

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
BETTER TOGETHER PROGRAMME UPDATE**

Date of the meeting	18/11/2015
Author	S Sandcraft - Deputy Director Review, Design and Delivery (East)
Sponsoring GB member	Dr K Kirkham, Assistant Clinical Chair
Purpose of Report	The report provides an overview of the status of the Better Together programme.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder engagement is an integral part of each of the Better Together workstreams.
Previous GB / Committee/s, Dates	Update provided at each GB meeting.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : SSa

1. Introduction

- 1.1 The Governing Body receive regular updates on the Better Together Programme which is part of its delivery approach for joint working and the integration of health and social care.
- 1.2 The report for this meeting provides an update on progress with projects within the programme and examples of changes that are being delivered. It also highlights risks where projects are not on track and action being taken to address slippage.

2. Background

- 2.1 The programme delivers a number of projects that help to deliver consistent whole system approaches for adult care and health, improved health and social care outcomes for residents, greater personalised support for individuals and their families and efficiency gains for partners.
- 2.2 The projects are:
 - Early help and prevention;
 - Support for Carers;
 - Integrated locality teams;
 - Developing joint commissioning;
 - Information sharing;
 - The Dorset Care Record;
 - Workforce development;
 - Local Authority Trading Company.

3. Progress on Projects

3.1 Early Help

- 3.1.1 We have received confirmation that My Life My Care (MLMC) has achieved the Internet Crystal Mark standard for plain English and will be getting the Internet Crystal Mark logo added to the website shortly. This is a good achievement and reflects the commitment to producing information to a high standard.
- 3.1.2 Further planned developments for MLMC include:
 - An information and advice page and new directory category on bereavement;
 - new directory category on training and employment;
 - new information and advice on drug and alcohol services;
 - Google map display created for lunch clubs, day opportunities, memory cafes and carers support groups.
- 3.1.3 A literature review is being undertaken to look at the evidence for effective prevention in order to identify specific interventions that can be implemented locally. The results of this will be used to inform the next update of the Health & Wellbeing Strategy.
- 3.1.4 A briefing paper on the CCG work with the community and voluntary sector will come to the January Governing Body meeting.

3.2 Carers

- 3.2.1 Good progress is being made in the production of a new Pan Dorset Carers Strategy for the Programme Board to consider at the end of October 2015. The strategy has increased involvement with carers and includes carer's stories developed to illustrate what 'good' looks like and a Dorset definition of a carer as determined by them. A

marketing plan is being developed to include a new set of local carer photos for the strategy launch in April 2016 and these can be used for on-going marketing to aid identification of carers.

- 3.2.2 Recognising the value of supporting carers, the Better Together Programme Board has previously agreed that each integrated locality team should identify a Carers Lead for their locality. This has been included in the key features and functions that each of the 13 localities will have in place by the end of March 2016. It is vital that the carer's voice and needs are represented at locality leadership team level, so each team has been asked for a nomination to take on responsibility for this.
- 3.2.3 Having piloted the Carers Health and Wellbeing check, which is available through GP practices and pharmacies and on line through My Life My Care, we are currently gathering feedback to evaluate the approach. The Carers Strategy consultation period, January – March 2016, will be used to ask carers their opinions and give more time to develop targeted focus groups for quality feedback with newly identified carers.
- 3.2.4 Carers information requirements are also an integral part of the development of the Dorset Care Record.

3.3 Integrated Locality Teams

- 3.3.1 Work to support the establishment of Integrated Locality Teams (ILT) continues to progress well and each ILT is working towards delivery of the key features and functions that need to be demonstrated by the end of March 2016.
- 3.3.2 Work to further develop and recruit to the role of Health and Social Care Co-ordinators has commenced, which will help to deliver some consistency across localities.
- 3.3.3 Local leadership teams have started to visit GP practices to share learning, identify progress and issues, promote Better Together and the implementation plan for delivery of the key features and functions together with the integrated care/cultural change workshops being held.
- 3.3.4 Further examples of achievements include:
 - Funding has been agreed to sustain the role of Health & Social Care Co-ordinators across the localities and recruitment is underway. These staff will primarily support care planning and multi-disciplinary team meetings;
 - Locality whiteboards as a key communication resource have been developed and are being piloted in Weymouth and Portland. They will be used to inform localities about admissions of patients over 75 years who have complex and multiple conditions and about patients due to be discharged requiring a community support plan;
 - A new rapid response and care co-ordination hub is opening on 2nd November at Westhaven Community Hospital, with a duty team operating between 8am and 8pm, 7 days a week;

3.4 Joint Commissioning

- 3.4.1 The two new post holders to support the work of the Adult Joint Commissioning Board are now in post. The Joint Finance and Performance Manager commenced 1st October 2015. Interim arrangements for the Senior Commissioning Manager post are part time which will impact on the capacity to undertake the work required. Further resources from the Programme Management Office are currently being sought to address this in the short term and the situation will be reviewed early in the New Year.

- 3.4.2 The Joint Commissioning Officers Group have reviewed the existing arrangements for the commissioning of domiciliary care services to explore different models of commissioning to focus more on an enablement approach, with greater focus on outcomes. Further work is now required to test some of the assumptions made and develop the project plan and business case.
- 3.4.3 The Institute for Public Care (Oxford Brookes University) have been working with the Joint Commissioning Officers Group to encourage new approaches to service development and promote creative joint commissioning practice between partners. The following priority areas have been agreed;
- Community Based Care Services – this will need to link with developments in the Clinical Services Review and includes:
 - Integrated locality teams;
 - Reablement and intermediate care;
 - Domiciliary care;
 - Early help;
 - Carers Services;
 - Better Care Fund;
 - Care Provider Quality and Monitoring;
 - Market Shaping;
 - Commissioning Workforce Development ;
 - Continuing Healthcare.
- 3.4.4 The Joint Commissioning Board (Adults) have requested that IPC continue to work on developing skills and relationships of joint commissioning, undertake some research and evaluation of joint commissioning models; look at pooled budget arrangements, particularly in relation to Continuing Health Care; and reablement and intermediate care

3.5 Information Sharing

- 3.5.1 The Dorset Information Sharing Charter (DISC) has been formally signed by all 8 partners on behalf of their organisations and work is now underway to engage with other key services and organisations around Dorset to allow them the opportunity to sign up to the DISC to support wider information sharing.
- 3.5.2 Guidance documents, literature and materials such as posters and leaflets to support staff to implement information sharing in practice will be agreed by the Better Together Programme Board in October 2015. Staff in each organisation can expect to have access to a suite of universal documents, templates and leaflets later this year which can be used consistently to spread the word.
- 3.5.3 A launch conference is planned for 15th January 2016 with the Information Commissioner (ICO) and Director of Centre for Excellence for Information Sharing presenting and supporting workshops. This will be aimed at CEO/Director, Members and Senior managers across the partnership, followed by a rollout to staff.

Dorset Care Record

- 3.6.1 The Dorset Care Record (DCR) is our programme to create a single view of summary health and social care information to improve co-ordination of care and communication between partners and so that members of the public only have to tell their story once.
- 3.6.2 The previous report noted the significant slippage against the original milestones resulting in this being the highest risk for Better Together's delivery. The DCR Working Group has now recommended a firm time-line for the procurement up until 24th March.

The suggested time-line from 25th March 2016 to 22nd July 2016 needs further work to understand the various partner governance dates for April, May and June 2016. The time-line has been accepted by Project Board.

3.6.3 The procurement milestone dates are:

- Place the Pre-Qualification Questionnaire (PQQ) as part of the Official Journal of European (OJEU) – week beginning 12/10/15;
- Issue tender to short listed suppliers – 04/12/15;
- Agree preferred supplier 24/03/16;
- Present DCR full business case and recommendation to Cabinet – 29/06/16;
- Commence working with the preferred supplier 21/07/16.

3.6.4 The agreement of the time-line up until March 2016 has enabled the DCR Working Group to approve (at an outline level) the procurement events and stakeholder involvement. The project team will now be able to undertake the major logistical task of booking venues for events and booking key dates in the diary for all stakeholders.

3.6.5 The key milestones will need to be changed under a formal 'change control' process, in keeping with the terms of the award from NHS England. National colleagues are supporting us with that process and revised milestones have been agreed by the DCR Project Board for the negotiations.

3.7 Workforce

3.7.1 Steady progress is being made against milestones in this project although there is some slippage in the implementation of some of the projects plans, mainly due to a lack of capacity amongst partners to deliver some developments in addition to the other demands on their time. Funding to deliver much of the activity has been provided by Health Education Wessex and demonstrates a clear commitment to Dorset's workforce development and integration.

3.7.2 A series of locality based workshops are in progress to consider how working methods, culture and processes combine to contribute to a future of ideal person-centre integrated care across Dorset. Twelve workshops have been delivered so far, ranging from 30 to 70 participants and following a tailored format for each locality. These workshops are continuing until January 2016. Group work in each workshop has led to different follow up actions. Some considered high level strategic issues which need to be explored at programme level. Other localities have thought about actions that could be taken up in their practices and in MDT meetings.

3.7.3 Discussions regarding the next phase of "Promoting Integrated Care pan-Dorset" have commenced, and the Better Together Programme Board has agreed that the priorities for the next phase are:

- i) To provide continued support for the locality teams at a more targeted level in order to keep the momentum going.
- ii) To work through with the Acute hospitals how they could be involved in the workshops in order to develop a more integrated way of working with all localities.
- iii) To review and set up a network to support the newly appointed Health & Social Care Coordinators.

3.7.4 The Workforce and OD Sub Group decided not to continue the training pilot using Twynham Training Limited to deliver Dementia Awareness Training.

3.7.5 Professor Keith Brown, Bournemouth University, is hosting a meeting on the 6th November to discuss issues of structure and governance in relation to the development

of a pan Dorset Academy. The meeting has significant interest from the local authorities and HEW is aware of it from other conversations regarding a Health & Social Care approach to this model.

- 3.7.6 A meeting has been arranged with Phil Hornsby, Borough of Poole to discuss the implications of the commissioning of domiciliary care services project to identify specific task for partners working together in the Workforce and OD work stream.

3.8 Tricuro

- 3.8.1 Work to help establish Tricuro has also been supported by the programme. This is now coming to a close in terms of the contribution from Better Together as the Local Authority Trading Company was launched on 1st July 2015 and has now been in operation for a number of months. Any outstanding issues are now being dealt with under business as usual arrangements.
- 3.8.2 An end of project report and lessons learnt report are currently being produced and will be available on Dorsetforyou website.
- 3.8.3 Senior leaders and Portfolio Holders were also involved in a policy session on Thursday 15th October at the National Adults and Childrens Services Conference held in Bournemouth. Better Together was an Exhibitor at the conference. The design costs were met from the workforce budget as communications support is included in the provider's contract and the design will support ongoing work with the ILTs.

4. Review of Better Together Programme

- 4.1 There was general support to extend the Better Together programme until March 2016. A review is underway to, consider priority objectives, realign the budget and make recommendations to the Sponsor Board for the future and a transition plan to mainstream activity to become business as usual.
- 4.2 The Sponsor Board are starting to plan for the new financial year 2016/17, identifying priorities for shared business and exploring the governance mechanisms that will secure joint delivery for the medium term. It is proposed that recommendations from this work should be presented to the Health and Wellbeing Board's for initial consideration at a workshop in January 2016, prior to formal consideration at their meeting in March 2016.

5. Conclusion

- 5.1 The report provides an update of the BTG programme.

Author's name and Title : Sally Sandcraft
Date : 22/10/15
Telephone Number : 01202 541468