

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 1st December 2015
Report for: Health & Wellbeing Board
Report of: Better Care Fund Programme

Report Title

Progress Report of Better Care Fund for Trafford

Purpose

This is to provide the Health and Wellbeing Board an update of the progress of the Better Care Fund for Trafford and the progress of the schemes.

Recommendations

The Health and Wellbeing Board are asked to note the progress outlined in the attached paper

Contact person for access to background papers and further information:

Name: Julie Crossley, Associate Director of Commissioning at Trafford CCG.

Trafford Better Care Fund Programme.

1. Introduction

- 1.1 The Health and Wellbeing Board have received previous reports which set out the schemes which contribute to the Better Care Fund programme for Trafford. This is the latest report which provides update on the individual schemes and areas which have been addressed by the Steering group.
- 1.2 The Better Care fund is set out in the CCG's strategic plan as this will be a main contributor to reducing unscheduled care activity and shifting activity from the acute sector into the community. As set out in 2015/16, Trafford commissioners are seeking to reduce activity by 3.5%.
- 1.3 All the schemes are focused on the Frail and Older people, with the schemes supporting this cohort of patients to keep their independence and to support individuals remaining in their own homes with services wrapped around them to support them in the community.
- 1.4 This report provides an overall summary of the actual programme and details of the latest highlight report which have been presented and reported to the Steering Group.

2. The Better Care Steering group


- 2.1 The Steering group responsibility is to monitor progress, address any risks/barriers to improvement. A recent Audit has been completed by internal Audit MIAA and the findings have been addressed by the Steering Group. These include ;
- Section 75 – this has now been signed off by both organisations
 - Risks for the programme – these are being updated and any high risks will be reported to the committee.
 - Finance the joint finance review is being completed and will be shared at the next Steering Group.
- 2.2 National Support - .All localities have the opportunity for some assistance as part of the national team. Trafford are to request support from Logic Modelling.
- 2.3 Trafford has shared the dashboard with NHSE which contains the metrics for the programme together with KPI's for each of the programmes
- Non-elective activity 2015/16
 - Delayed transfer of care
 - Residential admissions for older people into residential and nursing homes
 - Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services

- Do care and support services help you have a better quality of life? (Adult Social Care User Experience Survey)
- Deaths at usual place of residence (End of life care intelligence network)

2.4 The Better Care Fund programme continues to report the progress of each area against the agreed metrics to NHS England on a quarterly basis.

3.0 Summary Highlight Reports

3.1 The following details a summary position from each of the schemes which were presented to the Better Care Fund Steering Group on the 23rd November 2015.

Integration of Community-based Adult Health & Social Care	
Summary Report 16th November 2015	
<p>Wider staff briefings have been undertaken to ensure teams are aware of the Phase 2 intentions and feedback is being received.</p> <p>Additional training and one-to-one support has been offered to those staff affected by the change. Four additional workshops have been delivered to consider staff feedback and alternative proposals and were successful in engaging 19 staff.</p> <p>Challenge has been received from health staff side and union representatives on several occasions throughout the consultation period. PCFT officers continue to address feedback. Final responses have been issued in relation to concerns raised and an action plan has been developed, however, there are still threats of a grievance being submitted by the unions though every effort is being made through joint working to avoid this. As a result, it has been confirmed that there will be no transfer of health staff on to Pennine Care contracts, policies and procedures in order to ensure smooth progression of the consultation.</p>	
Project Status	

End of Life & Palliative Care	
Summary Report 16th November 2015	
<p>The review and baseline data presented to the SMT on the 8/10/15 resulted in a number of recommendations and actions which the EoL workstream of the Community Nursing Steering Group have continued to progress.</p> <p>They are:</p> <ul style="list-style-type: none"> • <i>The development of an Action Plan which will include opportunities to maximise existing contracts</i> <p>The finance and business analyst teams are supporting the development of the Action plan which is due for completion by 26/11/15.</p>	

- *Hold a mapping event to support stakeholder and partner engagement in the design of a 'Support Service Model' and enable service specification development*

In collaboration with the engagement team and clinical lead the stakeholder mapping day is booked for the 9/12/15

A full update on the progress and details of the Action plan will be presented to the CCGs SMT on the 03/12/15

This report detailing the options and recommendations for future commissioning of end of life service provision will be circulated to the BCF Steering Group Members ahead of the January meeting to avoid delays

Project Status 

Community Nursing & Ambulatory Care

Summary Report 16th November 2015

Two revised service specifications for community(domiciliary) nursing and ambulatory care have been issued to the provider for consideration for delivery under the scope of the existing contract

The next steps were scheduled on against the anticipated provider's response, however the Review panel (02/11/15) were advised that the provider, Pennine Care, had failed to submit their response as directed:

- Incorrect mailbox
- Corrupt files

In addition to this the providers' response was presented as an options appraisal with significant financial implications. This was unexpected and outside of the original brief that had been developed in partnership with the Provider; therefore the expected format of the evaluation cannot progress in the timelines as planned.

The next steps will now be determined following the outcome of an Exec to Exec meeting of the CCG and Pennine Care, scheduled for 24/11/15.

Risks

Timeline

Delay to evaluation may impact on the timeline to implement any service changes

Financial

The current proposal is not financially viable as each option seeks considerable financial recurrent investment

Project Status 

Falls Service

Summary Report 16th November 2015

Following the presentation of the Falls Business Case to the CCG in September 2015, it was agreed that this service and the dynamics of the patient pathway would best lend itself to the TCCC (Trafford Care Coordination Centre).

In using the TCCC it also afforded the opportunity to take a phased approach to the delivery of this change, to the current mixed economy in relation to service delivery/availability, access routes, discharge pathways and clinical skill-mix.

The TCCC will act as the single point of access for data collection and for onward referral into services.

In Phase 1, (A three month evaluation period) the TCCC will gather commissioning intelligence on those in receipt of and those providing the various services pertaining to Falls

The timescales for the Falls Service requires alignment to the TCCC implementation plan. This is still yet to be agreed.

This date will follow the successful go live of the TCCCs implementation of referral management and discharge management functionality.

Risks

Timeline

Interdependency with the TCCC

The current delay to the TCCCs Go Live is having an impact on their capacity to commence Phase 1 – the Falls Service evaluation period (data collection) and subsequent project milestones (options appraisal, new service model go live).

As the timescales are yet to be confirmed, alternative data collection methods and the provision of a single point of access should be explored by way of avoiding further delays to the project.

A testing questionnaire has been developed for use in areas such as sheltered housing for the collection of data.

The option of using the existing referral route via Pennine Care has been suggested, the costs, benefits and disadvantages of this need to be further described when/ if appropriate to do so.

Eleanor Roaf (Public Health) continues to manage this project for an interim period whilst a new project manager is recruited (anticipated start date for new post holder mid-January 16). Head of Unscheduled Care will offer additional support until this time.

Project Status

Intermediate Care – Phase 1 Ascot House

Summary Update – 16th November 2015

In October, as a result of the delay in nurse recruitment the Intermediate Care Development Group recommended an interim approach to the development of the service at Ascot House. The proposal was to increase rehabilitation bed capacity while retaining the existing eligibility criteria, until such time as that the new nurses are in post at which point the full new model would go live. A paper setting out this recommendation has been taken through the CCG governance process and well received.

The paper, in the interim report of the 20/11/15, detailed an incremental increase to the rehabilitation bed capacity with the following time lines:

Monday - 9/10/15	Increase from 5 to 9 intermediate care beds (i c beds)
Monday - 19/10/15	Commence phased increase from 9 i c beds
Saturday - 31/10/15	Completion of phased increase from 9 to 18 i c beds

Further delays have occurred and the timelines are now:

Monday - 5/11/15	Increase from 5 to 9 i c beds
Monday – 30/11/15	Completion of phased increase from 9 to 18 i c beds

Mobilisation of the Nurse-led Model

Recruitment:

- Band 7 & 6

Successful recruitment to posts

Anticipated start date – 04/01/16

- Band 5

Unsuccessful recruitment. Post re-advertised

- Band 3

HCSW recruitment remains on-going

GP input to Ascot House has been awarded to Washway Road.

The timescale for GP recruitment is January 2016.

Julie Crossley will be arranging a tripartite meeting between Washway Road, PCFT and the CCG to progress mobilisation plans.

The BCF Steering Group have authorised a change in post status (from Fixed-term 12 month to substantive) of 3 x Band 5 Nurse posts, to test if this will make a difference to the applications/recruitment for these vacancies.

Project Status

ATT+

Summary Report 16th November 2015

Previously during the proof of concept period this scheme was limited to a discrete number of nursing homes. The Unscheduled Care Team are now working with the Providers of ATT+ (Mastercall & NWAS) to deliver an engagement plan that will ensure full roll out of the service across all nursing homes in Trafford.

Following the roll out of the existing model, the utilisation of the service will be monitored, with proactive engagement to encourage service take up. There will be a full review and financial evaluation, which will report to the Review panel and Clinical Commissioning and Finance Committee in May (17/05/16)

Project Status 

Care Homes - Enhanced Primary Medical Services

(previously named PC Model for Nursing and Residential Homes)

Summary Report 16th November 2015


Irregularities with the references of the selected candidate for the Project Manager position has resulted in the offer of employment being withdrawn and the position remains vacant:

Given that this was a 12 month post aimed at delivering the interim solution, whilst developing the final solution, consideration is now being given to alternative resource options with the aim of avoiding further delays in the delivery of this scheme and reduce the extending pressures to the primary care team.

The primary care team are continuing in the short term to keep the interim solution on track With the next steps being the establishment of a project group including (but not limited to) patient engagement, primary care representatives, finance and clinical leadership.

Risks

Resource capacity is currently a risk to the timescales of this project and delivery of the business case for the long term solution (*Option 5 - Service Design Options Appraisal Selection – Council of Members July 15*)

Project Status 

4. Recommendations

4.1 The Health & Wellbeing Board are asked to note the contents of the Better Care Fund progress report.