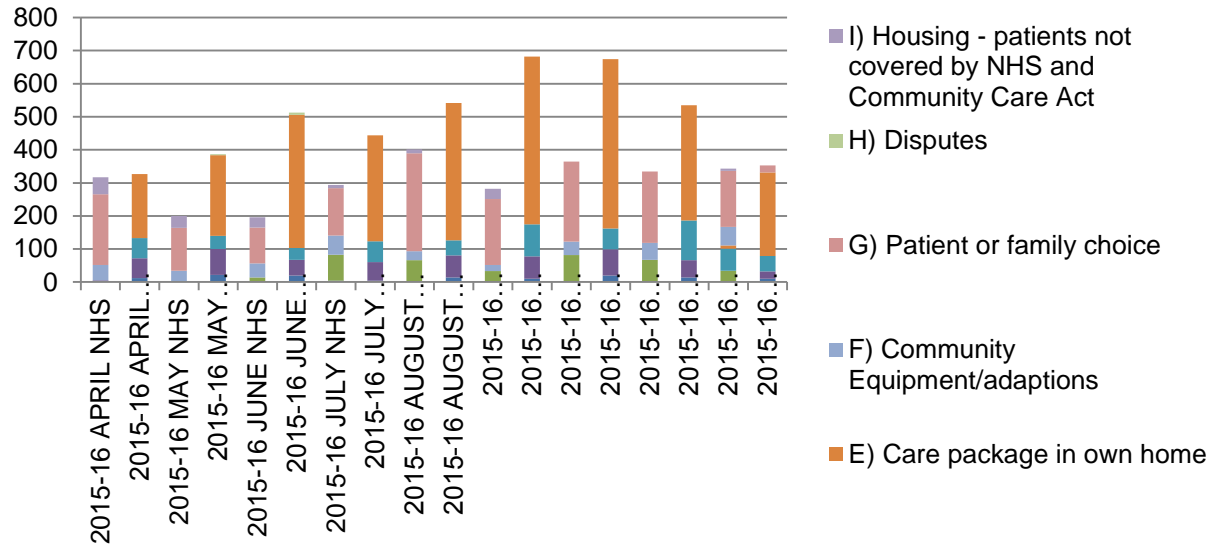
Measure 2 – Delayed transfers of care - This measure looks at delayed transfers of care for Suffolk residents, from all hospital settings. The aim is to reduce delayed transfers of care. Note - the totals do not include delays from NSFT hospitals, so the position across Suffolk is more acute than is indicated by the figures. Further information has been provided this quarter to give the attribution for the delays across Suffolk and for each acute trust.

Metric and Target		Apr	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Actuals	374	237	281	892	288	347	354	989	478	430	414	1,322
	Target	266	266	266	797	268	268	268	803	304	304	304	913
Target reduction -4.5% vs baseline	variance	40.9%	10.8%	5.9%	12.0%	7.5%	29.7%	32.3%	23.2%	57.1%	41.2%	36.2%	44.8%

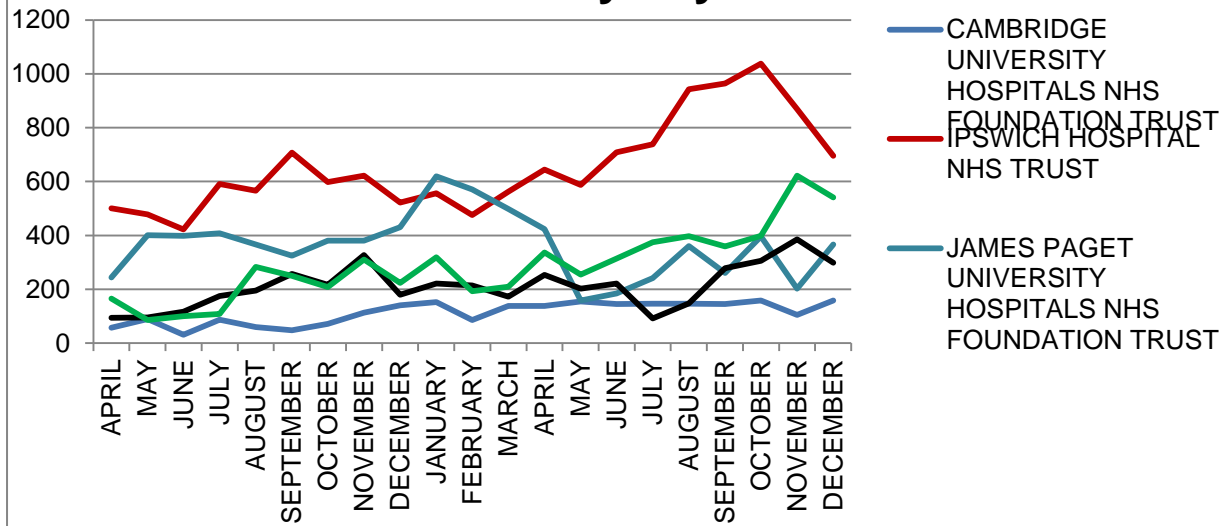
Delayed Transfer of Care Days - Suffolk Total

	NHS	Social Care	Both	Total
2014-15				
APRIL	923	558	58	1539
MAY	1161	617	112	1890
JUNE	1133	562	6	1701
JULY	1226	612	53	1891
AUGUST	1369	750	68	2187
SEPTEMBER	1348	815	42	2205
OCTOBER	1395	674	44	2113
NOVEMBER	1401	805	72	2278
DECEMBER	1324	666	71	2061
JANUARY	1651	754	44	2449
FEBRUARY	1244	584	64	1892
MARCH	1204	676	89	1969
2015-16				
APRIL	1439	707	68	2214
MAY	945	442	14	1401
JUNE	963	687	14	1664
JULY	1127	569	7	1703
AUGUST	1239	804	11	2054
SEPTEMBER	1018	1053	25	2096
OCTOBER	1351	1470	7	2828
NOVEMBER	1370	1165	7	2542
DECEMBER	1413	1035	3	2451

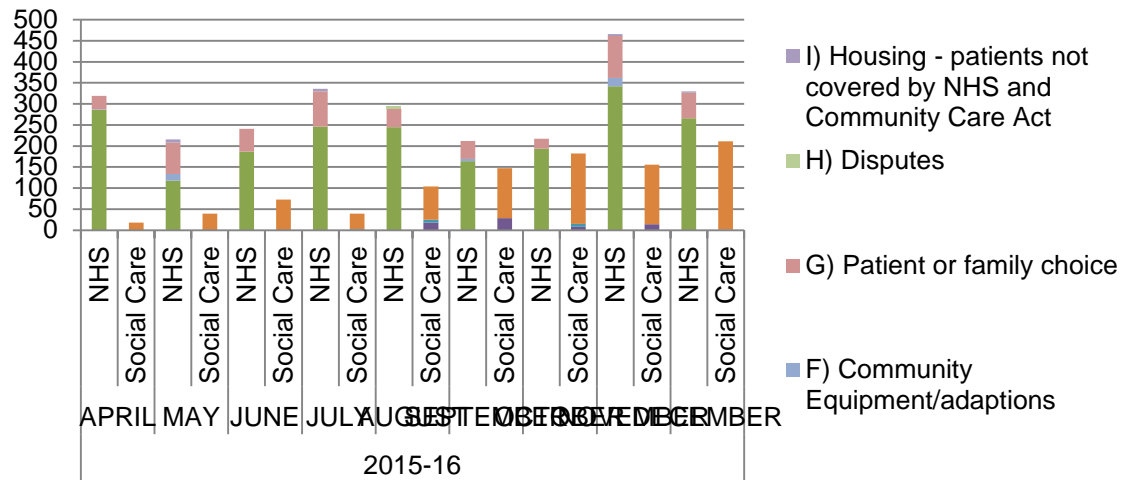
Suffolk DTOC Days at IHT



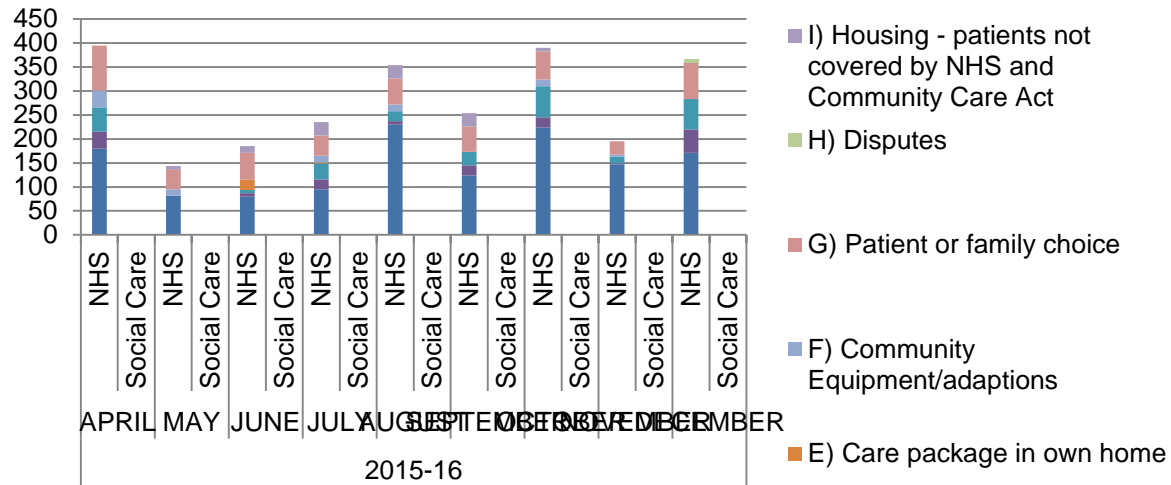
Suffolk DTOC Days by Main Provider



Suffolk DTOC Days at WSFT



Suffolk DTOC Days at James Paget



Measure 3 – permanent admissions to residential and nursing care homes This measure looks at the number of older people who are admitted permanently to residential or nursing care. The target for this measure is to keep the number per 100,000 of the population static (despite the proportion of older people in the population rising). The results for the year to date are showing that a greater proportion of people were admitted than the target set in the Better Care Fund plan.

Month	April	May	June	July	August	September	October	November	December	January	February	March
Actual 2014-2015 Permanent Admissions	83	83	69	104	93	101	81	89	100	93	104	91
Cumulative (2014-2015)	83	166	235	339	432	533	614	703	803	896	1000	1091
Actual Rate per 100,000 (2014-2015)	51	102	145	209	266	328	378	433	494	551	615	671
Actual 2015-2016 Permanent Admissions	85	88	76	103	81	95	91	88	52			
Cumulative (2015-2016)	85	173	249	352	433	528	619	707	759			
Rate per 100,000 (2015-2016)	51	104	149	211	260	317	371	424	455			
Target Actual 2015-2016	89	74	65	93	84	90	73	80	92	82	92	81
Target Cumulative 2015-2016	89	163	228	321	405	495	568	648	740	822	914	995
Target rate per 100,000 (2015-2016)	53	98	137	193	243	297	341	389	444	493	548	597

Measure 4 – effectiveness of reablement This measure looks at how effective reablement services are by checking whether older people are still at home 91 days after being discharged from hospital. This measure is only captured once a year, so for the purposes of this report a proxy measure has been shown. This proxy measure is the number of successful social care tier 2 (short term enablement) interventions. The aim is to increase the effectiveness of reablement and other services in the community supporting people are a stay in hospital, so that less people are either readmitted to hospital, or move permanently into residential or nursing care homes. There has been a slight improvement here in Quarter 3, which is of particular note given growing pressures on services in winter months.

	Jul-15	Aug-15	Sep-15	Q2 Out Turns	Oct-15	Nov-15	Dec-15	Q3 Out Turns
Number of people 65 Plus commencing a STEP 3 months earlier (denominator)	240	180	164	584	199	153	143	495
Number of people 65 Plus in receipt of an ACS service 91 days later	81	77	50	208	62	46	52	160
Number of people 65 Plus enabled and not in receipt of any services 91 days later	159	103	114	376	137	107	91	335
Percentage enabled during reporting Quarter (outturn)	66.25	57.22	69.51	64.38	68.84	69.93	63.64	67.68

Measure 5 – dementia diagnosis rate - Dementia is often undiagnosed meaning that people do not get the early help or treatment that they need. The aim is to increase the rate of diagnosis.

Metric and Target	
Local metric: Estimated diagnosis rate for people with dementia - percentage and number	Actuals
	Target
National target	<i>variance</i>
IPSWICH AND EAST SUFFOLK CCG	<i>Actuals</i>
	<i>Target</i>
	<i>variance</i>
WEST SUFFOLK CCG	<i>Actuals</i>
	<i>Target</i>
	<i>variance</i>
GREAT YARMOUTH AND WAVENEY CCG	<i>Actuals</i>
	<i>Target</i>
	<i>variance</i>

July	Aug	Sept	Q2	Oct	Nov	Dec	Q3
	63.0%	63.0%	63.0%	62.7%	63.0%	62.9%	62.9%
	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%
	-4.0%	-4.0%	-4.0%	-4.3%	-4.0%	-4.1%	-4.1%
	62.0%	61.7%	61.7%	61.8%	62.1%	62.4%	62.4%
	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%
	-5.0%	-5.3%	-5.3%	-5.2%	-4.9%	-4.6%	-4.6%
	64.9%	64.8%	64.8%	64.6%	64.8%	63.9%	63.9%
	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%
	-2.1%	-2.2%	-2.2%	-2.4%	-2.2%	-3.1%	-3.1%
	63.0%	63.4%	63.4%	62.5%	63.0%	63.0%	63.0%
	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%	67.0%
	-4.0%	-3.6%	-3.6%	-4.5%	-4.0%	-4.0%	-4.0%

Measure 6 – support to manage long term health conditions

- This measure is based on a question in the GP survey
- The actual % is going up but we don't have updated actuals. These are only published twice yearly and data for Q3 is included below.
- Change in percentage not statistically significant in Ipswich and East and Waveney CCG areas.

		Apr	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3
Patient/Service User metric: support from local services or organisations to help manage long-term health condition(s)	Actuals				70.79%								71.59%
	Target				73.20%								73.70%
<i>Target improvement +1% vs baseline (72.7%)</i>					-2.41%								-2.11%
variance													

Update from the Suffolk Workforce Forum

The Suffolk Workforce Forum met on the 14th January 2016. The Workforce Transformation Lead Steve Griffie delivered a Progress Report presentation detailing the items below:-

Suffolk - Crisis Action Team (C.A.T) - Mark Cooke Transformation Lead in the Redesign Team at Ipswich and East Suffolk CCG, presented the work and progress of the CAT service. The aim is to intercept patients to (if appropriate) prevent their access to Acute Hospitals. It is a multiagency, multidisciplinary team currently using a shared care and support plan for health, social care and voluntary and community sector which is working very well indeed. The team is currently collecting data to prepare a mid-point evaluation of this really worthwhile 6 month pilot.

Integrated Care Principles – Following ratification at the NSWP CEO Board, the Integrated Care Principles have been sent out to all Suffolk & Norfolk organisations. Steve Griffie is following up with organisations and Implementation is being recorded in a newly developed RAG rated tracking template. Outcomes and evidence of implementation are being recorded in an evidence folder. This work is progressing well and the ICP are being integrated to recruitment, induction and appraisal activities.

Workforce Profiling – All Suffolk Health & Social Care organisations have completed the workforce profiling template and the data has been collated into a report. This data is being fed into Karen Tew who is writing the STP (sustainability & transformation plan) and will be extremely useful in helping to meet the requirements of implementing the five year forward view especially in relation to “Place Based Planning”.

Rotational Apprenticeship Scheme - The Integrated Rotational Apprenticeship Project continues at pace with 4 apprentices in Ipswich and 4 in Bury St Edmunds rotating through a Hospital, Community and Social Care setting. The Ipswich & East cohort has commenced and is making good progress and the West Suffolk cohort will be starting their second placement on Tuesday 1st March. Victoria Fennell and Emma White will be working closely with the Participating Organisations to evaluate the project and will be collecting case studies from the apprentices and mentors to promote the programme for future cohorts.

Integrated Workforce Development

Workforce Information Sharing Portal (WISP) – Steve Griffee gave a demonstration of the search facility on the Workforce Information Sharing Portal smart sheet. This functionality allows users to search specific projects, dates and subject areas making the application much more user friendly.

Local Enterprise Partnership: Developing a Sector Skills Action Plan - A further meeting is being held shortly and a multi-agency team are agreeing forward actions and deliverables. The details are being presented at the next Suffolk Workforce Forum on the 10th March.

Integrated Healthy Lifestyle Service - The Integrated Healthy Lifestyle Service (IHLS) contract has been awarded to Leeds Beckett University. This provider leads a partnership arrangement with; MoreLife, Quit 51 and Tobacco Free Futures. The new IHLS will be delivered across the whole of Suffolk from 1st April 2016 and will incorporate some new services together with a broad range of existing provision. In addition the New Economic Foundation delivered a presentation to SCC ASC staff entitled “Five Ways to Wellbeing” which as the name suggests details proactive suggestions for staying health at work and at home. Everyone commented how well this was delivered.

The next Suffolk Workforce Forum meeting is scheduled for the 10th March and will include a showcase presentation from Ipswich Hospital about their Operations Bed Management Centre, an update presentation on the Local Enterprise Partnership action plan and progress report on the Think Big/Think differently workshops and outcomes.

